

National Diet and Nutrition Survey (NDNS)

Program Documentation

Interviewer Schedule

This 'paper version of the program' has been created to indicate the wording and content of the interviewer questionnaire.

PART 1: Interviewer Schedule

- Instructions for the interviewer are given in capital letters, and questions the interviewer is to ask the respondent are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of respondent's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

HOUSEHOLD GRID

Name

RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR EACH MEMBER OF THE HOUSEHOLD (I.E. CATERING UNIT).

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS 'Page Down'.

SHGInt

I'd like to know a little about the members of your household **who shop and cook as a group**. Can you tell me the names of everyone in your household (who shop and cook as a group).

Press '1' to continue and record **RESPONDENT** as first person in household.

1 Continue

(The following questions are asked about each household member. "You/ X" is substituted with the appropriate name for X).

Sex

Ask or record sex of NAME.

1 Male

2 Female

DOB

What is your / X's date of birth?

INTERVIEWER: If day not given...enter 15 for day.
If month not given...enter 6 for month.

IF (DOB = Don't know / Refusal) THEN

Agelf

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

If year of birth not given: 'What was your / X's age last birthday?'

If respondents refuse to give their age, or cannot, then give your best estimate.

:0..97

DVAge

Age, computed

DvAgeM

Age in months, computed

IF DVAge >= 16 THEN

MarStat

ASK OR RECORD. CODE FIRST THAT APPLIES.

Is X / Are you...

The aim is to obtain legal marital status, irrespective of any de facto arrangement. The only qualification to this aim is that you should not probe the answer 'separated'.

Should a respondent query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not). Ignore temporary absences, e.g. on oil rig.

A person whose spouse has been working away from home for over 6 months, e.g. on a contract overseas or in the armed forces, should still be coded as married and living with husband/wife if the separation is not permanent.

1	NevMarr	"single, that is, never married"
2	MarrLiv	"married and living with your husband/wife"
3	Separated	"married and separated from your husband/wife"
4	Divorced	"divorced"
5	Widowed	"or widowed?"

IF (more than 1 person aged 16+ in household) AND (MarStat = NevMar OR Separated OR Divorced OR Widowed) THEN

LiveWith

May I just check, is X / are you living with someone in the household as a couple? ASK OR RECORD...

Only respondents who are living with their partner in this household should be coded as living together as a couple.

You may code No without asking the question ONLY if all members of the household are too closely related for any to be living together in a de facto marital relationship.

1	Yes	
2	No	
3	SameSex	"Spontaneous only: Same sex couple"

DVMarDF

De facto marital status, computed

IF DvAge>=16 THEN

WrkStat

Is X / Are you ...READ OUT...

- | | | |
|---|---------|---|
| 1 | FTEduc | "...going to school or college full-time (including on vacation)" |
| 2 | Working | "...in full or part-time employment, or" |
| 3 | NWork | "not working at present?" |

IF (WrkStat = FTEduc) THEN**PTWork**

Does X / Do you do any paid or voluntary work as well as studying?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (WrkStat = FTEduc OR NWork) AND (PTWork = No) THEN**EverWk**

Has X / Have you ever had a paid job, apart from casual or holiday work?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

NatID

SHOW CARD A

What do you consider your / X's national identity to be? Please choose your answer from this card.

- | | | |
|---|----------|----------------|
| 1 | English | |
| 2 | Scottish | |
| 3 | Welsh | |
| 4 | Irish | |
| 5 | British | |
| 6 | Other | "Other answer" |

IF (NatID = Other) THEN**NatOth**

How would you describe your / X's national identity?

IF SOMEONE DESCRIBES THEMSELVES AS HALF ENGLISH AND HALF IRISH OR ANY OTHER COMBINATION OF WELSH / SCOTTISH / IRISH / ENGLISH CODE THEM AS 'Mixed British'.

- | | | |
|---|----------|--|
| 1 | Mixed | "Mixed British - SPECIFY AT NEXT QUESTION" |
| 2 | Describe | "Other - SPECIFY AT NEXT QUESTION" |

IF (NatOth = Describe) THEN**XNatOth**

ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

(Northern Ireland ONLY use the following codes:)**NatIDN**

How would you describe your / X's national identity?

- | | | |
|---|----------|------------------|
| 1 | British | |
| 2 | Irish | |
| 3 | Ulster | |
| 4 | NthIrish | "Northern Irish" |
| 5 | English | |
| 6 | Scottish | |
| 7 | Welsh | |
| 8 | Other | |

EthGrp

SHOW CARD B

To which of these ethnic groups do you consider you / X belong(s)?

THIS IS A QUESTION OF RESPONDENT'S (OR PROXY'S) OPINION.

- | | | |
|----|----------|--|
| 1 | WhtBrit | "White - British" |
| 2 | WhtOth | "Any other white background (please describe)" |
| 3 | MixedWBC | "Mixed - White and Black Caribbean" |
| 4 | MixedWBA | "Mixed - White and Black African" |
| 5 | MixedWAs | "Mixed - White and Asian" |
| 6 | MixedOth | "Any other mixed background (please describe)" |
| 7 | Indian | "Asian or Asian British - Indian" |
| 8 | Pakistan | "Asian or Asian British - Pakistani" |
| 9 | Bngldesh | "Asian or Asian British - Bangladeshi" |
| 10 | AsianOth | "Any other Asian/Asian British background (please describe)" |
| 11 | BlackCrb | "Black or Black British - Caribbean" |
| 12 | BlackAfr | "Black or Black British - African" |
| 13 | BlackOth | "Any other Black/Black British background (please describe)" |
| 14 | Chinese | |
| 15 | Other | "Any other (please describe)" |

IF (EthGrp = WhtOth OR MixedOth OR AsianOth OR BlackOth OR Other) THEN EthOth

Please can you describe your / X's ethnic group?

ENTER DESCRIPTION OF ETHNIC GROUP.

:STRING [100]

(Northern Ireland ONLY use the following codes:)**EthGrp**

To which of these ethnic groups do you consider you / X belong(s)?

THIS IS A QUESTION OF RESPONDENT'S (OR PROXY'S) OPINION.

- | | | |
|----|----------|----------------------|
| 1 | Wht | "White" |
| 2 | Irishtrv | "Irish traveller" |
| 3 | Mixed | "Mixed" |
| 4 | Indian | "Indian" |
| 5 | pakistan | "Pakistani" |
| 6 | bngldesh | "Bangladeshi" |
| 7 | AsianOth | "Other Asian" |
| 8 | BlackCrb | "Black Caribbean" |
| 9 | BlackAfr | "Black African" |
| 10 | BlackOth | "Other Black" |
| 11 | Chinese | "Chinese" |
| 12 | Other | "Other ethnic group" |

IF Person > 1 THEN**R**

SHOW CARD C

CODE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE OTHERS - X is Y'S...

YOU MAY WISH TO INTRODUCE THIS SECTION. ONE POSSIBLE INTRODUCTION IS:

'There are a lot of changes taking place in the make-up of households/families and this section is to help find out what those changes are. I'd like you to tell me the relationship of each member of the household to every other member'.

This section must be asked for all households consisting of more than one person. Please ask in every case. You should not make assumptions about any relationship.

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple are a same sex couple.

Half-brothers/sisters should be coded with step-brothers/sisters.
 Ask respondent to give code number rather than the relationship.
 See interviewer instructions for further details.

1	Spouse	"Husband / Wife"
2	Cohabitee	"Partner / Cohabitee"
3	Child	"Natural son / daughter"
4	AChild	"Adopted son / daughter"
5	FChild	"Foster child"
6	StChild	"Stepson / stepdaughter"
7	ILChild	"Son-in-law/daughter-in-law"
8	Parent2	"Natural Parent"
9	AdParent	"Adoptive parent"
10	FParent	"Foster parent"
11	StParent	"Step-parent"
12	ILParent	"Parent-in-law"
13	Sib	"Natural brother / sister"
14	HSib	"Half-brother / sister"
15	StSib	"Step-brother / sister"
16	ASib	"Adopted brother / sister"
17	FSib	"Foster brother / sister"
18	ILSib	"Brother / sister-in-law"
19	GChild	"Grand-child"
20	GParent	"Grand-parent"
21	OthRel	"Other relative"
22	NonRel	"Other non-relative"

HRP**HHldr**

"In whose name is the accommodation owned or rented?

IF THE RENT OR MORTGAGE FOR THIS ACCOMMODATION IS PAID FOR BY SOMEONE OUTSIDE THE HOUSEHOLD, CODE THE PERSON IN THE HOUSEHOLD WHO IS RESPONSIBLE FOR THE ACCOMMODATION.

Anyone Else? CODE ALL THAT APPLY."

(Codeframe of all household members)

1-10	Person numbers of household members
97	Not a household member

IF more than one person coded as being the householder at HHldr THEN**HiHNum**

"You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON NUMBER. IF TWO OR MORE HAVE SAME INCOME ENTER 11.

IF RESPONDENT ASKS FOR PERIOD TO AVERAGE OVER - ONE YEAR.

1-10	Person number of household members
11	Two people have the same income
97	Don't know

IF HiHNum=11 THEN**JntEldA**

ENTER PERSON NUMBER OF THE **ELDEST** JOINT HOUSEHOLDER FROM THOSE WITH THE SAME HIGHEST INCOME.

ASK OR RECORD.

1-10	Person numbers of household members
------	-------------------------------------

IF HiHNum=Don't know OR Refused THEN**JntEldB**

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

1-10	Person numbers of household members
------	-------------------------------------

HRPNum (Computed from responses above)

Person number of household reference person

Par1

Which of the people in this household are *(name of respondent's)* parents or have legal parental responsibility for *(him/her)* on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF not a household member/dead CODE 11

Range 1..11

IF Par1 = 1..10 THEN**Par2**

Which other person in this household *(name of respondent's)* parent or has legal parental responsibility for *(him/her)* on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household CODE 11

Range 1..11

TENURE**Ten1****SHOW CARD D**

In which of these ways do you/does your household occupy this accommodation?
CODE FIRST THAT APPLIES.

NOTE: QUESTIONS ABOUT TENURE ARE ASKED ABOUT THE HOUSEHOLD
REFERENCE PERSON.

- | | | |
|---|-------|---|
| 1 | Own | "Own outright" |
| 2 | Morg | "Buying it with the help of a mortgage or loan" |
| 3 | Share | "Pay part rent and part mortgage (shared ownership)" |
| 4 | Rent | "Rent it" |
| 5 | RentF | "Live here rent-free (including rent-free in relative's/friend's property;
excluding squatting)" |
| 6 | Squat | "Squatting" |

IF (Ten1 = Rent OR RentF) THEN**LLord**

Who is your landlord?

IF PROPERTY IS LET THROUGH AN AGENT, THE QUESTION REFERS TO THE
OWNER NOT THE AGENT.

CODE 1 (LOCAL AUTHORITY) INCLUDES PEOPLE RENTING FROM HOUSING ACTION
TRUSTS.

CODE 2 (HOUSING ASSOCIATION) INCLUDES REGISTERED SOCIAL LANDLORDS
AND LOCAL HOUSING COMPANIES.

USE CODE 5 ONLY IF THE RESPONDENT AND LANDLORD WERE FRIENDS BEFORE
THEY WERE TENANT AND LANDLORD, NOT IF THEY HAVE ONLY BECOME FRIENDLY
SINCE THEN.

- | | | |
|---|----------|---|
| 1 | LA | "the local authority/council/New Town Development/ Scottish Homes" |
| 2 | HA | "a housing association or co-operative or charitable trust or Local
Housing company" |
| 3 | Comp | "employer (organisation) of a household member" |
| 4 | OthOrg | "another organisation" |
| 5 | RelFrnd | "relative/friend (before you lived here) of a household member" |
| 6 | EmpIndiv | "employer (individual) of a household member" |
| 7 | OthIndiv | "another individual private landlord" |

IF (Ten1 = Rent OR RentF) THEN**Furn**

Is the accommodation provided

...RUNNING PROMPT...

- | | | |
|---|--------|--|
| 1 | Furnd | "...furnished" |
| 2 | PFurn | "...partly furnished (eg carpets and curtains only)" |
| 3 | UnFurn | "...or, unfurnished?" |

DEMOGRAPHICS

EDUCATION

ASK ALL AGED 16+ Query is this does not include those not working (so WorkStat1-3)

Educ

I'd now like to ask you a couple of questions about education and work-related training.

1 Continue

EducFin

At what age did you / did X finish your/his/her continuous full-time education at school or college?

PLEASE NOTE THIS IS '**CONTINUOUS**' FULL-TIME EDUCATION. I.E. MATURE STUDENTS MAY CURRENTLY BE IN FULL-TIME EDUCATION BUT MAY HAVE FINISHED THEIR **CONTINUOUS EDUCATION** SEVERAL YEARS AGO.

- | | | |
|---|--------|------------------------|
| 1 | Notyet | "Not yet finished" |
| 2 | Never | "Never went to school" |
| 3 | und14 | "14 or under" |
| 4 | at15 | "15" |
| 5 | at16 | "16" |
| 6 | at17 | "17" |
| 7 | at18 | "18" |
| 8 | ov19 | "19 or over" |

IF (EducFin = [Never..ov19]) THEN

QualCh

Do you have any qualifications from school, college or university, connected with work or from government schemes?

- 1 Yes
2 No

IF (QualCh = Yes) THEN

Qual

SHOW CARD EE

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

- | | | |
|----|---------|---|
| 1 | HiDeg | "Higher degree, e.g. MSc, MA, MBA, PGCE, PhD" |
| 2 | L5NVQ | "Level 5 NVQ / SVQ" |
| 3 | BTECAPr | "BTEC Advanced Professional Diploma/Certificate" |
| 4 | Deg | "First degree, e.g. BSc, BA, BEd, MA at first degree level" |
| 5 | L4NVQ | "Level 4 NVQ / SVQ" |
| 6 | HNC | "HNC / HND" |
| 7 | BTEChi | "BTEC Higher National or Professional Diploma/Certificate" |
| 8 | RSAHi | "RSA or OCR Higher" |
| 9 | Alevel | "GCE 'A'-level" |
| 10 | A2 | "A2" |
| 11 | AVCE | "AVCE" |
| 12 | SCEAdv | "SCE Advanced Higher Grades" |
| 13 | SCEHi | "SCE Higher Grades (A-C)" |

14	CSYS	"CSYS"
15	KSkL3	"Key Skills Level 3"
16	L3NVQ	"Level 3 NVQ / SVQ"
17	ONC	"ONC / OND"
18	BTECA	"BTEC Advanced or National Diploma/Certificate"
19	RSAAAdv	"RSA or OCR Advanced Diploma"
20	CityG3	"City & Guilds Advanced Craft / Part 3"
21	AdvGNVQ	"Advanced GNVQ; Vocational A Level"
22	AdvMAp	"Advanced Modern Apprenticeship"
23	GCSEAC	"GCSE grade A*-C"
24	Olevel	"GCE 'O'-level passes"
25	CSE1	"CSE grade 1"
26	SCEAC	"SCE O Grades (A-C)"
27	SCEStd13	"SCE Standard Grades (1-3)"
28	SchCert	"School Certificate / Matriculation"
29	KSkL2	"Key Skills Level 2"
30	L2NVQ	"Level 2 NVQ / SVQ"
31	BTECInt	"BTEC Intermediate or First Diploma/Certificate"
32	RSADip	"RSA Diploma"
33	CityG2	"City & Guilds Craft / Part 2"
34	IntGNVQ	"Intermediate GNVQ"
35	FounMAp	"Foundation Modern Apprenticeship"
36	GCSEDG	"GCSE grade D-G"
37	CSE25	"CSE grade 2-5"
38	SCEDE	"SCE O Grades (D-E)"
39	SCEStd47	"SCE Standard Grades (4-7)"
40	SCOTVEC	"SCOTVEC National Certificate Modules"
41	KSkL1	"Key Skills Level 1"
42	L1NVQ	"Level 1 NVQ / SVQ"
43	BTECFoun	"BTEC Foundation or Introductory Diploma/Certificate"
44	RSA13	"RSA Stage 1-3"
45	CityG1	"City & Guilds Part 1"
46	FounGNVQ	"Foundation GNVQ; Foundation VCE"
47	Other	"Other qualifications"

EMPLOYMENT**IF (respondent is in employment) THEN****JobInt**

You've told me that you are in work. I would like to ask you some questions about your work.

PRESS <ENTER> TO CONTINUE

1 Continue

RegCas

Can I just check, are you in a regular job or an occasional job?

- 1 RegJob "Regular job"
 2 OccasJob "Occasional job"
 3 Both "Both regular job AND occasional job"

IF (RegCas = RegJob OR Both) THEN**RegHrs**

How many hours do you work per week in your regular job?

RECORD TYPICAL NUMBER OF HOURS. IF 97 HOURS OR MORE THEN ENTER 97.

Range 0..97

IF (RegCas = RegJob OR Both) THEN

WTypHrs

Is this the typical number of hours you work?

- 1 Yes
- 2 No

IF (WTypHrs = No) THEN**NTypHrs**

RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK.

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

IF (RegCas = OccasJob OR Both) THEN**Cashrs**

How many hours did you work in this occasional job in the seven days ending last Sunday?

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

IF (RegCas = OccasJob OR Both) THEN**TypCas**

Is this the typical number of hours you work in your occasional job?

- 1 Yes
- 2 No

IF (TypCas = No) THEN**NCasHrs**

RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK IN OCCASIONAL JOB(S).

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON

IF (HRP = respondent) THEN questions asked in person, ELSE questions asked of (first) adult respondent:

JHRPIintr

Now I would like to ask you some questions about the job that you do / HRP does.

IF ASKED SAY 'because the accommodation is in your name / HRP's name'.

PRESS <ENTER> TO CONTINUE.

- 1 Continue

IndD

CURRENT/MOST RECENT JOB OF HRP.

What does/did the firm or organisation you/HRP work(s)/worked for mainly make or do (at the place where you/HRP work(s)/worked)?

DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.
STRING [80]

OccT

JOB TITLE OF CURRENT/MOST RECENT JOB OF HRP

What is/was your/HRP's main job?

STRING [30]

OccD

CURRENT/MOST RECENT JOB OF HRP.

What do/did you/HRP mainly do in this job?

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

STRING [80]

Stat

Are/Is/Was/Were you/HRP working as an employee or self-employed?

- | | | |
|---|----------|-----------------|
| 1 | Employee | |
| 2 | SelfEmp | "Self-employed" |

IF (Stat = Employee) THEN**Manage**

In this job, do you / did HRP have any formal responsibility for supervising the work of other employees?

CODE 1 ('YES') INCLUDES PEOPLE WHO SAY THEY ARE MANAGERS

DO NOT INCLUDE IN CODE 1 (I.E. CODE AS 'NO'):

- SUPERVISORS OF CHILDREN (E.G. TEACHERS, NANNIES, CHILDMINDERS)
- SUPERVISORS OF ANIMALS
- PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY (E.G. CARETAKERS, SECURITY GUARDS)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Stat = Employee) THEN**EmpNo**

How many people work/worked for your/HRP's employer at that place?

Are/Were there ... (RUNNING PROMPT)...

- | | | |
|---|----------|--------------------------|
| 1 | n1_24 | "1-24" |
| 2 | n25_499 | "25 to 499, or" |
| 3 | n500plus | "500 or more employees?" |

IF (Stat = SelfEmp) THEN**Solo**

Are/Were you/HRP working alone or do/did you/HRP have employees?

- | | | |
|---|---------|--|
| 1 | OnOwn | "on own/with partner(s) but no employees", |
| 2 | WithEmp | "with employees" |

IF (Solo = WithEmp) THEN**SENo**

How many people do/did you/HRP employ at the place where you/HRP work/worked? Were there ... (RUNNING PROMPT)...

- | | | |
|---|----------|--------------------------|
| 1 | n1_24 | "1-24" |
| 2 | n25_499 | "25 to 499, or" |
| 3 | n500plus | "500 or more employees?" |

MAIN FOOD PROVIDER QUESTIONNAIRE

This is a household level questionnaire asked once at all eligible households. Either the Main Food Provider / MFP (aged 16 years or over), identified in the Household Composition Questionnaire, answers the following questions, or a proxy MFP interview is conducted with Respondent 1 (aged 19 years or over).

MFPProx

IS THIS A PERSONAL OR A PROXY INTERVIEW WITH THE MAIN FOOD PROVIDER?

- 1 WithMFP "PERSONAL INTERVIEW WITH MFP"
- 2 WithProx "PROXY INTERVIEW"

IF (MFPProx = WithProx) THEN

MProxWho

ENTER THE PERSON NUMBER OF PROXY RESPONDENT.

list of household members

ENTER CODE 11 IF NON-HOUSEHOLD MEMBER.

Range:1..11

COOKING AND STORAGE FACILITIES

KitchInt

Firstly, I'd like to ask you some questions about the place where you live.

PRESS <ENTER> TO CONTINUE

- 1 Continue

Kitch

Do you (Does your household) have a kitchen or a dedicated food preparation or cooking area?

- 1 Yes
- 2 No

IF (Kitch = Yes) THEN

HotMeal

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

'YOU' REFERS TO THE CATERING UNIT.

- 1 Yes
- 2 No

IF (Kitch = Yes OR No) THEN

Equip

Which, if any, of these items do you have regular access to?

INDIVIDUAL PROMPT. Do you have (access to) ...

CODE ALL THAT APPLY

- 1 Fridge "...a refrigerator?"
- 2 Freeze "a freezer excluding freezer compartment at top of fridge?"

- | | | |
|---|-------|-------------------------------------|
| 3 | Moven | "a microwave oven?" |
| 4 | Hob | "a gas or electric hob (ring)?" |
| 5 | Oven | "an oven?" |
| 6 | None | " SPONTANEOUS ONLY – None of these" |

IF (Kitch = Yes) THEN**ShareKit**

Do you share the kitchen/food preparation or cooking area with any other household or any other members of your household who shop and cook separately from you?

ASK OR RECORD. DO NOT INCLUDE MEMBERS OF THE CATERING UNIT. 'YOU' REFERS TO THE CATERING UNIT.

- | | | |
|---|----------|---|
| 1 | YesHH | "Yes, shares with other household members (OUTSIDE OF CATERING UNIT)" |
| 2 | YesNonHH | "Yes, shares with others OUTSIDE OF HOUSEHOLD" |
| 3 | NoShare | "No, doesn't share" |

IF (ShareKit = YesHH) THEN**SharWhoH**

Who do you share the kitchen with?

RECORD RELATIONSHIP TO MFP OF OTHER HOUSEHOLD MEMBER(S).

DO NOT INCLUDE MEMBERS OF THIS CATERING UNIT.

- | | | |
|---|----------|------------------------|
| 1 | Family | "Family/relatives" |
| 2 | Friend | |
| 3 | Flatmate | "Flat mate/House mate" |
| 4 | Lodger | |
| 5 | Other | |

ASK ALL**DinTab**

Do you (Does your household) have a table at which you (your household) can sit and eat a meal?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

StoreOK

Thinking now about food storage...

Do you feel that your food storage facilities are adequate?

'YOUR' REFERS TO THE CATERING UNIT.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (StoreOK = No) THEN**StoreOK2**

SHOW CARD E

In what way are they not adequate?

CODE ALL THAT APPLY.

- | | | |
|---|----------|--|
| 1 | Cupboard | "Not enough cupboard space" |
| 2 | Fridge | "Fridge is too small (or no fridge available)" |
| 3 | Freezer | "Freezer is too small (or no freezer available)" |
| 4 | Damp | "Damp/mouldy" |
| 5 | Infest | "Infested with rodents or insects" |
| 6 | NSecure | "Not secure" |
| 7 | Other | |

IF (StoreOK = No) THEN

StoreOK3

Does the fact that your storage facilities are inadequate influence your food shopping?

- 1 Yes
- 2 No

IF (StoreOK3 = Yes) THEN**StoreOK4**

How does this influence your food shopping?

CODE ALL THAT APPLY.

'YOUR' REFERS TO SHOPPING FOR THE CATERING UNIT.

- 1 NoBulk "Cannot buy in bulk"
- 2 ShopOft "Have to shop more often"
- 3 StorFres "Inadequate storage space for FRESH food"
- 4 StorFroz "Inadequate storage space for FROZEN food"
- 5 Other

ASK ALL**StoreShr**

Do you share your **food storage** facilities with anyone who does not cook or eat with you?
DO NOT INCLUDE MEMBERS OF THE CATERING UNIT.

'YOU' REFERS TO THE CATERING UNIT.

- 1 Yes
- 2 No

IF (StoreShr = Yes) THEN**SShrInf**

Does the fact that you share storage facilities with someone outside your household influence your food shopping?

- 1 Yes
- 2 No

SHOPPING HABITS**ASK ALL MFP's****ShopIntr**

Now I would like to ask you about shopping.

PROMPT WHENEVER NECESSARY.

IF RESPONDENT DOESN'T KNOW ANSWERS, TRY TO SPEAK TO PERSON WHO DOES SHOPPING.

PRESS <ENTER> TO CONTINUE

- 1 Continue

Shop

SHOW CARD F

Where do you (does your household) shop for food? Please include all shopping, including your main shopping, top-up shopping in between your main shopping trips, meat and fish, fruit and vegetables, and any other food shopping.

CODE ALL THAT APPLY.

IF SHOPPING ORDERED FROM LARGE SUPERMARKET OVER INTERNET AND DELIVERED CODE AS LARGE SUPERMARKET.

- 1 LSuper "Large supermarket, including home delivery from supermarket "
- 2 SSuper "Mini supermarket e.g. Tesco Metro"
- 3 CornerS "Local/corner shop (including newsagents)"
- 4 Garage "Garage forecourt"

5	GreenG	"Independent greengrocer"
6	Butcher	"Independent butcher"
7	Baker	"Independent baker"
8	FishM	"Independent fishmonger"
9	Market	"Market (including stalls or farmer's markets)"
10	Farm	"Farm"
11	HomeDel	"Home delivery (including vegetable boxes – not from a supermarket)"
12	Other	"Other shop"

IF (more than 1 answer at Shop) THEN**MainShp**

Which of these is used for your 'main' shopping trip?

ENCOURAGE RESPONDENT TO SELECT ONE TRIP EVEN IF SEVERAL ARE CONSIDERED 'MAIN'.

IF MAIN SHOPPING ORDERED FROM LARGE SUPERMARKET OVER INTERNET AND DELIVERED CODE AS LARGE SUPERMARKET.

1	LSuper	"Large supermarket"
2	SSuper	"Mini supermarket"
3	CornerS	"Local/corner shop (including newsagents)"
4	Garage	"Garage forecourt"
5	Greeng	"Independent Greengrocer"
6	Butcher	"Independent Butcher"
7	Baker	"Independent Baker"
8	FishM	"Independent Fishmonger"
9	Market	"Market (including stalls)"
10	Farm	
11	HomeDel	"Home delivery (including vegetable boxes) – not from a supermarket"
12	Other	"Other"
13	Several	"Use more than one of these for main shop (SPONTANEOUS ONLY)"

IF (MainShp = LSuper..Farm OR Other) OR (Shop = ONLY LSuper OR SSuper) THEN**ShopOf**

SHOW CARD G

How often do you (does your household) go there to do a main shop?

CODE FIRST THAT APPLIES. IF HAS SUPERMARKET DELIVERY CODE HOW OFTEN DELIVERED FROM SUPERMARKET.

1	MOnceD	"More than once a day"
2	OnceD	"Once a day"
3	TThWk	"2 or 3 times a week"
4	Weekly	
5	TThMth	"2 or 3 times a month"
6	Monthly	
7	TwoMths	"Every 2 months"
8	LTwoMths	"Less often than every 2 months"

ASK ALL**ShopFV**

Where do you (does your household) mainly buy fresh fruit and vegetables from?

CODE ONE ONLY. IF MORE THAN ONE, CODE WHERE MOST FRUIT AND VEG BOUGHT FROM.

DO NOT INCLUDE FRUIT AND VEGETABLES THAT ARE GROWN BY THE RESPONDENT.

1	LSuper	"Large supermarket"
2	SSuper	"Mini supermarket"

3	CornerS	"Local/corner shop (including newsagents)"
4	Garage	"Garage forecourt"
5	GreenG	"Independent Greengrocer"
6	Butcher	"Independent Butcher"
7	Baker	"Independent Baker"
8	FishM	"Independent Fishmonger"
9	Market	"Market (including stalls)"
10	Farm	
11	HomeDel	"Home delivery (including vegetable boxes – not from a supermarket)"
12	Other	"Other"
13	Sever	"More than one of these (SPONTANEOUS ONLY)"

FVOft

SHOW CARD G

How often do you buy fresh fruit and vegetables?

CODE FIRST THAT APPLIES.

1	MOnceD	"More than once a day"
2	OnceD	"Once a day"
3	TThWk	"2 or 3 times a week"
4	Weekly	
5	TThMth	"2 or 3 times a month"
6	Monthly	
7	TwoMths	"Every 2 months"
8	LTwoMths	"Less often than every 2 months"

FruitAv

How often do you usually have FRESH FRUIT available in your home?

Would you say...

1	MTime	"Most of the time"
2	SomeT	"Sometimes"
3	Never	"Or never?"

OrgBuy

Do you ever buy any organic foods for your household or does anyone ever buy them for your household?

IF ASKED FOR A DEFINITION OF ORGANIC, SAY : 'When we say organic we mean anything labelled organic, or anything that you know is grown without pesticides and without artificial (or chemical) fertilisers'.

IN OTHER EU COUNTRIES ORGANIC PRODUCTS ARE KNOWN AS BIOLOGIC PRODUCTS.

- 1 Yes
- 2 No

IF (OrgBuy = Yes) THEN**OrgWhat**

SHOW CARD H

I'd like you to look at the foods listed on this card. Which of them do you buy or do you have bought for you as organic products?

CODE ALL THAT APPLY.

IN OTHER EU COUNTRIES ORGANIC PRODUCTS ARE KNOWN AS BIOLOGIC PRODUCTS.

CODE ORGANIC SMOOTHIES OR WINE AS CODE 16 - OTHER ORGANIC PRODUCTS.

1	FreFru	"Fresh fruit or fruit juice"
2	DriFru	"Dried fruit"
3	Nuts	

4	Pots	"Potatoes"
5	Veget	"Vegetables or salad (including celery), dried beans or lentils"
6	Cereal	"Breakfast cereals"
7	OthCer	"Other cereal products, eg bread, rice and pasta"
8	Meat	"Meat (including chicken)"
9	Eggs	"Free range eggs"
10	Milk	
11	Dairy	"Other dairy products"
12	Crisps	"Crisps or savoury snacks"
13	Biscuit	"Biscuits and cakes (including organic cereal bars)"
14	Confect	"Confectionery"
15	BabyW	"Baby/weaning foods"
16	Other	"Other organic products"
17	None	"None of these"

ASK ALL**MoreOrg**

Would you like to eat (more) organic foods?

- 1 Yes
- 2 No

IF (MoreOrg = Yes) THEN**WhyMOrg**

Can you tell me why you don't currently eat as much organic foods as you'd like? CODE ALL THAT APPLY.

- 1 NAfford "Can't afford it/it's too expensive"
- 2 NAccess "Don't know where to buy it/the shops I go to don't sell (enough of) it"
- 3 Other "Other"
- 4 NoReas "No particular reason"

FOOD PREPARATION**ASK ALL****PrepIntr**

I am now going to ask you about how you usually prepare some food items.

- 1 Continue

IF (Sampled during Feb & March 2009) THEN**CookOil**

Which type of cooking fat/oil did your household use most often in the last 4 days? Please tell me the full product name.

PLEASE RECORD THE FULL PRODUCT NAME, e.g. 'Sainsbury's

Sunflower Oil."

: STRING [80]

ASK ALL**MincF1**

When you buy mince, do you choose mince with fat or mince without much fat?

PROMPT IF NECESSARY, 'MINCE' MEANS ANY GROUND ANIMAL PRODUCT (BEEF, CHICKEN, PORK ETC.)

- 1 MinFat "Mince with fat"
- 2 MinNoFat "Mince without much fat"
- 3 NoEat "Do not prepare/eat this food"

IF (MincF1 = MinFat OR MinNoFat) THEN**MincF2**

When you cook mince, do you strain off the fat or do you not strain off the fat?

- | | | |
|---|----------|-----------------------------|
| 1 | Strain | "Strain off the fat" |
| 2 | NoStrain | "Do not strain off the fat" |

ASK ALL**ChipHow**

SHOW CARD I

(Please describe how you usually prepare) **chips** (, that is if you (or anyone in your household) eat(s) it)?

IF 'VARIES', CODE HOW PREPARED MOST OFTEN.

DO NOT INCLUDE CHIPS PURCHASED FROM TAKEAWAY OUTLET.

- | | | |
|---|--------|--|
| 1 | FrOld | "Freshly made from old potatoes" |
| 2 | FrNew | "Freshly made from new potatoes" |
| 3 | Frozen | "Frozen, fried" |
| 4 | OvenC | "Oven ready chips" |
| 5 | MicroC | "Microwave chips (eg McCain Microchips)" |
| 6 | Other | "Make chips another way" |
| 7 | NoEat | "Do not prepare/eat this food" |

SaltChk

Do you add salt or salt substitute to your food during cooking, such as salt in water for cooking potatoes?

IF USE BOTH SALT AND SALT SUBSTITUTE, CODE WHICH USED MOST OFTEN.

- | | | |
|---|---------|-------------------|
| 1 | Salt | "Salt" |
| 2 | Subst | "Salt substitute" |
| 3 | Neither | "Neither" |

IF (SaltChk = Salt) THEN**SalHowC**

Is that always, usually or sometimes (that you add salt to your food during cooking)?

- | | | |
|---|---------|-------------|
| 1 | Always | "Always" |
| 2 | Usually | "Usually" |
| 3 | Somet | "Sometimes" |

IF (SaltChk = Subst) THEN**SltSHow**

Is that always, usually or sometimes (that you add salt substitute to your food during cooking)?

- | | | |
|---|---------|-------------|
| 1 | Always | "Always" |
| 2 | Usually | "Usually" |
| 3 | Somet | "Sometimes" |

COOKING SKILLS (these questions are not asked during a proxy interview).**IF (respondent=MFP) THEN****U8PrepMM**

SHOW CARD J

How often do you prepare a main meal for yourself (or yourself and others) in your household?

- | | | |
|---|--------|-------------|
| 1 | EveryD | "Every day" |
|---|--------|-------------|

2	MostD	"Most days (5-6)"
3	SomeD	"Some days (3-4)"
4	OneTwoD	"One or two days a week"
5	LessOW	"Less than once a week"
6	SpecOcc	"Only for special occasions"
7	Never	"Or, never?"

CTech

SHOW CARD K

Which, if any, of the following cooking techniques do you feel confident about using?

CODE ALL THAT APPLY.

1	Boil	"Boiling"
2	Steam	"Steaming or poaching"
3	Fry	"Frying"
4	StirFry	"Stir frying"
5	Grill	"Grilling"
6	Bake	"Oven-baking or roasting"
7	Stew	"Stewing/braising/casseroling"
8	Micro	"Microwaving"
9	None	"Or, none of these?"
10	All	"SPONTANEOUS ONLY: All of these"

CFood

SHOW CARD L

Which, if any, of the following foods do you feel confident about cooking?

CODE ALL THAT APPLY.

1	RedMeat	"Red meat"
2	Chicken	"Chicken"
3	WhFish	"White fish (cod, haddock, plaice)"
4	OilyFish	"Oily fish (herring, mackerel, salmon)"
5	Pulses	"Pulses (such as split peas and lentils)"
6	Pasta	"Dry pasta"
7	Rice	"Rice (savoury)"
8	Potato	"Potatoes (not chips)"
9	GrnVeg	"Fresh green vegetables (cabbage, spinach, broccoli)"
10	RootVeg	"Root vegetables (e.g. carrots, parsnips)"
11	None	"Or, none of these?"
12	All	"SPONTANEOUS ONLY: All of these"

SkillCk

SHOW CARD M

Now please look at this card.

Would you be able to make the following foods and dishes from beginning to end?

PRESS <ENTER> TO CONTINUE

1	Continue
---	----------

SkLow

SHOW CARD M

(Would you be able to...)

...Cook convenience foods and ready meals (e.g. frozen pizza, prepackaged curry & rice)?

THIS IS A THEORETICAL QUESTION ABOUT THE RESPONDENT'S COOKING SKILLS, AND NOT WHETHER THEY DO ACTUALLY COOK THIS TYPE OF FOOD.

1	NoHlp	"Yes, with no help at all"
2	LtIHlp	"Yes, with a little help"
3	LotHlp	"Yes, with a lot of help"

4 CantHlp "No, not at all"

SkMed

SHOW CARD M

(Would you be able to...)

...Make a complete meal from ready-made ingredients (e.g. ready-made sauces and pasta to make spaghetti bolognese)?

1 NoHlp "Yes, with no help at all"
 2 LtHlp "Yes, with a little help"
 3 LotHlp "Yes, with a lot of help"
 4 CantHlp "No, not at all"

SkAdv

SHOW CARD M

(Would you be able to...)

...Make a main dish from basic ingredients (raw potatoes, raw meat, onions etc), possibly following a recipe (e.g. shepherd's pie, curry)?

1 NoHlp "Yes, with no help at all"
 2 LtHlp "Yes, with a little help"
 3 LotHlp "Yes, with a lot of help"
 4 CantHlp "No, not at all"

SkBake

SHOW CARD M

(Would you be able to...)

...Make a cake or biscuits from basic ingredients (flour, milk, eggs, etc), possibly following a recipe?

1 NoHlp "Yes, with no help at all"
 2 LtHlp "Yes, with a little help"
 3 LotHlp "Yes, with a lot of help"
 4 CantHlp "No, not at all"

Cook

SHOW CARD N

How did you learn to cook?

IT MAY HELP TO REPHRASE USING ONE OF THE FOLLOWING: 'Where did you learn to cook?'/ 'Who did you learn to cook from?'

IF RESPONDENT SAYS THEY CHOOSE NOT TO COOK OR SOMEONE ELSE DOES THE COOKING, CHECK WHETHER THEY CAN OR CAN'T COOK. IF THEY CAN COOK, REPEAT THE QUESTION AND CODE HOW THEY LEARNT TO COOK. IF THEY CAN'T COOK, CODE AS 'CANNOT COOK AT ALL'.

CODE ALL THAT APPLY.

1 Home "At home (relative)"
 2 School "School"
 3 Class "Cookery class not at school (e.g. night class)"
 4 Self "Self taught"
 5 Friend "From friends"
 6 Work "At work"
 7 TV "Television"
 8 Recipe "Recipe books / magazines"
 9 Intnet "Internet"
 10 NoCook "Cannot cook at all"
 11 Other "Other"
 12 All "SPONTANEOUS ONLY: All of these"

IF (Cook = School or Class or All) THEN**CookTech**

SHOW CARD O

Which of the following techniques were you taught in your class?

- | | | |
|----|----------|---|
| 1 | CleCho | "Cleaning and chopping fruit and vegetables" |
| 2 | MeatFish | "Preparation of meat or fish for cooking (chopping, filleting)" |
| 3 | Frying | "Frying" |
| 4 | Boiling | "Boiling" |
| 5 | Bake | "Baking or roasting" |
| 6 | Sauce | "Making a sauce" |
| 7 | Pastry | "Making pastry" |
| 8 | Recipe | "Following a recipe" |
| 9 | Micro | "Microwaving" |
| 10 | Freeze | "Freezing and defrosting" |
| 11 | Pres | "Preservation/storage of foods in larder/ refrigerator/freezer" |
| 12 | Hyg | "Hygiene in the kitchen" |
| 13 | None | "None of these" |
| 14 | CantRem | "Don't know/Can't remember" |
| 15 | All | "SPONTANEOUS ONLY: All of these" |

IF (respondent=MFP) THEN**CookEq**

SHOW CARD P

Which of the following pieces of cooking equipment do you have in your kitchen?

- | | | |
|----|---------|---------------------------------------|
| 1 | Scales | "Weighing scales" |
| 2 | Knives | "Set of kitchen knives" |
| 3 | SPans | "Set of saucepans" |
| 4 | FPan | "Frying pan" |
| 5 | Sieve | "Colander/Sieve" |
| 6 | CassD | "Casserole dish" |
| 7 | RPan | "Roasting pan" |
| 8 | CTin | "Cake tins" |
| 9 | BTray | "Baking trays" |
| 10 | Whisk | "Hand-held whisk, manual or electric" |
| 11 | MBowl | "Mixing bowls" |
| 12 | MJug | "Measuring jug" |
| 13 | RPin | "Rolling pin" |
| 14 | Grater | "Grater" |
| 15 | FoodPro | "Food processor" |
| 16 | None | "None of these" |
| 17 | All | "SPONTANEOUS ONLY: All of these" |

Ingred

SHOW CARD Q

Which of the following ingredients do you usually have available in your food store?

- | | | |
|----|--------|---|
| 1 | Flour | "Flour, (self-raising, and/or plain and/or bread)" |
| 2 | Sugar | "Sugar (caster, granulated, brown)" |
| 3 | CFlour | "Cornflour" |
| 4 | Pasta | "Dried pasta (spaghetti, noodles)" |
| 5 | Rice | "Rice (long grain, basmati)" |
| 6 | TomTin | "Tomatoes in tins or cartons" |
| 7 | TomPur | "Tomato paste/puree" |
| 8 | Oil | "Olive oil or other vegetable oil" |
| 9 | Vin | "Vinegar (wine, balsamic)" |
| 10 | Pulse | "Dried or tinned pulses (canellini or borlotti beans, chickpeas etc)" |

11	Bean	"Baked beans"
12	Herb	"Dried herbs, spices or curry powder"
13	Stock	"Stock cubes"
14	Soy	"Soy sauce"
15	TinFish	"Tinned fish (sardines, anchovies)"
16	None	"None of these"
17	All	"SPONTANEOUS ONLY: All of these"

INCOME

Income

SHOW CARD FF

Thank you for answering the questions so far. Before we move on, please could you take a look at this card and tell me the letter of the group which represents your household's total income in the last 12 months, before any deductions for tax etc. Please include income from earnings, self-employment, benefits, pensions, and interest from savings.

CARD SHOWS ANNUAL AMOUNTS.

THIS MEANS CATERING UNIT INCOME (NOT HOUSEHOLD INCOME).

HOUSING BENEFITS AND CHILD ALLOWANCE SHOULD BE INCLUDED. PROBE TO MAKE SURE RESPONDENT HAS INCLUDED THIS: 'Can I just check, do you receive any housing benefits and/or child allowance?'

1	IncA	"A - £15,000 - £19,999"
2	IncB	"B - £30,000 - £34,999"
3	IncC	"C - Under £5,000"
4	IncD	"D - £45,000 - £49,999"
5	IncE	"E - £25,000 - £29,999"
6	IncF	"F - £5,000 - £9,999"
7	IncG	"G - £20,000 - £24,999"
8	IncH	"H - £10,000 - £14,999"
9	Incl	"I - £75,000 - £99,999"
10	IncJ	"J - £35,000 - £39,999"
11	IncK	"K - £50,000 - £74,999"
12	Incl	"L - £100,000 or more"
13	IncM	"M - £40,000 - £44,999"

MFPEnd

End of Main Food Provider interview with (name of MFP).

PRESS <ENTER> TO CONTINUE

1 Continue

INDIVIDUAL INTERVIEWS

Individual level questions answered by a maximum of two people at all eligible households. Certain sections are for adults (19+) / children (4-18) only, as indicated.

COOKING SKILLS

Respondents aged 16+ only – not asked here if the respondent is the MFP.

PrepMM

SHOW CARD J

How often do you prepare a main meal for yourself (or yourself and others) in your household?

- | | | |
|---|---------|------------------------------|
| 1 | EveryD | “Every day” |
| 2 | MostD | “Most days (5-6)” |
| 3 | SomeD | “Some days (3-4)” |
| 4 | OneTwoD | “One or two days a week” |
| 5 | LessOW | “Less than once a week” |
| 6 | SpecOcc | “Only for special occasions” |
| 7 | Never | “Or, never?” |

CTech

SHOW CARD K

Which, if any, of the following cooking techniques do you feel confident about using?

CODE ALL THAT APPLY.

- | | | |
|----|---------|----------------------------------|
| 1 | Boil | “Boiling” |
| 2 | Steam | “Steaming or poaching” |
| 3 | Fry | “Frying” |
| 4 | StirFry | “Stir frying” |
| 5 | Grill | “Grilling” |
| 6 | Bake | “Oven-baking or roasting” |
| 7 | Stew | “Stewing/braising/casseroling” |
| 8 | Micro | “Microwaving” |
| 9 | None | “Or, none of these?” |
| 10 | All | “SPONTANEOUS ONLY: All of these” |

CFood

SHOW CARD L

Which, if any, of the following foods do you feel confident about cooking?

CODE ALL THAT APPLY.

- | | | |
|---|----------|---|
| 1 | RedMeat | “Red meat” |
| 2 | Chicken | “Chicken” |
| 3 | WhFish | “White fish (cod, haddock, plaice)” |
| 4 | OilyFish | “Oily fish (herring, mackerel, salmon)” |
| 5 | Pulses | “Pulses (such as split peas and lentils)” |

6	Pasta	"Dry pasta"
7	Rice	"Rice (savoury)"
8	Potato	"Potatoes (not chips)"
9	GrnVeg	"Fresh green vegetables (cabbage, spinach, broccoli)"
10	RootVeg	"Root vegetables (e.g. carrots, parsnips)"
11	None	"Or, none of these?"
12	All	"SPONTANEOUS ONLY: All of these"

SkIlCk

SHOW CARD M

Now please look at this card.

Would you be able to make the following foods and dishes from beginning to end?

PRESS <ENTER> TO CONTINUE"

1 continue

SkLow

SHOW CARD M

(Would you be able to...)

...Cook convenience foods and ready meals (e.g. frozen pizza, prepackaged curry & rice)?

THIS IS A THEORETICAL QUESTION ABOUT THE RESPONDENT'S COOKING SKILLS, AND NOT WHETHER THEY DO ACTUALLY COOK THIS TYPE OF FOOD.

1 NoHlp "Yes, with no help at all"

2 LtIHlp "Yes, with a little help"

3 LotHlp "Yes, with a lot of help"

4 CantHlp "No, not at all"

SkMed

SHOW CARD M

(Would you be able to...)

...Make a complete meal from ready-made ingredients (e.g. ready-made sauces and pasta to make spaghetti bolognese)?

1 NoHlp "Yes, with no help at all"

2 LtIHlp "Yes, with a little help"

3 LotHlp "Yes, with a lot of help"

4 CantHlp "No, not at all"

SkAdv

SHOW CARD M

(Would you be able to...)

...Make a main dish from basic ingredients (raw potatoes, raw meat, onions etc), possibly following a recipe (e.g. shepherd's pie, curry)?

1 NoHlp "Yes, with no help at all"

2 LtIHlp "Yes, with a little help"

3 LotHlp "Yes, with a lot of help"

4 CantHlp "No, not at all"

SkBake

SHOW CARD M

(Would you be able to...)

...Make a cake or biscuits from basic ingredients (flour, milk, eggs, etc), possibly following a recipe?

1 NoHlp "Yes, with no help at all"

2 LtIHlp "Yes, with a little help"

3 LotHlp "Yes, with a lot of help"

4 CantHlp "No, not at all"

Cook

SHOW CARD N

How did you learn to cook?

IT MAY HELP TO REPHRASE USING ONE OF THE FOLLOWING: 'Where did you learn to cook?'/ 'Who did you learn to cook from?'

IF RESPONDENT SAYS THEY CHOOSE NOT TO COOK OR SOMEONE ELSE DOES THE COOKING, CHECK WHETHER THEY CAN OR CAN'T COOK. IF THEY CAN COOK, REPEAT THE QUESTION AND CODE HOW THEY LEARNT TO COOK. IF THEY CAN'T COOK, CODE AS 'CANNOT COOK AT ALL'.

CODE ALL THAT APPLY.

1	Home	"At home (relative)"
2	School	"School"
3	Class	"Cookery class not at school (e.g. night class)"
4	Self	"Self taught"
5	Friend	"From friends"
6	Work	"At work"
7	TV	"Television"
10	Recipe	"Recipe books / magazines"
11	Intnet	"Internet"
10	NoCook	"Cannot cook at all"
11	Other	"Other"
12	All	"SPONTANEOUS ONLY: All of these"

IF (Cook = School OR Class OR All) THEN**CookTech**

SHOW CARD O

Which of the following techniques were you taught in your class?

1	CleCho	"Cleaning and chopping fruit and vegetables"
2	MeatFish	"Preparation of meat or fish for cooking (chopping, filleting)"
3	Frying	"Frying"
4	Boiling	"Boiling"
5	Bake	"Baking or roasting"
6	Sauce	"Making a sauce"
7	Pastry	"Making pastry"
8	Recipe	"Following a recipe"
9	Micro	"Microwaving"
10	Freeze	"Freezing and defrosting"
11	Pres	"Preservation/storage of foods in larder/ refrigerator/freezer"
12	Hyg	"Hygiene in the kitchen"
13	None	"None of these"
14	CantRem	"Don't know/Can't remember"
All		"SPONTANEOUS ONLY: All of these"

CHILDREN'S COOKING SKILLS
Respondents aged 7-15 and 16-18 in Full Time Education

IF (respondent is aged 7-15 OR 16-18 in FT education)

CkChIntr

I'd now like to talk to you about any cooking you (child's name) might do.

1 Continue

CookCh

Did you (child's name) ever learn about food or cooking in a lesson at school?

1 Yes

2 No

IF (CookCh = Yes) THEN

CkLesson

Did you (child's name) have to prepare food in this lesson?

1 Yes

2 No

IF (CkLesson = Yes) THEN

CkWtSc1

Did you (child's name) learn to make **cakes, buns or biscuits** in these lessons?

1 Yes

2 No

CkWtSc2

(And did you (child's name) learn to...) **make pizza** (in these lessons)?

1 Yes

2 No

CkWtSc3

(And did you (child's name) learn to...) **prepare a main meal dish** (e.g. shepherd's pie, spaghetti bolognese) (in these lessons)?

1 Yes

2 No

CkWtSc4

(And did you (child's name) learn to...) **prepare vegetables** (in these lessons)?

1 Yes

2 No

IF (respondent is aged 7-15 OR 16-18 in FT education)

CookHome

Do you (Does (child name) ever prepare food at home?

1 Yes

2 No

IF (CookHome = Yes) THEN

CookWith

Do you (Does (child name) prepare this food alone or with someone else?

1 Alone "Alone"

2 WSoE "With Someone Else"

IF (CookWith = WSoE) THEN**WithWho**

Who is this?

PROBE FOR RELATIONSHIP TO RESPONDENT.

CODE FIRST THAT APPLIES.

- | | | |
|---|---------|----------------------|
| 1 | Parent | "Parent or guardian" |
| 2 | Sibling | "Brother or sister" |
| 3 | OthRel | "Other relative" |
| 4 | OthNRel | "Other non-relative" |

IF (CookHome = Yes) THEN**CkReg**

How often do you (does (child name)) prepare food at home? Is it...

RUNNING PROMPT.

- | | | |
|---|---------|-------------------------------|
| 1 | Daily | "...every day" |
| 2 | Weekly | "...every week" |
| 3 | Monthly | "...every month" |
| 4 | LessOf | "...or less often than that?" |

WhyCk

Why do you (does (child name)) prepare food at home?

CODE MAIN REASON.

- | | | |
|---|---------|--|
| 1 | LikeCk | "Likes cooking" |
| 2 | HelpCk | "Wants to help" |
| 3 | LearnCk | "To learn how to cook (e.g. for when older)" |
| 4 | Hungry | "Cooks when hungry and no-one else around to prepare food" |
| 5 | NeedCk | "Needs to cook (e.g. parent too ill to cook)" |

CkWHom1

SHOW CARD M

I'd now like to ask whether you (child name) would be able to prepare certain foods at home.

Firstly, would you (he)(she) be able to **butter bread** at home?

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

CkWHom2

SHOW CARD M

(And would you (child name) be able to ...) **...chop vegetables** (at home)?

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

CkWHom3

SHOW CARD M

(And would you (child name) be able to ...) **...make sandwiches** (at home)?

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

CkWHom4

SHOW CARD M

(And would you (child name) be able to ...) **...cook convenience foods and ready meals (e.g. pizza from frozen)** (at home?)

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

CkWHom5

SHOW CARD M

(And would you (child name) be able to ...) **...prepare a meal from ready-made ingredients (e.g. pasta with ready-made sauce)** (at home)?

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

CkWHom6

SHOW CARD M

(And would you (child name) be able to ...) **...prepare a dish from basic ingredients (with or without a recipe)** (at home)?

- | | | |
|---|---------|----------------------------|
| 1 | NoHelp | "Yes, with no help at all" |
| 2 | YLiHelp | "Yes, with a little help" |
| 3 | YLoHelp | "Yes, with a lot of help" |
| 4 | NoDo | "No, not at all" |

SCHOOL PROVISION
ASK ALL 18 MONTHS-15 YEARS & 16-18 YEARS IN FULL-TIME EDUCATION

WHERE RESPONDENT 10 OR YOUNGER - ASK THROUGH GUARDIAN; WHERE RESPONDENT 11-18, ASK DIRECTLY.

IF (respondent is aged 18 months – 15 years OR 16-18 in FT education) THEN

SchType

SHOW CARD MM

Please look at this card and tell me which of these best describes the school you/ child's name attend(s).

- | | | |
|---|--------|---|
| 1 | Nurs | "A nursery school" |
| 2 | Prim | "A primary school (including infant school, junior school)" |
| 3 | Sec | "A secondary school (including sixth form in a school)/High school" |
| 4 | Mid | "A middle school" |
| 5 | SixthF | "A sixth form college/Higher Education college" |
| 6 | Other | "Other – please specify at next question" |
| 7 | HomeEd | "Home-educated" |
| 8 | NoSch | "SPONTANEOUS ONLY: Hasn't started school yet" |

IF (SchType = Nurs..Other) THEN

SchIntr

Now I would like to ask some questions about food and meals you/(child's name) may have whilst at school/college.

PRESS <ENTER> TO CONTINUE

- 1 Continue

SchProv

Does your (child's name)'s school/college provide food?

INCLUDE SANDWICHES AND SALADS.

DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.

- 1 Yes
2 No

IF (SchProv = Yes) THEN

SchName

Please could you tell me the name and address of your/(child's name)'s school/college. We only need this information in case we need to ask them questions about how the school/college prepares food.

Please tell me the name of the school first.

PLEASE ENTER NAME OF SCHOOL IN FULL.

: STRING [40]

SchAdd1

And what is the first line of the address?

: STRING [30]

SchAdd2

Enter next line of address or press the <Enter> key if no more. Do not enter postcode here.

: STRING [30]

SchAdd3

Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.

: STRING [30]

SchAdd4

Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.

: STRING [30]

SchPCode

Enter postcode here if known. Use <CTRL K> if not known.

: STRING [8]

IF (SchProv = Yes) THEN**SchMeal**

Does the food provided include a cooked meal?

- 1 Yes
- 2 No

IF (SchMeal = Yes) THEN**SchProv2**

Do/Does you/(child's name) ever have this cooked meal?

- 1 Yes
- 2 No

IF (SchType = Prim..Other) THEN**SchLun**

On a school/college day, what do you (does your child) usually have for lunch?

CODE ONE ONLY.

INCLUDE SANDWICHES AND SALADS.

DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.

WE ARE INTERESTED IN THE **MEAL** EATEN RATHER THAN THE TIME AT WHICH IT WAS EATEN.

- | | | |
|---|---------|---|
| 1 | HSMeal | "Cooked school meal" |
| 2 | CSMeal | "Cold school meal (including sandwiches, salads)" |
| 3 | PackedL | "Packed lunch (from home)" |
| 4 | BuyL | "Buy lunch from shop/café" |
| 5 | Home | "Go home" |
| 6 | NoLunch | "Do not eat lunch" |

IF (SchType = Prim..Other) THEN**SchSn**

Is there an outlet in your (child's name)'s school where pupils can buy snacks or drinks?

'SNACKS' INCLUDE CONFECTIONERY, CRISPS, FRUIT.

DO NOT INCLUDE SANDWICHES, SALADS AS 'SNACKS'.

- 1 Yes
- 2 No

IF (SchSn = Yes) THEN

SchSn2

Do you (Does (child's name)) ever buy snacks or drinks from this outlet?

- 1 Yes
- 2 No

IF (SchTyp = (Prim...Other) OR (SchTyp = NoSch) THEN**SchSub**

SHOW CARD OO

Do you (Does (child's name) receive any of the following?

CODE ALL THAT APPLY.

THE HEALTHY START PROGRAM ENTITLES ELIGIBLE HOUSEHOLDS WITH CHILDREN AGED 0-3 YEARS TO VOUCHERS THAT CAN BE EXCHANGED FOR MILK, FRESH FRUIT, FRESH VEGETABLES AND INFANT FORMULA. IN ADDITION, CHILDREN ARE ENTITLED TO FREE VITAMIN DROPS FROM 6 MONTHS OF AGE UNTIL THEIR 4th BIRTHDAY.

- 1 FreeMeal "Free school meal (at lunchtime)"
- 2 RedMeal "Reduced price or subsidised school meal (at lunchtime)"
- 3 FreeMilk "Free school milk"
- 4 RedMilk "Subsidised school milk"
- 5 FreFruit "Free fruit"
- 6 HSVit "Healthy Start children's vitamin drops (3 and under)"
- 7 HSVou "Healthy Start vouchers (3 and under)"
- 8 PreSch "Free food BEFORE school"
- 9 PostSch "Free food AFTER school"
- 10 Other "Other"
- 11 None "None of these - SPONTANEOUSLY ONLY"

IF (SchSub NOT = FreeMeal) THEN**School2**

Are you (Is (child name) entitled to free school meals at lunchtime?

- 1 Yes
- 2 No

IF (School2 = Yes) THEN**School2i**

Why do you (does (child name) not take up your (his)(her) free school meals?

- 1 PrefHome "Prefers to come home",
- 2 NLike "Doesn't like school meals",
- 3 PackedL "Prefers packed lunch",
- 4 Diet "Dietary reasons",
- 5 Cultural "Cultural/religious reasons" ,
- 6 PeerP "Peer pressure/stigma",
- 7 Other

IF (SchSub = FreeMeal) THEN**SchOft**

On average, how many times per week do you (does (child's name) have free school meals at lunchtime?

Range :1..5

IF (SchOft 1- 5) THEN**SchOft2**

Why do you (does (child's name) not take up all your (his)(her) free school meals at lunchtime?

CODE MAIN REASON.

- | | | |
|---|----------|--------------------------------|
| 1 | PrefHome | "Prefers to come home", |
| 2 | NLike | "Doesn't like school meals", |
| 3 | PackedL | "Prefers packed lunch", |
| 4 | Diet | "Dietary reasons", |
| 5 | Cultural | "Cultural/religious reasons" , |
| 6 | PeerP | "Peer pressure/stigma", |
| 7 | Other | |

IF (SchSub = PreSch) THEN**PrScOft**

On average, how many times per week do you (does (child's name) have free school meals before school?

Range :1..5

IF (SchSub = PostSch) THEN**PoScOft**

On average, how many times per week do you (does (child's name) have free school meals after school?

Range :1..5

EATING OUT AND OTHER PROVISION

IF (respondent is aged 65+) THEN

HeClub

Have you ever used the following services

...READ OUT AND CODE ALL THAT APPLY.

- | | | |
|---|-------|--------------------|
| 1 | LClub | "Lunch club?" |
| 2 | DCare | "Day care centre?" |
| 3 | MoW | "Meals on wheels?" |
| 4 | None | "None of these" |

IF (Age >= 65 AND HeClub = LClub) THEN

HeLC

SHOW CARD R

How often do you attend a lunch club?

- | | | |
|---|-------|--|
| 1 | Every | "Every day or nearly every day" |
| 2 | TwoW | "Two or three times a week" |
| 3 | OnceW | "Once a week" |
| 4 | TwoM | "Two or three times a month" |
| 5 | OnceM | "Once a month or less" |
| 6 | Never | "Do not currently use – SPONTANEOUS CODE ONLY" |

IF (Age >= 65 AND HeClub = DCare) THEN

HeDCC

SHOW CARD R

How often do you attend a day care centre?

- | | | |
|---|-------|--|
| 1 | Every | "Every day or nearly every day" |
| 2 | TwoW | "Two or three times a week" |
| 3 | OnceW | "Once a week" |
| 4 | TwoM | "Two or three times a month" |
| 5 | OnceM | "Once a month or less" |
| 6 | Never | "Do not currently use – SPONTANEOUS CODE ONLY" |

IF (Age >= 65 AND HeClub = MoW) THEN

HeMW

SHOW CARD R

How often do you eat a meal provided by Meals on Wheels?

- | | | |
|---|-------|--|
| 1 | Every | "Every day or nearly every day" |
| 2 | TwoW | "Two or three times a week" |
| 3 | OnceW | "Once a week" |
| 4 | TwoM | "Two or three times a month" |
| 5 | OnceM | "Once a month or less" |
| 6 | Never | "Do not currently use – SPONTANEOUS CODE ONLY" |

IF (HeMW = Every) THEN

MWHow

How do you receive your meals on wheels?

- | | | |
|---|--------|--|
| 1 | Hot | "As a hot meal delivered on the day" |
| 2 | Frozen | "As frozen meals delivered weekly/fortnightly" |

ASK ALL**MealOut**

SHOW CARD S

On average, how often do you/does child eat meals out in a restaurant or cafe?

'MEALS' MEANS MORE THAN A BEVERAGE OR BAG OF CHIPS

- | | | |
|---|---------|----------------------------|
| 1 | Five | "5 or more times per week" |
| 2 | ThrFour | "3-4 times per week" |
| 3 | OneTwoW | "1-2 times per week" |
| 4 | OneTwoM | "1-2 times per month" |
| 5 | Rarely | "Rarely or never" |

TAMeal

SHOW CARD S

On average, how often do you/does child eat takeaway meals at home?

'MEALS' MEANS MORE THAN A BEVERAGE OR BAG OF CHIPS. INCLUDE PIZZA, FISH AND CHIPS, INDIAN, CHINESE, BURGERS, KEBAB ETC.

THIS QUESTION IS ABOUT TAKE AWAY MEALS IN THE RESPONDENT'S HOME ONLY.

- | | | |
|---|---------|----------------------------|
| 1 | Five | "5 or more times per week" |
| 2 | ThrFour | "3-4 times per week" |
| 3 | OneTwoW | "1-2 times per week" |
| 4 | OneTwoM | "1-2 times per month" |
| 5 | Rarely | "Rarely or never" |

IF (Age >= 16 AND (WrkStat = Working) OR (PTWork = Yes) THEN**Canteen**

Does your place of work have a staff canteen?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Canteen = Yes) THEN**CantSub**

Do you know if the canteen food is subsidised in any way? By subsidised I mean that your employer meets some of the cost of providing the food.

- | | | |
|---|--------|--------------------------|
| 1 | Sub | "Yes it is subsidised" |
| 2 | NotSub | "No it isn't subsidised" |
| 3 | DontNo | "Don't know" |

IF (Age >= 16 AND (WrkStat = Working) OR (PTWork = Yes) THEN**LunchWk**

What do you usually do about meals (e.g. lunch) when you are at work?

INCLUDE HOT MEALS, SANDWICHES AND SALADS. DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.

THIS QUESTION IS STILL RELEVANT EVEN IF RESPONDENT WORKS NIGHT SHIFTS.

WE WANT TO KNOW ABOUT ANYTHING THEY EAT, REGARDLESS OF WHETHER IT IS BREAKFAST, LUNCH OR DINNER.

- | | | |
|---|----------|-----------------------------------|
| 1 | Canteen | "Eat at the staff canteen" |
| 2 | PackedL | "Take a packed lunch (from home)" |
| 3 | ShopCafe | "Buy lunch from a shop/café" |
| 4 | Other | "Other" |
| 5 | NoLunch | "Do not have lunch" |

EATING HABITS

ASK ALL**YrIntr**

The next few questions are about your (child's name)'s eating habits over the last year.

PRESS <ENTER> TO CONTINUE

1 Continue

OilFish

SHOW CARD T

Other than tinned tuna, in the last 12 months how often have you (has (child name)) eaten **tinned oily fish**, such as salmon, sardines, mackerel, kippers, herrings, pilchards, anchovies? Please **do not** include tinned tuna.

TINNED TUNA DOES NOT COUNT AS OILY FISH BECAUSE THE CANNING PROCESS REDUCES THE OMEGA-3 FATTY ACID CONTENT.

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 days per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL**FrOFsh**

SHOW CARD T

In the last 12 months how often have you (has (child's name)) eaten **fresh or frozen Oily fish** (e.g. salmon, sardines, mackerel, kippers, anchovies, pilchards, trout or tuna)?

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 day per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL**ShFish**

SHOW CARD T

In the last 12 months how often have you (has (child's name)) eaten Shellfish (e.g. prawns, shrimps, crab)?

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 day per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL**Offal**

SHOW CARD T

In the last 12 months how often have you (has (child's name)) eaten Offal (e.g. liver, kidney)?

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 day per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL**RarEat**

SHOW CARD U

In the last 12 months have you (has (child's name)) eaten any of the foods on this card?

DO NOT INCLUDE NUTS IN CODE 4 (SEEDS).

- | | | |
|----|---------|---|
| 1 | None | "None of these" |
| 2 | FishLiv | "Fish liver (include canned cod liver; exclude fish liver oil supplements)" |
| 3 | VenLiv | "Venison liver" |
| 4 | Sprats | "Sprats" |
| 5 | Seeds | "Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))" |
| 6 | Cassava | "Cassava chips/crisps" |
| 7 | Seaweed | "Seaweed (includes hijiki, wakame)" |
| 8 | Sushi | "Sushi (including purchased sushi)" |
| 9 | Kabanos | "Kabanos (smoked sausage)" |
| 10 | FrPap | "Papaya (include fresh and canned)" |
| 11 | DrPap | "Dried papaya" |
| 12 | FrMango | "Mango (include fresh and canned)" |
| 13 | DrMango | "Dried mango" |
| 14 | Kiwi | "Kiwi Fruit" |

(Asked for each response at RareEat)

RarOft

SHOW CARD V

How often have you (has (child's name)) eaten (food from RarEat)?"

- | | | |
|---|--------|------------------------------|
| 1 | OneMth | "Less than once per month" |
| 2 | OneDM | "On 1-3 days per month" |
| 3 | OneDW | "On 1-2 days per week" |
| 4 | ThrDW | "On 3 or more days per week" |

FOOD AVOIDANCE

ASK ALL**AvIntr**

The next few questions are about fruit and vegetables. We are interested in whether you / (child's name) eat them with the skins left on.

QUESTIONS ABOUT FOOD ALLERGIES/AVOIDANCES.

PRESS <ENTER> TO CONTINUE

1 Continue

Appet

How would you describe your / (child's name)'s appetite? Do/does you/he/she have...

RUNNING PROMPT...

- | | | |
|---|---------|--|
| 1 | Good | "...a good appetite" |
| 2 | Average | "an average appetite or" |
| 3 | Poor | "a poor appetite for someone of your/his/her age?" |

AvoidYN

Are there any types of foods that you (child's name) never eat(s)?

- 1 Yes
2 No

IF (AvoidYN = Yes) THEN**Avoid**

SHOW CARD W

Can you tell me what types of foods you (child's name) never eat(s)?

INTERVIEWER: CODE ALL THAT APPLY.

- | | | |
|----|---------|---|
| 1 | Meat | "Meat or meat products (not including poultry)" |
| 2 | Poultry | "Chicken or other poultry and dishes containing them" |
| 3 | Fish | "Fish or seafood and fish and seafood dishes" |
| 4 | Eggs | "Eggs" |
| 5 | Milk | "Milk (including yoghurt)" |
| 6 | Cheese | "Cheese" |
| 7 | Salad | "Salad vegetables (e.g. lettuce, cucumber, tomato)" |
| 8 | Green | "Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)" |
| 9 | RootV | "Root vegetables (e.g. carrots, parsnips)" |
| 10 | Fruit | "Fresh fruit" |
| 11 | Nuts | "Nuts" |
| 12 | Offal | "Offal" |
| 13 | Other | "Other" |

ASK ALL**Diet**

Are you (Is (child's name)) on any special diet at the moment?

A 'SPECIAL' DIET IS WHATEVER THE RESPONDENT CONSIDERS A SPECIAL DIET TO BE.

- 1 Yes
2 No

IF (Diet = Yes) THEN**DietT**

What type of diet are you (is (child's name)) on?

DO NOT PROMPT.

CODE ALL THAT APPLY.

- | | | |
|---|---------|-----------------------------------|
| 1 | Diab | "Diabetic diet" |
| 2 | Loss | "Weight reducing diet" |
| 3 | Gain | "Weight gaining diet" |
| 4 | LowFt | "Low fat diet" |
| 5 | CholLow | "Cholesterol lowering diet" |
| 6 | LowAll | "Low allergy diet, Additive free" |
| 7 | OthMed | "Other medical diet" |
| 8 | Kosher | "Kosher or halal diet" |
| 9 | Other | "Other" |

IF (Diet = Yes) THEN**DrDiet**

Was this diet recommended or prescribed to you (child's name) by a doctor, nurse, dietician or other medical practitioner?

IF ANY PART OF DIET PRESCRIBED, CODE YES.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Diet = Yes) THEN**DietEase**

Do you (Does (child's name)) find this diet easy to follow?

MEANS THE WHOLE REGIMEN, EVEN IF YOU HAVE CODED MORE THAN ONE TYPE OF DIET.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (DietEase = No) THEN**DietHow**

Why do you (does (child's name)) not find the diet easy to follow?

STRING [30]

ASK ALL**Veg**

Can I just check, would you describe yourself (child's name) as vegetarian or vegan?"

- | | | |
|---|---------|--------------|
| 1 | Veggie | "Vegetarian" |
| 2 | Vegan | "Vegan" |
| 3 | Neither | "Neither" |

IF (Veg = Veggie) THEN**VegeChk**

Can I just check, do you eat any meat, fish, poultry or dishes that contain these?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Veg = Vegan) THEN**VeganChk**

Can I just check, do you eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (respondent is aged < 16) THEN**Fuss**

How would you describe the variety of foods that you (child's name) generally eat(s)?

Do/Does you/he/she ...RUNNING PROMPT...

- | | | |
|---|--------|--|
| 1 | Most | "...eat most things," |
| 2 | Reason | "...eat a reasonable variety of things" |
| 3 | Limit | "...or do you (does (child's name)) only eat a limited number of different foods?" |

ASK ALL**WashIntr**

The next few questions are about fruit and vegetables. We are interested in whether you (child's name) eat(s) them with the skins left on.

PRESS <ENTER> TO CONTINUE

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

ASK ALL**WshNPot**

Firstly, do you (does (child's name)) eat **new potatoes** with the skins on?

IF 'YES' PROMPT WHETHER ALWAYS, USUALLY OR SOMETIMES.

- | | | |
|---|--------|---|
| 1 | Always | "Yes, ALWAYS eat the skin/peel" |
| 2 | Ususal | "Yes, USUALLY eat the skin/peel" |
| 3 | STimes | "Yes, SOMETIMES eat the skin/peel" |
| 4 | Never | "No, NEVER eat the skin/peel" |
| 5 | NoEat | "Don't eat this type of fruit/veg at all" |

ASK ALL**WshPot**

(And do you (does (child's name)) eat)

...**other potatoes** (cooked in any way, with the skins on?)

IF 'YES' PROMPT WHETHER ALWAYS, USUALLY OR SOMETIMES.

- | | | |
|---|--------|---|
| 1 | Always | "Yes, ALWAYS eat the skin/peel" |
| 2 | Ususal | "Yes, USUALLY eat the skin/peel" |
| 3 | STimes | "Yes, SOMETIMES eat the skin/peel" |
| 4 | Never | "No, NEVER eat the skin/peel" |
| 5 | NoEat | "Don't eat this type of fruit/veg at all" |

ASK ALL**Peel**

SHOW CARD X

Do you (Does (child's name)) ever eat the peel or skin (outer layer) of the following fruits?

INCLUDES BLENDING THE PEEL/SKIN TO MAKE A SMOOTHIE.

EXCLUDES EATING PEEL/SKIN IN FRUIT CAKES, MARMALADE, CHUTNEYS ETC.

- | | | |
|---|---------|--|
| 0 | None | "None of these" |
| 1 | Orange | "Orange" |
| 2 | Lemon | "Lemon" |
| 3 | Kiwi | "Kiwi fruit" |
| 4 | GrapeF | "Grapefruit" |
| 5 | Mango | "Mango" |
| 6 | Banana | "Banana" |
| 7 | Lime | "Lime" |
| 8 | PApple | "Pineapple" |
| 9 | SoftCit | "Soft citrus fruit (satsumas/ mandarins/ clementines)" |

(Asked for each response at Peel)**PeelOff**

SHOW CARD Y

How often do you (does (child's name)) eat the peel or skin of (fruit from Peel)?"

- | | | |
|---|--------|--------------------------|
| 1 | Daily | "Every day/most days" |
| 2 | Week1 | "Once or twice a week" |
| 3 | Month1 | "Once or twice a month" |
| 4 | Less | "Less than once a month" |

(Asked for each response at Peel)**PeelAmt**

SHOW CARD Z

When you (child's name) eat(s) the peel or skin of (fruit from Peel), how much of it do you (does (child's name)) usually eat?

- | | | |
|---|-------|---|
| 1 | All | "All of the peel or skin" |
| 2 | Most | "Most of the peel or skin" |
| 3 | Half | "Around half of the peel or skin" |
| 4 | Quart | "Around a quarter of the peel or skin" |
| 5 | Less | "Less than a quarter of the peel or skin" |

ASK ALL**MarmP**

Do you (does (child's name)) eat marmalade which contains peel of citrus fruits (such as lemons, oranges, tangerines and limes?)

INCLUDE HOMEMADE MARMALADE.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

ASK ALL**WashFru**

If you (child's name) eat(s) your fruit with the peel on do/does you (he/she) wash it before eating/cooking?

- | | | |
|---|--------|-------------------------------|
| 1 | Always | "Yes, ALWAYS wash" |
| 2 | Usual | "Yes, USUALLY wash" |
| 3 | STimes | "Yes, SOMETIMES wash" |
| 4 | Never | "No, NEVER wash" |
| 5 | NoEat | "Do not eat with peel on/raw" |

WashVeg

If you (child's name) eat(s) raw vegetables, (tomatoes, carrots, cucumbers) do/does you (he/she) wash them before eating?

- | | | |
|---|--------|-------------------------------|
| 1 | Always | "Yes, ALWAYS wash" |
| 2 | Usual | "Yes, USUALLY wash" |
| 3 | STimes | "Yes, SOMETIMES wash" |
| 4 | Never | "No, NEVER wash" |
| 5 | NoEat | "Do not eat with peel on/raw" |

GENERAL HEALTH

ASK ALL

HealIntr

I'd now like to ask you some questions about your (child's name) general health.

PRESS <ENTER> TO CONTINUE

1 Continue

GenHelf

How is your (child's) health in general?

Would you say it was...READ OUT...

- | | | |
|---|---------|----------------|
| 1 | Vergood | "...very good" |
| 2 | Good | "good" |
| 3 | Fair | "fair" |
| 4 | Bad | "bad, or" |
| 5 | Verbad | "very bad?" |

Heal

Do you (Does your child) have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you (him/her) over a period of time, or that is likely to affect you (him/her) over a period of time?

- 1 Yes
2 No

IF (Heal = Yes) THEN

HealT

What is the matter with you (child's name)?

: STRING [80]

IF (Heal = Yes) THEN

Limit

Does this illness or disability (Do these illnesses or disabilities) limit your (child's name) activities in any way?

- 1 Yes
2 No

IF (Limit = Yes) AND (Age >= 16) THEN

LimitShp

Does this illness or disability (Do these illnesses or disabilities) limit you or prevent you from shopping?

- | | | |
|---|----------|--|
| 1 | Limits | "Limits" |
| 2 | Prevents | "Prevents" |
| 3 | Neither | "Illness does not limit/prevent from shopping" |

IF (LimitShp = Limits OR Prevents) THEN

LShpHow

Can you tell me how you are limited/prevented from shopping?

CODE ALL THAT APPLY

- | | | |
|---|----------|-----------------------------|
| 1 | DiffWalk | "Difficulties with walking" |
| 2 | Sight | "Problems with sight" |

- | | | |
|---|--------|---------------------------------|
| 3 | NCarry | "Cannot carry (heavy) shopping" |
| 4 | Tire | "Gets tired easily" |
| 5 | Other | "Other difficulties" |

IF (Limit = Yes) AND (Age >= 16) THEN**LimiPrep**

Does this illness or disability (Do these illnesses or disabilities) limit you or prevent you from preparing food?

- | | | |
|---|----------|--|
| 1 | Limits | "Limits" |
| 2 | Prevents | "Prevents" |
| 3 | Neither | "Illness does not limit/prevent from preparing food" |

IF (LimiPrep = Limits OR Prevents) THEN**LprepHow**

Can you tell me how you are limited/prevented from preparing food?

CODE ALL THAT APPLY

- | | | |
|---|----------|--|
| 1 | DiffHand | "Difficulties with hands (eg. chopping, peeling, lifting)" |
| 2 | DiffWalk | "Difficulties with walking" |
| 3 | DifStand | "Difficulties with standing" |
| 4 | Sight | "Problems with sight" |
| 5 | IllHlth | "Chronic ill-health (e.g. MS, depression)" |
| 6 | Tire | "Gets tired easily" |
| 7 | Other | "Other difficulties" |

ASK ALL**CutDown**

Now I'd like you to think about the two weeks ending yesterday. During those two weeks, did you (child's name) have to cut down on any of the things you usually do (he/she usually does) about the house, (or at work/college) or in your (his/her) free time because of (a condition you have just told me about or any other) illness or injury?"

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (CutDown = Yes) THEN**NDayCutD**

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

Range 1..14

CutMatt

What was the matter with you (child's name)?

: STRING [80]

ASK ALL**Accid**

In the past 12 months have you (has your child) had any kind of accident as a result of which you (he/she) saw a doctor or went to the hospital as an outpatient or inpatient?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Operat

Can I check, in the last 12 months have you (has your child) had a surgical operation of any sort?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Hospit

During the past 12 months have you (has your child) stayed in hospital as an inpatient, overnight or longer?

EXCLUDE GOING TO HOSPITAL TO GIVE BIRTH.

1 Yes

2 No

ORAL HEALTH
(For respondents aged 16 and over)

IF Age >=16 THEN**OralIntr**

YOU ARE ABOUT TO ENTER THE ORAL/DENTAL HEALTH SECTION. The next questions are about your oral and dental health.

PRESS <ENTER> TO CONTINUE"

1 Continue

AnyOwn**ASK OR RECORD**

Do you have any of your own, natural, teeth?

1 Yes

2 No

DentUse

Do you use a denture at all?

1 Yes

2 No

Chew**SHOW CARD AA**

In general, how well are you able to CHEW food that you eat nowadays? Please take your answer from the card.

1 NoDiff "No difficulty"

2 LitDiff "A little difficulty"

3 FairDiff "A fair amount of difficulty"

4 GreDiff "A great amount of difficulty"

IF (Age>= 45) OR (Dentuse=Yes) THEN**CardL****SHOW CARD BB**

Now I will read out a list of food items. Please tell me how well you could eat each one, taking your answer from the card.

It doesn't matter whether or not you like the types of food or ever choose to eat it nowadays.

We are interested in how well you could eat it if you wanted to.

'EAT' MEANS BITE, CHEW AND SWALLOW.

THIS IS **NOT** ASKING HOW WELL PEOPLE CAN DIGEST THESE FOODS.

PRESS <ENTER> TO CONTINUE

1 Continue

SliceB**SHOW CARD BB**

How well could you eat **sliced bread**?

1 EatEas "Could eat easily"

2 EatDif "Could eat with some difficulty"

3 NotEat "Could not eat at all"

CrustyB

SHOW CARD BB

And how well could you eat... crusty bread?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Cheese

SHOW CARD BB

And how well could you eat...cheese?"

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Tomat

SHOW CARD BB

And how well could you eat...tomatoes?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Carrot

SHOW CARD BB

And how well could you eat...raw carrots?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Greens

SHOW CARD BB

And how well could you eat...cooked green vegetables?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Lettuce

SHOW CARD BB

And how well could you eat...lettuce?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Meats

SHOW CARD BB

And how well could you eat... sliced cooked meats?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Steak

SHOW CARD BB

And how well could you eat...well-done steaks?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Apples

SHOW CARD BB

And how well could you eat...?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Orange

SHOW CARD BB

And how well could you eat...oranges?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

Nuts

SHOW CARD BB

And how well could you eat...nuts?

- | | | |
|---|--------|----------------------------------|
| 1 | EatEas | "Could eat easily" |
| 2 | EatDif | "Could eat with some difficulty" |
| 3 | NotEat | "Could not eat at all" |

IF (Any of (SliceB..Nuts = NotEat) THEN**Eatfod**

Can you only eat soft or mashed foods or can you eat other foods as well?

- | | | |
|---|--------|--|
| 1 | Soft | "Only soft or mashed foods" |
| 2 | Other | "Other foods as well" |
| 3 | Liquid | "Can only take liquids/cannot eat even soft or mashed foods" |

SELF-COMPLETIONS
(For respondents aged 8-24)

IF (Age = 18-24) THEN**DrinIntr**

The next set of questions are about smoking cigarettes and drinking alcohol. We can either continue using the laptop to answer the questions, or you can fill in your answers in this booklet. Which would you prefer to do?

IS THE YOUNG PERSON TO CONTINUE WITH QUESTIONS IN CAPI OR ARE THEY TO BE GIVEN A BOOKLET (GREY COVER)?

- | | | |
|---|-------|-----------------------------------|
| 1 | Asked | "Continue with questions in CAPI" |
| 2 | Given | "Given self completion booklet" |

IF (Age = 11-24) THEN**SCIntro**

Prepare self completion booklet for ages (8-12: RED cover) / (13-15: TURQUOISE cover) / (16-24: GREY cover) by entering serial numbers.

Check that you have the correct person number.

- 1 Continue

IF (Age = 8-10) THEN**SCIntCh**

Here is a little booklet which I would like to ask (child's name) to complete for him/herself. It asks children if they have ever tried cigarettes or alcohol. May I explain it to you/him/her?

If asked, show RED booklet to (child's name).

If agrees, prepare RED booklet.

Explain to child how to complete and show example in booklet.

- 1 Continue

SComp2

I would now like you to answer some questions by completing this booklet on your own. The questions cover smoking and drinking.

Explain how to complete booklet and show example in booklet.

- 1 Continue

IntDemog

Wait until (respondent's name) has completed the self-completion booklet, then thank them for completing it and ask them to return it to you.

- 1 Continue

SMOKING
(For respondents aged 18 and over)

ASK IF (no self completion AND Age = 16-24) OR (Age >= 25) THEN

SmokIntr

YOU ARE ENTERING THE SMOKING SECTION

This next section is about smoking.

1 Continue

SmokEver

Have you ever smoked a cigarette, cigar, pipe or anything with tobacco in it?

1 Yes

2 No

IF (SmokEver = Yes) THEN

CigEver

Have you ever smoked a cigarette?

1 Yes

2 No

IF (CigEver = Yes) THEN

CigAge

How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Range 3..97

SmokNow

Do you smoke cigarettes at all nowadays?

1 Yes

2 No

IF (SmokNow = Yes) THEN

CigWDay

About how many cigarettes **a day** do you usually smoke on a weekday, that is Monday to Friday?

IF LESS THAN ONE A DAY, CODE 0.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range 0..97

CigWEnd

About how many cigarettes **a day** do you usually smoke at the weekend, that is Saturday and Sunday?

IF LESS THAN ONE A DAY, CODE 0.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range 0..97

CigType

Do you mainly smoke filter-tipped cigarettes, plain or untipped cigarettes, or hand-rolled cigarettes?

- | | | |
|---|--------|--------------------------------|
| 1 | Tipped | "Filter-tipped cigarettes" |
| 2 | Plain | "Plain or untipped cigarettes" |
| 3 | Rolled | "Hand-rolled cigarettes" |

IF (SmokNow = No) THEN

CigReg

Have you ever smoked cigarettes regularly?

...READ OUT...

- | | | |
|---|-------|--|
| 1 | Reg | "Yes, regularly, that is at least one cigarette a day" |
| 2 | Occ | "No, only occasionally" |
| 3 | Never | "Or no, never really smoked cigarettes, just tried them once or twice" |

IF (CigReg = Reg) THEN

CigUsed

About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

IF LESS THAN ONE A DAY, CODE 0.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range 0..97

CigStop

How long ago did you stop smoking cigarettes regularly?

- | | | |
|---|---------|--------------------------|
| 1 | LessSix | "Less than 6 months ago" |
| 2 | SixMth | "6 months to 1 year ago" |
| 3 | OneTwo | "1 to 2 years ago" |
| 4 | TwoFve | "2 to 5 years ago" |
| 5 | FivTen | "5 to 10 years ago" |
| 6 | MoreTen | "More than 10 years ago" |

DRINKING
(For respondents aged 18 and over)

ASK IF (no self completion AND Age = 16-24) OR (Age >= 25) THEN

Drink

I am now going to ask you a few questions about what you drink - that is if you drink.
Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

IF (Drink = No) THEN

DrinkAny

Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

- 1 Occ "Very occasionally"
- 2 Never "Never"

IF (DrinkAny = Never) THEN

AlwaysTT

Have you always been a non-drinker or did you stop drinking for some reason?

- 1 Always "Always a non-drinker",
- 2 Stopped "Used to drink but stopped"

IF (Drink=Yes) OR (DrinkAny=Occ) THEN

DrinAge

How old were you the first time you ever had a proper alcoholic drink?

Range 3..97

DrinkOft

SHOW CARD CC

Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

- 1 AED "Almost every day"
- 2 Five "Five or six days a week"
- 3 Three "Three or four days a week"
- 4 OneWk "Once or twice a week"
- 5 OneMth "Once or twice a month"
- 6 CupMth "Once every couple of months"
- 7 OneYr "Once or twice a year"
- 8 NotYr "Not at all in the last 12 months"

IF (DrinkOft <> NotYr) THEN

DrinkL7

Did you have an alcoholic drink in the last seven days, that is since (date 7 days ago) until yesterday?

- 1 Yes
- 2 No

IF (DrinkL7 = Yes) THEN**DrnkDay**

On how many days out of the last seven did you have an alcoholic drink?

Range 1..7

IF (DrnkDay = 2 to 7 days) THEN**DrnkSame**

Did you drink more on one of the days/some days than others, or did you drink about the same on both/each of those?

- | | | |
|---|--------|---|
| 1 | Varied | "Drank more on one/some day(s) than other(s)" |
| 2 | Same | "Same each day" |

IF (DrinkL7 = Yes) THEN**WhichDay**

Which day (last week) did you last have an alcoholic drink (have the **most** to drink)?"

- | | | |
|---|-----------|-------------|
| 1 | Sunday | "Sunday" |
| 2 | Monday | "Monday" |
| 3 | Tuesday | "Tuesday" |
| 4 | Wednesday | "Wednesday" |
| 5 | Thursday | "Thursday" |
| 6 | Friday | "Friday" |
| 7 | Saturday | "Saturday" |

DrnkType

SHOW CARD DD

Thinking about last (day from WhichDay), what types of drink did you have that day?

CODE ALL THAT APPLY.

- | | | |
|---|---------|---|
| 1 | NBeer | "Normal strength beer/lager/cider/shandy" |
| 2 | SBeer | "Strong beer/lager/cider" |
| 3 | Spirits | "Spirits or liqueurs" |
| 4 | Sherry | "Sherry or martini" |
| 5 | Wine | "Wine" |
| 6 | Pops | "Alcopops/pre-mixed alcoholic drink" |
| 7 | Other | "Other alcoholic drinks" |
| 8 | Low | "Low alcohol drinks only" |

IF (DrnkType = NBeer) THEN**NBrL7**

Still thinking about last (day from WhichDay), how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Code measures that you are going to use.

- | | | |
|---|---------|--------------|
| 1 | HPints | "Half pints" |
| 2 | SmCans | "Small cans" |
| 3 | LgCans | "Large cans" |
| 4 | Bottles | "Bottles" |

IF (NBRL7 = HPints) THEN**NBrL7Q(1)**

ASK OR CODE: How many half pints of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Range 1..97

IF (NBRL7 = SmCans) THEN**NBrL7Q(2)**

ASK OR CODE: How many small cans of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Range 1..97

IF (NBRL7 = LgCans) THEN

NBrL7Q(3)

ASK OR CODE: How many large cans of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Range 1..97

IF (NBRL7 = Bottles) THEN

NBrL7Q(4)

ASK OR CODE: How many bottles of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Range 1..97

NBotL7

ASK OR CODE: What make of **normal strength beer, lager, stout or cider** did you drink from bottles on that day?

If respondent drank different makes code which they drank most.

: STRING [21]

IF (DrnkType = SBeer) THEN

SBrL7

Still thinking about last (day from WhichDay), how much **strong beer, lager, stout or cider** did you drink that day?

Code measures that you are going to use.

1	HPints	"Half pints"
2	SmCans	"Small cans"
3	LgCans	"Large cans"
4	Bottles	"Bottles"

IF (SBRL7 = Hpints) THEN

SBrL7Q(1)

How many half pints of **strong beer, lager, stout or cider** did you drink on that day?

Range 1..97

IF (SBRL7 = SmCans) THEN

SBrL7Q(2)

How many small cans of **strong beer, lager, stout or cider** did you drink on that day?

Range 1..97

IF (SBRL7 = LgCans) THEN

SBrL7Q(3)

How many large cans of **strong beer, lager, stout or cider** did you drink on that day?

Range 1..97

IF (SBRL7 = Bottles) THEN

SBrL7Q(4)

How many bottles of **strong beer, lager, stout or cider** did you drink on that day?

Range 1..97

SBotL7

ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day?

If respondent drank different makes code which they drank most.
: STRING [21]

IF (DrnkType = Spirits) THEN

SpirL7

Still thinking about last (day from WhichDay), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

Code the number of singles - count doubles as two singles.

Range 1..97

IF (DrnkType = Sherry) THEN

ShryL7

Still thinking about last (day from WhichDay), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?

Code the number of glasses.

Range 1..97

IF (DrnkType = Wine) THEN

WineL7

Still thinking about last (day from WhichDay), how much wine, including Babycham and champagne, did you drink on that day?

INTERVIEWER Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Please code the relevant option.

- | | | |
|---|---------|--|
| 1 | Bottle | "Bottle or parts of bottle" |
| 2 | Glasses | "Glasses" |
| 3 | Both | "Both bottles or parts of bottle, and glasses" |

IF (WineL7 = Bottle) THEN

WL7Bt

Code the number of 125ml glasses drunk **from the bottle** by the respondent.

E.g. If they drank half a bottle, code 3 glasses.

- | | | |
|------------|---|--------------|
| 1 bottle | = | 6 glasses. |
| 1/2 bottle | = | 3 glasses. |
| 1/3 bottle | = | 2 glasses. |
| 1/4 bottle | = | 1.5 glasses. |
| 1 litre | = | 8 glasses. |
| 1/2 litre | = | 4 glasses. |
| 1/3 litre | = | 2.5 glasses. |
| 1/4 litre | = | 2 glasses. |

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they shared a bottle with one other person and they shared it equally, code 3 glasses.

Range 1.0..97.9 (allow fractions)

IF (WineL7 = Glasses) THEN

WL7GI

Code the number of glasses (**drunk as glasses**).

Range 1.0..97.9 (allow fractions)

WL7Giz

Were you drinking from a large, standard, or small glass?

If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

- | | | |
|---|----------|--------------------------|
| 1 | Large | "Large glass (250ml)" |
| 2 | Standard | "Standard glass (175ml)" |
| 3 | Small | "Small glass (125ml)" |

IF (WL7Glz=1) THEN

ml250Glz

How many large glasses (250ml) did you drink?

Range 1.0..97.9 (allow fractions)

IF (WL7Glz=2) THEN

ml175Glz

How many standard glasses (175ml) did you drink?

Range 1.0..97.9 (allow fractions)

IF (WL7Glz=3) THEN

ml125Glz

How many small glasses (125ml) did you drink?

Range 1.0..97.9 (allow fractions)

IF (DrnkType = Pops) THEN

PopsL7

Still thinking about last (day from WhichDay), how much **alcoholic soft drink** ('alcopop') did you drink on that day?

Code measures that you are going to use.

- | | | |
|---|---------|--------------|
| 1 | SmCans | "Small cans" |
| 2 | Bottles | "Bottles" |

IF (PopsL7 = SmCans) THEN

PopsL7Q(1)

ASK OR CODE: How many small cans of **alcoholic soft drink** ('alcopop') did you drink on that day?

Range 1..97

IF (PopsL7 = Bottles) THEN

PopsL7Q(2)

ASK OR CODE: How many bottles of **alcoholic soft drink** ('alcopop') did you drink on that day?

Range 1..97

IF (DrnkType = Other) THEN

OthL7TA

Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?

Code first mentioned only.

: STRING [30]

OthL7QA

How much (answer from OthL7TA) did you drink on that day?

Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

: STRING [30]

OthL7B

Did you drink any other type of alcoholic drink on that day?

- 1 Yes

2 No

IF (OthL7B = Yes) THEN**OthL7TB**

Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?

Code first mentioned only.

: STRING [30]

OthL7QB

How much (answer from OthL7TB) did you drink on that day?

Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

: STRING [30]

OthL7C

Did you drink any other type of alcoholic drink on that day?

1 Yes

2 No

IF (OthL7C = Yes) THEN**OthL7TC**

Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?

Code first mentioned only.

: STRING [30]

OthL7QC

How much (answer from OthL7TC) did you drink on that day?

Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

: STRING [30]

IF (current age is 5 or more years greater than age first had alcoholic drink) THEN**DrAmount**

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

1 More "More nowadays"

2 Same "About the same"

3 Less "Less nowadays"

ACTIGRAPH PLACEMENT *(For respondents aged 4-10)*

IF (AGE 4-10) THEN

AGIntro

As part of this study, we are asking children aged 4 to 10 to wear an activity monitor called an 'Actigraph'. The activity monitor is like a pedometer and records different types of movement.

Before I go into more detail about the Actigraph, I would first like to ask you a few background questions to check whether (child's name) would be able to take part."

1 Continue

Abdom

Has (child's name) recently had abdominal surgery, or does he/she have any health problems which mean that he/she could not wear a belt round his/her waist?

If necessary, explain that the activity monitor will need to be worn on an elastic belt around the waist.

1 Yes "Had abdominal surgery or health problems"

2 No

IF (Abdom <> Yes) THEN

Latex

Does he/she have an allergy to latex?

1 Yes

2 No

Bed

Is (child's name) confined to bed or wheelchair?

1 Yes

2 No

IF (Abdom = Yes) OR (Latex = Yes) OR (Bed = Yes) THEN

NoPart

Thank the respondent and explain that they will not be able to participate in this part of the survey

1 Continue

IF (Abdom = No) AND (Latex = No) AND (Bed = No) THEN

Intro2

We would like (child's name) to wear the actigraph for 7 days. As a thank you for participating, you will receive a £20 voucher.

Please read this leaflet, it explains more about what's involved.

Give (adult's name) the Actigraph information leaflet and allow them time to read it and ask you any questions. Make sure you give the child an appropriate leaflet too.

1 Continue

AGCons

Are you willing for (child's name) to take part in the study?

1 Yes "Agreed to take part and consent given"

2 No "No, not willing to take part"

IF (AGCons = Yes) THEN**Place**

I will now help fit the actigraph on (child's name) so that he/she can see how it feels.

1 Continue

Fit

Fit the actigraph and suggest to the respondent that it is worn for the remainder of the day to allow (child's name) to get used to it. Remember to note down the Actigraph serial number before you fit the actigraph.

Demonstrate and explain:

- The monitor is worn on the waist using the elastic belt provided.
- Attach the belt snugly around the waist so that the monitor rests on the right side of the body, above the right hip.
- (child's name) should wear the monitor over a thin layer of clothing.
- Keep the monitor fastened on the belt to reduce the risk of losing it.
- The monitor should be put on (child's name) when he/she wakes up and taken off before he/she goes to bed on each day.
- Please remove the monitor before (child's name) showers, bathes or goes swimming, as if it is wet it may be damaged. (If he/she forgets to take the monitor off before bathing or swimming, he/she will not be harmed.)

1 Continue

ActFit

How was the fit of the actigraph against the body?

- 1 Flat "Snug fit, flat against the body"
- 2 NFlat "Snug fit, not flat because of body shape"
- 3 Ref "Not snug fit (respondent refused to wear it tight around the waist)"
- 4 Other "Other"

ActNo

Record the serial number of the actigraph, e.g. for ACT9999T, enter 9999T.

: STRING[5], NODK, NORF

ActSDate

Suggested start of actigraph wear (day after interview).

: DATETYPE

ActEDate

Suggested end of actigraph wear (interview + 7).

: DATETYPE

Act7D

(Child's name) should start wearing the actigraph when he/she gets up tomorrow morning and wear it every day until he/she goes to bed on (date in 7 days).

1 Continue

Log

Give the respondent the white activity booklet.

Write the serial number on the front of the booklet.

Write in the days of the week (on page 3).

If (child's name) cannot begin wearing the actigraph the next day, then write in the *actual start date* on the booklet.

Explain to the respondent how to fill it in.

1 Continue, NODK, NORF

ActPlcd

Did you place the actigraph and activity booklet with (child's name)?

- 1 Yes
- 2 No

IF (ActPlcd = No) THEN**WhyActNo**

Please record why the actigraph and activity booklet were not placed.

: STRING[60]

ACTInt

INTERVIEWER ASK (child's name): 'Please start wearing the actigraph when you get up tomorrow morning and wear it every day until you go to bed on (date in 7 days).

PLEASE ASK ALL: 'Please could I arrange a convenient time to come back to collect the actigraph and activity booklet?

Ask the actigraph respondent(s) to keep the actigraph and activity booklet in a safe place until you come to collect it. Make an appointment to collect the actigraph and activity booklet.

- 1 Continue, NODK, NORF

HEIGHT & WEIGHT MEASUREMENTS

(All respondents)

Intro

I would now like to measure your (child's name) height and weight. There is interest in how people's weight, given their height, is associated with their health.

MAKE OUT MRC FOR (Respondent's name), IF MEASUREMENTS WILL BE TAKEN.

1 Continue

IF (Sex = Female) AND (Age 16 – 49) THEN**PregNowB**

May I check, are you pregnant or breastfeeding now?

1 Yes

2 No

IF (Age >= 2) AND (PregNowB <> Yes) THEN**RespHts**

MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: HEIGHT REFUSED.

1 Meas "Height measured"

2 Ref "Height refused"

3 Attmpt "Height attempted, not obtained"

4 NotAt "Height not attempted"

Height1

ENTER HEIGHT, IN CENTIMETERS.

Range 60.0..244.0

Height2

PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETERS.

Range 60.0..244.0

IF (difference between height1 and height2 is greater than 0.5 centimeters) THEN**Height3**

THE PREVIOUS HEIGHTS DIFFER BY MORE THAN 0.5 cm. PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETERS.

Range 60.0..244.0

IF (RespHts = Meas) THEN**Height**

HEIGHT IN CENTIMETERS.

Range 60.0..244.0

StadNo

PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW.
STRING[7]

RelHite

CODE ONE ONLY.

1 NoProb "No problems experienced, reliable height measurement obtained"

2 Rel "Problems experienced, measurement likely to be: Reliable"

3 UnRel "Problems experienced, measurement likely to be: Unreliable"

IF (RelHite = UnRel) THEN

HiNRel

WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- | | | |
|---|---------|---------------------------------------|
| 1 | Hair | "Hairstyle or wig" |
| 2 | Hat | "Turban or other religious headgear" |
| 3 | Stoop | "Respondent stooped" |
| 4 | Stretch | "Child respondent refused stretching" |
| 5 | Fidget | "Respondent would not stand still" |
| 6 | Shoes | "Respondent wore shoes" |
| 7 | Other | "Other, please specify" |

IF (HiNRel = Other) THEN

OHiNRel

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

STRING [60]

IF (RespHts = Meas) THEN

MBookHt

CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

HEIGHT: ^Height cm OR ^Foot feet ^Inch inches.

- 1 Continue

IF (RespHts = Ref) THEN

ResNHi

GIVE REASONS FOR REFUSAL.

- | | | |
|---|----------|--|
| 1 | NoPoint | "Cannot see point/Height already known/Doctor has measurement" |
| 2 | Busy | "Too busy/Taken too long already/ No time" |
| 3 | TooIll | "Respondent too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Respondent too anxious/nervous/shy/embarrassed" |
| 6 | Refused | "Refused (no other reason given)" |
| 7 | Other | |

IF (RespHts = Attmpt..NotAt) THEN

NoHtBC

CODE REASON FOR NOT OBTAINING HEIGHT.CODE ALL THAT APPLY.

- | | | |
|----|----------|---|
| 1 | Away | "Child: away from home during fieldwork period (specify in a Note)" |
| 2 | Unsted | "Respondent is unsteady on feet" |
| 3 | CantStan | "Respondent cannot stand upright/too stooped" |
| 4 | Chair | "Respondent is chairbound" |
| 5 | Bed | "Confined to bed" |
| 6 | Shoes | "Respondent unable to remove shoes" |
| 7 | NotStl | "Child: subject would not stand still" |
| 8 | Ill | "Ill or in pain" |
| 9 | NotWrk | "Stadiometer faulty or not available" |
| 10 | ASleep | "Child asleep" |
| 11 | Other | "Other - specify" |

IF (NoHtBC = Other) THEN

NoHitCO

Please specify other reason.

STRING[60]

You are here - ? coding for child held by adult – need to look at capi

IF (Age >= 2) AND (PregNowB <> Yes) THEN

RespWts

MEASURE WEIGHT AND CODE.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

0	ChHeld	"Weight obtained - Child held" (<i>only use if child 5 or under</i>)
1	Meas	"Weight obtained"
2	Ref	"Weight refused"
3	Atmpt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

IF (RespWts = Meas Or ChHeld) THEN

IF (RespWts = Meas) THEN

XWt1

RECORD WEIGHT IN KILOGRAMS.

5.0..130.0

ELSEIF (ResapWts = ChHeld) THEN

WtAd1

ENTER WEIGHT OF ADULT ON HIS/HER OWN AND ENTER WEIGHT IN KILOGRAMS."

: 30.0..130.0, NODK, NORF

WtChA1

ENTER WEIGHT OF ADULT HOLDING CHILD AND ENTER WEIGHT IN KILOGRAMS.

30.0..130.0

Weight

Weight in Kilograms. Computed from either measured weight or WtChA 1 – WtAd1

0.0..130.0

IF (RespWts = Meas OR ChHeld) THEN

FloorC

INTERVIEWER CODE: SCALES PLACED ON?

1	Uneven	"Uneven floor"
2	Carpet	
3	Neither	

IF (RespWts = Meas OR ChHeld) THEN

RelWaitB

CODE ONE ONLY.

1	NoProb	"No problems experienced, reliable weight measurement obtained"
2	Rel	"Problems experienced, measurement likely to be: Reliable"
3	UnRel	"Problems experienced, measurement likely to be: Unreliable"

IF (Age>=16) AND (Height = response) AND (RelHite = NoProb OR Rel) AND (Weight = response) AND (RelWaitB = NoProb OR Rel) THEN

BMI

Measured Body Mass Index (BMI). Computed

5.0..50.0

IF (RespWts = Meas OR ChHeld) THEN**MBookWt**

MEASUREMENTS FOR (Respondent's name).

CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

Weight: ^Weight kg OR ^Stone stones ^Pound pounds.

If weight looks wrong, go back to 'XWt1' or 'WtAd1' and reweigh.

1 Continue

IF (RespWts = Meas OR ChHeld) THEN**SciNo**

MEASUREMENTS FOR (Respondent's name).

PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.

STRING[7]

IF (RespWts = Ref) THEN**ResNWt**

MEASUREMENTS FOR (Respondent's name).

GIVE REASONS FOR REFUSAL.

- | | | |
|---|----------|--|
| 1 | NoPoint | "Cannot see point/Weight already known/Doctor has measurement" |
| 2 | Busy | "Too busy/Taken long enough already/No time" |
| 3 | Tooll | "Respondent too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Respondent too anxious/nervous/shy/embarrassed" |
| 6 | ChildRef | "Child refused to be held by parent" |
| 7 | ParRef | "Parent refused to hold child" |
| 8 | Refused | "Refused (no other reason given)" |
| 9 | Other | |

IF (RespWts = Attmpt OR NotAt) THEN**NoWtBC**

MEASUREMENTS FOR (Respondent's name).

CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

- | | | |
|----|----------|---|
| 1 | Away | "Child: away from home during fieldwork period (specify in a Note)" |
| 2 | Unsted | "Respondent is unsteady on feet" |
| 3 | CantStan | "Respondent cannot stand upright" |
| 4 | Chair | "Respondent is chairbound" |
| 5 | Bed | "Confined to bed" |
| 6 | Shoes | "Respondent unable to remove shoes" |
| 7 | More130 | "Respondent weighs more than 130kg" |
| 8 | Ill | "Ill or in pain" |
| 9 | NotWrk | "Scales not working" |
| 10 | NoHold | "Parent unable to hold child" |
| 11 | ASleep | "Child asleep" |
| 12 | Other | "Other - specify" |

IF (NoWtBC = Other) THEN**NoWatCO**

MEASUREMENTS FOR (Respondent's name).

Please specify other reason.

STRING[60]

MoveOK

RECORD WHETHER THIS RESPONDENT IS ABLE TO WALK WITHOUT THE USE OF A WHEELCHAIR.

CODE '1' FOR ANY PERSON WHO CAN MOVE WITHOUT A WHEELCHAIR FOR AT LEAST 5 MINUTES, E.G. EVEN IF HAVE TO USE A WALKING STICK OR ZIMMER FRAME."

- | | | |
|---|-----|---|
| 1 | Yes | "Can move without wheelchair for at least 5 minutes" |
| 2 | No | "Cannot move without wheelchair for at least 5 minutes" |

EndOfM

MEASUREMENTS FOR (Respondent's name).

YOU HAVE NOW COMPLETED ALL THE MEASUREMENTS FOR (Respondent's name).

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

DIETARY SUPPLEMENTS

(Asked of all respondents)

SuppInt

I would now like to ask some questions about your/(child's name)'s use of dietary supplements over the last year. A dietary supplement is a product intended to provide additional nutrients or give health benefits and may be taken in liquid, capsule, tablet, pastille or powder forms. What I will ask you is in addition to the information you/(your child) provided for the 4 days already recorded when you completed the food diary.

1 Continue

SuppYr

SHOW CARD GG

Have/(Has) you/(your child) taken any vitamins, minerals, fish oil, fibre or other dietary supplements of the type listed on this card in the past year, including prescription and non-prescription supplements?

GIVE FURTHER EXAMPLES - VITAMIN C, IRON, FOLIC ACID, GLUCOSAMINE, EVENING PRIMROSE, GARLIC, GINSENG, OMEGA 3, COMPLAN ETC.

- 1 Yes
- 2 No
- 3 Don't know

IF (SuppYr = Yes) THEN**SDet**

Now I would like to collect some details about the vitamins, minerals and other dietary supplements that you/(your child) have/(has) taken in the past year.

It will be easiest if you show me the bottles or containers and I can copy down the information.

1 Continue

{Following questions asked as a loop:}**SRec**

CODE WHETHER (*first/next*) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.

- 1 Inte "Checked by myself"
- 2 Resp "Checked by respondent"
- 3 NoCon "Not checked"

SName

IT IS VERY IMPORTANT TO RECORD THE **NAME, BRAND AND STRENGTH** ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT SUPPLEMENT.

: STRING [60]

SForm

RECORD FORM.

- 1 Tablets
- 2 Capsules
- 3 Drops
- 4 Liqu "Liquid/Syrup"
- 5 Powder

SDose

RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.

CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

SFreq

SHOW CARD HH

How often did you/(your child) take this supplement?

Use <CTRL K> if does not know.

1	LessMth	"Less than once a month"
2	OneThMth	"1-3 times a month"
3	OnceWk	"Once a week"
4	TwoFrWk	"2-4 times a week"
5	OnceDay	"Once a day"
6	TwoThDay	"2-3 times a day"
7	FrMrDay	"4 or more times a day"

SPres

Was the supplement prescribed by your/(your child's) GP/other healthcare professional?

- 1 Yes
- 2 No

SMore

RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.

- 1 Yes
- 2 No

ADULT PHYSICAL ACTIVITY
(Asked of all respondents aged 16+)

IF (Age >=16) THEN**Work**

SHOW CARD II.

Now I would like to ask you a few questions about the physical activities you do and also whether they involve exposure to sunlight. Looking at this card, could you tell me which best describes your MAIN activity in the last seven days, that is since *(date)* up until yesterday?

CODE ONE ONLY. IF RESPONDENT SAYS THEY WERE A FULL TIME HOUSEWIFE/HOUSEHUSBAND, WERE UNABLE TO WORK, WERE ON HOLIDAY FOR THE ENTIRE PERIOD OR WERE UNEMPLOYED OR RETIRED, CHECK THAT THEY HAD NOT DONE ANY WORK, STUDY OR VOLUNTARY WORK. INCLUDE OPEN UNIVERSITY COURSES/STUDYING AT HOME IN CODE 3 'At college/school'.

- | | | |
|---|---------|--|
| 1 | EmpOff | "Employed or self-employed, working away from home (e.g. in office)" |
| 2 | EmpHome | "Employed or self-employed, working from home" |
| 3 | ColSch | "At college/school" |
| 4 | Vol | "Doing volunteer work or other unpaid work" |
| 5 | House | "Full time housewife/househusband?" |
| 6 | Unable | "Unable to work" |
| 7 | Hol | "On holiday for the entire period" |
| 8 | Unemp | "Unemployed or retired and have not done any of the above" |

IF (Work = ColSch) THEN**Schjob**

In the last seven days have you had a paid job as well as studying?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Work = EmpOff..Vol) THEN**DaysWork**

How many days of the last seven days, that is since *(date)* until yesterday, were you at (work/school or college/voluntary work/ school or college and work)?

Range: 1..7

IF (Work = EmpOff..Vol) THEN**IntrComm**

Now I'd like to ask about your physical activity over the past seven days. I will ask about any activities lasting five minutes or more.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

ACTIVE COMMUTING**IF (Work = EmpOff..Vol) THEN****WikWrk**

Since *(date)* have you walked for five minutes or more during your journey to or from (work/school or college/voluntary work/ school or college and work)? Please include any detours, or extra journeys that you made.

PLEASE INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TUBE STATION OR BETWEEN STATIONS BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM WORK. DO NOT INCLUDE LUNCHTIME WALKS INCLUDE

TAKING CHILDREN TO SCHOOL ON WAY TO WORK AND PICKING CHILDREN UP FROM SCHOOL ON WAY HOME FROM WORK.

- 1 Yes
- 2 No

IF (WikWrk = Yes) THEN

WikWrkD

During the last seven days (that is, since *(date)* until yesterday), on how many days did you walk to or from (work/school or college/voluntary work/ school or college and work)? Think about only the walking you did for at least five continuous minutes.

INCLUDE ALL JOBS.

Range: 1..7

IF (WikWrkD > 0) THEN

WikWrkT

How much time did you usually spend on each one of those days walking to and from (work/school or college/voluntary work/school, college or work)?

PLEASE INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TUBE STATION OR BETWEEN STATIONS BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM WORK. DO NOT INCLUDE LUNCHTIME WALKS.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT WALKING VARIES WIDELY FROM DAY TO DAY, OR INCLUDES TIME SPENT DOING A VARIETY OF PAID AND UNPAID WORK, CODE 'DON'T KNOW'.

IF (WikWrkT > 0) THEN

WWTChk

Is that the total time you spent walking to and from (work/school or college/voluntary work/school, college or work) on each day?

- 1 Yes
- 2 No

IF (WikWrkT = Don't know) THEN

WTTot

What is the total amount of time you spent walking to or from (work/school or college/voluntary work/ school or college and work) over the last seven days?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (WikWrk = Yes) THEN

WrkWikPa

Which of the following best describes your usual walking pace while walking to or from (work/school or college/voluntary work/ school or college and work)?

...READ OUT...

- 1 Slow "…a slow pace"
- 2 Steady "…a steady pace, neither slow nor brisk"
- 3 Brisk "…or a brisk or fast pace, raising slightly your heart beat or breathing rate"

IF (Work = EmpOff..Vol) THEN**CycWrk**

Since *(date)* have you cycled to or from (work/school or college/voluntary work/ school or college and work)? Please include any detours or extra journeys you made.

PLEASE INCLUDE CYCLING TO OR FROM THE TRAIN STATION OR THE TUBE STATION BUT ONLY WHEN RESPONDENTS WERE ON THEIR WAY TO OR COMING BACK FROM WORK.

- 1 Yes
- 2 No

IF (CycWrk = Yes) THEN**CycWrkD**

In the last seven days on how many days did you cycle to or from (work/school or college/voluntary work/school/college and work) for at least five continuous minutes?

Range: 1..7

IF (CycWrkD > 0) THEN**CycWrkT**

How much time did you usually spend on each one of those days cycling to or from (work/school or college/voluntary work/ school/college and work)?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT CYCLING VARIES WIDELY FROM DAY TO DAY, OR INCLUDES TIME SPENT DOING A VARIETY OF PAID AND UNPAID WORK, CODE 'DON'T KNOW'.

IF (CycWrkT > 0) THEN**CWTChk**

Is that the total time you spent cycling to and from (work/school or college/voluntary work/ school or college and work) on each day?

- 1 Yes
- 2 No

IF (CycWrkT = Don't know) THEN**CWTTot**

What is the total amount of time you spent cycling to or from (work/school or college/voluntary work/ school, college and work) over the last seven days?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

ACTIVITY WHILE AT WORK**IF (Work = EmpOff..Vol) THEN****IntAcWrk**

Now I'd like to ask you about your work. This includes office jobs, school/college, farming, working for yourself, volunteer work, or any other paid or unpaid work you did. **Do not** include unpaid work around your home, like gardening, cleaning, DIY, and caring for your family. I will ask you about these later.

IT ALSO INCLUDES TIME LOOKING FOR WORK OR WORKING FROM HOME FOR AN EMPLOYER OR AS SELF-EMPLOYED.

- 1 Continue

IF (DaysWork > 0) THEN**WorkMove**

When you were at work in the last seven days how did you spend most of your time?

Would you say you were mostly.....

THIS QUESTION AIMS AT FILTERING OUT THOSE WHO ARE IN SEDENTARY JOBS BY DEFINITION, e.g. OFFICE JOBS OR CALL CENTRE / TELESales JOBS

- | | | |
|---|--------|--|
| 1 | Sit | "...Sitting down or standing up at most" |
| 2 | Walk | "...Walking or moving about" |
| 3 | Either | "...Or, doing either, depending on the day or the time of the day" |

IF (WorkMove = Walk OR Either) THEN**VigAct**

I am going to ask you about vigorous and moderate physical activities that you may have done as part of your work. First, I'd like you to think about vigorous activities which take hard physical effort that you did as part of your work. Vigorous activities make you breathe much harder than normal. These may include things like heavy lifting, digging, or heavy building work. With vigorous activities you may get out of breath, and you may start sweating.

In the last seven days, that is since (*date*) did you do any vigorous activities while at work?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (VigAct = Yes) THEN**VigActD**

Can you please tell me, during the last seven days, that is since (*date*) until yesterday, on how many days did you do vigorous physical activities like the ones I have just described, as part of your work?

WORK INCLUDES PAID AND UNPAID WORK AS WELL AS VOLUNTEER WORK.

INCLUDE ALL JOBS. IT DOES NOT INCLUDE HOUSEHOLD CHORES, GARDENING, DIY, OR WALKING.

Range: 1..7

IF (VigActD >0) THEN**VigActT**

How much time did you usually spend on each one of those days doing vigorous physical activities as part of your work? Think about only those physical activities you did for at least 5 minutes at a time.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, OR INCLUDES TIME SPENT DOING A VARIETY OF PAID AND UNPAID WORK, CODE DON'T KNOW.

IF (VigActT = Don't know) THEN**VATTot**

What is the **total** amount of time you spent over the last seven days doing vigorous physical activities as part of your work?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (WorkMove = Walk OR Either) THEN**ModAct**

Now think about all the moderate activities which take moderate physical effort that you did as part of your work. Moderate physical activities make you breathe somewhat harder than normal. These may include activities like carrying light loads or walking briskly while at work. In the last seven days, that is since (*date*) did you do any moderate physical activities while at work?

- 1 Yes
- 2 No

IF (ModAct = Yes) THEN**ModActD**

During the last seven days that is since (*date*) until yesterday, **on how many days** did you do moderate physical activities as part of your work?

INCLUDE ALL JOBS. WORK INCLUDES PAID AND UNPAID WORK AS WELL AS COURSE WORK.

Range: 1..7

IF (ModActD >0**ModActT**

How much time did you usually spend on one of those days doing moderate physical activities as part of your work? Think about only those physical activities you did for at least five minutes at a time.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, OR INCLUDES TIME SPENT DOING A VARIETY OF PAID AND UNPAID WORK, CODE 'DON'T KNOW'.

IF (ModActT = Don't know) THEN**MATTot**

What is the **total** amount of time you spent over the last seven days doing moderate physical activities as part of your work?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

DOMESTIC PHYSICAL ACTIVITY**ASK ALL AGED 16+****DomAc**

I'd like you now to think about the physical activities you have done in and around the household in the last seven days, that is since (*date*). That could include housework, gardening, DIY, maintenance work or building work. Please do not include activities you did when you were doing your paid job.

THIS INCLUDES UNPAID HOUSEWORK / GARDENING / DIY / MAINTENANCE WORK OR BUILDING WORK DONE IN SOMEONE ELSE'S HOUSEHOLD (e.g. HELPING OUT FRIENDS OR FAMILY).

- 1 Continue

LtDom

SHOW CARDS JJ and KK

These two cards list some activities that are usually done in and around the household. The first card lists some light and the second one some heavier housework/gardening/DIY/maintenance activities.

Looking at the first card (JJ), in the last seven days have you done any of the light housework / gardening / DIY / maintenance listed or any other similar activities, for at least five continuous minutes?

- 1 Yes
- 2 No

IF (LtDom = Yes) THEN**LtDomD**

SHOW CARD JJ

Looking at the same card, in the last seven days **on how many days** have you done this kind of housework/gardening/DIY for at least five continuous minutes?

Range: 1..7

IF (LtDomD >0) THEN**LtDomT**

SHOW CARD JJ

On the days you did light housework/gardening/DIY, **how long** did you usually spend in total over the course of the day? Please only count activities that lasted for at least five continuous minutes.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, CODE DON'T KNOW.

IF (LtDomT = Don't know) THEN**LDTTot**

SHOW CARD JJ

What is the total amount of time you spent over the last seven days doing this type of light domestic activities?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

ASK ALL AGED 16+**HvDom**

SHOW CARD KK

Thinking about the heavier housework/gardening/DIY/maintenance activities listed on the second card now. Have you done any of these or any other similar activities in the last seven days for at least five continuous minutes?

- 1 Yes
- 2 No

IF (HvDom = Yes) THEN**HvDomD**

SHOW CARD KK

During the past seven days, **on how many days** have you done this kind of heavy housework/gardening/DIY/maintenance activities for at least five continuous minutes?

Range: 1..7

IF (HvDomD >0)**HvDomT**

SHOW CARD KK

On the days you did any heavy activities like those on this card, **how long** did you usually (on average) spend on each day?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (HvDomT = Don't know) THEN**HDTTot**

SHOW CARD KK

What is the **total** amount of time you spent over the last seven days doing this type of heavy domestic activities?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

WALKING**ASK ALL AGED 16+****Walk**

Apart from your journey to or from (work/school or college/voluntary work/school/college and work), have you walked for at least five minutes since (*date*)? Please include any country walks, walking the dog, walking to the shops.

- 1 Yes
- 2 No

IF (Walk = Yes) THEN**WalkD**

During the past seven days, that is since (*date*) on how many days did you walk for at least five continuous minutes?

Range: 1..7

IF (WalkD > 0) THEN**WalkT**

How long did you spend walking, on average, on each day you said you walked for five continuous minutes or more?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, CODE DON'T KNOW.

IF (WalkT = Don't know) THEN**WTTot**

What is the total amount of time you spent walking in the last seven days?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (Walk = Yes) THEN**WalkPa**

Which of the following best describes your usual walking pace while walking from place to place, walking for recreation or during lunchtime or walking your dog, etc...?

READ OUT SLOWLY...

- | | | |
|---|--------|---|
| 1 | Slow | "...a slow pace" |
| 2 | Steady | "...a steady pace, neither slow nor brisk" |
| 3 | Brisk | "...a brisk or fast pace, raising slightly your heart beat or breathing rate" |

SPORTS AND LEISURE

ASK ALL AGED 16+

IntroSp

Now I'd like to ask you about sports, this could be team sports or sports you do alone, exercise classes, exercises you do on your own, or anything that you do in your free time and involves movement.

- 1 Continue

Sport1

SHOW CARD LL

Can you tell me if you have done any sport or leisure-time activities of the type listed on this card during the last seven days, that is since *(date)*? Please include teaching and coaching sessions.

- 1 Yes
2 No

IF (Sport1 = Yes) THEN

SpoWh1

SHOW CARD LL

Which have you done in the last seven days?

TYPE IN FIRST FEW LETTERS OF THE SPORT TO ENTER CODING FRAME, THEN SELECT SPECIFIED ACTIVITY.

TYPE 'OTHER' IF THE SPORT IS NOT LISTED

TYPE 'XXX' (FOR NOT LISTED/DON'T KNOW) IF UNABLE TO CODE

ON EXITING CODING FRAME PRESS ENTER TO MOVE TO NEXT QUESTION.

Range: 1..999

SpMore

SHOW CARD LL

Have you done any other sports in the last seven days? Please include only activities that lasted at least 5 continuous minutes?

PROBE FOR ANY OTHER SPORTS

- 1 Yes "Yes - did other sports in last 7 days"
2 No "No - no other sports after interview prompts"

{FOR EACH ACTIVITY RECORDED AT SpoWh1 ASK SportOcc – SportHB}:

SpOcc

Can you tell me **on how many occasions** did you do/go/play *(name of activity)* for at least five minutes at a time during the past seven days, that is since *(date)*?

Range: 1..50

SpTim

How much time did you usually spend doing/going/playing *(name of activity)* on each occasion? (Only count times you did it for more than five minutes).

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (SportT = Don't know) THEN**SpTTot**

What is the **total** amount of time you spent doing/going/playing (*name of activity*) in the last seven days?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

XSpTot

Total time (in minutes) doing this sport in last seven days, computed.

SpHB

Does the effort of (*name of activity*) **usually** raise your heartbeat or make you out of breath or sweaty? Would you say...

READ OUT...

- | | | |
|---|---------|---------------------|
| 1 | Never | "No, never..." |
| 2 | NotVOft | "Not very often..." |
| 3 | QOft | "Quite often..." |
| 4 | MostT | "Most times..." |
| 5 | Always | "Or, yes, always?" |

SpoO

Was this activity done outside?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (SpoO = Yes) THEN**SpoUnc**

When you did this activity, were the following parts of your body usually exposed?

READ OUT AND CODE ALL THAT APPLY...

- | | | |
|---|--------|------------------------------|
| 1 | Face | "Face?" |
| 2 | Head | "Head?" |
| 3 | Hands | "Hands?" |
| 4 | Arms | "Arms?" |
| 5 | Should | "Shoulders?" |
| 6 | Legs | "Legs?" |
| 7 | Upper | "Most or all of upper body?" |

TotTimSp

TOTAL TIME (IN MINUTES) DOING ALL SPORT IN LAST SEVEN DAYS
(COMPUTED TOTAL).

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

AllActiv

Check with respondent total time spent doing any physical activity in the last seven days. In total, you have recorded (**number**) hours and (**number**) minutes of physical activity since last (*day*). Can I just check does this sound right?

Return to questions and identify any errors if possible, otherwise make a note, and continue.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (TotTimSp > 40 hours) THEN**ProfAth**

Can I just check, are you a professional athlete?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

ASK ALL AGED 16+**SlpWkA**

Over the last seven days, that is since (*date*) how long did you usually sleep for on weeknights, that is, Sunday to Thursday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW'.

IF RESPONDENT WORKED ON NIGHT SHIFTS DURING THE LAST SEVEN DAYS / TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

SlpWkEA

And over the last seven days, how long did you usually sleep for on weekends, that is Friday and Saturday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW'.

IF RESPONDENT WORKED ON NIGHT SHIFTS DURING THE LAST SEVEN DAYS / TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.

CHILD PHYSICAL ACTIVITY (11-15 year olds)

SCHOOL TIME-RELATED ACTIVITIES

ASK ALL AGED 11-15

Sch7D

Can I just check, in the last seven days, that is since last (*day*), did you go to school?

- | | | |
|---|--------|--|
| 1 | Yes | "Yes" |
| 2 | NoHol | "No, I was on holiday" |
| 3 | NoSick | "No, was sick" |
| 4 | NoHome | "No, I don't go to school (home-educated)" |
| 5 | NoOth | "No, any other reason" |

IF (Sch7D = Yes) THEN

SchDays

In the last seven days, that is since last (*day*), how many days have you been to school?

Range: 1..6

SCHOOL BREAKS

IF (Sch7D = Yes) THEN

MornBr

I would like you to think about your school breaks in the last seven days, that is from last (*day / date*) to yesterday.

How did you **usually** spend your morning school break?

READ OUT AND CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | RelHang | "Relaxing/, hanging around with friends or alone?" |
| 2 | Games | "Playing games such as skipping, catch, hide and seek or kicking a ball around?" |
| 3 | Study | "Studying or using a computer?" |
| 4 | NA | "DO NOT READ OUT - Not Applicable (Home-educated)" |

IF (Sch7D = Yes) THEN

LunBr

How did you usually spend your lunch break, apart from eating your lunch?

READ OUT AND CODE ALL THAT APPLY.

- | | | |
|---|--------|--|
| 1 | Relax | "Relaxing, hanging around with friends or alone" |
| 2 | Sports | "Playing sports such as football, netball, rugby or anything similar?" |
| 3 | Games | "Playing other games such as skipping, catch, hide and seek or kicking a ball around?" |
| 4 | Study | "Studying or using a computer?" |
| 5 | Walk | "Or, going for a walk (either within or outside the school grounds)?" |
| 6 | NA | "DO NOT READ OUT – Not Applicable (Home-educated)" |

PHYSICAL EDUCATION

IF (Sch7D = Yes) THEN

PEDay

In the last seven days, that is from (*day / date*) to yesterday, **on how many days** did you go to P.E. classes?

Range: 0..6

IF (PEDay > 0) THEN

PETime

During **each** of these P.E. classes **how many minutes** did you spend actually doing sports such as swimming, football, netball, rugby, hockey, cricket, athletics, gymnastics or anything similar? Do not count time spent on changing clothes, showering or talking to your PE teacher or classmates.

IF EACH LESSON OF DIFFERENT LENGTH, RECORD AVERAGE.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (PETime >0) THEN

PETChk

Can I just check, is (*answer from PETime*) the amount of time you spent doing P.E. in any one lesson?

- 1 Yes
- 2 No

ACTIVE TRANSPORTATION TO SCHOOL

IF (Sch7D = Yes) THEN

JrnyWik

During the last seven days, that is that is from last (*day*) to yesterday, has your journey to or from school included walking for at least five minutes continuously?

INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

- 1 Yes
- 2 No

IF (JrnyWik = Yes) THEN

JWalkD

During the last seven days (that is from (*day*) to yesterday), **on how many days** did you walk for five minutes or more without stopping on your way to or from school?

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

DO NOT INCLUDE WALKING AROUND OR INSIDE THE SHOP.

Range: 1..6

IF (JWalkD = 1..5) THEN

JWalkT

How much time did you usually spend on each one of those days walking **to** your school?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF RESPONDENT DOES NOT WALK **TO** SCHOOL ENTER 0.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

IF (JWalkD = 1..5) THEN

JWalkF

And **how much time** did you usually spend on each one of these days walking **from** your school?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF RESPONDENT DOES NOT WALK **FROM** SCHOOL ENTER 0.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

IF (Sch7D = Yes) THEN**JrnyCyc**

Now I would like to ask you about cycling to or from school. In the last seven days, that is from last (*day*) to yesterday, did you cycle to or from school?

- 1 Yes
- 2 No

IF (JrnyCyc = Yes) THEN**JCycD**

In the last seven days (that is from last (*day*) to yesterday), **on how many days** did you cycle to or from school?

Range: 1..6

IF (JCycD > 0) THEN**JCycT**

How much time did you usually spend on each one of those days cycling to and from your school?

AN AVERAGE TIME PER DAY IS BEING SOUGHT.

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

IF (JWalkD + JCycD > SchDays) THEN**JDayCh**

NUMBER OF DAYS WALKED AND CYCLED IS GREATER THAN NUMBER OF DAYS AT SCHOOL.

Can I just check, did you walk **and** cycle to or from school on any days in the last seven days?

- 1 Yes *(Change previous answers to JWalkD and/or JcycD)*
- 2 No

WALKING**ASK ALL AGED 11-15****IntroW**

I would like you to think about walking you have done in the last seven days that is from last (*day*) to yesterday. This could be walking to your friends' house, walking your dog, walking to the shops, walking for recreation or walking from place to place. Do not count walking to or from school or during school breaks, we have already talked about this.

- 1 Continue

WalkWk

On how many days in the last seven days, that is from last (*day*) to yesterday did you walk without stopping for at least five minutes? Do not count walking to or from school or during school breaks.

Range: 0..7

IF (WalkWk = 1) THEN**WalkWkT**

SHOW CARD II

How long did you spend walking altogether on this day? Please give an answer from this card.

- 1 Time01 "5 minutes, less than 10 minutes"
- 2 Time02 "10 minutes, less than 20 minutes"
- 3 Time03 "20 minutes, less than 30 minutes"
- 4 Time04 "30 minutes, less than 45 minutes"

5	Time05	"45 minutes, less than 1 hour"
6	Time06	"1 hours, less than 1½ hours"
7	Time07	"1½ hours, less than 2 hours"
8	Time08	"2 hours, less than 2½ hours"
9	Time09	"2½ hours, less than 3 hours"
10	Time10	"3 hours or more"

IF (WalkWk > 1) THEN**WalkWkTT**

How long did you spend walking in total during the last seven days, not including walking to or from school?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

ACTIVE PLAYING AND OTHER NON-SPORTING ACTIVITIES (OUTSIDE SCHOOL HOURS)**ASK ALL AGED 11-15****IntPlay**

Now I'd like to ask you about other active things you may have done in the last seven days like running about, riding a bike, kicking a ball around and things like that. This could be after school or in the weekends/holidays. For the following questions please do not include any activities done as part of school lessons or during school breaks.

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1 Continue

APlayWk**SHOW CARD QQ**

In the last seven days, that is from (*day*) up to yesterday, have you done any activities listed on this card?

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1 Yes

2 No

IF (AplayWk = Yes) THEN**APlayWh****SHOW CARD QQ**

Which have you done in the last seven days?:

CODE ALL THAT APPLY.

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1	Hopsco	"Playing, skipping, catch, hide and seek"
2	KckBll	"Kicking a ball around, running about or jumping around"
3	Garden	"Garden work, like mowing grass or sweeping up leaves"
4	HouseW	"Housework, like tidying up, cleaning, hoovering, washing clothes, cleaning a car"
5	PprRnd	"Paper rounds"

{Ask APlayD – SpExUnc for each activity recorded at APlayWh}:

APlayD

On how many days in the last seven days did you do (*answer from APlayWh*)? Please remember not to count things done as part of school lessons or during school breaks? NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

Range: 1..7

APlayT

SHOW CARD PP

On each day that you did (*answer from APlayWh*), **how long** did you **usually** spend? Please give an answer from this card?

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

- | | | |
|----|--------|------------------------------------|
| 1 | Time01 | "5 minutes, less than 10 minutes" |
| 2 | Time02 | "10 minutes, less than 20 minutes" |
| 3 | Time03 | "20 minutes, less than 30 minutes" |
| 4 | Time04 | "30 minutes, less than 45 minutes" |
| 5 | Time05 | "45 minutes, less than 1 hour" |
| 6 | Time06 | "1 hours, less than 1½ hours" |
| 7 | Time07 | "1½ hours, less than 2 hours" |
| 8 | Time08 | "2 hours, less than 2½ hours" |
| 9 | Time09 | "2½ hours, less than 3 hours" |
| 10 | Time10 | "3 hours or more" |

APlayHB

When you did (*answer from APlayWh*) was it hard enough to make your heart beat fast or make you breathe hard or make you sweat?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

SpExO

Was this activity outside?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (SpExO = Yes) THEN**SpExUnc**

When you did this activity, were the following parts of your body **usually** exposed?

READ OUT AND CODE ALL THAT APPLY...

- | | | |
|---|--------|------------------------------|
| 1 | Face | "Face?" |
| 2 | Head | "Head?" |
| 3 | Hands | "Hands?" |
| 4 | Arms | "Arms?" |
| 5 | Should | "Shoulders?" |
| 6 | Legs | "Legs?" |
| 7 | Upper | "Most or all of upper body?" |

SPORTS AND EXERCISES**ASK ALL AGED 11-15****IntroA**

Now I would like to ask about any sports or exercise activities, apart from other active things, PE lessons, school sports activities and sports during school hours, that you have done since (*day*).

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

SportC

SHOW CARD RR

Can you tell me if you have done any sport or exercise activities of the type listed on this card during the last seven days, that is since (*day*). Please include teaching and coaching sessions?

- 1 Yes
- 2 No

IF (SportC = Yes) THEN**SpoWh1**

SHOW CARD RR

Which have you done in the last seven days?

TYPE IN FIRST FEW LETTERS OF THE SPORT TO ENTER CODING FRAME.

TYPE 'OTHER' IF THE SPORT IS NOT LISTED

TYPE 'XXX' (FOR NOT LISTED/DON'T KNOW) IF UNABLE TO CODE

ON EXITING CODING FRAME PRESS ENTER TO MOVE TO NEXT QUESTION.

Range: 1..999

SpMore

SHOW CARD RR

Have you done and other sports in the last seven days? Please include only activities that lasted at least 5 continuous minutes?

PROBE FOR ANY OTHER SPORTS.

- 1 Yes "Yes - did other sports in last 7 days"
- 2 No "No - no other sports after interview prompts"

{Ask SpExD – SpExHB for each sport recorded at SpoWh1}:

SpExD

On how many of the last seven days, that is from last (*day*) to yesterday, did you do/play/go (*name of sport or exercise activity*)? Please remember not to count things done as part of school lessons.

Range: 1..7

SpExT

SHOW CARD PP

On each day that you did/played/went (*name of sport or exercise activity*), **how long** did you **usually** spend? Please give an answer from this card.

- 1 Time01 "5 minutes, less than 10 minutes"
- 2 Time02 "10 minutes, less than 20 minutes"
- 3 Time03 "20 minutes, less than 30 minutes"
- 4 Time04 "30 minutes, less than 45 minutes"
- 5 Time05 "45 minutes, less than 1 hour"
- 6 Time06 "1 hours, less than 1½ hours"
- 7 Time07 "1½ hours, less than 2 hours"
- 8 Time08 "2 hours, less than 2½ hours"
- 9 Time09 "2½ hours, less than 3 hours"
- 10 Time10 "3 hours or more"

SpExHB

When you did/played/went (*name of sport or exercise activity*) was it hard enough to make your heart beat fast or make you breathe hard or make you sweat?

- 1 Yes
- 2 No

SpExO

Was this activity outside?

- 1 Yes
- 2 No

IF (SpExO = Yes) THEN**SpExUnc**

When you did this activity, were the following parts of your body usually exposed?

READ OUT AND CODE ALL THAT APPLY...

- 1 Face "Face?"
- 2 Head "Head?"
- 3 Hands "Hands?"
- 4 Arms "Arms?"
- 5 Should "Shoulders?"
- 6 Legs "Legs?"
- 7 Upper "Most or all of upper body?"

ASK ALL AGED 11-15**SlpWkC**

Over the last seven days, that is since last (*day*), how long did you usually sleep for on weeknights, that is, Sunday to Thursday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW.'

SlpWkEC

And over the last seven days how long did you usually sleep for on weekends, that is Friday and Saturday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW.'

SUN EXPOSURE (All respondents)

IF (Age >= 16) THEN

SunIntA

Now I'd like to ask you some more questions about some of the things you have done in the last seven days, that is since from last (*day / date*) up until yesterday, that involve exposure to sunlight.

Exposure to sunlight could mean working outdoors, doing some kind of physical activity outside or sunbathing.

Unless otherwise stated, please continue to think of the last seven days only when answering these questions.

1 Continue

IF (Work = EmpOff, EmpHome OR Vol) OR (SchJob = Yes) THEN

HrsWrk

In the last seven days, how many hours were you at work?

IF NOT ACTUALLY AT WORK IN LAST SEVEN DAYS CODE 0.

GIVE TOTAL FOR THE WHOLE PERIOD OF SEVEN DAYS

Range: 0..100

IF (HrsWrk > 0) THEN

WrkO

What proportion of your work time was spent outside. Would you say...

...READ OUT...

- | | | |
|---|-------|------------------|
| 1 | None | "None" |
| 2 | LHalf | "Less than half" |
| 3 | Half | "About half" |
| 4 | Mhalf | "More than half" |
| 5 | All | "Or, all of it?" |

IF (WrkO = LHalf..All) THEN

WOUnc

When you were working outside, were the following parts of your body usually uncovered?

...READ OUT AND CODE ALL THAT APPLY...

- | | | |
|---|--------|------------------------------|
| 1 | Face | "Face?" |
| 2 | Head | "Head?" |
| 3 | Hands | "Hands?" |
| 4 | Arms | "Arms?" |
| 5 | Should | "Shoulders?" |
| 6 | Legs | "legs?" |
| 7 | UppBod | "Most or all of upper body?" |

IF ((Age = 11-15) AND (SchType = Nurs..Other) AND (Sch7D = Yes)) OR (Age <11) AND (Sch7D = Yes) THEN

SunIntC

I now have a few (more) questions about spending time outside and exposure to sunlight.

1 Continue

WalkSch

In terms of walking to or from school in the last seven days, would you say that you...

...READ OUT AND CODE ONE ONLY..

- 1 walked the same number of days as usual..
- 2 walked less days than usual..
- 3 walked more days than usual?
- 4 never walk to school

WearSch

When you go to school, what do you usually wear this time of year while on the way there or back?

...READ OUT AND CODE ALL THAT APPLY...

- 1 trousers?
- 2 shorts?
- 3 short sleeved shirt or long sleeves rolled up
- 4 long sleeved shirt/jumper/blazer?

{ASK GIRLS ONLY}:

- 5 long skirt (below the knee)?
- 6 short skirt (above knee)?
- 7 tights?

IF (respondent went to school in the last 7 days) THEN**MBreakO**

On the days when you were at school in the last seven days, did you usually spend the morning break outside?

- 1 Yes
- 2 No

LBreakO

On the days when you were at school in the last seven days, for how much of your lunch break were you usually outside?

...READ OUT AND CODE ONE ONLY...

- 1 all or most of it...
- 2 about half of it...
- 3 Or, very little or none of it?

IF (respondent had PE classes in last 7 days) THEN**PEOutS**

Thinking of the physical education classes you had in school in the last seven days. In how many of these classes were you outdoors at all?

Range:0..12

IF (PEOutS > 0) THEN**PEOutST**

For how long were you outdoors each time?

Would you say...

- 1 ...all or most of the class except when changing clothes...
- 2 ...about half the class...
- 3 ...OR less than half the class?

PEOUnc

When you were outside during these classes, were the following parts of your body usually uncovered?

...READ OUT AND CODE ALL THAT APPLY...

- 1 Face?

- 2 Head?
- 3 Hands?
- 4 Arms?
- 5 Shoulders?
- 6 Legs?

IF (respondent had PE classes in last 7 days) THEN**PEOTyp**

How typical were the last seven days in terms of the number of PE classes you had outside for this time of year? Would you say the number of classes outside was

...READ OUT...

- 1 the same as usual...
- 2 less classes than usual...
- 3 or more classes than usual?

ASK ALL**OutS**

In the last seven days, on how many days have you spent time sitting, standing or lying outside (for example at a sports event)?

IF NONE CODE ZERO

EXCLUDE ANY OUTDOOR PHYSICAL ACTIVITIES, SPORTS AND WALKING AND CYCLING

Range: 0..7

IF (OutS > 0) THEN**TimeO**

Approximately how many hours did you usually spend on each one of those days sitting, standing or lying outside?

INTERVIEWER. Enter hours and minutes

TOUnc

When you were sitting, standing or lying outside, were the following parts of your body uncovered?

READ OUT AND CODE ALL THAT APPLY

- 1 Face "Face?"
- 2 Head "Head?"
- 3 Hands "Hands?"
- 4 Arms "Arms?"
- 5 Should "Shoulders?"
- 6 Legs "legs?"
- 7 UppBod "Most or all of upper body?"
- 8 None "DO NOT READ OUT - None of these"

If (Age >= 16) THEN**TOTyp**

In terms of the amount of time you spent outside, either at work, while doing physical activities or sitting, standing or lying outside, were the last seven days typical for this time of year?

- 1 Yes
- 2 No

IF (ToTyp = No) THEN**TOTypW**

Why not?

: STRING [50]

ASK ALL**SunC**

In the last seven days, have you used sun cream?

- 1 Yes
- 2 No

IF (SunC = Yes) THEN**SPF**

What SPF factor was this sun cream?

CODE ALL THAT APPLY

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31MO "31+"

SunCD

On how many days in the last seven days did you apply sun cream?

Range: 1..7

IF (SunCD > 0) THEN**SCAp**

And how many times each day did you apply it.

Was it...READ OUT...

FOR YOUNG CHILDREN, A PARENT/GUARDIAN MAY HAVE APPLIED THE SUN CREAM. THIS SHOULD BE INCLUDED IN THE ANSWER.

- 1 Morn "Morning only"
- 2 Once "Once at another time of day"
- 3 Sev "Or, twice or more times during the day?"

IF (Sex = female) THEN**Mois**

In the last seven days, have you used moisturiser containing SPF factor?

- 1 Yes
- 2 No

IF (Mois = Yes) THEN**MoSPF**

What SPF factor did this moisturiser contain?

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31MO "31+"
- 6 DontK "Dont Know"

IF (MoSPF = Don't know) THEN**MoName**

What is the name of the moisturiser?

: STRING [30]

IF (Mois = Yes) THEN**MoDs**

On how many days in the last seven days did you use this moisturiser?

Range: 1..7

IF (MoDs > 0) THEN

MoAp

And how many times each day did you apply it. Was it...

...READ OUT..

- | | | |
|---|------|---|
| 1 | Morn | "Morning only" |
| 2 | Once | "Once at another time of day" |
| 3 | Sev | "Or, twice or more times during the day?" |

ASK ALL

CovSk (adults + children)

Do you ever cover your skin for religious reasons?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (CovSk = Yes) THEN

HMCov

To what extent do you cover your body?

Do you cover your...

READ OUT AND CODE ALL THAT APPLY...

- | | | |
|---|--------|------------------------------|
| 1 | Face | "Face?" |
| 2 | Head | "Head?" |
| 3 | Hands | "Hands?" |
| 4 | Arms | "Arms?" |
| 5 | Should | "Shoulders?" |
| 6 | Legs | "Legs?" |
| 7 | UppBod | "Most or all of upper body?" |

ASK ALL

Hair

What is your / (his/her) natural (undyed) hair colour?

IF RESPONDENT ANSWERS 'GREY', ASK 'What was it before becoming grey?'

IF RESPONDENT ANSWERS 'BALD', ASK 'What was it before becoming bald?'

IF ASKED, WE ARE INTERESTED IN HAIR AND SKIN COLOUR BECAUSE WE GET MOST OF OUR VITAMIN D THROUGH EXPOSURE TO SUNLIGHT (ONLY SOME COMES FROM OUR DIET). BY KNOWING HAIR AND SKIN COLOUR, THE AMOUNT OF TIME SPENT OUTSIDE, AND ALSO DIETARY DETAILS, WE CAN WORK OUT HOW MUCH VITAMIN D IS FORMED IN THE SKIN.

- | | | |
|---|--------|-----------------------|
| 1 | Black | "Black" |
| 2 | Red | "Red / Ginger" |
| 3 | Blond | "Blond / Fair" |
| 4 | LBrown | "Light brown / Mouse" |
| 5 | DBrown | "Dark brown" |
| 6 | Auburn | "Auburn" |
| 7 | None | "None of these" |

Skin

Which of the following best describes your / (his/her) natural skin colour. By natural colour I mean before exposure to the sun. Is it...

...READ OUT...

- | | | |
|---|-------|--------------|
| 1 | White | |
| 2 | Brown | |
| 3 | Black | |
| 4 | Olive | "Or, olive?" |
| 5 | Other | |

IF (Skin = White OR Olive) THEN**SkTyp**

Would you say your type of skin...

...READ OUT...

- | | | |
|---|--------|-------------------------------|
| 1 | NeverT | "Never tans" |
| 2 | DiffT | "Tans with difficulty" |
| 3 | EasyT | "Or, tans easily?" |
| 4 | NotKno | "DO NOT READ OUT - Not known" |

ASK ALL**HoIS**

In the most recent summer, that is from the **beginning of April to the end of September**, have / (has) you / (he/she) been away from home on holiday or other trips of two days or more? Please include any holidays or trips in the UK or abroad?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (HoIS = Yes) THEN**HoISN**

How many holidays or trips of two days or more did you / (he/she) take between the start of April and the end of September?

Please include holidays in the UK and abroad of 2 days or more.

Range:1..10

IF (Respondent 2 within 'Core Address') THEN**SameHoIS**

Were any of these holidays the same as the ones (*Respondent 1's name*) has already told me about? That is to the same place at the same time as (*Respondent 1's name*).

IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW.

(*HoIM to HoIO asked for each holiday/trip*)

HoIM

Thinking of the *{first/second/third/ fourth}* holiday you took between April and September 2007, in which month was this holiday?

IF MORE THAN ONE HOLIDAY, ASK ABOUT EACH TRIP.

- | | |
|---|-----------|
| 1 | April |
| 2 | May |
| 3 | June |
| 4 | July |
| 5 | August |
| 6 | September |

HoIC

What country did you visit on this trip?

IF UK, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

RECORD NAME OF COUNTRY.

:STRING [30]

HoIR

And could you give me the name of the city or region where you / (he/she) spent most of your time on this trip?

RECORD NAME OF CITY/REGION.

:STRING [30]

HoID

How many days was this trip for?

Range:2..30

HoIO

While on this trip, on average, how many hours each day were / (was) you / (he/she) outside?

Range:0..15

ASK ALL**HoIW**

And have / (has) you / (he/she) been on any holidays **abroad** between **the start of October now**? Please include any holidays or other trips abroad of two days or more.

- 1 Yes
- 2 No

IF (HoIW = Yes) THEN**HoIWN**

How many holidays **abroad** have / (has) you / (he/she) been on **the start of October and March**? Please include any holidays or other trips **abroad** of two days or more.

Range:1..10

IF (Respondent 2 within 'Core Address') THEN**SameHoIW**

Were any of these holidays the same as the ones (*Respondent 1's name*) has already told me about? That is to the same place at the same time as (*Respondent 1's name*).

IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW.

(HoIM to HoIO asked for each holiday/trip)

HoIM

Thinking of the *{first/second/third/ fourth}* holiday you took between October and March, in which month was this holiday?

IF MORE THAN ONE HOLIDAY, ASK ABOUT EACH TRIP.

- 1 October
- 2 November
- 3 December
- 4 January
- 5 February
- 6 March

HoIC

What country did you visit on this trip?

IF UK, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

RECORD NAME OF COUNTRY.

:STRING [30]

HoIR

And could you give me the name of the city or region where you / (he/she) spent most of your time on this trip?

RECORD NAME OF CITY/REGION.

:STRING [30]

HoID

How many days was this trip for?

Range:2..30

HoIO

While on this trip, on average, how many hours each day were / (was) you / (he/she) outside?

:0..15

NHS CENTRAL REGISTRAR & CANCER REGISTRY CONSENT FORM
(Respondents aged 16 and over)

IF (Age = 19+) THEN**NHSCanA**

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

Please read this form, it explains more about what is involved.

GIVE THE RESPONDENT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1 Con "Consent given"
- 2 NoCon "Consent not given"

IF (NHSCanA = Con) THEN**NHSSigA**

Before I can pass on your details, I have to obtain written consent from you. Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Ask the respondent to sign and date the form.

Give the **bottom** copy of the form to the respondent.

Code whether signed consents obtained.

- 1 Central "NHS Central Register and Cancer Registry consent obtained"
- 2 None "No signed consents"

IF (Age = 16-18) THEN**NHSCanC**

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

Please read this form, it explains more about what is involved.

GIVE THE RESPONDENT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1 Con "Consent given",
- 2 NoCon "Consent not given"

IF (NHSCanC = Con) THEN**NHSSigC**

Before I can pass on your details, I have to obtain written consent from you.

Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Ask the respondent to sign and date the form.

Give the **bottom** copy of the form to the respondent.

Code whether signed consents obtained.

- 1 Central "NHS Central Register and Cancer Registry consent obtained"
- 2 None "No signed consents"

RECONTACT QUESTIONS
(All respondents)

IF (Age >= 19) THEN**ReContA**

If at some future date we wanted to talk to you for a further study, may we contact you to see if you are willing to help us again?

IF ASKED, THERE ARE NO **CURRENT** PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

IF (Age <19) THEN**ReContC**

If at some future date we wanted to talk to you for a further study, may we contact you to see if you are willing to help us again?

IF ASKED, THERE ARE NO **CURRENT** PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

NURSE INTRODUCTION (All respondents)

ASK ALL**NursInt**

We would like you to help us with the second stage of this study.

This is a visit by a qualified nurse to collect some medical information and, if you agree, carry out some measurements. The nurse would like to come round and explain some more about what is involved and answer any questions you have. May I get him/her to contact you?

REMEMBER TO GIVE THE RESPONDENT THE STAGE 2 LEAFLET, APPROPRIATE FOR THEIR AGE.

IF ASKED FOR DETAILS: For example, the nurse, with your agreement, will take some general measurements such as blood pressure, ask about prescribed medications and so on. The information the nurse collects is information we can not get from any other source.

- 1 Agree "Agreed nurse could contact",
- 2 Refuse "Refused nurse contact", NODK, NORF

NurseRef

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT.

- 0 Avail "Own doctor already has information"
- 2 Time "Given enough time already to this survey/expecting too much"
- 3 Busy "Too busy, cannot spare the time (if Code 1 does not apply)"
- 4 Enough "Had enough of medical tests/medical profession"
- 5 Worried "Worried about what nurse may find out/'might tempt fate"
- 6 Scared "Scared/of medical profession/ particular medical procedures (eg blood sample)"
- 7 NoReas "Not interested/Can't be bothered/No particular reason"
- 8 Other "Other reason (specify)"

IF (NurseRef = Other) THEN

NsRefO

PLEASE SPECIFY OTHER REASON FOR REFUSAL.

Need to print this out and check it

ACTIGRAPH COLLECTION
(For respondents aged 4-10 who agreed to wear the ActiGraph)

Intro

Now follows the actigraph collection from (adult's name) on behalf of (child's name)."

1 Continue

AGIntro

Thank you for taking part in this stage of the study.

During this visit, I would like to collect the actigraph and ask you about (child's name)'s experiences of wearing it."

1 Continue

Wear

Firstly, can I check, did he/she wear it for all seven days?

- 1 Day7 "Actigraph worn for 7 days"
- 2 Day56 "Actigraph worn for 5 or 6 days"
- 3 Day34 "Actigraph worn for 3 or 4 days"
- 4 Day2 "Actigraph worn for 2 days or less"), NODK, NORF

IF (Wear <=> Day7) THEN**NoWear**

Why was (child's name) unable to wear the actigraph for all 7 days?

- 1 Lost "Actigraph lost/stolen"
- 2 Broken "Actigraph broken"
- 3 Ill "Respondent ill"
- 4 Forgot "Respondent forgot"
- 5 Other "Other "

IF (NoWear=other) THEN**NWearoth**

Record why respondent did not wear the actigraph for all 7 days.

: STRING[100]

UseLog

Collect the 'Activity Booklet'.

- 1 Full "Log collected and completed in full"
- 2 Part "Log collected and partially completed"
- 3 NotC "Log collected - not completed"
- 4 Lost "Log not collected - lost"

IF (UseLog = Full..NotC) THEN**AGSDate**

Record from the activity log (front page) the *start* date of wearing the actigraph.

: DATETYPE

AGEDate

Record from the activity log (front page) the *end* date of wearing the actigraph.

: DATETYPE

AGNum

Record from the activity log how many days the actigraph was worn.
Range: 0..7

Collect

Did you collect the actigraph?

- 1 Yes
- 2 No

IF (Collect = No) THEN**YNoAct**

Why did you not collect the actigraph?

- 1 Lost "Actigraph lost/stolen"
- 2 Other "Other"

IF (YNoAct = Other) THEN**NOActOth**

Record why you didn't collect the actigraph.

: STRING[100]

AGDesp

Prepare the despatch note for the respondent.

Wrap the despatch note around the actigraph and send back to Brentwood *one* actigraph per jiffy bag.

Serial number:

Date of birth:

Actigraph serial number:

- 1 Continue

IF (Wear = Day7..Day34) OR (NoWear = Lost..Broken) THEN**Voucher**

Thank you for taking part in this stage of the study. Here is a promissory note saying that NatCen will send you £20 in High Street vouchers as a token of our appreciation.

Hand over the £20 voucher promissory note.

- 1 Given "Promissory note given",
- 2 NotGiv "Promissory note not given"

IF (Wear = Day2) THEN**NoVouch**

Thank you for taking part in this stage of the study.

For your information, this respondent is not eligible for a voucher."

- 1 Continue

ColIEnd

The actigraph collection for (child's name) has now been completed.

- 1 Continue

DOUBLY LABELLED WATER (DLW)
(All respondents in required age/sex cells with valid height & weight measurements)

DispDLW

This is the point where a decision is made about whether respondents are eligible for the DLW follow ups. To be eligible for DLW we must have reliable height and weight measurements and still need people in the right age and sex groups to fill our quotas
 Press 1 and <ENTER> to continue.

1 Press 1 and ENTER to decide eligibility now

NeedFUp

THE FOLLOWING RESPONDENTS ARE CURRENTLY ELIGIBLE FOR THE DLW FOLLOW UP STUDY:

(Names of respondents)

EXPLAIN THE DLW FOLLOW-UP STUDY TO ALL ELIGIBLE RESPONDENTS AND HAND THEM THE APPROPRIATE LEAFLETS. ALLOW THEM TIME TO READ THE LEAFLETS.

Note that eligibilty may change when updates of the numbers needed are received from the office. Eligibility at the time when DLW first introduced is what matters so don't worry if it looks different if you happen to return to this section later.

1 Continue

P1DLWAg

IS (*respondent 1's name*) WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE DLW CONSENT FORM WHEN YOU RETURN TO ADMINISTER THE DOSE.

YOU WILL NEED TO LEAVE THE BOTTOM COPY WITH THE RESPONDENT AND *KEEP THE TOP COPY* TO SEND TO BRENTWOOD.

1 Yes

2 No

P2DLWAg

IS (*respondent 2's name*) WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE CONSENT FORM WHEN YOU RETURN TO ADMINISTER THE DOSE.

YOU WILL NEED TO LEAVE THE BOTTOM COPY WITH THE RESPONDENT AND *KEEP THE TOP COPY@I* TO SEND TO BRENTWOOD."

1 Yes

2 No

FUpReview

MAKE A PROVISIONAL APPOINTMENT TO RETURN FOR THE FOLLOW UP.

REMEMBER TO LEAVE AT LEAST 3 WORKING DAYS FOR DELIVERY OF DLW DOSES.

YOU WILL NEED TO CALL HNR AS SOON AS POSSIBLE, TO CONFIRM THAT THE RESPONDENTS ARE STILL NEEDED FOR THE DLW FOLLOW-UP.

1 Continue

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

DIARY START DATE: _____

--	--	--	--	--	--	--	--

SERIAL NUMBER

CKL

RESPONDENT No

FIRST NAME

Sex: Male / Female

Date of birth:

--	--	--	--	--	--	--

INTERVIEWER NUMBER:

--	--	--	--	--	--

INTERVIEWER NAME:

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

Instructions.....	2-3
Diary examples.....	4-15
Examples and advice on food descriptions.....	16-21
Pictures for food portion size guidance.....	22-25
<i>Breakfast cereals</i>	
<i>Rice</i>	
<i>Spaghetti</i>	
<i>Chips</i>	
<i>Broccoli or cauliflower</i>	
<i>Stew or curry</i>	
<i>Battered fish</i>	
<i>Quiche/Pie</i>	
<i>Cheese</i>	
<i>Sponge cake</i>	
Drink volume guidance.....	26-27
“The 4-day diary”.....	29-60
General questions about your diet during the recording period.....	61-66

If you have any queries about how to complete the diary please contact a member of the NDNS Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm.

PLEASE READ THROUGH THESE PAGES BEFORE STARTING YOUR DIARY

We would like you to keep this diary of **everything you eat and drink** over 4 days. Please include all food consumed at home and outside the home e.g. work, college or restaurants. It is very important that you do not change what you normally eat and drink just because you are keeping this record. Please keep to your usual food habits.

Day and Date

Please write down the day and date at the top of the page each time you start a new day of recording.

Time Slots

Please note the time of each eating occasion into the space provided. For easy use each day is divided into sections, from the first thing in the morning to late evening and through the night.

Where and with whom?

Please tell us what **room or part of the house** you were in when you ate, e.g. kitchen, living room, and tell us **whether you ate at a table or not** and **whether you were watching television**. If you ate at your work canteen, a restaurant, fast food chain or your car, write that location down.

We would also like to know **who you share your meals with**, e.g. whether you eat alone, with your partner, children, colleagues, or friends.

What do you eat?

Please describe the food you eat in as much detail as possible. Be as specific as you can. Pages 16 - 21 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces, pepper etc).

Homemade dishes

If you have eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe serves, and the cooking method. Write this down in the recipe section at the end of the record day. Record how much of the whole recipe you have eaten in the portion size column (see examples on pages 4 - 15).

Take-aways and eating out

If you have eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. vegetable curry containing chickpeas, aubergine, onion and tomato.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Bird's eye, Hovis, or Supermarket own brands.

Labels/Wrappers

Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready meals**, labels from **foods of lesser known brands** and also from any **supplements** you take.

Portion sizes

Examples for how to describe the **quantity** or **portion size** you had of a particular food or drink are shown on pages 16 - 21.

For foods, quantity can be described using:

- **household measures**, e.g. one teaspoon (tsp) of sugar, two thick slices of bread, 4 tablespoons (tbsp) of peas, ½ cup of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size pictures at the back of this diary.
- **weights from labels**, e.g. 4oz steak, 420g tin of baked beans, 125g pot of yoghurt
- **number of items**, e.g. 4 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut
- **picture examples** for specific foods on pages 22-24.

For drinks, quantity can be described using:

- the **size of glass, cup etc** (e.g. large glass) or the **volume** (e.g. 300ml). Examples of typical drinks containers are on pages 26-27.
- **volumes from labels** (e.g. 330ml can of fizzy drink).

We would like to know the **amount that was actually eaten** which means taking **leftovers** into account. You can do this in two ways:

1. Record what was served and make notes of what was not eaten e.g. 3 tbsp of peas, only 2 tbsp eaten; 1 large sausage roll, ate only ½
2. Only record the amount actually eaten i.e. 2 tbsp of peas, ½ a large sausage roll

Was it a typical day?

After each day of recording you will be prompted to tell us whether this was a typical day or whether there were any reasons why you ate and drank more or less than usual.

Supplements

At the end of each recording day there is a section for providing information about any supplements you took. Brand name, full name of supplement, strength and the amount taken should be recorded.

When to fill in the diary

Please record your eating as you go, not from memory at the end of the day. Use written notes on a pad if you forget to take your diary with you. Each diary day covers a 24hr period, so please include any food or drinks that you may have had during the night. Remember to include foods and drinks between meals (snacks) including water.

Overleaf you can see 2 example days that have been filled in by different people. These examples show you how we would like you to record your food and drink, for example a ready meal and a homemade dish. Your instruction booklet contains further examples such as how to describe food eaten in a restaurant.

It only takes a few minutes for each eating occasion!

For your convenience a separate booklet with instructions and examples is provided.

Thank you for your time – we really appreciate it!

Day <i>Thurs</i>		Date <i>31st March</i>		
Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
6am to 9am				
<i>6.30 am</i>	<i>Kitchen Alone No TV Standing</i>	<i>Filter coffee, decaffeinated milk (fresh, semi-skimmed) Sugar white</i>	<i>Douwe Egberts Silverspoon</i>	<i>Mug A little 1 level tsp</i>
<i>7.30 am</i>	<i>Kitchen Partner TV on At table</i>	<i>Filter coffee with milk and sugar Cornflakes Milk (fresh, semi-skimmed) Toast, granary medium sliced Light spread Marmalade</i>	<i>As above Tesco's own Hovis Flora Hartleys</i>	<i>As above 1b drowned 1 slice med spread 1 heaped tsp</i>
9am to 12 noon				
<i>10.15 am</i>	<i>Office desk Alone</i>	<i>Instant coffee, not decaffeinated Milk (fresh, whole) Sugar brown</i>	<i>Kenco</i>	<i>Mug A little 1 level tsp</i>
<i>11 am</i>	<i>Office desk Alone</i>	<i>Digestive biscuit – chocolate coated on one side</i>	<i>McVities</i>	<i>2</i>

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
12 noon to 2pm				
12.30 pm	Tea room at work Colleagues	Ham salad sandwich from home Bread, wholemeal, thick sliced Light spread Low fat Mayonnaise Smoked ham thinly sliced Lettuce, iceberg Cucumber with skin Unsweetened orange juice from canteen Apple with skin from home, Braeburn	Tesco's own Flora Hellmans Tesco's own Tropicana	2 slices thin spread on 1 slice 2 teaspoons 2 slices 1 leaf 4 thin slices 250ml carton medium size, core left
2pm to 5pm				
3 pm	Meeting room at work With supervisor	Tea, decaffeinated Milk (fresh, whole) Jaffa cake – mini variety	Twinnings Tesco's own McVities	Mug Some 6

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
5pm to 8pm				
6.30 pm	Pub Partner	Gin Tonic water diet Lager Salted peanuts	Gordon's Schweppes Draught KP	Single measure 1/2 small glass 1 pint 1 handful
8 pm	Dining room Family No TV At table	Spaghetti, wholemeal Bolognese sauce (see recipe) Courgettes (fried in butter) Tinned peaches in juice (juice drained) Single cream UHT Orange squash No Added Sugar	Tesco's own Prince's Sainsbury's own	3b 6 tablespoons 4 tablespoons 3 halves 1 tablespoon 200ml glass, 1 part squash, 3 parts tap water
8pm to 10pm				
9 pm	Sitting room Alone TV on Not at table	Grapes, green, seedless Chocolates, chocolate creams Potato crisps, Prawn Cocktail	Bendicks Walkers	15 2 25g bag (from multipack)
10pm to 6am				
10.30 pm	Bed room Partner No TV Not at table	Camomile tea (no milk or sugar)	Twinnings	1 mug

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Went to pub after work

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
<i>Healthspan</i>	<i>Omega3 fish oil with vitamin A, C, D & E</i>	<i>2 capsules</i>
<i>Boots</i>	<i>Calcium (1000mg) with vitamin D</i>	<i>1 tablet</i>
<i>Holland & Barrett</i>	<i>Vitamin C 60mg</i>	<i>1 tablet</i>

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH *Bolognese sauce*

SERVES: 4

Ingredients	Amount	Ingredients	Amount
<i>Co-op low fat beef mince</i>	<i>500g</i>	<i>Lea & Perrins worcester sauce</i>	<i>dash</i>
<i>garlic</i>	<i>3 cloves</i>		
<i>onion</i>	<i>1 medium</i>		
<i>sweet red pepper</i>	<i>1 medium</i>		
<i>Napoli chopped tomatoes</i>	<i>400g tin</i>		
<i>Tesco tomato puree</i>	<i>1 tablespoon</i>		
<i>Tesco olive oil</i>	<i>1 tablespoon</i>		
<i>mixed herbs</i>	<i>1 dessertspoon</i>		

Brief description of cooking method

Fry onion & garlic in oil, add mince and fry till brown.

Add pepper, tomatoes, puree, Worcester sauce & herbs. Simmer for 30 mins

Day <i>Friday</i>		Date <i>28.09.2007</i>		
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
6am to 9am				
<i>8.00 am</i>	<i>Café take away – eating on my way to work Alone</i>	<i>Cappuccino, no sugar</i> <i>Blueberry muffin, regular not low fat</i>	<i>Starbucks</i> <i>Starbucks</i>	<i>Medium size</i> <i>One</i>
<i>8.45 am</i>	<i>Office desk Alone</i>	<i>Tap water</i>		<i>300 ml glass</i>
9am to 12 noon				
<i>10 am</i>	<i>Office desk Alone</i>	<i>Banana</i> <i>Black tea semi-skimmed milk, no sugar</i>	<i>Typhoo</i> <i>Asda</i>	<i>One, medium size</i> <i>Large Mug A lot</i>

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
12 noon to 2pm				
<i>1 pm</i>	<i>Work tea room With colleague</i>	<i>Crayfish sandwich multiseed bread, wholemeal, medium cut, crayfish in lemon mayonnaise, no other spread rocket leaves</i> <i>Apple & Raspberry fruit drink</i>	<i>M&S pre-packed Sandwich</i> <i>J20</i>	<i>2 slices Medium filling 6 to 8</i> <i>1 bottle, 275ml</i>
2pm to 5pm				
<i>4.30 pm</i>	<i>Friends House Lounge With Friend Not at table TV on</i>	<i>Coffee, instant Semi-skimmed milk</i> <i>Fairy Cake, homemade, see recipe</i>	<i>Kenco</i>	<i>Medium mug A lot</i> <i>1 cake</i>

Time slot	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
5pm to 8pm				
7.30 pm	Kitchen/Diner With boyfriend At table No TV	Chicken in creamy mushroom and white wine sauce for 2, oven White rice, boiled Wine	Sainsbury's, 370g (wrapper collected) Easy cook, Italian, Sainsbury's Sauvignon Blanc, New Zealand	½ pack 2C 1 small glass, 125ml
8pm to 10pm				
9.15 pm	Sitting Room With boyfriend Not at table TV on	Squash, apple & blackcurrant, no added sugar, Crisps	Sainsbury's Pringles, sour cream and chives	1 average glass, 200ml 5
10pm to 6am				
11.30 pm	Bedroom Alone Not at table TV on	Water	tap	1 medium glass

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Felt unwell

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Felt unwell

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
<i>Holland & Barrett</i>	<i>Evening Primrose Oil – 1000mg</i>	<i>1 capsule</i>
<i>Holland & Barrett</i>	<i>Super EPA fish oil – 1000mg</i>	<i>1 capsule</i>

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH *Fairy Cakes*

SERVES: *makes 20 cakes*

Ingredients	Amount	Ingredients	Amount
<i>Tate & Lyle caster sugar</i>	<i>175g</i>	<i>Silver Spoon icing sugar</i>	<i>140g</i>
<i>Anchor butter, unsalted</i>	<i>175g</i>	<i>Yellow food colouring</i>	<i>3 drops</i>
<i>eggs</i>	<i>3</i>	<i>water</i>	<i>2 tablespoons</i>
<i>Homepride self-raising flour</i>	<i>175g</i>		
<i>Baking powder</i>	<i>1 teaspoon</i>		

Brief description of cooking method

Mix together and bake for 15 min.

Mix icing sugar with water and add colouring. Approx. 1 teaspoon of icing on each cake

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Tablespoons, weight of beans marked on tin label (e.g. 420g)
Beefburger (hamburger)	Home-made (ingredients), from a packet (brand name) or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	Number, large or small, ounces or in grams if info on package
Beer	What sort e.g. stout, bitter, lager; draught, canned, bottled; low-alcohol or home-made	Number of pints or half pints, size of can or bottle
Biscuits	What sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	Number of slices; thick, medium or thin slices
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort and brand e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – added sugar and/or fruit	Tablespoons or picture 1
Bun	Iced, currant or plain, homemade or bought (brand name)	Large or small, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; spoons

Food/Drink	Description & Preparation	Portion size or quantity
Cake	Individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	Number, slices, packet weight, see picture 10 for sponge cake
Cheese	Name, brand and type e.g. cheddar, cream, cottage, soft; low fat	picture 9, or number of slices, thick or thin cut, number of spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking give brand name	picture 4, as A, B, or C or 2 x B, etc
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	Number, weight/size of bar
Coffee	With milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated; give brand name	Cups or mugs
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Tablespoons
Crisps	What sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips, Walker's Sensations	Packet weight
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free, brand	Tablespoons
Doughnut	Plain, jam, cream or iced; round or ring, where bought/brand name	Number, size e.g. mini, large
Egg	Boiled, fried (type of oil/fat), scrambled (type of fat used, with or without added milk), poached, omelette (with or without filling, type of oil/fat used), etc	Number of eggs, large, medium or small eggs
Fish (including canned)	What sort and brand e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	Size of can or spoons (for canned fish) or picture 7 for battered fish

Food/Drink	Description & Preparation	Portion size or quantity
Fish cakes & fish fingers	Type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	Size, number, packet weight
Fruit - fresh	What sort; eaten with or without skin	Size, number
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Tablespoons Size of can or weight on can
Fruit – juice (pure)	What sort and brand e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3?	Glass (size or volume) or carton size
Ice cream	Flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	Number of tablespoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Teaspoons, heaped or level, or thin or thick spread
Marmalade	Type and brand; low-sugar; thick cut; shop bought/brand or homemade	Teaspoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, tablespoons, or picture 6 for stew portion
Milk	Brand and type (whole, semi-skimmed, skimmed); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals	Pints, glass (size or volume) or cup. For milk on cereal: <i>damp/normal/drowned</i> . For milk in tea/coffee: <i>a little/some/a lot</i>

Food/Drink	Description & Preparation	Portion size or quantity
Nuts	What sort and brand; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort and brand; individual or helping; one pastry crust or two; type of pastry	Individual or slice, or picture 8
Pizza	Thin base or deep pan or French bread; topping; brand name and type	Individual, slice, fraction of large pizza e.g. 1/4
Porridge	Brand name; made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	Bowls
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	Mash – tablespoons, number of half or whole potatoes, small or large potatoes, or picture 4 for chips portion
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Tablespoons, picture 10 for slice of sponge
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat); brand name	Tablespoons or picture 2
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise); brand name of dressing	Amount of each component; e.g. number of tomatoes, slices of cucumber, leaves; tablespoons of dressing

Food/Drink	Description & Preparation	Portion size or quantity
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat; brand name	Teaspoons, tablespoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy; brand name	Large or small, number
Sausage rolls	Type of pastry; brand name	Number, size e.g. jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; bought/brand or homemade	Number, small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	Size (standard or mini variety), packet weight, number
Soft drinks – squash/concentrate/cordial	Give brand name & flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	Glass (size or volume)
Soft drinks – carbonated/fizzy	Give brand & flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)
Soup	What sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	Tablespoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Tablespoons (or how much dry pasta used per portion in grams/packet size) or picture 3

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Portion size or quantity</i>
Spirits	What sort: e.g. whisky, gin, vodka, rum	Measures as in pub
Sugar	Added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	Heaped or level teaspoons
Sweets	What sort: e.g. toffees, boiled sweets, diabetic; give brand name	Number, packet weight
Tea	With/without milk (see section on milk); decaffeinated, herb	Mugs or cups
Vegetables (not including potatoes)	What sort; how cooked or raw; additions e.g. butter, other fat or sauce	Tablespoons, number of florets or sprouts, weight from tins or packet as guidance
Water	Tap, filtered, bottled: give brand name	Glass or bottle (size or volume)
Wine, sherry, port	White, red; sweet, dry; low-alcohol; give brand name	Glass (size or volume)
Yoghurt, fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals; brand name	Pot size or tablespoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many persons it serves	Tablespoons – heaped or level, number, size
Ready-made meals	Please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; was it chilled or frozen; microwaved, oven cooked, boil-in-the-bag; was it low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	Packet weight, if not whole packet describe portion consumed
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	Tablespoons, portion size e.g. small/medium/large

Use the pictures to help you indicate the size of the portion you have eaten.
Write on the food record the picture number and size A, B or C nearest to your own helping.

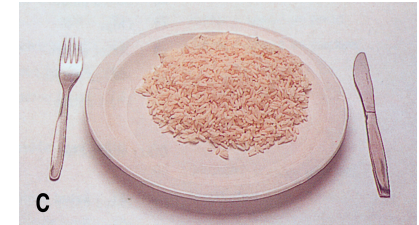
Remember that the pictures are much smaller than life size.
The actual size of the dinner plate is 10 inches (25cm), the side plate, 7 inches (18cm), and the bowl, 6.3 inches (16cm).

The tables on pages 16-21 also give examples of foods that you might eat and how much information is required about them.

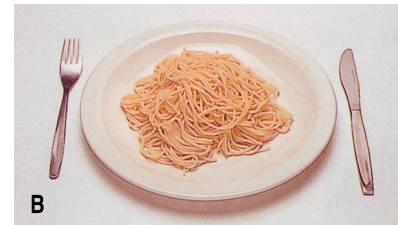
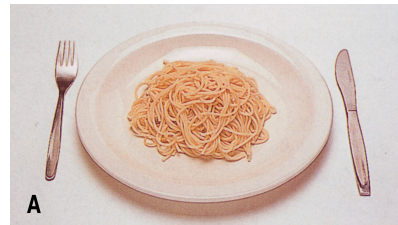
1. Breakfast cereals



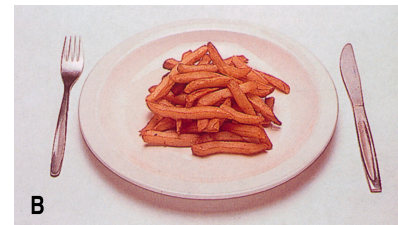
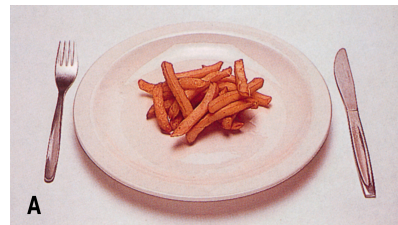
2. Rice



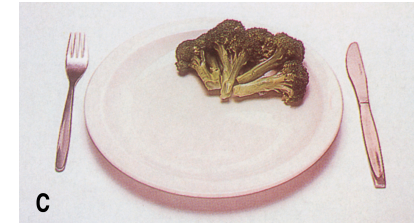
3. Spaghetti



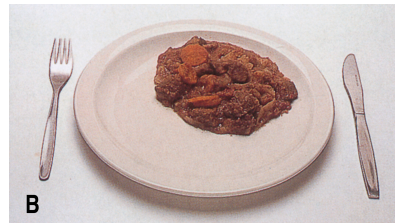
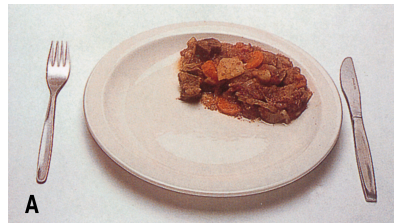
4. Chips



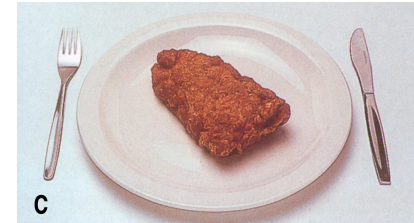
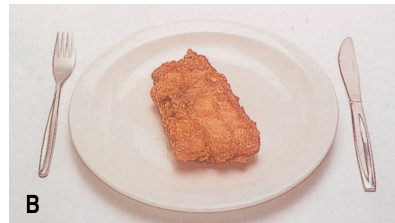
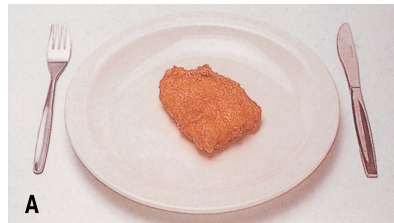
5. Broccoli/ cauliflower



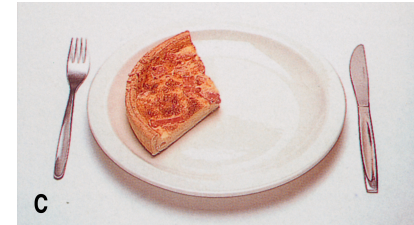
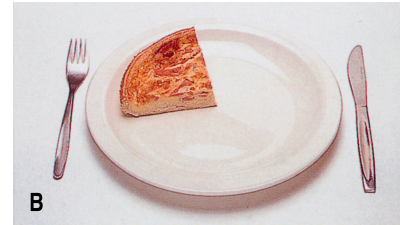
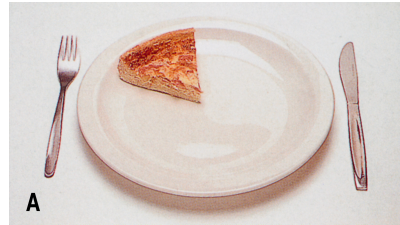
6. Stew /curry



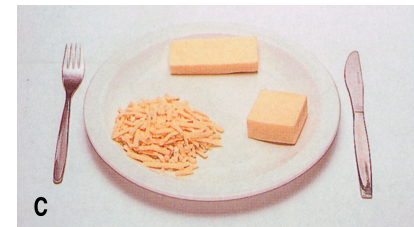
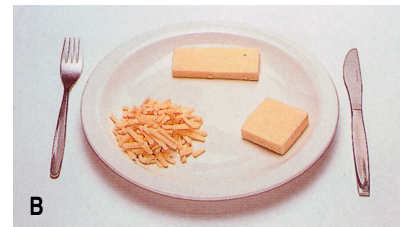
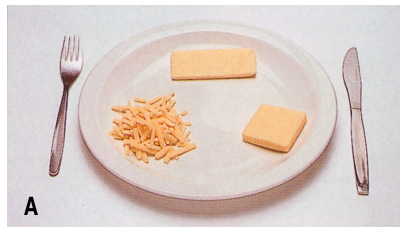
7. Battered fish



8. Quiche / Pie



9. Cheese



10. Sponge cake

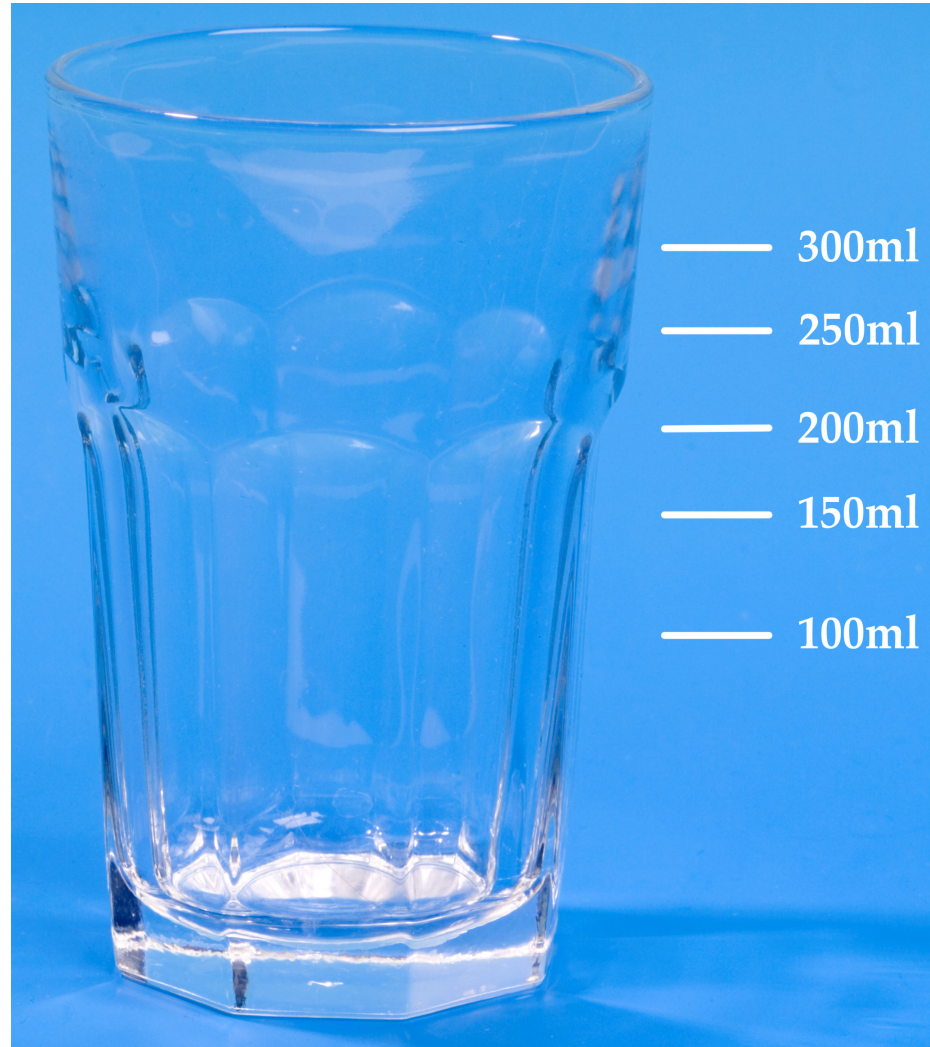


Typical quantities of drinks in various containers measured in millilitres (ml)

	Small glass	Average glass	Large glass	Vending cup	Cup	Mug
Soft drinks	150	200	300			
Wine	125	175	250			
Hot drinks				170	190	260

Glasses come in different shapes and sized. On the next page is a life size glass showing approximate volumes. You can use this picture as a guide for estimating how much volume of drink the glass holds you are drinking from.

Life Size Glass



DAY 1

Day 1		Date		
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 2

Day 2		Date		
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual

No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual

No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 3

Day 3		Date		
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 4

Day 4		Date		
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual

No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual

No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Now please complete the questions on the next few pages

General questions about your food/ drink in the last 4 days.

Special diet

1. Did you follow a special diet in the last 4 days e.g. vegetarian, cholesterol lowering, weight reducing?

Yes

Please specify

No

Milk

2. Which type of milk did you use most often in the last 4 days?

Whole, fresh, pasteurised

Semi-skimmed fresh, pasteurised

Skimmed (fat free) fresh, pasteurised

Dried

Type

Soya

Type

Other

Type

Did not use

Tea and coffee

3. How much milk did you usually have in coffee/ tea?

Coffee A lot Some A little None/did not drink

Tea A lot Some A little None/did not drink

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee Yes How many teaspoons in a mug/cup? No/did not drink

Tea Yes How many teaspoons in a mug/cup? No/did not drink

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee Yes How many tablets or teaspoons in a mug/cup? No/did not drink

Tea Yes How many tablets or teaspoons in a mug/cup? No/did not drink

6. Did you drink decaffeinated coffee/ tea in the last 4 days?

Coffee Always Sometimes Never

Tea Always Sometimes Never

Breakfast cereals

7. How much milk did you usually have on breakfast cereal?

Drowned Average Damp None/did not eat

8. How did you usually make your porridge?

With all water With all milk With milk and water Did not eat

9. Did you usually sweeten or salt your porridge?

With sugar With honey With salt Neither/did not eat

10. How did you usually make your instant oat cereal?

With all water With all milk With milk and water Did not eat

11. Did you usually sweeten or salt your instant oat cereal?

With sugar With honey With salt Neither/did not eat

Fats for spreading and cooking

12. Which type of fat spread did you use most often in the last 4 days? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

13. How thickly did you spread butter, margarine on bread, crackers etc?

Thick Medium Thin None

14. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

Bread

15. Which type of bread did you eat most often in the last 4 days?

White Granary Wholemeal Brown

50/50 bread e.g.
Hovis Best of Both

Other

Type

Did not eat

16. Was it a large loaf or a small loaf?

Large Small

17. If the bread was shop bought, how was it sliced?

Thick Medium Thin Unsliced

Meat

18. If you ate meat in the last 4 days, what did you do with the visible fat?

Ate all Ate most Ate some Ate none of the fat Did not eat

19. If you ate poultry in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

Fruit and vegetables

20. If you ate apples in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

21. If you ate pears in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

22. If you ate new potatoes in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

23. If you ate baked/jacket potatoes in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

Salt

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

Always Sometimes Never

25. Do you add salt substitute to your food at the table? *e.g. LoSalt*

Always Sometimes Never

Water

26. Which type of water did you drink most often in the last 4 days?

Tap Filtered Bottled *brand*

Thank you for completing this diary.

Acknowledgements

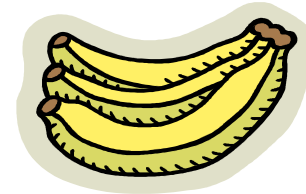
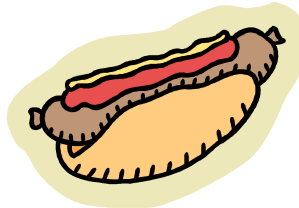
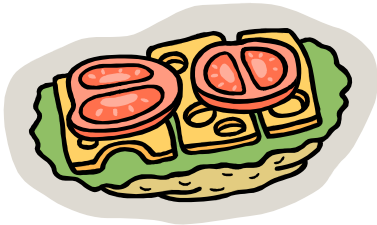
Thanks for permission to use pictures from:

Nelson, M., Atkinson, M.
& Meyer, J. (1997).
A Photographic Atlas of Food Portion Sizes.
London, MAFF Publications.

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

DIARY START DATE: _____



--	--	--	--	--	--	--

SERIAL NUMBER

CKL

RESPONDENT No

FIRST NAME

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

INTERVIEWER NUMBER:

--	--	--	--	--	--

INTERVIEWER NAME:

How to fill in your diary

It is very important that you do not change what you normally eat or drink just because you are keeping a diary. Try to write down what you are eating or drinking as soon as you can and not leave it until the end of the day. Record food and drink eaten at home and away from home, such as at school or at a friend's house.

Whenever you have something to eat or drink write down:

When:

Each day is divided into time slots from first thing in the morning until late at night until the following morning. Find the appropriate time slot and record the exact time when you eat or drink something in the "time" column.

Where: This could be

Home	Bedroom
	At table
	Watching television
Away	Street
	Car/Bus
	Café/ Restaurant (specify Mac Donalds, Pizza Hut etc.)
School	School canteen
	Classroom
	Playground

With Whom: This could be

Alone

With family

With friends

What:

Describe your food and drink giving as much detail as you can. Include any **extras** like sugar and milk in your tea or cereal, butter or other spreads on your bread and sauces such as ketchup and mayonnaise. **Do not forget to include drinking water.**

If you know how the food was cooked (eg. roast, baked, boiled, fried), please record this. If you're unsure about how the food was cooked, please ask the person who prepared the food if possible.

On pages 12 - 17 you will find help with the sort of detail that is useful.

If you have eaten any **homemade dishes** eg. a stew or sponge cake, please make sure the ingredients and cooking method are recorded in the space provided. You may need to ask the person who prepared the dish to help you with this. If another person at home is also keeping a diary and has recorded the recipes for the same dishes as you in their diary (the ADULT diary), you do NOT need to record these recipes again, just write in your diary "see adult diary". If you have eaten any **take-aways** or any made up dishes not prepared at home such as at a friend's house or in a restaurant, please record as much detail as you can about what was in the dish eg. vegetable curry containing chickpeas, aubergine, onion and tomato.

Brand:

Please make a note of the **brand name** (eg. Heinz, Walkers, Hovis) if you know it. Most packaged foods will list a brand name.

Amount eaten:

You can write S (small), M (medium) or L (large) portion, or specify packet (eg. Crisps, Yogurt), or number of individual items (eg. biscuits), or slices (eg. cake, pizza, ham), or teaspoons (eg. sugar), or tablespoons (ketchup, peas). Be careful when describing amounts in spoons. Compare the spoon you are using with the life size spoons at the back of this diary so that you use the correct name. For drinks you can write glass (tell us the size of the glass or volume using page 18 as a guide), cup or mug. You can also write the **weight or volume from the labels** on the packaging.

On pages 12 - 18 you will find help with describing how much you had to eat or drink.

We would like to know the **amount that you actually ate**, so you need to think about how much you **leftover**. You can do this in 2 ways:

1. Record how much you were served and then how much you ate e.g. 3 tablespoons of peas, only 2 tablespoons eaten; 1 large sausage roll, ate only half
2. Only record how much you actually ate i.e. 2 tablespoons of peas; half a large sausage roll

Food labels/wrappers:

Please keep the labels or packaging from snacks, sweets, bought sandwiches and ready meals and put them in the plastic bag provided.

Was it a typical day?

After each day of recording you will be prompted to tell us whether this was a usual day (tick yes, usual) or whether there were any reasons why you ate and drank more or less than usual, e.g. I did eat less because I was sick; I drank a lot because I did sports.

Supplements

At the end of each recording day you need to tell us about any supplements you took. If you didn't take any just tick NO. If yes, then please tell us the name of the supplement (e.g. vitamin C), brand (e.g. Boots), strength (it will tell you on the label - e.g. 50 mg) and how many you took (e.g. 1 tablet).

If you have any queries about how to complete the diary please contact a member of the NDNS team on freephone **0800 652 4572** between 8.30am and 5.30pm.

On pages 4-11 of the diary we have filled in a two whole days to show you what to do.

Day EXAMPLE	Day Thursday	Date March 31 st		
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
7.30am	Kitchen Family No TV At table	Orange juice, unsweetened, UHT Tea Milk, fresh semi skimmed Sugar white Weetabix Milk as above Sugar as above Toast wholemeal, large loaf Butter unsalted Strawberry Jam	Tesco Tesco Tesco Silverspoon Hovis Anchor Co-op	Large glass Mug A little 2 level teaspoons 2 Drowned 2 heaped teaspoons 2 thin slices thick spread on both 1 teaspoon on one slice
<i>9am to 12 noon</i>				
11am	School playground With friends	Coca cola diet Potato crisps, Salt and Vinegar	Coca Cola Walkers	330ml can 25g packet from a multipack
12noon	School corridor Alone	Water from water cooler Mars Bar		small plastic cup 1 kingsize
<i>12 noon to 2pm</i>				
12.45pm	School canteen With friends	Sandwich, from home White bread, large loaf Spread Ham unsmoked Cheddar cheese Branston Pickle Apple with skin from home Ribena Light, Ready to Drink, Blackcurrant, from canteen Kitkat from home	Kingsmill Flora Light Tescos	2 med slices thin spread on both slices 1 slice 2 medium slices 1 teaspoon 1 (left core) 220ml carton 2 fingers
1.50pm	School corridor Alone	Chewing gum	Orbit Sugar Free	1 piece

Day EXAMPLE	Day Thursday	Date March 31 st		
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
3.45pm	Bus Alone	Wine gums	Maynards	140g packet
4.30pm	Home, sitting room, With family TV on Not at table	Tea (as above) Chocolate Hob Nobs	Mcvitites	mug 3
<i>5pm to 8pm</i>				
6.30pm	Friend's kitchen With friends No TV At table	Chicken in tomato sauce made by friend's mum Tomato fresh Sweetcorn tinned Peach yoghurt low fat Lemon squash No Added Sugar	See recipe Mullerlight Sainsbury's	3 serving spoons 3 slices 1 tablespoon 200g pot medium glass
<i>8pm to 10pm</i>				
8pm	Home, sitting room Alone TV on, Not at table	Satsuma Cream Crackers (no spread)	Jacob's	1 4
9.30pm	Kitchen Alone No TV, At table	Thick cut, frozen chips fried in vegetable oil Brown sauce	HP	small portion 2 teaspoons
<i>10pm to 6am</i>				
10.30pm	Bedroom Alone TV on Not at table	Hot chocolate drink made with water	Cadbury's	Mug
2am	Bedroom (in bed) Alone No TV	Water tap		$\frac{1}{2}$ small glass

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, **less** than usual

Please tell us why you had less than usual

No, **more** than usual

Please tell us why you had more than usual
Ate dinner at friend's house

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, **less** than usual

Please tell us why you had less than usual

No, **more** than usual

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps
Bassetts	Soft and chewy vitamins A (800µg), C (60mg), D (5µg) and E (10 mg)	1 <i>pastille</i>
Haliborange	DHA Omega-3 Blackcurrant chewy caps (Each capsule contains 200mg fish oil providing 130mg omega-3)	2 <i>capsules</i>

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
<i>NAME OF DISH</i> <i>Chicken in tomato sauce</i>		<i>Serves:</i> <i>4 people</i>	
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<i>pieces of chicken</i>	<i>3 pieces</i>		
<i>sauce made with tinned tomatoes, green pepper and onions</i>	<i>2 tablespoons</i>		
<i>Brief description of cooking method</i>			
<i>Chicken pieces fried in olive oil, then mixed in with tomato and vegetable sauce</i>			

Day EXAMPLE	Day Thursday	Date March 31 st		
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
7.45am	Dining Room Family No TV At table	Special K Bliss Strawberry and Chocolate Whole milk Banana Smoothie, made with semi-skimmed milk	Kelloggs Tesco's Homemade see recipe	4 tbsp Drowned 1 medium glass
<i>9am to 12 noon</i>				
11.30 am	School playground School friends	Orange Juice, unsweetened Mars Bar	Libby's Mars	200ml carton 2 fun size
<i>12 noon to 2pm</i>				
1pm	School canteen School Friends	Roast Chicken Roast Potatoes Boiled Carrots Boiled Peas Gravy Plain sponge pudding with jam Warm chocolate custard		3 slices 2 potatoes 1 serving spoon 1 serving spoon 2 tbsp Small portion 2 serving spoon

Day EXAMPLE	Day Thursday	Date March 31 st		
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
3.30pm	Car Family	Bottle of water Grapes, green, seedless	Evian	$\frac{1}{2}$ bottle - 500mls 10 grapes
4.30pm	Living room Sister TV on Not at table	Ready salted Crisps	Pringles	About 15 crisps
<i>5pm to 8pm</i>				
7pm	Dining room Family No TV At table	Cheese and tomato pizza, thin base Green beans Broccoli Chocolate Mousse, low fat Orange High Juice Squash	Pizza Express (cook at home) Cadburys Robinson's	$\frac{1}{2}$ pizza (500g) uncooked 2 tbsp 2 florets 55g pot 1/3 squash & 2/3 water
<i>8pm to 10pm</i>				
9pm	Bedroom Alone TV on Not at table (in bed)	Semi-skimmed milk	Tesco's	Small glass
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Felt unwell

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Felt unwell

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES

NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsp

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
<i>NAME OF DISH</i> <i>Banana Smoothie</i>		<i>Serves: 1</i>	
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<i>Banana</i>	<i>1 small</i>		
<i>Tesco semi-skimmed milk</i>	<i>150ml</i>		
<i>Gales Honey</i>	<i>1 tsp</i>		
<i>Tesco natural unsweetened yogurt</i>	<i>1 tbsp</i>		
<i>Brief description of cooking method</i>			
<i>Mix all together with blender</i>			

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Bacon	back, middle, streaky; smoked or unsmoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	standard, reduced salt or reduced sugar	tablespoons, tin size e.g. 244g
Beefburger (hamburger)	home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	number, large or small
Biscuits	what sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	number, size (standard or mini variety)
Bread (see also sandwiches)	wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	number of slices; thick, medium or thin slices
Bread rolls	wholemeal, white or brown; alone or with filling; crusty or soft	size, number of rolls
Breakfast cereal (see also porridge)	what sort e.g. cornflakes; branflakes, Weetabix; any added fruit and/or nuts; give brand Muesli - added sugar and/or fruit	tablespoons
Bun	iced, currant or plain	large or small, number
Butter, margarine & fat spreads	give full product name	thick, average, thin spread on bread/crackers; spoons
Cake	individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	number, small/medium or large slices
Cheese	name and type e.g. cheddar, cream, cottage, soft; low fat	slices, tablespoons

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Chips	fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	tablespoons, portion size, number if thick cut
Chocolate(s)	what sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	number, weight/size of bar
Coffee	with milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated	cups or mugs
Cream	single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	tablespoons
Crisps	what sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips; baked variety	packet weight, e.g. 30g
Custard	pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	tablespoons
Doughnut	plain, jam, cream or iced; round or ring	number, size e.g. mini, large
Egg	boiled, fried (type of oil/fat), scrambled, poached, omelette, etc	Number of eggs
Fish (including canned)	what sort e.g. cod, tuna, haddock; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	size of can (e.g. 80g or tablespoons (for canned fish)
Fish cakes/fish fingers	type of fish; fried, grilled, baked or microwaved; economy; battered or with coated in breadcrumbs	size, number
Fruit - fresh	what sort; with or without skin	size, number

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Fruit - stewed/canned	what sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	tablespoons
Fruit - juice (pure)	what sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed	glass (size or volume) or carton size
Hot chocolate, cocoa malted drinks etc	type and brand; standard/low calorie/lite; instant; all water / half milk half water / all milk (see section on milk); any sugar added	cup or mug plus how much powder e.g. teaspoons, weight on packet
Ice cream	flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	number of tablespoons/ scoops
Jam, honey	what sort; low-sugar/diabetic; shop bought or homemade	teaspoons
Marmalade	type and brand; low-sugar; thick cut; shop bought or homemade	teaspoons
Meat (see also bacon, burgers & sausages)	what sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/medium/small, tablespoons
Milk	whole, semi-skimmed, skimmed; fresh, sterilized, UHT, dried; soya, goats', rice; flavoured; fortified with added vitamins and/or minerals	pints, glass (size or volume) or cups. For milk on cereal: <i>damp/normal/drowned.</i> For milk in tea/coffee: <i>a little/some/a lot</i>
Milkshake	what brand; powder, fresh or long life; whole, semi-skimmed, skimmed; flavour; fortified with vitamins and/or minerals	pints, glass (size or volume) , cups, or volume on bottle/carton
Nuts	what sort; dry roasted, ordinary salted, honey roasted; unsalted	packet weight, handful

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Pie (sweet or savoury)	what sort; individual or helping; one pastry crust or two; type of pastry	individual pie (packet size) or slice
Pizza	thin base or deep pan or French bread; topping; brand name	individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	Tablespoons or bowl size (small, medium, large)
Potatoes (see also chips)	old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed/creamed (with butter, milk etc); fried/chips (type of oil/fat); instant; any additions e.g. butter	Tablespoons for mash, number of half or whole potatoes
Pudding	what sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	tablespoons, slices
Rice	what sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	tablespoons
Salad	ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	amount of each component; slices, leaves; tablespoons
Sandwiches and rolls	type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce - hot (for veg, meat or fish, inc gravy; puddings)	what sort; savoury or sweet; thick or thin; give brand or recipe; for gravy - made with granules, stock cube, dripping or meat juices	tablespoons
Sauce - cold (including mayonnaise)	tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat	teaspoons, tablespoons

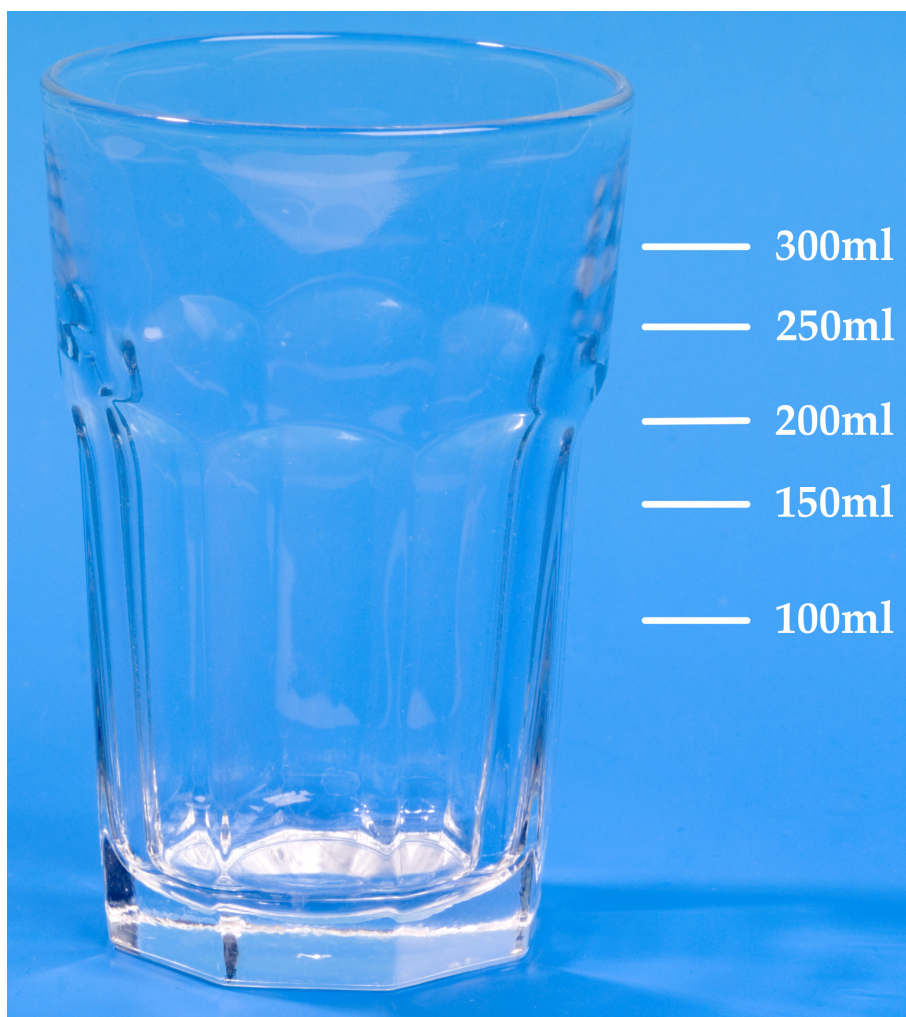
<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Sausages	what sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy	large or small, number
Sausage rolls	type of pastry	number, size e.g. jumbo, standard, mini
Scone	fruit, sweet, plain, cheese; type of flour	number
Savoury snacks - in packet	what sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	size (standard or mini variety), packet weight, number
Soft drinks - concentrated/squash /cordial	give brand name & flavour; no added sugar/low calorie/sugar free; "high" juice; fortified with added vitamins and/or minerals	glass (size or volume)
Soft drinks - carbonated/fizzy	give brand & flavour; diet/low-calorie; canned or bottled; cola - caffeine free	glass, can or bottle (size or volume, e.g. 330ml)
Soft drinks - ready to drink	give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	glass, carton or bottle (size or volume, e.g. 200ml)
Soup	what sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	tablespoons, bowl or mug
Spaghetti, other pasta	what sort; fresh or dried; white, wholemeal; boiled, canned in sauce; type of filling if ravioli, cannelloni etc	Servingspoons or tablespoons
Sugar	added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	heaped or level teaspoons
Sweets	what sort: e.g. toffees, boiled sweets, diabetic; give brand name	number, packet weight

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Tea	with/without milk (see section on milk); decaffeinated, herb	mugs or cups
Vegetables (not including potatoes)	what sort; how cooked or raw; additions e.g. butter, other fat or sauce	tablespoons
Water	tap, filtered, bottled: give brand name	glass or bottle (size or volume)
Yoghurt, fromage frais	what sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals	pot size (e.g. 150g) or tablespoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided)	tablespoons
Ready-made meals	Please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; chilled or frozen; microwaved, oven cooked, boil-in-the-bag; low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	packet weight, portion size
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	tablespoons, portion size e.g. small/medium/large

Typical quantities of drinks in various containers measured in millilitres (ml)

	Small Glass	Average Glass	Large Glass	Vending Cup	Cup	Mug
Soft Drinks	150	200	300			
Hot Drinks				170	190	260

Here is a life size glass showing what typical quantities look like. You can use this picture as a guide for estimating how much volume of drink the glass holds you are drinking from.



Day 1	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 1	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES

NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Write in recipe or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Day 2	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 2	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES

NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Write in recipe or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Day 3	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 3	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES

NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Write in recipe or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Day 4	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 4	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual No, less than usual

No, more than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you take any vitamin and/or mineral supplements today?

YES

NO

If **YES**, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Write in recipe or ingredients of made up dishes or take-away dishes

NAME OF DISH

Serves:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

General Questions about your food/ drink in the last 4 days.

Special diet

1. Did you follow a special diet in the last 4 days (e.g. vegetarian, weight reducing)?

Yes

Please tell us about it

No

Milk

2. Which type of milk did you use most often in the last 4 days?

Whole, fresh,
pasteurised

Semi-skimmed fresh,
pasteurised

Skimmed (fat free) fresh,
pasteurised

Dried *Type*

Soya *Type*

Other *Type*

Did not use

Tea and coffee

3. How much milk did you usually have in coffee/ tea?

Coffee A lot Some A little None/did not drink

Tea A lot Some A little None/did not drink

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee Yes How many teaspoons in a mug/cup? No/did not drink

Tea Yes How many teaspoons in a mug/cup? No/did not drink

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee Yes How many tablets or teaspoons in a mug/cup? No/did not drink

Tea Yes How many tablets or teaspoons in a mug/cup? No/did not drink

6. Did you drink decaffeinated coffee/ tea in the last 4 days?

Coffee Always Sometimes Never

Tea Always Sometimes Never

Breakfast cereals

7. How much milk did you usually have on breakfast cereal?

Drowned Average Damp None/did not eat

8. How did you usually make your porridge?

With all water With all milk With milk and water Did not eat

9. Did you usually sweeten or salt your porridge?

With sugar With honey With salt Neither/did not eat

10. How did you usually make your instant oat cereal? e.g. Ready Brek

With all water With all milk With milk and water Did not eat

11. Did you usually sweeten or salt your instant oat cereal?

With sugar With honey With salt Neither/did not eat

Fats for spreading and cooking

12. Which type of fat spread did you use most often in the last 4 days? Please record the full product name and fat content.

e.g. Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated

13. How thickly did you spread butter, margarine on bread, crackers etc?

Thick Medium Thin None

14. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. Sainsbury's sunflower oil

Bread

15. Which type of bread did you eat most often in the last 4 days?

White Granary Wholemeal Brown

50/50 bread e.g. Hovis Best of Both

Other

Type

Did not eat

16. Was it a large loaf or a small loaf?

Large Small

17. If the bread was shop bought, how was it sliced?

Thick Medium Thin Unsliced

Meat

18. If you ate red meat in the last 4 days, what did you do with the visible fat?

Ate all Ate most Ate some Ate none of the fat Did not eat

19. If you ate poultry in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

Fruit and vegetables

20. If you ate apples in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

21. If you ate pears in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

22. If you ate new potatoes in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

23. If you ate baked/jacket potatoes in the last 4 days, did you eat the skin?

Always Sometimes Never Did not eat

Salt

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

Always Sometimes Never

25. Do you add salt substitute to your food at the table? *e.g. LoSalt*

Always Sometimes Never

Cordial/squash/diluting juice

26. Which type of squash/cordial did you drink most often in the last 4 days?

Ordinary No added sugar /diet/low calorie Did not drink

27. How much do you usually dilute your squash (e.g. half squash/half water, or 1 part squash with 4 parts water)?

Please tell us: _____

Water

28. Which type of water did you drink most often in the last 4 days?

Tap Filtered Bottled *brand*

Thank you for completing this diary.

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

Children aged 1.5 to 3 years

DIARY START DATE: _____

--	--	--	--	--	--	--	--

SERIAL NUMBER (7 digits)

--

CKL

--

RESPONDENT No

First name:

--

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

INTERVIEWER NUMBER:

--	--	--	--	--	--

INTERVIEWER NAME:

--

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

Children aged 1.5 to 3 years

	Pages
Instructions.....	2-3
Diary examples.....	4-15
Examples and advice on food descriptions.....	16-21
“The 4-day diary”.....	23-54
General questions about the eating frequency outside the home.....	55
General questions about your toddler’s food in the last 4 days.....	56-62

If you have any queries about how to complete the diary please contact a member of the NDNS team on freephone **0800 652 4572** between 8.30am-5.30pm.

PLEASE READ THROUGH THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your toddler eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food consumed **at home and outside the home**.

Time spent in the care of other

If your toddler spends time in the care of others during the recording period then we would very much appreciate if those carers (e.g. crèche staff, childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a pack to pass on to carers explaining about the study and asking for their support in gathering the required information.

Please provide the following information for each day of recording:

Day and Date

Please write down the day and date at the top each time you start a new day of recording.

Time Slots

Please note the time of each eating occasion into the space provided. For easy use each day is divided into sections, from first thing in the morning to late evening and through the night.

Where and with whom?

Please tell us what room or **part of the house** your toddler was in when eating, e.g. kitchen, living room, and tell us whether s/he **ate at a table or not** and whether they **were watching television**. If s/he ate outside the home please write that location down. We would also like to know **who your toddler shared meals with**, e.g. whether s/he ate alone, with parents, siblings, or friends.

What does your toddler eat?

Please describe the food your toddler ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 16 - 21 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces, pepper etc).

❑ ***Recipes/Homemade dishes***

If your toddler has eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record how much of the whole recipe your toddler ate in the portion size column (see examples on pages 9 and 15).

❑ ***Take-aways and eating out***

If your toddler has eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Bird's eye, Hovis, or Supermarket own brands.

□ **Labels/Wrappers**

Labels are an important source of information. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready meals**, from **foods of lesser known brands** and also from any **supplements** your toddler takes.

Portion sizes

Examples for how to describe the **quantity** or **portion size** your toddler had of a particular food or drink are shown on pages 16 - 21.

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon (teasp) of sugar, two thick slices of bread, 4 heaped tablespoons (tbsp) of peas, ½ cup of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos at the back of this diary.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 125g pot of yoghurt
- **number of items**, e.g. 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut
- **fruit**, indicate whether the piece of fruit is small, medium or large

For drinks, quantity can be described using:

- the **size of glass, cup etc** (e.g. large) or the **volume** (e.g. 300ml).
- **volumes from labels** (e.g. 330ml can of fizzy drink).

We would like to know the **amount that your toddler actually ate** which means taking **leftovers** into account. You can do this in two ways:

1. Record what was served and note what was not eaten e.g. 3 tbsp of peas, only 2 tbsp eaten; 1 weetabix, ate only ½
2. Only record the amount actually eaten i.e. 2 tbsp of peas; ½ weetabix

Was it a typical day?

After each day of recording you will be prompted to tell us whether this was a typical day or whether there were any reasons why your toddler consumed more or less than usual.

Supplements

At the end of each recording day there is a section for providing information about any supplements your toddler took. Brand name, full name of supplement, strength and the amount taken should be recorded.

When to fill in the diary

Please record your toddler's eating as you go, not from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you. Each diary day covers a 24hr period, so please include any food or drinks that your toddler may have had during the night. Remember to include foods and drinks between meals (snacks) including water.

Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your toddler's food and drink, for example a meal from a jar and a homemade dish.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March		
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
6am to 9am				
<i>8am</i>	<i>Living Room Family TV on Not at table</i>	<i>Follow on Milk</i>	<i>SMA Progress</i>	<i>240ml bottle (as usual)</i>
9am to 12 noon				
<i>10am</i>	<i>Kitchen Mother No TV At table</i>	<i>Weetabix Full fat milk white sugar</i>	<i>Weetabix Sainsbury's Tate and Lyle</i>	<i>1 biscuit drowned 2 teasp (about 1 tbsp milk leftover)</i>
<i>11.30 am</i>	<i>Living Room Family TV on Not at table</i>	<i>bread</i>	<i>Granary from bakers, medium cut</i>	<i>1 slice</i>
		<i>margarine</i>	<i>Flora light spread,</i>	<i>medium spread</i>
		<i>pure apple juice</i>	<i>Sainsburys</i>	<i>200ml carton (drank ½ of it)</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
12 noon to 2pm				
1pm	<i>Kitchen Family No TV At table</i>	<i>Chunky Vegetable Risotto Peeled apple Strawberry and Raspberry Yoghurt</i>	<i>Heinz Mum's Own Petit Filous</i>	<i>230g- only ate 2/3 of jar 3 slices 4 heaped teasp</i>
2pm to 5pm				
4pm	<i>Lounge Grandfather No TV Not at table</i>	<i>Very weak black tea (in plastic trainer cup with lid) Semi-skimmed milk Fairy cake (see recipe)</i>	<i>PG tips Sainsburys</i>	<i>3/4 cup mixed with 1/4 cup (1/2 leftover) 3/4 of one cake eaten</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
5pm to 8pm				
6.15 pm	Kitchen Family No TV At table	Broccoli, Pear and Peas Puree Vegetables with Noodles and Chicken (12months) Water	Ella's Kitchen HIPPI Tap	3 teasp 250g jar about 100ml (small glass)
8pm to 10pm				
10.20 pm	Bedroom Father No TV	Follow on Milk	SMA Progress	240ml bottle (as usual); 1/2 leftover)
10pm to 6am				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

She was feeling unwell

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

She was feeling unwell

Please tell us why you had more than usual

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Bassets	Soft and chewy multivitamins (label in zip bag)	1 pastille

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH *Fairy Cakes – makes 12*

SERVES:

Ingredients	Amount	Ingredients	Amount
<i>Tate & Lyle caster sugar</i>	<i>175g</i>	<i>Silver Spoon icing sugar</i>	<i>140g</i>
<i>Anchor butter, unsalted</i>	<i>175g</i>	<i>Yellow food colouring</i>	<i>3 drops</i>
<i>Market eggs</i>	<i>3</i>	<i>water</i>	<i>2 tablespoons</i>
<i>Homepride self-raising flour</i>	<i>175g</i>		
<i>Baking powder</i>	<i>1 teaspoon</i>		

Brief description of cooking method

Mix together and bake for 15 min.

Mix icing sugar with water and add colouring. Approx. 1 teaspoon of icing on each cake

Day <i>Friday</i>		Date <i>28.09.2007</i>		
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
6am to 9am				
<i>6.30 am</i>	<i>Bedroom Mother No TV</i>	<i>Biscuit for Babies + Toddlers</i>	<i>Cow and Gate</i>	<i>1</i>
<i>7.00 am</i>	<i>Kitchen Family No TV At table</i>	<i>Rice Krispies Whole milk Frutapura, Plum and Apple Pure apple and blackcurrant juice diluted with water</i>	<i>Kelloggs Asda Cow and Gate Heinz Tap</i>	<i>8 tbsp damp 1x 100g pot 60ml juice 240ml (drank most of it by lunch – about ¼ leftover)</i>
9am to 12 noon				
<i>9.30 am</i>	<i>Playroom Childminder and 3 other children No TV At table</i>	<i>Banana Great stuff mini raisins</i>	<i>Asda</i>	<i>Medium size, ½ eaten 14g pack</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
12 noon to 2pm				
12.00 pm	Dining room Childminder and 3 other children No TV At table	Prepared packed lunch: White bread, thick cut Butter unsalted Cheese triangle Ham, honey roast Cheese curls green seedless grapes Fromage frais with layer of peach puree Semi-skimmed milk Fruit tea, orange and mango sugar	Kingsmill Lurpak Dairylea Asda Quakers Yoplait Sainsburys Twinings Silverspoon	2 slices Thinly spread on one slice only Ate 1/2 1/2 slice 8 pieces 8 grapes 60g (ate half) 160ml (drank all) 1/2 cup 1/2 tsp
2pm to 5pm				
3.15 pm	Playroom Childminder and 3 other children No TV At table	Apple, peeled Milky way Water	Granny smith, tap	Medium size, 1/4 quarter eaten 1 fun size about 100ml (numerous sips)

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>6.00 pm</i>	<i>Dining room Family No TV At table</i>	<i>Homemade sausage casserole (see recipe) Penne pasta, boiled</i>	<i>Sainsburys</i>	<i>4 tbsp 3 tbsp (about 1 tbsp pasta leftover)</i>
<i>8pm to 10pm</i>				
<i>8.15 pm</i>	<i>Living room Mother TV on Not at table</i>	<i>Whole milk</i>	<i>Asda</i>	<i>250ml bottle (about 25 ml left over)</i>
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,
usual

No, **less**
than usual

No, **more**
than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

She drank more milk than usual because she was thirsty

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Abidec	Multivitamin syrup with omega 3	5ml (1 teasp)

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH *Sausage casserole for 4*

SERVES:

Ingredients	Amount	Ingredients	Amount
<i>Butchers Choice pork sausages</i>	<i>4 sausages</i>	<i>Mixed herbs</i>	<i>About ½ tsp</i>
<i>Onion</i>	<i>1 medium size</i>	<i>Sainsburys vegetable oil</i>	<i>1.5 tbsp</i>
<i>Mushrooms, Champignons</i>	<i>1/4 of 500g pack</i>		
<i>Napoli chopped tomatoes</i>	<i>1 x 400g tin</i>		
<i>Sainsburys mixed salad beans</i>	<i>1 x 125g tin</i>		
<i>Oxo gravy</i>	<i>1 cube in ½ pint of water</i>		
<i>Heinz tomato ketchup</i>	<i>1 tbsp</i>		
<i>Cornflour</i>	<i>2 tsp</i>		

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	number
Baked beans	standard, reduced salt or reduced sugar	tablespoons, weight of beans marked on tin label (e.g. 420g)
Beefburger (hamburger)	home-made (ingredients), from a packet (brand name) or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	number, large or small, ounces or in grams if info on package
Biscuits	what sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	number, size (standard or mini variety)
Bread (see also sandwiches)	wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	number of slices; thick, medium or thin slices
Bread rolls	wholemeal, white or brown; alone or with filling; crusty or soft	size, number of rolls
Breakfast cereal (see also porridge)	what sort and brand e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – added sugar and/or fruit	tablespoons
Bun	iced, currant or plain, homemade or bought (brand name)	large or small, number
Butter, margarine & fat spreads	give full product name	thick/average/thin spread; spoons
Cake	individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	number, slices, packet weight
Cheese	Name, brand and type e.g. cheddar, other hard cheese, cream, cottage, soft; low fat	number of slices, thick or thin cut, number of spoons

Food/Drink	Description & Preparation	Portion size or quantity
Chips	fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking give brand name	tablespoons or number of chips
Chocolate(s)	what sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	number, weight/size of bar
Cream	single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	tablespoons
Crisps	what sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips, Walker's Sensations	packet weight
Custard	pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free, brand	tablespoons
Doughnut	plain, jam, cream or iced; round or ring, where bought/brand name	number, size e.g. mini, large
Egg	boiled, fried (type of oil/fat), scrambled (type of fat used, with or without added milk), poached, omelette (with or without filling, type of oil/fat used), etc	number of eggs, large, medium or small eggs
Fish (including canned)	what sort and brand e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	size of can or spoons (for canned fish)
Fish cakes & fish fingers	type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	size, number, or packet weight
Fruit - fresh	what sort; eaten with or without skin	size, number
Fruit - stewed/canned	what sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	size of can or weight on can, tablespoons

Food/Drink	Description & Preparation	Portion size or quantity
Fruit – juice (pure)	what sort and brand e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3?	glass (size or volume) or carton size
Hot chocolate, cocoa malted drinks etc	type and brand; standard/low calorie/lite; instant; all water / half milk half water / all milk (see section on milk); any sugar added	cup (size or volume) plus amount of powder e.g. packet weight, teaspoons
Ice cream	flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	number of tablespoons/scoops
Jam, honey	what sort; low-sugar/diabetic; shop bought/brand or homemade	teaspoons
Marmalade	type and brand; low-sugar; thick cut; shop bought/brand or homemade	teaspoons
Meat (see also bacon, burgers & sausages)	what sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	large/small/medium, tablespoons, or picture 10 for stew portion
Milk	Brand and type (whole, semi-skimmed, skimmed); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals; formula milks for toddlers	pints, glass (size or volume) or cup. For milk on cereal: <i>damp/normal/drowned or fluid ounces/ml.</i> For milk in tea/coffee: <i>a little/some/a lot</i> Formula: <i>proportion of formula to water</i>
Milkshake	what brand; powder, fresh or long life; whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	pints, glass (size or volume) , cups, or volume on bottle/carton

Food/Drink	Description & Preparation	Portion size or quantity
Nuts	what sort and brand; dry roasted, ordinary salted, honey roasted; unsalted	packet weight, handful
Pie (sweet or savoury)	what sort and brand; individual or helping; one pastry crust or two; type of pastry	individual or slice
Pizza	thin base or deep pan or French bread; topping; brand name and type	individual, slice, fraction of large pizza e.g. 1/4
Porridge	brand name; made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	bowls
Potatoes (see also chips)	old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	mash – tablespoons, number of half or whole potatoes, small or large potatoes
Pudding	what sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	tablespoons
Rice	what sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat); brand name	tablespoons or picture 1
Salad	ingredients; if with dressing what sort (oil and vinegar, mayonnaise); brand name of dressing	amount of each component; e.g. number of tomatoes, slices of cucumber, leaves; tablespoons of dressing
Sandwiches and rolls	type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling

Food/Drink	Description & Preparation	Portion size or quantity
Sauce – cold (including mayonnaise)	tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat; brand name	teaspoons, tablespoons
Sausages	what sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy; brand name	large or small, number
Sausage rolls	type of pastry; brand name	number, size e.g. jumbo, standard, mini
Scone	fruit, sweet, plain, cheese; type of flour; bought/brand or homemade	number, small, medium or large
Savoury snacks - in packet	what sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	size (standard or mini variety), packet weight, number
Soft drinks – squash/concentrate/cordial	give brand name & flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	glass (size or volume)
Soft drinks – carbonated/fizzy	give brand & flavour; diet/low-calorie; canned or bottled; cola – caffeine free	glass, can or bottle (size or volume)
Soft drinks – ready to drink	give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	glass, carton or bottle (size or volume)
Soup	what sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	tablespoons, bowl or mug
Spaghetti, other pasta	what sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	tablespoons (or how much dry pasta used per portion in grams/packet size)
Sugar	added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	heaped or level teaspoons
Sweets	what sort: e.g. toffees, boiled sweets, diabetic; give brand name	number, packet weight

Food/Drink	Description & Preparation	Portion size or quantity
Tea	with/without milk (see section on milk); decaffeinated, herb	mugs or cups
Toddler foods	<u>Food in jars</u> : brand name and type of food (e.g. vegetable risotto, fruit puree); <u>Dry Foods</u> : brand name and type of food (e.g. dry powder, cereal)	jar or packet size as given on label tablespoons or teaspoons for powdered foods (volume of water/milk used to mix with cereal or powder)
Vegetables (not including potatoes)	what sort; how cooked or raw; additions e.g. butter, other fat or sauce	tablespoons, number of florets or sprouts, weight from tins or packet as guidance
Water	tap, filtered, bottled: give brand name	glass or bottle (size or volume)
Yoghurt, fromage frais	what sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals; brand name	pot size or teaspoons
Home-made dishes	please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many persons it serves	tablespoons, or one of the pictures for identical foods
Ready-made meals	please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; was it chilled or frozen; microwaved, oven cooked, boil-in-the-bag; was it low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	packet weight, if not whole packet describe portion consumed
Take-away food or food eaten out	please say what the dish is called and give main ingredients if you can. For example, chicken breast or wings, lamb or other type of kebab, type of vegetable in dish, type of sauce, proportion of meat to vegetable etc. Give name of a chain restaurant e.g. McDonalds	tablespoons, portion size e.g. small/medium/large

DAY 1

Day 1		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 2

Day 2		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 3

Day 3		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

DAY 4

Day 4		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes, usual No, **less** than usual

No, **more** than usual

Please tell us why you had less than usual

Please tell us why you had more than usual

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

PLEASE complete the questions over the page

General questions about the frequency of eating outside the home

Is your toddler regularly cared for outside the home?

NO

YES

If YES

(a) How many *meals* would she/he have in 'out-of-home care' *per week*?

Please specify

(b) Are these out-of-home meals prepared by yourself?

NO

YES

SOMETIMES

Please specify

If your nursery provides a **copy of the nursery menu** for the recording period we would appreciate if you could give this copy to the interviewer. This will help us later with the analysis of your toddler's diet.

General questions about your toddler's food/ drink in the last 4 days.

Special diet

1. Did your toddler follow a special diet in the last 4 days e.g. vegetarian, milk-free, other?

Yes

Please specify

No

2. What type of milk does your toddler usually drink? *Tick only one*

- | | | | |
|------------------------------|--------------------------|-------------------|--------------------------|
| Infant formula | <input type="checkbox"/> | Follow-on formula | <input type="checkbox"/> |
| Soya formula | <input type="checkbox"/> | Soya milk | <input type="checkbox"/> |
| Whole milk (cow's milk) | <input type="checkbox"/> | Goat's milk | <input type="checkbox"/> |
| S/ skimmed milk (cow's milk) | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Skimmed milk (cow's milk) | <input type="checkbox"/> | | |

Please specify the brand/type if not cow's milk

Breakfast cereals

3. How much milk does your toddler usually have on breakfast cereal?

Drowned

Average

Damp

None/did not eat

4. How do you usually make porridge for your toddler?

With all water

With all milk

With milk and water

Did not eat

5. Did you usually sweeten or salt the porridge?

With sugar

With honey

With salt

Neither/did not eat

6. How did you usually make instant oat cereal for your toddler?

With all water

With all milk

With milk and water

Did not eat

7. Did you usually sweeten or salt the instant oat cereal?

With sugar

With honey

With salt

Neither/did not eat

Fats for spreading and cooking

8. Which type of fat spread did you use most often for your toddler in the last 4 days? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

9. How thickly did you spread butter, margarine on bread, crackers for your toddler?

Thick Medium Thin None

10. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

Bread

11. Which type of bread did your toddler eat most often in the last 4 days?

White Granary Wholemeal Brown

50/50 bread e.g.
Hovis Best of Both

Other

Type

Did not eat

12. Was it a large loaf or a small loaf?

Large Small

13. If the bread was shop bought, how was it sliced?

Thick Medium Thin Unsliced

Meat

14. If your toddler ate meat in the last 4 days, did s/he eat the visible fat?

Ate all Ate most Ate some Ate none of the fat Did not eat

15. If your toddler ate poultry in the last 4 days, did s/he eat the skin?

Always Sometimes Never Did not eat

Fruit and vegetables

16. If your toddler ate apples in the last 4 days, did s/he eat the skin?

Always Sometimes Never Did not eat

17. If your toddler ate pears in the last 4 days, did s/he eat the skin?

Always Sometimes Never Did not eat

18. If your toddler ate new potatoes in the last 4 days, did s/he eat the skin?

Always Sometimes Never Did not eat

19. If your toddler ate baked (jacket) potatoes in the last 4 days, did s/he eat the skin?

Always Sometimes Never Did not eat

Salt

20. Do you add salt to your toddler's food at the table?

Always Sometimes Never

21. Do you add salt substitute to your toddler's food at the table? *e.g. LoSalt*

Always Sometimes Never

Cordial/squash/diluting juice

22. Which type of squash/cordial did your toddler drink most often in the last 4 days?

Ordinary No added sugar /diet/low calorie Did not drink

23. How much do you usually dilute your toddler's squash (e.g. half squash/half water, or 1 part squash with 4 parts water)?

Please tell us: _____

Tea

24. How much milk does your toddler usually have in tea?

A lot Some A little None/did not drink

25. Do you usually sweeten your toddler's tea with sugar?

Yes Number of teaspoons None/did not drink

Water

26. Which type of water did your toddler drink most often in the last 4 days?

Tap Filtered Bottled *brand*

Drinks in general

27. Does your toddler finish all their cup/bottle each time you make it up?

Yes No

If No, please tell us how much of it they usually drink e.g. half, three-quarters:

Thank you for completing this diary.

P2709

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Person no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026
Card <input type="text" value="0"/> <input type="text" value="1"/> 1009 - 1010	Type <input type="text" value="1"/> 1038	Batch <input type="text"/> 1027 - 1031	Interviewer no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1032 - 1037	Spare <input type="text"/> 1039 - 1050

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- 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 ₁


No ₂

- Sometimes you have to write a number in the box, for example

I was years old
write in

- Next to some of the boxes are arrows and instructions
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

No ₂ **Go to question 4**

Yes ₁ 
I was years old
write in

Cigarette Smoking

KSMOKCIG

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

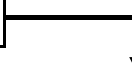
1051

No



Go to question 2

Yes



How old were you when you tried smoking a cigarette, even if it was only a puff or two?

1052 - 1053

I was

years old

Write in

KSMOKAGE

KSMOKREG

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

I have never smoked

Tick one box

1054



Go to question 4

I have only smoked once or twice

2

I used to smoke sometimes, but I never smoke a cigarette now

3



Go to question 3

I sometimes smoke, but I don't smoke every week

4

I smoke between one and six cigarettes a week

5

I smoke more than six cigarettes a week

6

KCIGWEEK

Q3 Did you smoke any cigarettes last week?

Tick one box

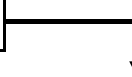
1055

No



Go to question 4

Yes



How many cigarettes did you smoke last week?

1056 - 1058

I smoked

cigarettes

Write in

KCIGNUM

Spare 1059 - 1074

Drinking

ADRPROP

Q4 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box
1075

Yes 1 → Go to question 6

No 2 → Go to question 5

ADRPOPS

Q5 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box
1076

Yes 1 → Go to question 6

No 2 → END

ADRINKAG

Q6 How old were you the first time you had a proper alcoholic drink or alcopop?

1077 - 1078

I was years old

write in

ADRINKOF

Q7 How often do you usually have an alcoholic drink or alcopop?

Tick one box
1079

Almost every day 1

About twice a week 2

About once a week 3

About once a fortnight 4 → Go to question 8

About once a month 5

Only a few times a year 6

I never drink alcohol now 7

ADRLAST

Q8 When did you **last** have an alcoholic drink or alcopop?

Tick one box

1080

- | | |
|--------------------------------------|--------------------------|
| Today | <input type="checkbox"/> |
| Yesterday | <input type="checkbox"/> |
| Some other time during the last week | <input type="checkbox"/> |
| 1 week, but less than 2 weeks ago | <input type="checkbox"/> |
| 2 weeks, but less than 4 weeks ago | <input type="checkbox"/> |
| 1 month, but less than 6 months ago | <input type="checkbox"/> |
| 6 months ago or more | <input type="checkbox"/> |

Spare 1081 - 1099

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2709

National Diet and Nutrition Survey

Booklet for 13-15 year olds

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Person no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026
Card <input type="text" value="0"/> <input type="text" value="1"/> 1009 - 1010	Type <input type="text" value="2"/> 1038	Batch <input type="text"/> 1027 - 1031	Interviewer no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1032 - 1037	Spare <input type="text"/> 1039 - 1050

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- 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 ₁

No ₂

- Sometimes you have to write a number in the box, for example

I was years old
write in

- Next to some of the boxes are arrows and instructions
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

No ₂ → **Go to Q4**

Yes ₁ ↓
I was years old
write in

Cigarette Smoking

KSMOKCIG

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes ¹⁰⁵¹₁

No ₂

→ Go to question 2

KSMOKREG

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked ¹⁰⁵²₁ → Go to question 5

I have only smoked once or twice ₂

I used to smoke sometimes, but I never smoke a cigarette now ₃

I sometimes smoke, but I don't smoke every week ₄ → Go to question 3

I smoke between one and six cigarettes a week ₅

I smoke more than six cigarettes a week ₆

KCIGAGE

Q3 How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was ^{1053 - 1054} years old → Go to question 4

write in

KCIGWEEK

Q4 Did you smoke any cigarettes last week?

Tick one box

No ¹⁰⁵⁵₂ → Go to question 5

Yes ₁

How many cigarettes did you smoke last week?

KCIGNUM

I smoked ^{1056 - 1058} cigarettes

Write in Spare 1059 - 1074

Drinking

ADRPROP

Q5 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

- Yes ¹⁰⁷⁵₁ → Go to question 7
- No ₂ → Go to question 6

ADRPOPS

Q6 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box

- Yes ¹⁰⁷⁶₁ → Go to question 7
- No ₂ → END

ADRINKAG

Q7 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was ^{1077 - 1078} years old **Go to question 8**
write in

ADRINKOF

Q8 How often do you usually have an alcoholic drink or alcopop?

Tick one box

- Almost every day ¹⁰⁷⁹₁
- About twice a week ₂
- About once a week ₃
- About once a fortnight ₄ → Go to question 9
- About once a month ₅
- Only a few times a year ₆
- I never drink alcohol now ₇

ADRLAST

Q9 When did you **last** have an alcoholic drink or alcopop?

Tick one box

1080

Today	<input type="checkbox"/>	1	} → Go to question 10
Yesterday	<input type="checkbox"/>	2	
Some other time during the last week	<input type="checkbox"/>	3	
1 week, but less than 2 weeks ago	<input type="checkbox"/>	4	} → END
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	5	
1 month, but less than 6 months ago	<input type="checkbox"/>	6	
6 months ago or more	<input type="checkbox"/>	7	

ABER2W

Q10 Which, if any, of the drinks shown below, have you drunk in the last 7 days?
Please (✓) either yes or no for each kind of drink.
For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager cider or shandy
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

Tick one box

1081

No	<input type="checkbox"/>	2	→ Go to question 11
Yes	<input type="checkbox"/>	1	↓

How much did you drink in the last 7 days?
Write in:

ABER2QPT

Spare 1082

1083 - 1086

<input type="text"/>	Pints (if half a pint, write in ½)
----------------------	---

ABER2QLC

Spare 1087

1088 - 1089

AND/OR <input type="text"/>	Large cans or bottles
-----------------------------	------------------------------

ABER2QSM

Spare 1090

1091 - 1092

AND/OR <input type="text"/>	Small cans or bottles
-----------------------------	------------------------------

ASPIRW

Q11 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹³₂ → Go to question 12

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1094

^{1095 - 1096}

Glasses (count doubles as two glasses)

ASPIROGS

ASHERW

Q12 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹⁷₂ → Go to question 13

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1098

^{1099 - 1100}

Glasses (count doubles as two glasses)

ASHERQGS

AWINEW

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No ¹¹⁰¹₂ → Go to question 14

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1102

^{1103 - 1104}

Glasses

AWINEQGS

Spare 1105-1115

APOPSW

Q14 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc.)

Have you drunk this in the last 7 days?

Tick one box

No ¹¹¹⁶₂ → **Go to question 15**

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1117

1118 - 1119

Large cans or bottles

Spare 1120

1121- 1122

AND/OR

Small cans or bottles

APOPSQLG

APOPSQS
M

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No ¹¹²³₂ → **END**

Yes ₁ → **Complete details below**

Write in name of drink

1124

1135

1146

How much did you drink in the last 7 days?

Write in:

1125 - 1134

1136 - 1145

1147 - 1156

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2709

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

Point 1001 - 1005	Address 1006 - 1007	CKL 1008	Person no 1011	First name: 1012 - 1026
Card 1009 - 1010	Type 1038	Batch 1027 - 1031	Interviewer no. 1032 - 1037	Spare 1039 - 1050

Example Questions: How to fill in this questionnaire

Most of the questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick **one** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Example 1: Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example 2: Write in no.

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Tick **one** box

Example 3: Would you like to lead a healthier life than you do now?	Yes	<input checked="" type="checkbox"/> 1	Go to question 4
	No	<input type="checkbox"/> 2	Go to question 5

By following the instructions carefully you will miss out questions which do not apply to you.

SMOKING

DSMOKEVER

Q1 Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?

Tick one box

Yes ¹⁰⁵¹₁ → Go to question 2

No ₂ → Go to question 11 on page 3

DCIGEVER

Q2 Have you ever smoked a cigarette?

Tick one box

Yes ¹⁰⁵²₁ → Go to question 3

No ₂ → Go to question 11 on page 3

DCIGAGE

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then ^{1053 - 1054} → Go to question 4

DSMOKNOW

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

Yes ¹⁰⁵⁵₁ → Go to question 6

No ₂ → Go to question 5

DCIGREG

Q5 Did you smoke cigarettes regularly or occasionally?

Tick one box

Regularly, that is at least one cigarette a day ¹⁰⁵⁶₁ → Go to question 9 on page 2

Occasionally ₂ → Go to question 11 on page 3

I never really smoked cigarettes, just tried them once or twice ₃

CURRENT SMOKERS

Q6 About how many cigarettes a day do you usually smoke on weekdays (Monday to Thursday)?

1057 - 1059

DCIGWDAY

Write in number smoked a day → Go to question 7

Q7 And about how many cigarettes a day do you usually smoke at weekends (Friday to Sunday)?

1060 - 1062

DCIGWEND

Write in number smoked a day → Go to question 8 on page 2

DCIGTYPE

Q8 Do you mainly smoke ...

- filter-tipped cigarettes,
- plain or untipped cigarettes,
- or hand-rolled cigarettes?

Tick one box

1063

 1 2 3

➔ **Go to question 11**

DCIGUSED

Q9 About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

Write in number smoked a day

1064 - 1066

➔ **Go to question 10**

DCIGSTOP

Q10 How long ago did you stop smoking cigarettes regularly?
Was it...

- ...less than 6 months ago,
- ...6 months to 1 year ago,
- ...1 to 2 years ago,
- ...2 to 5 years ago,
- ...5 to 10 years ago,
- ...or more than 10 years ago,

Tick one box

1067

 1 2 3 4 5 6

➔ **Go to question 11**

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

DDRINK

Q11 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

1075

Yes ₁ → Go to question 14

No ₂ → Go to question 12

DDRINKAN

Q12 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick one box

1076

Very occasionally ₁ → Go to question 14

Never ₂ → Go to question 13

DALWAYTT

Q13 Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

1077

Always a non-drinker ₁ → END

Used to drink but stopped ₂

DDRINKAG

Q14 How old were you the first time you ever had a proper alcoholic drink?

1078 - 1079

Write in how old you were then → Go to question 15

DDRINKOF

Q15 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box

1080-1081

- Almost every day 01
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04 → **Go to question 16**
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08 → **END**

DDRINKL7

Q16 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

1082

- Yes 1 → **Go to question 17**
- No 2 → **END**

DDRINKDAY

Q17 On how many days out of the last seven did you have an alcoholic drink?

Tick one box

1083

- One 1
- Two 2
- Three 3
- Four 4 → **Go to question 18**
- Five 5
- Six 6
- Seven 7

Q18 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

DDKTYP01-07

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
1084-1099	Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	<input type="text"/>	<i>NBERQPT7</i>	<i>DNBL7Q2</i>	<i>DNBL7Q3</i>	1100-1107
		<input type="text"/> 01	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)	<input type="text"/>	<i>SBERQPT7</i>	<i>DSBL7Q2</i>	<i>DSBL7Q3</i>	1108-1115
		<input type="text"/> 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/>	<i>DSPIRL7Q</i>			1116-1117
		<input type="text"/> 03	<input type="text"/>			
	Sherry or martini (including port, vermouth, cinzano, dubonnet)	<input type="text"/>	<i>DSHRL7Q</i>			1118-1119
		<input type="text"/> 04	<input type="text"/>			
	Wine (including babycham and champagne). You can write in parts of a bottle e.g. half a bottle	<input type="text"/>	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
		<input type="text"/> 05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	<input type="text"/>				Small cans or bottles
		<input type="text"/> 06				<input type="text"/>
	Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
1.	<input type="text"/>	<input type="text"/> 07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spare 1151 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

National Diet and Nutrition Survey (NDNS)

Program Documentation

Nurse Schedule

This 'paper version of the program' has been created to indicate the wording and content of the nurse questionnaire.

PART 2: Nurse Schedule

- Instructions for the nurse are given in capital letters, and questions the nurse is to ask the respondent are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of respondent's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

HOUSEHOLD GRID

Intro

NURSE: The following information is to be taken from page 2 of the NRF.

1 Continue

Name

NURSE: Enter the name of RESPONDENT NUMBER from the NRF.

: STRING [20]

Sex

NURSE: Code the sex of RESPONDENT NUMBER from the NRF.

1 Male

2 Female

AgeOf

NURSE: Enter the age of RESPONDENT NUMBER from the NRF.

Range: 0..120

AgeOfM

Age in months

Range: 00..1440

DOB

NURSE: Enter the date of birth of RESPONDENT NUMBER from the NRF.

OC

NURSE: Enter the code for RESPONDENT NUMBER from NRF.

- 1 Agreed nurse
- 2 Refused nurse
- 3 No diary data

DemiS

NURSE: From NRF please say whether RESPONDENT NUMBER requires a demi-span measurement.

- 1 Yes
- 2 No

ParName1

NURSE: Enter the name of the 1st parent giving consent for RESPONDENT NUMBER from NRF.

: STRING [20]

ParName2

NURSE: Enter the name of the 2nd parent giving consent for RESPONDENT NUMBER from NRF.

If only 1 parent just press <Enter>

: STRING [20]

BMI

NURSE: From NRF please enter BMI calculation for RESPONDENT NUMBER.

If no BMI available code 'Don't Know' <Ctrl K>

Range: 5.0..50.0

More

NURSE: Is there a second respondent in this household?

N.B. If there is a second respondent you should enter '1' for Yes here even if the second person refused a nurse visit.

- 1 Yes
- 2 No

NURSE SCHEDULE

RName

Name of respondent.

: STRING [20]

RAge

Age of respondent.

Range: 0..120

MonthAge

Age of infant respondent (in months).

Range: 0..97

WeekAge

Age of infant respondent (in weeks).

Range: 0..997

RSex

Sex of respondent.

- 1 Male
- 2 Female

DrugClot

Any anti-coagulant drugs recorded in the drugs section?

- 1 Yes
- 2 No

NSeqNo

Nurse Schedule number.

Range: 0..2

Info

NURSE: You are in the Nurse Schedule for...

Person *(Person number)*

Name *(Respondent name)*

Age *(Respondent age)*

Sex *(Respondent sex)*

- 1 Yes "Yes, I will do the interview now"
- 2 No "No, I will not be able to do this interview"

StrtNur

Nurse schedule for *(respondent name)*.

NURSE : Enter the start time of the interview in hours and minutes using the 24-hour clock (e.g. 17 :30).

: TIMETYPE

DateOK

NURSE : Today's date according to the laptop is *(Date)*.

Is this the correct date?

- 1 Yes
- 2 No

IF (DateOK = No) THEN

NurDate

NURSE : Enter the date of this interview.
: DATETYPE

NDoBD

Can I just check your date of birth?

NURSE : Enter day, month and year of (respondent's name)'s date of birth separately.
Enter the **day** here.
Range: 1..31

NDoBM

NURSE : Enter the code for the **month** of (respondent's name)'s date of birth.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

NDoBY

NURSE: Enter the **year** of (respondent's name)'s date of birth.
Range: 1890..2008

HHAge

Age of respondent based on Nurse entered date of birth and date at time of household interview.
Range: 0..120

DispAge

CHECK WITH RESPONDENT: So your/(child's name)'s age is (*age*)?

- 1 Yes
- 2 No

IF (Age <= 15) THEN

CParInt

NURSE: A child can **only** be interviewed with the permission of, and in the presence of, their parent or a person who has (permanent) legal parental responsibility (*specify names*).
No measurements should be carried out without the agreement of both the parent **and** the child.

N.B Written child assent, where appropriate, should also be sought from children who are able to give it.

- 1 Continue

IF (Sex = Female) AND (Age = 16-49) THEN

PregNTJ

Can I check, are you pregnant or breastfeeding at the moment?

- 1 Yes
- 2 No

IF (Sex = Female) AND (Age = 10-15) THEN

UPreg

NURSE: Has the respondent (or her parent) told you that she is pregnant or breastfeeding?
Do **not** ask for this information - only code whether or not it has been volunteered.

- | | | |
|---|----------|--|
| 1 | Pregnant | "Yes, told me she is pregnant/breastfeeding" |
| 2 | NotTold | "No, not told me she is pregnant/breastfeeding" |

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

NURSE: Respondent is pregnant.

No measurements to be done.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

NoCodeB

NURSE: NO MEASUREMENTS TO BE TAKEN.

Circle codes **02, 04, 06, 08, 10, 12, 14, 16, 18** on the front of the Consent Booklet.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

AllCheck

Check before leaving the respondent:

That (*respondent's name*) has a Consent Booklet.

That full GP details are entered on front of the Office Consent Booklet.

The name by which GP knows respondent.

That all details are completed on front of the Office Consent Booklet.

That all necessary signatures have been collected in both consent booklets.

That appropriate codes have been ringed on the front of the office consent booklet. (For those who have agreed a return visit to either give a blood samples or a 24 urine sample, there will be further consents to collect at the return visit).

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

NurOut

NURSE: Why were you not able to complete the nurse schedule for person (*Person Number: Respondent Name*)?

- | | | |
|-----|-----------|---|
| 800 | NotToBe | "Refuses nurse visit - not to be interviewed" |
| 810 | Complete | "Nurse schedule completed" |
| 820 | NoContact | "No contact made" |
| 830 | PerRef | "Refusal by person" |
| 840 | ProxRef | "Proxy refusal" |
| 850 | Broken | "Broken appointment" |
| 860 | IllHome | "Ill (at home)" |
| 870 | IllHosp | "Ill (in hospital)" |
| 880 | Away | "Away (other reason)" |
| 890 | Other | "Other reason for schedule not being completed" |

Thank

NURSE: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

INFANT LENGTH

Is there a weekage cut off i.e. 6 weeks

IF (Age < 2) THEN

LgthMod

NURSE: Now follows the **Infant Length** module.

1 Continue

LgthInt

(As I mentioned earlier,) I would like to measure (*child's name*)'s length.

IF ASKED: This gives us information about your child's growth.

- | | | |
|---|--------|---|
| 1 | Agree | "Length measurement agreed" |
| 2 | Refuse | "Length measurement refused" |
| 3 | Unable | "Unable to measure length for other reason" |

IF (LgthInt = Agree) THEN

Length

NURSE: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

Range: 40.0..999.9

IF (Length <> 999.9) THEN

LgthRel

NURSE: Is this measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Length <> 999.9) THEN

MbkLgth

NURSE: Write the results of the length measurement on respondent's Measurement Record Card.

1 Continue

IF (Length = 999.9) THEN

YNoLgth

NURSE: Give reason for not obtaining a length measurement.

- | | | |
|---|--------|-----------------------------|
| 1 | Refuse | "Measurement refused" |
| 2 | TryNot | "Attempted, not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (YNoLgth = Refuse.. NoTry) OR (LgthInt = Refuse OR Unable) THEN

NoAttL

NURSE: Give reason for (*refusal/not obtaining measurement/not attempting the measurement*).

- | | | |
|----|--------|---------------------------------|
| 1 | Asleep | "Child asleep" |
| 2 | Fright | "Child too frightened or upset" |
| 3 | Shy | "Child too shy" |
| 4 | Lie | "Child would not lie still" |
| 95 | Other | "Other reason(s)" |

IF (NoAttL = Other) THEN

OthNLth

NURSE: Enter details of other reason(s) for not obtaining/attempting the length measurement.

: STRING [100]

PRESCRIBED MEDICATIONS

ASK ALL WITH A NURSE VISIT

MedCNJD

Are/(Is) you/(child's name) taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you/(him/her) by a doctor or a nurse?

NURSE: If statins have been prescribed by a doctor please code them here. If they have been bought without a prescription code at Statins question.

NURSE: INCLUDE DIETARY SUPPLEMENTS AS LONG AS PRESCRIBED. MEDICINES SHOULD BE BEING TAKEN NOW, OR BE CURRENT PRESCRIPTIONS FOR USE 'AS REQUIRED.'

- 1 Yes
- 2 No

IF (Age >= 16) AND (MedCNJD = No) THEN

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

- 1 Yes
- 2 No

IF (Statins = Yes) THEN

StatinA

Have you taken/used any statins in the last 7 days?

- 1 Yes
- 2 No

IF (MedCNJD = Yes) THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you/(child's name) by a doctor?

- 1 Continue

DrCod1

NURSE: To do the drug coding now, press <Ctrl Enter>, select (*DrugCode*) with the highlight bar and press <Enter>.

- 1 Continue

{FOLLOWING QUESTIONS ASKED ON A LOOP}:

MedBI

NURSE: Enter name of drug no.

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

: STRING [50]

MedBIA

Have/(Has) you/(child's name) taken/used (*text from MedBI*) in the last 7 days?

- 1 Yes
- 2 No

MedBIC

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

MID-UPPER ARM CIRCUMFERENCE

ASK ALL AGE <15 AND UPREG = NO

MUACInt

(As I mentioned earlier,) I would like to measure your/(respondent's name)'s upper arm circumference.

NURSE: **IF ASKED:** This gives us information about the distribution of fat.

- | | | |
|---|--------|---|
| 1 | Agree | "Respondent agrees to have upper arm circumference measured" |
| 2 | Refuse | "Respondent refuses to have upper arm circumference measured" |
| 3 | Unable | "Unable to measure upper arm circumference for reason other than refusal" |

**Repeat for up to three mid upper arm circumference measurements.
Third measurement only taken if first two differ by more than 1.5cm.**

IF (MUACInt = Agree) THEN

CUpArm

NURSE: Measure circumference of left arm and record in centimetres.

If measurement not obtained, enter '99.9'

Range: 5.0..100.0

IF (CUpArm = 5.0..99.8) THEN

CUpRel

Is the (*first/second/third*) measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (CUpArm = 99.9 (both attempts)) THEN

CRespUp

NURSE CHECK:

- | | | |
|---|---------|-----------------------------|
| 1 | Refused | "Both measurements refused" |
| 2 | TryNot | "Attempted not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (CUpArm <> 99.9 (both attempts)) THEN

CUpMeas

NURSE CHECK: Arm circumference measured with respondent:

- | | | |
|---|----------|--|
| 1 | Standing | "Standing" |
| 2 | Sitting | "Sitting" |
| 3 | Lying | "Lying down" |
| 4 | RightArm | "Measured on right arm as left arm unsuitable" |

IF (CRespUp = Refused OR TryNot OR NoTry) OR (CUpArm = 99.9) THEN

NoCUpArm

NURSE: Give reason(s) for (*only obtaining one measurement/refusal/not obtaining measurement/measurement not being attempted.*)

: STRING [140]

IF (CUpArm = 5.0..99.8) THEN

ArmRes

NURSE: Offer to write results of arm circumference measurement on respondent's

Measurement Record Card. Complete new card if required.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

BLOOD PRESSURE

ASK ALL AGED 5+ EXCEPT PREGNANT WOMEN

BPMod

NURSE: Now follows the **Blood Pressure** module.

1 Continue

IF Age of respondent is over 15 years THEN

BPIntro

(As I mentioned earlier) We would like to measure your/(child's name)'s blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

IF Age of respondent is 5 - 15 years THEN

BPIntro

NURSE:--Read out to parent (*if applicable*):

(As I mentioned earlier) we would like to measure your/(child's name)'s blood pressure. If you wish, I will write the results on your/(his/her) Measurement Record Card.

I will not, however, be able to tell you what the results mean. This has to be calculated using your/(his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that you/(he/she) have/(has) high blood pressure.

However, if you would like us to, we will send your/(his/her) results to your/(his/her) GP who is better placed to interpret them.

In the unlikely event that (respondent's name) should be found to have a high blood pressure for your/(his/her) age and height, we shall advise your/(his/her) GP (with your permission) that your/(his/her) blood pressure should be measured again.

1 Continue

BPCnst

NURSE: Does the respondent agree to blood pressure measurement?

- | | | |
|---|--------|--|
| 1 | Agree | "Yes, agrees" |
| 2 | Refuse | "No, refuses" |
| 3 | Unable | "Unable to measure BP for reason other than refusal" |

IF (BPCnst = Agree) AND (Age >=13) THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any (vigorous) exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|----------------------------|
| 1 | Eat | "Eaten" |
| 2 | Smoke | "Smoked" |
| 3 | Drink | "Drunk alcohol" |
| 4 | Exercise | "Done (vigorous) exercise" |
| 5 | None | "(None of these)" |

IF (BPCnst = Agree) AND (Age 5 - 12) THEN

ConSubX2

May I just check, has (respondent's name) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|-----|---------|
| 1 | Eat | "Eaten" |
|---|-----|---------|

- | | | |
|---|----------|--------------------------|
| 2 | Exercise | "Done vigorous exercise" |
| 3 | None | "Neither" |

DINNo

NURSE: Please record the Omron serial number.
Range: 001..999

CufSize

NURSE: Select cuff and attach to the respondent's **right** arm.
Ask the respondent to sit still for five minutes.
Record cuff size chosen.

- | | | |
|---|--------|---------------------|
| 1 | Small | "Small (15-22 cm)" |
| 2 | Medium | "Medium (22-32 cm)" |
| 3 | Large | "Large (32-42 cm)" |

Sys to Pulse repeated for up to three blood pressure readings

Sys

NURSE: Enter the **(first/second/third) systolic reading** (mmHg).
If reading not obtained, enter 999.
Range: 001..999

Dias

NURSE: Enter the **(first/second/third) diastolic reading** (mmHg).
If reading not obtained, enter 999.
Range: 001..999

Pulse

NURSE: Enter the **(first/second/third) pulse reading** (bpm).
If reading not obtained, enter 999.
Range: 001..999

IF (AT LEAST ONE '999' RESPONSE) THEN

YNoBP

NURSE: Enter reason for not recording any full BP readings.

- | | | |
|---|---------|---|
| 1 | Tried | "Blood pressure measurement attempted but not obtained" |
| 2 | NoTry | "Blood pressure measurement not attempted" |
| 3 | Refused | "Blood pressure measurement refused" |

RespBPS

- | | | |
|---|---------|-----------|
| 1 | Three | "Three" |
| 2 | Two | "Two" |
| 3 | One | "One" |
| 4 | Tried | "Tried" |
| 5 | NoTry | "NoTry" |
| 6 | Refused | "Refused" |

IF (RespBPS = Two..Refused) OR (BPConst = Refuse) THEN

NAttBPD

NURSE: Record why *(only two readings obtained/only one reading obtained/reading not obtained/reading not attempted/reading refused/unable to take reading)*.

CODE ALL THAT APPLY.

- | | | |
|---|----------|------------------------------------|
| 1 | PC | "Problems with PC" |
| 2 | Upset | "Respondent upset/anxious/nervous" |
| 3 | Error844 | "Error 844' reading" |
| 4 | Shy | "Too shy (children)" |

5	Fidget	"Child would not sit still long enough (<i>children</i>)"
6	Other	"Other reason(s) (specify at next question)"
7	Cuff	"Problems with Cuff fitting/painful"
8	Omron	"Problems with Omron readings (zeros, no readings)"
9	Laptop	"Problems with laptop"

IF (NAttBPD = Other) THEN

OthNBP

NURSE: Enter full details of other reason(s) for not obtaining/attempting three BP readings.
: STRING [140]

IF (RespBPS = One, Two or Three) THEN

DifBPC

NURSE: Record any problems taking readings.

CODE ALL THAT APPLY.

1	NoProb	"No problems taking blood pressure"
2	LeftOnly	"Reading taken on left arm because right arm not suitable"
3	Upset	"Respondent was upset/anxious/nervous"
4	Other	"Other problems (specify at next question)"
5	Cuff	"Problems with cuff fitting/painful"
6	Omron	"Problems with Omron readings (zeros, no readings)"

IF (DifBPC = Other) THEN

OthDifBP

NURSE: Record full details of other problem(s) taking readings.

: STRING [140]

IF (RespBPS = One, Two or Three) THEN

GPRegBP

Are/(Is) you/(child's name) registered with a GP?

- 1 Yes
- 2 No

IF (GPRegBP = Yes) THEN

GPSEND

May we send your/(child's name)'s blood pressure readings to your/(his/her) GP?

- 1 Yes
- 2 No

IF (GPSEND = No) THEN

GPREfC

NURSE: Specify reason(s) for refusal to allow BP readings to be sent to GP.

CODE ALL THAT APPLY.

1	NeverSee	"Hardly/Never sees GP"
2	GPKnows	"GP knows respondent's BP level"
3	Bother	"Does not want to bother GP"
4	Other	"Other (specify at next question)"

IF (GPREfC = Other) THEN

OthRefC

NURSE: Give full details of reason(s) for refusal.

: STRING [140]

IF (GPReg <> Yes) OR (GPSEND = No) THEN

Code02

NURSE: Circle consent **code 02** on front of Consent Booklet.

1 Continue

IF (GPSEND = Yes) THEN

Code01

NURSE:

- a) Complete 'Blood pressure to GP in both the Consent Booklet and the Respondent Copy.
- b) Ask respondent/(respondent's parent) to read, sign and date the form in both the Consent Booklet and the Respondent Copy.
- c) Check that GP name, address and phone no. are recorded on the Consent Form.
- d) Check the name by which GP knows respondent.
- e) Circle consent **code 01** on front of the Consent Booklet.

1 Continue

IF (RespBPS = One, Two or Three) THEN

BPOffer

NURSE: Offer blood pressure results to respondent/(respondent's parent).

(Displays readings)

Enter these on (respondent's name)'s **Measurement Record Card** (complete new record card if required).

1 Continue

DEMI-SPAN

ASK ALL AGED 65+ OR AGED 16-64 WITH UNRELIABLE HEIGHT MEASUREMENT

SpanIntro

NURSE: Now follows the **Measurement of Demi-span**.

1 Continue

SpanInt

I would now like to measure the length of your arm. Like height, it is an indicator of size.

NURSE CODE:

1	Agree	"Respondent agrees to have demi-span measured"
2	Refuse	"Respondent refuses to have demi-span measured"
3	Unable	"Unable to measure demi-span for reason other than refusal"

Repeat for up to three demi-span measurements.

Third measurement taken only if first two measurements differ by more than 3cm.

IF (SpanInt = Agree) THEN

Span

NURSE: Enter the *(first/second/third)* demi-span measurement in centimetres.

If measurement not obtained, enter '999.9'.

Range: 5.0..1000.0

IF (Span <> 999.9) THEN

SpanRel

NURSE: Is the *(first/second/third)* measurement reliable?

1 Yes
2 No

IF (Span = 999.9 (both attempts)) THEN

YNoSpan

NURSE: Give reason for not obtaining at least one demi-span measurement.

1	Refuse	"Measurement refused"
2	TryNot	"Attempted but not obtained"
3	NoTry	"Measurement not attempted"

IF (YNoSpan = Refuse OR TryNot OR NoTry) THEN

NotAttM

NURSE: Give reason for *(refusal/not obtaining measurement/measurement not being attempted)*.

1	Bent	"Cannot straighten arms"
2	Bed	"Respondent confined to bed"
3	Stoop	"Respondent too stooped"
4	NotUnd	"Respondent did not understand the procedure"
5	Other	"Other"

IF (NotAttM = Other) THEN

OthAttM

NURSE: Give full details of other reason for *(refusal/not obtaining measurement/measurement not being attempted)*.

: STRING [140]

IF (Span <> 999.9) THEN

SpnM

NURSE CHECK: Demi-span was measured with the respondent:

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | Wall | "Standing against the wall" |
| 2 | NoWall | "Standing not against the wall" |
| 3 | Sitting | |
| 4 | Lying | "Lying down" |
| 5 | LeftArm | "Demi-span measured on left arm due to unsuitable right arm" |

DSCard

NURSE: Write results of demi-span measurement on respondent's Measurement Record Card.

- 1 Continue

WAIST & HIP

ASK ALL Respondents aged 11+ AND PregNTJ = No THEN

WHMod

NURSE: Now follows the **Waist and Hip Circumference Measurement**.

1 Continue

WHIntro

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

NURSE CODE:

1	Agree	"Respondent agrees to have waist/hip ratio measured"
2	Refuse	"Respondent refuses to have waist/hip ratio measured"
3	Unable	"Unable to measure waist/hip ratio for reason other than refusal"

Repeat for up to three waist-hip measurements.

Third measurement taken only if first two measurements differ by more than 3cm.

IF (WHIntro = Agree) THEN

Waist

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the (*first/second/third*) waist measurement in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 40.0..1000.0

IF (WHIntro = Agree) THEN

Hip

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the (*first/second/third*) measurement of hip circumference in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 50.0..1000.0

RespWH

Imputed

1	Both	"Both obtained"
2	One	"One obtained"
3	Refused	"Refused"
4	NoTry	"NoTry"

IF (Waist = 999.9 (either attempt)) OR (Hip = 999.9 (either attempt)) THEN

YNoWH

NURSE: Enter reason for not getting both measurements.

1	Refused	"Both measurements refused"
2	TryNot	"Attempted but not obtained"
3	NoTry	"Measurement not attempted"

**IF (RespWH = One OR Refused OR NoTry) OR (YNoWH = Refused) THEN
WHPNABM**

NURSE: Give reason(s) (for refusal/why unable/for not obtaining measurement/for not attempting/why only one measurement obtained).

CODE ALL THAT APPLY.

- | | | |
|---|----------|---|
| 1 | ChairBnd | "Respondent is chairbound" |
| 2 | Bed | "Respondent is confined to bed" |
| 3 | Stoop | "Respondent is too stooped" |
| 4 | NotUnd | "Respondent did not understand the procedure" |
| 5 | Other | "Other (SPECIFY AT NEXT QUESTION)" |

IF (WHPNABM = OthWH) THEN

OthWH

NURSE: Give full details of 'other' reason(s) for not getting full waist/hip measurement.

: STRING [140]

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist (1st) <> 999.9 AND
Waist (1st) <> EMPTY) OR (Waist (2nd) <> 999.9 AND Waist (2nd) <> EMPTY)) THEN
WJRel**

NURSE: Record any problems with **waist** measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, reliable waist measurement" |
| 2 | ProbRel | "Problems experienced - waist measurement likely to be reliable " |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be slightly unreliable " |
| 4 | ProbUn | "Problems experienced - waist measurement likely to be unreliable " |

IF (WJRel = ProbRel OR ProbSIUn OR ProbUn) THEN

ProbWJ

NURSE: Record whether problems experienced are likely to increase or decrease the **waist** measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

IF AT LEAST ONE HIP MEASUREMENT OBTAINED IF ((Hip (1st) <> 999.9 AND Hip (1st) <> EMPTY) OR (Hip (2nd) <> 999.9 AND Hip (2nd) <> EMPTY)) THEN

HJRel

NURSE: Record any problems with **hip** measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, reliable hip measurement" |
| 2 | ProbRel | "Problems experienced - hip measurement likely to be reliable " |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be slightly unreliable " |
| 4 | ProbUn | "Problems experienced - hip measurement likely to be unreliable " |

IF (HJRel = ProbRel OR ProbSIUn OR ProbUn) THEN

ProbHJ

NURSE: Record whether problems experienced are likely to increase or decrease the **hip** measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

IF (RespWH = Both OR One) THEN

WHRes

NURSE: Offer to write results of waist and hip measurements, where applicable, onto respondent's Measurement Record Card.

- | | | |
|---|----------|--|
| 1 | Continue | |
|---|----------|--|

BMI TO GP CONSENT

Not sure if we need this

IF (GPRegBP <> Yes) THEN

GPRegBM

NURSE CHECK: Is respondent registered with a GP?

- 1 Yes "Respondent registered with GP"
- 2 No "Respondent not registered with GP"

ConsBMI

During the first stage, the interviewer measured your height and weight and from this, your Body Mass Index (BMI) was calculated. BMI is a way of telling if you're a healthy weight for your height.

May we send your BMI calculation to your GP?

- 1 Yes
- 2 No

IF (ConsBMI = Yes) THEN

Code03

NURSE: Obtain signature in both the Consent Booklet and the Respondent Copy.

Circle consent **code 03** on front of the Consent Booklet.

- 1 Continue

IF (ConsBMI = No) THEN

Code04

"NURSE: The respondent does **not** want their BMI calculation sent to their GP.

Circle consent **code 04** on front of the Consent Booklet.

- 1 Continue

URINE SAMPLE

IF (Age > 13) THEN

UrInt

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of your urine over a 24 hour period. We cannot get this information from your food diary or in any other way.

1 Continue

IF (Age 4-12) THEN

UrIntC

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of (child's name)'s urine over a 24 hour period. We cannot get this information from their food diary or in any other way.

1 Continue

IF (Age = 4-6) THEN

Nappies

Does (child's name) wear nappies at all nowadays?

NURSE: EVEN IF CHILD JUST WEARS NAPPIES AT NIGHT, CODE AS 'Yes'.

1 Yes

2 No

IF (Age = 4-6) AND (Nappies = No) THEN

UrLeaf1

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period.

Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE MEASUREMENT AND GIVE LEAFLET TO RESPONDENT

1 Continue

IF (Age >= 13) THEN

UrCons

Are you willing to participate in the 24 hour urine sample?

1 Yes "Yes, willing to give 24 hour sample"

2 No "No, not willing to give 24 hour sample"

IF (Age = 4-12) THEN

UrPCons

And are you willing for (child's name) to participate in the 24 hour urine sample?

1 Yes "Yes, willing to give 24 hour sample"

2 No "No, not willing to give 24 hour sample"

IF ((Age >= 16) AND (UrCons = Yes)) OR ((Age = 13-15) AND ((UrCons = Yes) OR (UrPCons = Yes))) OR ((Age < 13) AND (UrPCons = Yes)) THEN

UrChk1

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE TAKING ANY OF THE FOLLOWING:

- Co-Trimoxazole BNF CODE 50108

- Septrin BNF CODE 50108

- Sulfadiazine BNF CODE 50108
- Trimethoprim BNF CODE 50108
- Sulfadizine BNF CODE 50108
- Sulfamethoxazole BNF CODE 50108
- Monotrim BNF CODE 50108
- Sultrin BNF CODE 70202

- 1 Yes
- 2 No

IF (UrChk1 = No) THEN

UrChk2

Can I check, are/(is) you/(he/she) allergic to any of the following things:

...hair dye, sunscreen or vitamins?

- 1 Yes
- 2 No

IF (UrChk2 = No) THEN

UrPABA

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period. This also involves taking three tablets called PABA within the same period so we can see how complete the urine sample is. Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE PABA TABLETS AND CONTRAINDICATIONS FOR USE. GIVE PABA INFORMATION LEAFLET TO RESPONDENT.

- 1 Continue

IF (UrChk2 = No) AND (Age >= 16) THEN

UPABCon

IS THE RESPONDENT WILLING TO TAKE PABA TABLETS?

- 1 Yes "Yes, willing to take PABA"
- 2 No "No, not willing to take PABA"

IF (UrChk2 = No) AND (Age 4-15) THEN

UPABPCon

IS THE PARENT OR LEGAL GUARDIAN WILLING FOR CHILD TO TAKE PABA TABLETS?

- 1 Yes "Yes, willing to take PABA"
- 2 No "No, not willing to take PABA"

IF (UrChk1 = Yes) OR (UrChk2 = Yes) OR (UPABCon = No) OR (UPABPCon = No) OR (UPABCon1 = No) OR (UPABCon2 = No) THEN

NoPABA

THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CODE 06 ON THE FRONT OF THE CONSENT BOOKLET.

PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

IF (UPABCon = Yes) THEN

UPABCon1

EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA.

GIVE RESPONDENT THE CONSENT FORMS AND ASK TO SIGN CONSENT FOR THE RESPONDENT TO TAKE PABA. RESPONDENT SHOULD SIGN BOTH RESPONDENT AND OFFICE COPIES

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (UPABPCon = Yes) THEN

UPABCon2

EXPLAIN THE NEED FOR WRITTEN CONSENT.

ASK PARENT/LEGAL GUARDIAN TO READ THE CONSENT FORM AND ASK TO SIGN CONSENT FOR CHILD TO TAKE PABA

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (Age >= 16) AND (UrCons = Yes) THEN

ULABCon1

EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE. GIVE RESPONDENT THE CONSENT FORMS AND ASK TO SIGN CONSENT FOR LAB ANALYSIS.

RESPONDENT SHOULD SIGN BOTH RESPONDENT AND OFFICE COPIES.

- 1 Yes "Written consent obtained for lab analysis"
- 2 No "Written consent not obtained for lab analysis"

IF (Age = 4-15) AND ((UrCons = Yes) OR (UrPCons = Yes)) THEN

ULABCon2

EXPLAIN THE NEED FOR WRITTEN CONSENT.

ASK PARENT/LEGAL GUARDIAN TO READ THE CONSENT FORM AND ASK TO SIGN CONSENT FOR CHILD TO GIVE 24 HOUR SAMPLE.

- 1 Yes "Written consent obtained for lab analysis"
- 2 No "Written consent not obtained for lab analysis"

IF (UrLABCon1 = Yes) OR (UrLABCon2 = Yes) THEN

UrExpl

EXPLAIN PROCEDURES AND PROTOCOLS ABOUT WHAT IS INVOLVED FULLY TO THE RESPONDENT OR PARENT/GUARDIAN.

PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

IF (UrLABCon1 = Yes) OR (UrLABCon2 = Yes) THEN

UrAppt

1) AGREE A DATE WITH THE RESPONDENT WHEN THEY WILL COLLECT URINE FOR 24 HRS (**STARTING COLLECTION ON ANY DAY EXCEPT A THURSDAY**) AND MAKE AN APPOINTMENT WITH THEM TO COLLECT THE SAMPLE EITHER ON THE SAME DAY WHEN THEY STOP COLLECTING URINE OR ON THE FOLLOWING DAY (i.e. the day after collection finished).

N.B. SCHOOL AGED CHILDREN SHOULD ALWAYS BE ASKED TO COLLECT THEIR URINE ON A NON-SCHOOL DAY

2) EXPLAIN THE COLLECTION PROTOCOL.

3) COMPLETE THE FIRST PART OF THE 24 HR URINE RECORD CARD.

4) GIVE THE RESPONDENT URINE RECORD CARD AND ASK THEM TO COMPLETE IT ON THE DAY THEY ARE COLLECTING THEIR SAMPLE.

PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

IF Respondent agreed to give a urine sample THEN

UrCInt

NURSE: EXPLAIN THAT YOU ARE HERE TO COLLECT THE URINE SAMPLE.
FOLLOW PROTOCOLS TO MIX, WEIGH AND COLLECT 4 ALIQUOTS OF URINE.

1 Continue

UrColl

NURSE: HAS (respondent's name) PROVIDED A URINE SAMPLE?

1 Yes

2 No

IF (UrColl = Yes) THEN

UrJugs

NURSE: On collection, which containers have urine inside?

1 Five "5 litre container only"

2 Two "2 Litre container only"

3 Both "Both the 5 litre and 2 litre containers"

IF (UrJugs = Five OR Both) THEN

UrWt1

NURSE: WEIGH THE 5 LITRE CONTAINER.

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (UrJugs = Five OR Both) THEN

UrWt2

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (UrWt1 – UrWt2 > 0.02) THEN

UrWt3

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (UrJugs = Two OR Both) THEN

Ur2LWt1

NURSE:WEIGH THE 2 LITRE CONTAINER.

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (UrJugs = Two OR Both) THEN

Ur2LWt2

NURSE:Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (Ur2LWt1 – Ur2LWt2 > 0.02) THEN

Ur2LWt3

NURSE: Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

IF (UrColl = Yes) THEN

ChkMss

Did you/(child's name) miss collecting any samples during the 24 hour period?

NURSE: ASK RESPONDENT TO REFER TO THEIR URINE RECORD CARD.

1 Yes

2 No

IF (ChkMss = Yes) THEN

HowManM

How many did you/(child's name) miss?

Range: 1..10

IF (ChkMss = Yes) THEN

DatMss

Date of first/(second/third/fourth/fifth) missed sample.

IF (ChkMss = Yes) THEN

TimMss

Time of first/(second/third/fourth/fifth) missed sample.

IF (UPABCon1 = Yes OR UPABCon2 = Yes) THEN

ChkPABA

Did you/(child's name) take any of the PABA tablets?

1 Yes

2 No

IF (ChkPABA = Yes) THEN

DatPAB

Date first/(second/third) PABA tablet taken. If first/(second/third) PABA tablet not taken enter CTRL/K (don't know).

IF (ChkPABA = Yes) THEN

TimPAB

Time first/(second/third) PABA tablet taken.

IF (UrColl = Yes) THEN

Diet

Were/(was) you/(child's name) taking any dietary supplements on the same days as you collected the urine sample?

1 Yes

2 No

(Following two questions asked as a loop)

IF (Diet = Yes) THEN

DWhat

What did you/(he/she) take?

NURSE RECODE NAME OF SUPPLEMENT TAKEN.

: STRING [60]

DMore

Any others?

- 1 Yes
- 2 No

IF (Age >= 16) THEN

StrUrA

May we have your consent to store any remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

IF (Age < 16) THEN

StrUrC

May we have your consent to store any of your/(child's name)'s remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

IF (StrUrA = Yes) OR (StrUrC = Yes) THEN

Code09

CIRCLE CODE 09 ON THE FRONT OF THE CONSENT BOOKLET

- 1 Continue

IF (StrUrA = No) OR (StrUrC = No) THEN

Code10

CIRCLE CODE 10 ON THE FRONT OF THE CONSENT BOOKLET

- 1 Continue

Thanks

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR GIFT VOUCHERS (£15) WILL BE POSTED TO THEM FROM THE OFFICE. PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

BLOOD SAMPLE

IF (Age >= 4) THEN

BIIntro

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

IF (Age < 4) THEN

NFBIntro

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

ClotB

May I just check, do/(does) you/(child's name) have a clotting or bleeding disorder or are/(is) you/(he/she) currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

IF (ClotB = No) THEN

Fit

May I just check, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

IF (Age >= 16) AND (ClotB = No) AND (Fit = No) THEN

BSWill

Would you be willing to have a fasting blood sample taken?

NURSE: THE RESPONDENT SHOULD FAST FOR 8 HOURS. REMIND HIM/HER THAT THEY SHOULD DRINK WATER AS NORMAL.

1 Yes

2 No

IF (Age < 16) AND (ClotB = No) AND (Fit = No) THEN

CBSConst

ASK PARENT

Are you willing for your child to have a blood sample taken?

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

1 Yes

2 No

IF (BSWill = No) OR (CBSCConst = No) THEN

RefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

1	PrevDiff	"Previous difficulties with venepuncture"
2	Fear	"Dislike/fear of needles"
3	RecTest	"Respondent recently had blood test/health check"
4	Ill	"Refused because of current illness"
5	HIV	"Worried about HIV or AIDS"
97	Other	"Other"

IF (RefBSC = Other) THEN

OthRefBS

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

IF (BSWill = No) OR (CBSCConst = No) THEN

BSStop

NURSE: No Blood Samples should be taken from (respondent's name). Ring codes **12, 14, 16, 18** on the consent booklet..

To continue with this schedule on the first visit, press 1 and enter.

1 Continue

IF (Age >= 4) AND (BSWill = Yes) OR (CBCConst = Yes) THEN

Diabetes

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE DIABETIC AND UNWILLING TO FAST?

IF RESPONDENT IS DIABETIC AND CONCERNED ABOUT FASTING, PRESS F9 FOR GUIDANCE ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING BLOOD SAMPLE.

CODE BELOW WHETHER RESPONDENT WILLING TO GIVE A FASTING BLOOD SAMPLE.

Acceptable procedures according to medication:

...Respondents on oral hypoglycaemic medication should be able to fast without complications.

...Respondents on a combination of nighttime insulin and daytime tablets should also be able to fast unless they are known to have low blood sugar levels first thing in the morning. If they do have low blood sugar in the morning, they could still fast but should reduce their nighttime insulin by a small amount and have breakfast as soon as possible after the blood is taken.

...Respondents on insulin alone can also provide a fasting sample, but should be given special consideration. They should omit their morning insulin and should be seen as early in the day as possible.

In every case, diabetics should have breakfast as soon as possible after blood is taken.

Note that the option of providing a non-fasting sample is only open to diabetics and respondents under the age of 4. Blood should not be taken from respondents who are willing to provide a sample but are not prepared to fast.

1	NotDiab	"Not diabetic/not mentioned"
2	Yes	"Diabetic and willing to give fasting blood"
3	No	"Diabetic and not willing to give fasting blood sample"

IF (Diabetes = No) THEN

DiabNF

NURSE: THIS PERSON SHOULD GIVE A NON-FASTING BLOOD SAMPLE. THIS BLOOD SAMPLE SHOULD BE TAKEN AT THE SAME TIME AS A FASTING BLOOD SAMPLE FROM OTHER HOUSEHOLD MEMBERS (IF APPLICABLE).

1 Continue

**IF (Diabetes = No) OR ((Age < 11) AND (Nurse = paediatric phlebotomist)) THEN
NFastBI**

NURSE: THIS RESPONDENT COULD GIVE A NON-FASTING BLOOD SAMPLE NOW.
BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IF CHILD UNDER 4: ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST? (IF NO,
CODE 2)

Are the labs open (i.e. is it Monday - Thursday)/expecting a sample?

Is there anyone else in the household who will give blood?

If so, could you take blood from both respondents at the same time (i.e. a return visit)?

CONSIDER THESE QUESTIONS AND CODE:

- | | | |
|---|-----|--|
| 1 | Yes | "Yes, I will take the blood sample now" |
| 2 | No | "No, I will return at a later date to take the blood sample" |

IF (NFastBI = No) THEN

NFSAppt

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD
SAMPLE. THIS SHOULD BE ON A MONDAY TO THURSDAY MORNING ONLY.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (Diabetes = NotDiab OR Yes) THEN

IsTime

NURSE: IS THE TIME CURRENTLY BEFORE 10 AM?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (IsTime = Yes) AND (Computer time = before 10am) THEN

Eat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Eat = No) THEN

FastBI

NURSE: THIS RESPONDENT COULD GIVE A FASTING BLOOD SAMPLE NOW.
BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IF CHILD UNDER 4: ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST? (IF NO,
CODE 2)

Are the labs open/expecting a sample?

Is there anyone else in the household who will give blood?

If so, you should take blood from both respondents at the same time.

CONSIDER THESE QUESTIONS AND CODE:

- | | | |
|---|-----|--|
| 1 | Yes | "Yes, I will take the fasting blood sample now" |
| 2 | No | "No, I will return at a later date to take the blood sample" |

IF (FastBI = No) THEN

FBAppt

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD
SAMPLE. THIS SHOULD BE BEFORE 10AM, MONDAY TO THURSDAY ONLY.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (Age <= 16) THEN

AmeInt

NURSE: Explain that there is the option of using Ametop gel, but that a sample can be given
without Ametop.

Give parent/respondent the Ametop information sheet and allow them time to read it.

Ask respondent/parent whether they think they will want to use Ametop. If they do, you need to schedule your return appointment before 9.30am.

1 Continue

IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN

IntFBT

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

1 Continue

TClotB

May I just check again, do/(does) you/(child's name) have a clotting or bleeding disorder or are/(is) you/(he/she) currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

IF (TClotB = No) THEN

TFit

May I just check also, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

IF (TFit = No) AND (Age >=4) THEN

TEat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

1 Yes

2 No

IF (TFit = No) AND (Age < 4) THEN

ChEat

Can I check, has (respondent's name) had anything to eat or drink (excluding water) in the last 8 hours?

1 Yes

2 No

IF (TEat = Yes) OR (ChEat = Yes) THEN

ReArr

NURSE: The respondent has eaten something and cannot give a fasting blood sample today. Try to rearrange the appointment for another day.

1 Appt "Appointment rearranged to take blood"

2 NoAppt "Not able to make another appointment"

IF (2nd visit AND ReArr = NoAppt) OR (3rd visit) THEN

TBSStop

No Blood Samples should be taken from (respondent's name). Ring codes **12, 14, 16, 18** on the consent booklet

1 Continue

IF (2nd visit AND ReArr = Appt) THEN

TBSNoV2

No Blood Samples should be taken from (respondent's name) now. You will need to make another visit to take blood.

1 Continue

IF (Age >= 16) THEN

TBSWill

Would you be willing to have a fasting/(non-fasting) blood sample taken?

- 1 Yes
- 2 No

IF (Age < 16) THEN

TCBSCnst

ASK PARENT

Are you willing for your child to have a fasting/(non-fasting) blood sample taken?

NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM. ONLY TRAINED PAEDIATRIC PHLEBOTOMISTS SHOULD TAKE BLOOD FROM CHILDREN UNDER 11.

- 1 Yes
- 2 No

IF (TCBSCnst = Yes) THEN

AmetopUse

Do you want Ametop gel to be used?

- 1 Yes
- 2 No

IF (AmetopUse = Yes) THEN

Allergy

Have/(Has) you/(he/she) ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?

- 1 Yes
- 2 No

IF (Allergy = Yes) THEN

NoAmetop

NURSE: Ametop gel cannot be used. Is respondent willing to give blood sample without Ametop gel?

- 1 Yes "Yes, willing"
- 2 No "No, no blood sample"

IF (Allergy = No) THEN

DoAmetop

NURSE: **Blood sample with Ametop gel.**

- Check you have all applicable signatures.
- Apply Ametop gel following instructions.
- Wait at least half an hour before attempting blood sample.

- 1 Continue

IF (TBSWill = Yes) OR ((TCBSCnst = Yes) AND (AmetopUse = No)) OR ((TCBSCnst = Yes) AND (AmetopUse = Yes) AND (Allergy = No)) OR ((TCBSCnst = Yes) AND (AmetopUse = Yes) AND (Allergy = Yes) AND (NoAmetop = Yes)) THEN

BSConsC

NURSE: Explain need for written consent from parent:

Before I can take any blood, I have to obtain the written consent from both parent and child/(written consent from you).

- 1 Continue

IF (Age = 18 months - 15) THEN

GuardCon

NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?

- 1 Yes
- 2 No

IF (GuardCon = No) THEN

Ignore

NURSE: Record details of why consent refused.

: STRING [140]

IF (GuardCon = Yes) THEN

Code11C

NURSE:

- Fill in (child's name) and your name in both the Consent Booklet (form CF(A2)) and the Respondent Copy.
- Tick the box "With the use of Ametop"/"Without the use of Ametop".
- Ask (respondent's name) to read, sign and date the form in both the Consent Booklet and the Respondent Copy.
- Circle consent **code 11** on the front of the Consent Booklet.

- 1 Continue

IF (TBSWill = Yes) THEN

Code11A

NURSE:

- Fill in the respondent's name and your name at the top of form CF(A2) in the Consent Booklet.
- Ask the respondent to read, sign, date and initial the Consent Form.
- Circle consent code 11 on the front of the Consent Booklet.

- 1 Continue

IF (GPRegBP <> Yes) OR (GPRegBM <> Yes) OR (Age = 18 months – 3) THEN

GPRegFB

NURSE CHECK: Is respondent registered with a GP?

- 1 Yes "Respondent registered with GP"
- 2 No "Respondent not registered with GP"

IF (GPRegFB = Yes) THEN

SendSam

May we send the results of your/(child's name)'s blood sample analysis to your/(his/her) GP?

- 1 Yes
- 2 No

IF (SendSam = Yes) THEN

Code13

"NURSE:

- Obtain initials and signature in **both** the Consent Booklet and the Respondent Copy.
- Check name by which GP knows respondent.
- Check GP name, address and phone no. are recorded on front of the Consent Booklet.
- Circle consent **code 13** on front of the Consent Booklet.

- 1 Continue

IF (SendSam = No) THEN

SenSaC

Why do you not want your/(child's name)'s blood sample results sent to your/(his/her) GP?

- 1 NeverSee "Hardly/never sees GP"

- | | | |
|---|---------|---------------------------------|
| 2 | RecSamp | "GP recently took blood sample" |
| 3 | Bother | "Does not want to bother GP" |
| 4 | Other | "Other" |

IF (SenSaC = Other) THEN

OthSam

NURSE: Give full details of reason(s) for not wanting results sent to GP.
: STRING [140]

IF (SendSam = No) THEN

Code14

NURSE: Circle consent **code 14** on front of the Consent Booklet.

- 1 Continue

SnDrSam

Would you like to be sent the results of your/(child's name)'s blood sample analysis?

- 1 Yes
2 No

IF (SnDrSam = Yes) THEN

Code17

NURSE: Circle consent **code 17** on front of the Consent Booklet.

- 1 Continue

IF (SnDrSam = No) THEN

Code18

NURSE: Circle consent **code 18** on front of the Consent Booklet.

- 1 Continue

IF (SendSam = No) AND (SnDrSam = No) THEN

GPDisc

NURSE: THIS RESPONDENT DOES NOT WANT THEIR RESULTS SENT TO THEIR GP. PLEASE ASK THEM TO READ AND SIGN THE DISCLAIMER IN THE RESPONDENT AND OFFICE CONSENT BOOKLETS.

- 1 Continue

IF (TBSWill = Yes) THEN

ConStorB

May we have your consent to store any remaining blood for future analysis?

- 1 Yes "Storage consent given"
2 No "Consent refused"

IF (ConStorB = Yes) THEN

Code15

NURSE:

- Obtain initials and signatures in **both** the Consent Booklet and the Respondent Copy.
- Circle consent **code 15** on front of the Consent Booklet.

- 1 Continue

IF (ConStorB = No) THEN

Code16

NURSE: Circle consent **code 16** on front of the Consent Booklet.

- 1 Continue

IF (Age >= 16) THEN

TakeSAd

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
-2. serum (4.5ml) tube **brown** cap, label SE N1 (5)
-3. serum (4.5ml) tube **white** cap, label SE N2 (6)
-4. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
-5. Lithium heparin (7.5ml) tube **orange** cap, label LH N2 (8)
-6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)
-7. Lithium/heparin (4.5ml) tube **orange** cap, label LH N3 (9)
-8. EDTA (2.7ml) tube **red** cap, label E N2 (4)

B) Write '**NDNS**' and **date of birth** onto existing tube label:

.....Date of birth: (*displayed*)

C) Check the date of birth again with the respondent.

D) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

E) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

- Check to ensure you have used the correct barcoded labels for THIS respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (ADULT AGED 16+) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

IF (Age >= 16) THEN

SampF1A

NURSE: Code if the 1st EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF2A

NURSE: Code if the 1st serum (brown, 4.5ml) tube filled (label SE N1 (5)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF3A

NURSE: Code if the 2nd serum (white, 4.5ml) tube filled (label SE N2 (6)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF4A

NURSE: Code if the 1st Lithium/heparin (orange, 7.5ml) tube filled (label LH N1 (7)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF5A

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LH N2 (8)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |

3 No "No, not filled"

IF (Age >= 16) THEN

SampF6A

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age >= 16) THEN

SampF7A

NURSE: Code if 3rd lithium heparin (orange, 4.5 ml) tube filled (label LH N3 (9)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age >= 16) THEN

SampF8A

NURSE: Code if 2nd EDTA (red, 2.6ml) tube filled (label E N2 (4)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 7 – 15) THEN

TakeSCO

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
-2. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
-3. Serum (2.7ml) tube **brown** cap, label SE N1 (5)
-4. Serum (2.7ml) tube **white** cap, label SE N2 (6)
-5. Lithium heparin (2.7ml) tube **orange** cap, label LH N2 (8)
-6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)

B) Write **'NDNS'** and **date of birth** onto existing label

....Date of birth: (*displayed*)

C) Check the date of birth again with the respondent/parent.

D) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

E) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

- Check to ensure you have used the correct barcoded labels for THIS respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 7-15) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

IF (Age = 7 – 15) THEN

SampF1CO

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 7 – 15) THEN

SampF2CO

NURSE: Code if the 1st lithium heparin (orange, 7.5ml) tube filled (label LH N1 (7))

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"

3 No "No, not filled"

IF (Age = 7 – 15) THEN

SampF3CO

NURSE: Code if the 1st serum (brown, 2.7ml) tube filled (label SE N1 (5)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 7 – 15) THEN

SampF4CO

NURSE: Code if the 2nd serum (white, 2.7ml) tube filled (label SE N2 (6)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 7 – 15) THEN

SampF5CO

NURSE: Code if the 2nd lithium heparin (orange, 7.5ml) tube filled (label LH N2 (8)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 7 – 15) THEN

SampF6CO

NURSE: Code if Fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 18 months - 6) THEN

TakeSCY

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
-2. Lithium/heparin (4.5ml) tube **orange** cap, label LH N1 (7)
-3. Serum (1.2ml) tube **brown** cap, label SE N1 (5)
-4. Serum (2.7ml) tube **white** cap, label SE N2 (6)

B) Write '**NDNS**' and **date of birth** onto existing label.

.....Date of birth: (*displayed*)

C) Check the date of birth again with the respondent/parent.

D) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

E) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

- Check to ensure you have used the correct barcoded labels for this respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 18mths-6yrs) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

IF (Age = 18 months - 6) THEN

SampF1CY

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

1 YesF "Yes, FULLY filled"
2 YesP "Yes, PARTIALLY filled"
3 No "No, not filled"

IF (Age = 18 months - 6) THEN

SampF2CY

NURSE: Code if the Lithium heparin (orange, 4.5ml) tube filled (label LH N1 (7)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

SampF3CY

NURSE: Code if the 1st serum (brown, 1.2ml) tube filled (label SE N1 (5)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

SampF4CY

NURSE: Code if the 2nd serum (white, 2.7ml) tube filled (label SE N2 (6)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

SampTak

Blood sample outcome (*COMPUTED*):

- | | | |
|---|------|--|
| 1 | YesF | "Blood sample obtained - all full" |
| 2 | YesP | "Blood sample obtained - not all full" |
| 3 | No | "No blood sample obtained" |

IF (SampTak = YesF OR YesP) THEN

SamDifC

NURSE: Record any problems in taking blood sample.

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | NoProb | "No problem" |
| 2 | Small | "Incomplete sample" |
| 3 | BadVein | "Collapsing/poor veins" |
| 4 | TakeTwo | "Second attempt necessary" |
| 5 | Faint | "Some blood obtained, but respondent felt faint/fainted" |
| 6 | NoTour | "Unable to use tourniquet" |
| 7 | Other | "Other (SPECIFY AT NEXT QUESTION)" |

IF (SamDifC = Other) THEN

OthBDif

NURSE: Give full details of other problem(s) in taking blood sample.

: STRING [140]

IF (SampTak = No) THEN

NoBSC

NURSE: Code reason(s) why no blood obtained.

CODE ALL THAT APPLY.

- | | | |
|---|------------|---|
| 1 | NoVein | "No suitable or no palpable vein/collapsed veins" |
| 2 | Anxious | "Respondent was too anxious/nervous" |
| 3 | Faint | "Respondent felt faint/fainted" |
| 4 | Other (97) | "Other" |

IF (NoBSC = Other) THEN

OthNoBSM

NURSE: Give full details of reason(s) no blood obtained.

: STRING [140]

IF (SampTak = No) THEN

Code10

NURSE:

- Cross out consent codes **11, 13, 15 and 17** if already circled on front of the Consent Booklet.

- Replace with consent codes **12, 14, 16 and 18** on front of the Consent Booklet.

1 Continue

NATIONAL DIET AND NUTRITION SURVEY

PROMPT CARDS

P2709

CARD A

- 1 English
- 2 Scottish
- 3 Welsh
- 4 Irish
- 5 British
- 6 Other

CARD B

- 1 White – British
- 2 Any other white background
- 3 Mixed – White and Black Caribbean
- 4 Mixed – White and Black African
- 5 Mixed – White and Asian
- 6 Any other mixed background
- 7 Asian or Asian British – Indian
- 8 Asian or Asian British – Pakistani
- 9 Asian or Asian British – Bangladeshi
- 10 Any other Asian/Asian British background
- 11 Black or Black British – Caribbean
- 12 Black or Black British – African
- 13 Any other Black/Black British background
- 14 Chinese
- 15 Any other

CARD C

- 1 Husband/Wife
- 2 Partner/Cohabitee
- 3 Natural son/daughter
- 4 Adopted son/daughter
- 5 Foster child
- 6 Stepson/stepdaughter
- 7 Son-in-law/daughter-in-law
- 8 Natural parent
- 9 Adoptive parent
- 10 Foster parent
- 11 Step-parent
- 12 Parent-in-law
- 13 Natural brother/sister
- 14 Half-brother/sister
- 15 Step-brother/sister
- 16 Adopted brother/sister
- 17 Foster brother/sister
- 18 Brother/sister-in-law
- 19 Grand-child
- 20 Grand-parent
- 21 Other relative
- 22 Other non-relative

CARD D

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in
relative's/friend's property)
- 6 Squatting

CARD E

- 1 Not enough cupboard space
- 2 Fridge is too small (or no fridge available)
- 3 Freezer is too small (or no freezer available)
- 4 Damp / mouldy
- 5 Infested with insects
- 6 Not secure
- 7 Other

CARD F

- 1 Large supermarket, including home delivery from supermarket
- 2 Mini supermarket, e.g. Tesco Metro
- 3 Local/Corner shop (including newsagents)
- 4 Garage forecourt
- 5 Independent greengrocer
- 6 Independent butcher
- 7 Independent baker
- 8 Independent fishmonger
- 9 Market (including stalls or farmer's market)
- 10 Farm
- 11 Home delivery (including vegetable boxes – not from a supermarket)
- 12 Other

CARD G

- 1 More than once a day
- 2 Once a day
- 3 Two or three times a week
- 4 Weekly
- 5 Two or three times a month
- 6 Monthly
- 7 Every two months
- 8 Less often than every two months

CARD H

- 1 Fresh fruit or fruit juice
- 2 Dried fruit
- 3 Nuts
- 4 Potatoes
- 5 Vegetables or salad (Including celery), dried beans or lentils
- 6 Breakfast cereals
- 7 Other cereal products, e.g. bread, rice and pasta
- 8 Meat (including chicken)
- 9 Eggs
- 10 Milk
- 11 Other dairy products
- 12 Crisps or savoury snacks
- 13 Biscuits and cakes (including organic cereal bars)
- 14 Confectionery
- 15 Baby / weaning foods
- 16 Other organic products
- 17 None of these

CARD I

- 1 Freshly made from old potatoes
- 2 Freshly made from new potatoes
- 3 Frozen, fried
- 4 Oven ready chips
- 5 Microwave chips (e.g. McCain Microchips)
- 6 Make chips another way
- 7 Do not prepare chips

CARD J

- 1 Every day
- 2 Most days (5 – 6)
- 3 Some days (3 – 4)
- 4 One or two days a week
- 5 Less than once a week
- 6 Only for special occasions
- 7 Never

CARD K

- 1 Boiling
- 2 Steaming or Poaching
- 3 Frying
- 4 Stir-frying
- 5 Grilling
- 6 Oven-baking or Roasting
- 7 Stewing / Braising / Casseroling
- 8 Microwaving
- 9 None of these

CARD L

- 1 Red meat
- 2 Chicken
- 3 White fish (cod, haddock, plaice)
- 4 Oily fish (herring, mackerel, salmon)
- 5 Pulses such as split peas and lentils
- 6 Dry pasta
- 7 Rice (savoury)
- 8 Potatoes (not chips)
- 9 Fresh green vegetables (cabbage, spinach, broccoli)
- 10 Root vegetables (carrots, parsnips)
- 11 None of these

CARD M

- 1 Yes, with no help at all
- 2 Yes, with a little help
- 3 Yes, with a lot of help
- 4 No, not at all

CARD N

- 1 At home (relative)
- 2 At school
- 3 Cookery class not at school (e.g. night class)
- 4 Self taught
- 5 From friends
- 6 At work
- 7 Television
- 8 Recipe books / magazines
- 9 Internet
- 10 Cannot cook at all
- 11 Other

CARD O

- 1 Cleaning and chopping fruit and vegetables
- 2 Preparation of meat and fish for cooking (chopping, filleting)
- 3 Frying
- 4 Boiling
- 5 Baking or Roasting
- 6 Making a sauce
- 7 Making pastry
- 8 Following a recipe
- 9 Microwaving
- 10 Freezing and Defrosting
- 11 Preservation / Storage of foods in larder / Refrigerator / Freezer
- 12 Hygiene in the kitchen
- 13 None of these

CARD P

- 1 Weighing scales
- 2 Set of kitchen knives
- 3 Set of saucepans
- 4 Frying pan
- 5 Colander / Sieve
- 6 Casserole dish
- 7 Roasting pan
- 8 Cake tins
- 9 Baking trays
- 10 Hand-held whisk, manual or electric
- 11 Mixing bowls
- 12 Measuring jug
- 13 Rolling pin
- 14 Grater
- 15 Food processor
- 16 None of these

CARD Q

- 1 Flour (Self-raising / plain / bread)
- 2 Sugar (Caster / Granulated / Brown)
- 3 Cornflour
- 4 Dried pasta (Spaghetti, Noodles)
- 5 Rice (Long grain, Basmati)
- 6 Tomatoes in tins or cartons
- 7 Tomato paste / puree
- 8 Olive oil or other vegetable oil
- 9 Vinegar (Wine, Balsamic)
- 10 Dried or tinned pulses (Canellini or Borlotti beans,
Chickpeas etc.)
- 11 Baked beans
- 12 Dried herbs, spices or curry powder
- 13 Stock cubes
- 14 Soy sauce
- 15 Tinned fish (Sardines, Anchovies)
- 16 None of these

CARD R

- 1 Every day or nearly every day
- 2 Two or three times a week
- 3 Once a week
- 4 Two or three times a month
- 5 Once a month or less

CARD S

- 1 Five or more times per week
- 2 Three to four times per week
- 3 One to two times per week
- 4 One to two times per month
- 5 Rarely or never

CARD T

- 1 Never
- 2 Less than once per month
- 3 On 1 – 3 days per month
- 4 On 1 – 2 days per week
- 5 On 3 – 4 days per week
- 6 On 5 – 6 days per week
- 7 Every day in the last month

CARD U

- 1 Fish liver (include canned cod liver; exclude fish liver oil supplements)
- 2 Venison liver
- 3 Sprats
- 4 Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))
- 5 Cassava chips/crisps
- 6 Seaweed (includes hijiki, wakame)
- 7 Sushi (including purchased sushi)
- 8 Kabanos (smoked sausage)
- 9 Papaya (include fresh and canned)
- 10 Dried papaya
- 11 Mango (include fresh and canned)
- 12 Dried mango
- 13 Kiwi Fruit

CARD V

- 1 Less than once per month
- 2 On 1 – 3 days per month
- 3 On 1 – 2 days per week
- 4 On 3 or more days per week

CARD W

- 1 Meat or meat products (not including poultry)
- 2 Chicken or other poultry and dishes containing them
- 3 Fish or seafood and fish and seafood dishes
- 4 Eggs
- 5 Milk (including yoghurt)
- 6 Cheese
- 7 Salad vegetables (e.g. lettuce, cucumber, tomato)
- 8 Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)
- 9 Root vegetables (e.g. carrots, parsnips)
- 10 Fresh fruit
- 11 Nuts
- 12 Offal
- 13 Other

CARD X

- 1 Orange
- 2 Lemon
- 3 Kiwi fruit
- 4 Grapefruit
- 5 Mango
- 6 Banana
- 7 Lime
- 8 Pineapple
- 9 Soft citrus fruit (satsumas / mandarins / clementines)

CARD Y

- 1 Every day / most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month

CARD Z

- 1 All of the peel or skin
- 2 Most of the peel or skin
- 3 Around half of the peel or skin
- 4 Around a quarter of the peel or skin
- 5 Less than a quarter of the peel or skin

CARD AA

- 1 No difficulty
- 2 A little difficulty
- 3 A fair amount of difficulty
- 4 A great amount of difficulty

CARD BB

- 1 Could eat easily
- 2 Could eat with some difficulty
- 3 Could not eat at all

CARD CC

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

CARD DD

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or liqueurs
- 4 Sherry or martini
- 5 Wine
- 6 Alcopops / pre-mixed alcoholic drink
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

CARD EE

1	Higher degree, e.g. MSc, MA, MBA, PGCE, PhD
2	Level 5 NVQ / SVQ
3	BTEC Advanced Professional Diploma/Certificate
4	First degree, e.g. BSc, BA, BEd, MA at first degree level
5	Level 4 NVQ / SVQ
6	HNC / HND
7	BTEC Higher National or Professional Diploma/Certificate
8	RSA or OCR Higher
9	GCE 'A'-level
10	A2
11	AVCE
12	SCE Advanced Higher Grades
13	SCE Higher Grades (A-C)
14	CSYS
15	Key Skills Level 3
16	Level 3 NVQ / SVQ
17	ONC / OND
18	BTEC Advanced or National Diploma/Certificate
19	RSA or OCR Advanced Diploma
20	City & Guilds Advanced Craft / Part 3
21	Advanced GNVQ; Vocational A Level
22	Advanced Modern Apprenticeship
23	GCSE grade A*-C

see over for more codes

card EE continued....

- 24 GCE 'O'-level passes
- 25 CSE grade 1
- 26 SCE O Grades (A-C)
- 27 SCE Standard Grades (1-3)
- 28 School Certificate / Matriculation
- 29 Key Skills Level 2
- 30 Level 2 NVQ / SVQ
- 31 BTEC Intermediate or First Diploma/Certificate
- 32 RSA Diploma
- 33 City & Guilds Craft / Part 2
- 34 Intermediate GNVQ
- 35 Foundation Modern Apprenticeship
- 36 GCSE grade D-G
- 37 CSE grade 2-5
- 38 SCE O Grades (D-E)
- 39 SCE Standard Grades (4-7)
- 40 SCOTVEC National Certificate Modules
- 41 Key Skills Level 1
- 42 Level 1 NVQ / SVQ
- 43 BTEC Foundation or Introductory Diploma/Certificate
- 44 RSA Stage 1-3
- 45 City & Guilds Part 1
- 46 Foundation GNVQ; Foundation VCE
- 47 Other qualifications

CARD FF

A	£15,000 - £19,999
B	£30,000 - £34,999
C	Under £5,000
D	£45,000 - £49,999
E	£25,000 - £29,999
F	£5,000 - £9,999
G	£20,000 - £24,999
H	£10,000 - £14,999
I	£75,000 - £99,999
J	£35,000 - £39,999
K	£50,000 - £74,999
L	£100,000 or more
M	£40,000 - £44,999

CARD GG

Supplement examples

- Multivitamins with/without Iron or other Minerals
- Vitamin C
- Vitamin B complex
- Folic Acid
- Selenium
- Calcium + Vitamin D
- Cod liver oil
- Omega 3 fish oil
- Flaxseed oil
- Oil of Evening Primrose
- Menopause formulas
- Echinacea
- L – Arginine capsules
- Glucosamine with/without chondroitin
- Garlic
- Ginkgo Biloba
- Healthy Start women's vitamin tablets

CARD HH

- 1 Less than once a month
- 2 1 – 3 times a month
- 3 Once a week
- 4 2 – 4 times a week
- 5 Once a day
- 6 2 – 3 times a day
- 7 4 or more times a day

CARD II

- 1 Employed or self-employed, not working at home
(e.g. in office)
- 2 Employed or self-employed, working from home
- 3 At college / school
- 4 Doing voluntary or other unpaid work
- 5 Full time housewife / househusband
- 6 Unable to work
- 7 On holiday for the entire period
- 8 Unemployed or retired and have not done any of the
above

CARD JJ

Light Housework

- 1 Vacuum cleaning (hoovering)
- 2 Dusting, Spring cleaning, Tidying up
- 3 Washing floors and paintwork
- 4 Hoeing, Weeding, Pruning
- 5 Cut the grass using a power mower
- 6 Planting flowers / seeds
- 7 Decorating
- 8 Minor household repairs
- 9 Car washing and cleaning
- 10 Any similar light housework, building or gardening
manual work

CARD KK

Heavy Housework

- 1 Walking with heavy loads of shopping
- 2 Moving furniture
- 3 Scrubbing / Polishing floors by hand (on knees)
- 4 Sweeping leaves over a large area
- 5 Digging, Moving earth, Clearing rough ground
- 6 Major work on tree, or shrub planting / moving
- 7 Felling trees, Chopping wood
- 8 Moving heavy loads
- 9 Demolishing walls, Breaking up concrete
- 10 Mixing, laying concrete

CARD LL

Sport / Exercise examples

- Cycling (but NOT cycling to work)
- Swimming, continuous laps
- Jogging
- Rowing or Stepping machine
- Aerobics
- Martial Arts, including judo, karate, kick boxing, tae kwan do, jujitsu, boxing
- Football
- Netball
- Dancing, including taking lessons or nightclub
- Rugby

CARD MM

- 1 A nursery school
- 2 A primary school (including infant school, junior school)
- 3 A secondary school (including sixth form in a school) / High school
- 4 A middle school
- 5 A sixth form college / Higher Education college
- 6 Other
- 7 Home-educated

CARD NN

- 1 Cooked school meal
- 2 Cold school meal (including sandwiches, salads)
- 3 Packed lunch (from home)
- 4 Buy lunch from shop / café
- 5 Go home
- 6 Do not eat lunch

CARD OO

- 1 Free school meal (at lunchtime)
- 2 Reduced price or subsidised school meal (at lunchtime)
- 3 Free school milk
- 4 Subsidised school milk
- 5 Free fruit
- 6 Healthy Start children's vitamin drops (3 and under)
- 7 Healthy Start vouchers (3 and under)
- 8 Free food BEFORE school
- 9 Free food AFTER school
- 10 Other

CARD PP

- 1 5 minutes, less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 45 minutes
- 5 45 minutes, less than an hour
- 6 1 hour, less than 1½ hours
- 7 1½ hours, less than 2 hours
- 8 2 hours, less than 2½ hours
- 9 2½ hours, less than 3 hours
- 10 3 hours or more

CARD QQ

- 1 Playing, skipping, catch, hide and seek
- 2 Kicking a ball around, running about or jumping around
- 3 Garden work, like mowing grass or sweeping up leaves
- 4 Housework, like tidying up, cleaning, Hoovering, washing clothes, cleaning a car
- 5 Paper rounds

CARD RR

Sport / Exercise examples

- Cycling (but NOT cycling to or from school)
- Football
- Netball
- Cricket / Rounders
- Swimming laps
- Jogging
- Gymnastics
- Tennis
- Martial Arts
- Rugby

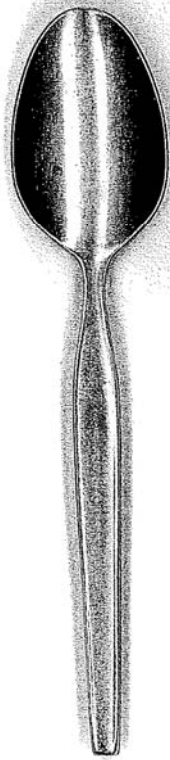
CARD SS

Boys and Girls:

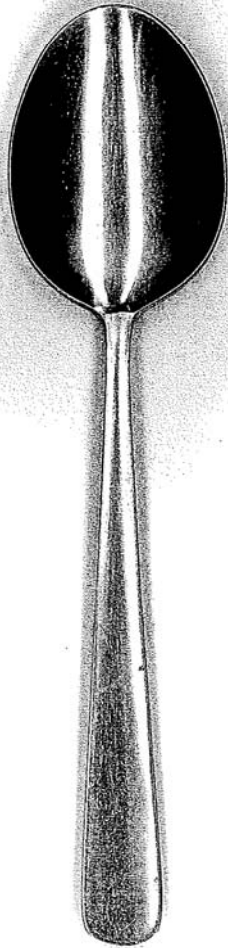
- 1 Trousers
- 2 Shorts
- 3 Short sleeved shirt or long sleeves rolled up
- 4 Long sleeved shirt / jumper / blazer

Girls only:

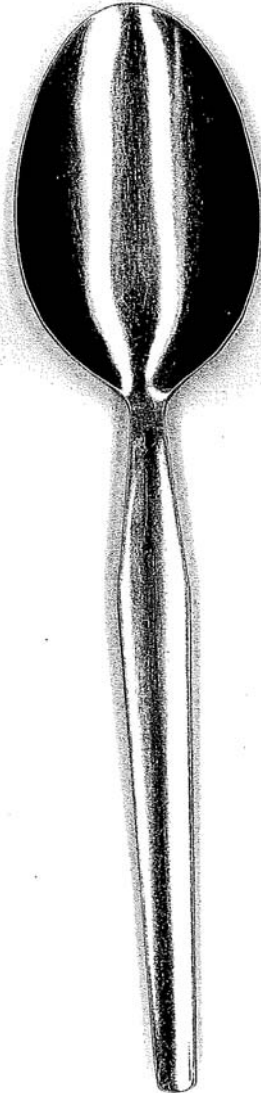
- 5 Long skirt (below the knee)
- 6 Short skirt (above the knee)
- 7 Tights



Teaspoon
(tsp)



Dessertspoon
(dsp)



Tablespoon
(tbsp)

National Diet and Nutrition Survey – Consent Booklet: Office Copy

Please use capital letters and write in ink

ADDRESS

INDIVIDUAL SERIAL NUMBER:
Affix label **NCON** here for this person:

STICK **NCON**
(1) LABEL
HERE

1. Nurse number:

2. Date schedule completed (all visits complete): DAY MONTH YEAR

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4. Sex Male 1 Female 2

5. Date of birth: DAY MONTH YEAR

6. Full name of parent/guardian (if person under 16) _____

7. **GP NAME AND ADDRESS**
Dr:
Practice Name:
Address:

Town:
County:
Postcode:
Telephone no:

8. **NURSE USE ONLY**

GP Address complete 1
 GP Address not complete 2
 No GP 3

9. **SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM**

	YES	NO
a) Blood pressure to GP	01	02
b) Body Mass Index (BMI) to GP	03	04
c) Take PABA tablet	05	06
d) Lab analysis of Urine	07	08
e) Urine sample for storage	09	10
f) Sample of blood to be taken	11	12
g) Blood sample result to GP	13	14
h) Blood sample for storage	15	16
i) Blood sample result to respondent	17	18

BLOOD SAMPLE LABORATORY REFERENCE LIST

The tables below show which blood samples should be taken (in priority order) and need to be sent to each lab for each age group:

ADULTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
3	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.1
4	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.1
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.1
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.1
7	LI HEP 3	ORANGE	LH N3	Field Lab	DESP FL2.1
8	EDTA 2	RED	E N2	Field Lab	DESP FL2.1

CHILDREN AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.2
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.2
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.2
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.2

CHILDREN AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.3
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.3

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (A1)

ADULT AGED 16+

Respondent's name _____ (BLOCK LETTERS)

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby consent to the following aspects of the study:

Please initial box if consent given

- The survey team sending my blood pressure measurement to my GP.
- The survey team sending my body mass index measurements to my GP.
- Taking PABA tablets to support the 24-hour urine collection.
- Laboratory analysis of my 24-hour urine collection, to help assess my diet.
- Storage of any remaining urine for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my urine at any time, without giving any reason, by asking the investigators in writing for my urine to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

Signature:Date

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (A2)

ADULT AGED 16+

Respondent's name _____ (BLOCK LETTERS)

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby consent to the following aspects of the study:

Please initial box if consent given

- Having a blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing.
- I would like / would not like (*delete as appropriate*) to receive a written report of my clinically relevant blood results*.
- The NDNS team sending my potentially clinically relevant blood results to my GP*.
- Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

*Please note that if you do not want to receive a report of your blood results **and** do not want results to be passed on to your GP we need you to sign a disclaimer (page 8).

Signature:Date

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (C1)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby agree for my child to participate in the following aspects of the survey:

Please initial box if consent given

- The survey team sending his/her blood pressure measurement to his/her GP.
- Taking PABA tablets to support the 24-hour urine collection.
- Laboratory analysis of his/her 24-hour urine collection, to help assess his/her diet.
- Storage of any remaining urine for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's urine at any time, without giving any reason, by asking the investigators in writing for his/her urine to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

Respondent's (Child's) Name:.....

Parent/Guardian Name:

Parent/Guardian signature:Date

Child assent

I agree to take part in the NDNS survey. I understand the measurements that will be made.

Respondent (Child) signature:Date.....

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (C2)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the survey:

Please initial box if consent given

Blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing. Please tick the appropriate box:

with Ametop gel

without Ametop gel

I would like / would not like (*delete as appropriate*) to receive a written report of my child's clinically relevant blood results*.

The NDNS team sending potentially clinically relevant blood results to his/her GP*.

Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's blood at any time, without giving any reason, by asking the investigators in writing for his/her blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

*Please note that if you do not want to receive a report of your child's blood results **and** do not want results to be passed on to his/her GP we need you to sign a disclaimer (page 8).

Respondent's (Child's) Name:.....

Parent/Guardian Name:

Parent/Guardian signature:Date

Child assent

I agree to take part in the NDNS survey. I understand the measurements that will be made.

Respondent (Child) signature:Date.....

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (YC1)

Children aged 1.5 to 3 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the study elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the study:

Please initial box if consent given

Blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing. Please tick the appropriate box:

with Ametop gel

without Ametop gel

I would like / would not like (*delete as appropriate*) to receive a written report of my child's clinically relevant blood results*.

The NDNS team sending potentially clinically relevant blood results to his/her GP*.

Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's blood at any time, without giving any reason, by asking the investigators in writing for his/her blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

*Please note that if you do not want to receive a report of his/her blood results **and** do not want results to be passed on to his/her GP we need you to sign a disclaimer (page 8).

Respondent's (Child's) Name:.....

Parent/Guardian Name:

Parent/Guardian signature:Date

NDNS DISCLAIMER

Date:.....

Name:..... (Block letters)

Respondent's name: (Block letters)
(if different from above)

This is to clarify that against the advice of the NDNS survey team I:

Please initial boxes

Do not want to receive my / my child's (delete as appropriate) clinically relevant examination results

Do not want my / my child's (delete as appropriate) clinically relevant examination results being sent to my / his/her (delete as appropriate) GP

I do understand that if there are findings outside the normal range this will not be brought to the attention of any health care provider.

By doing so, I assume all responsibility for my act.

Signed:.....

Nurse:.....

BIOCHEMISTRY REQUEST

952

Specimen Details Nurses: fill in sections in bold only	Surname (Nurses: do not fill in)	HNR (see label)		Please affix serial number label here Label AddxB1(11) OR AddxB2 (12) OR AddxB3 (13)			
	First name (Nurses: do not fill in)	P952					
	DOB (dd/mm/yyyy)	/ /					
	Date sample taken (dd/mm/yyyy)	/ /					
	Time sample taken (24 hour clock)	:					
	Please circle as appropriate	Male	1	Female	2		
	Please circle as appropriate	Fasted	1	Non-fasted	2		
	Please circle as appropriate	EN1 (red)	full sample	partial sample	SE1 (brown)	full sample	partial sample
Lab Processing	Consultant	JMHR					
	Location	NDNS					
	CP952	1x serum for creatinine, CRP, FLP			BIOCHEM BARCODE		
	HA952	1x EDTA for A1c, RBC Folate, FBC - will be shared between departments so label primary tube with biochem barcode and haem barcode			HAEM BARCODE		
	Print patient biochem barcodes (screen 66) Depending on volume split the whole blood in the following priority:						
	<i>FBC</i>	Tip the 2.7ml primary EDTA tube upside down; the minimum volume required will take the blood level 1mm above the cap If there is sufficient volume proceed to aliquoting whole blood for folate Remember to send primary tube to Haem with a duplicate request form					
	<i>Folate</i>	Take 2x ascorbic acid 2ml tubes from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid – check it has not expired Print more barcodes from the biochem barcode, these will contain the subject information Label 2x defrosted 2ml ascorbic acid tubes with patient biochem barcodes Invert the primary EDTA tube a few times to re-suspend the contents Transfer exactly 100µl from primary EDTA tube into each tube containing 1ml ascorbic acid and invert to mix Store in the -80°C Protect freezer If there is sufficient volume proceed to aliquoting whole blood for A1c					
<i>A1c</i>	Label 1x 2ml secondary tube with patient biochem barcode and write A1c Invert the primary EDTA tube a few times to re-suspend the contents Transfer 0.5ml from primary EDTA tube into secondary tube Place secondary tube in A1c skip in office						
Contacts	MRC HNR	Birgit Teucher 01223 437574 Gemma Bramwell 01223 437577					
	Addenbrooke's	Nicola Matache 01223 216925 Lab 01223 257148					

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

1. Respondent Details

Please affix serial number label here

label FL2 (14)

2. Record respondents sex:

Male:	1
Female:	2

3. Was the respondent:

Fasted	1
Non-fasted	2

4. Date sample taken:

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

5. Time sample taken:

24 hr clock			:		
-------------	--	--	---	--	--

6. Time sample delivered to lab:

24 hr clock			:		
-------------	--	--	---	--	--

7. Nurse Number

--	--	--	--	--	--	--	--

SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY

A. Date sample arrived:

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

B. Time of arrival

24 hr clock			:		
-------------	--	--	---	--	--

C. Complete table below:

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No		Yes	No
EDTA (Red Top) 2.6ml (E N2)					
LiHep 1 (Orange Top) 7.5ml (LH N1)					
LiHep 2 (Orange Top) 7.5ml (LH N2)					
LiHep 3 (Orange Top) 4.5ml (LH N3)					
Plain Serum (White top) 4.5ml (SE N2)					
Fluoride (Yellow top) 1.2ml (F N1)					

Lab technician/analyst:

Please transfer 1300µl whole blood from the well mixed LH N3 tube to the blue capped storage tube (label: LH WB) before starting centrifugation. Place aliquot on ice if not transferred to freezer immediately.

D. Centrifuge tubes as described in the protocol and then complete the following table:

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
E N2	:			
LH N1	:			
LH N2	:			
LH N3	:			
SE N2	:			
F N1	:			

Code frame for abnormal samples:

- 1** = Haemolysed
- 2** = Turbid
- 3** = Lipemic
- 4** = Frozen
- 5** = Clot Present (EDTA/LiHep only)
- 6** = Entirely clotted (EDTA/LiHep only)
- 7** = Not Clotted (plain serum only)
- 8** = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (μl)	Actual Vol(μl)	Time of aliquoting	Time of entry into freezer
LH 1	500			
LH 2	400			
LH VITC	300			
LH 3	1000			
LH 4	200			
LH 5	800			
LH 6	800			
LH 7	800			
LH 8*	600			
LH 9*	600 - 1200			
E 1	500			
E 2	500			
SE 1	600			
SE 2*	400			
SE 3*	400			
SE 4*	400			
F 1	500			
LHWB (from LH N3)	1300			
LHN1 washed RBC's	N/A	N/A	N/A	
LHN2 washed RBC's	N/A	N/A	N/A	
LHN3 washed RBC's	N/A	N/A	N/A	

*Please use the remaining plasma to fill LH8 and LH9. Use the remaining serum to fill SE2, SE3 and SE4. It is anticipated that there **will not always** be sufficient plasma/serum to fill to the desirable volume. If plasma from either of the LiHep tubes is haemolysed use the clear plasma to fill priority tubes, and the haemolysed plasma to fill the remaining tubes. But always use LiHep plasma from LH N1 or LH N2 (trace metal monovettes) to fill LH5 and LH6. If you have to use LH N3 plasma for LH5 and LH6 then please make a note in the table above.

F. Record temperature samples stored at: _____ °C

G. Sign form - Analyst/Technician sign form: _____ (signature)

_____ (Print name)

This record must be **faxed to HNR** on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

1. Respondent Details

Please affix serial number label here

Label FL2(14)

2. Record respondents sex:

Male:	1
Female:	2

3. Was the respondent:

Fasted	1
Non-fasted	2

4. Date sample taken:

Day	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Month	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
-----	---	---	-------	---	---	------	---	---	---	---

5. Time sample taken:

24 hr clock	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
-------------	---	---	---	---	---

6. Time sample delivered to lab:

24 hr clock	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
-------------	---	---	---	---	---

7. Nurse Number

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
---	---	---	---	---	---	---	---

SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY

A. Date sample arrived:

Day	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Month	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
-----	---	---	-------	---	---	------	---	---	---	---

B. Time of arrival

24 hr clock	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
-------------	---	---	---	---	---

C. Complete table below:

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
LiHep 1 (Orange Top) 7.5ml (LH N1)					
LiHep 2 (Orange Top) 2.7 (LH N2)					
Plain Serum (White top) 2.7ml (SE N2)					
Fluoride (Yellow top) 1.2ml (F N1)					

D. Centrifuge tubes as described in the protocol and then complete the following table:

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
LH N1	:			
LH N2	:			
SE N2	:			
F N1	:			

Code frame for abnormal samples:

- 1** = Haemolysed
- 2** = Turbid
- 3** = Lipemic
- 4** = Frozen
- 5** = Clot Present (EDTA/LiHep only)
- 6** = Entirely clotted (EDTA/LiHep only)
- 7** = Not Clotted (plain serum only)
- 8** = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (µl)	Actual Vol(µl)	Time of aliquoting	Time of entry into freezer
LH 1	300			
LH 2	400			
LH VITC	300			
LH 3	800			
LH 4	600			
LH 5	600			
LH 6	300			
LH 7	200			
LH 8	400			
SE 1	600			
SE 2	400			
F 1	500			
LHN1 washed RBCs	N/A	N/A	N/A	
LH N2 washed RBCs	N/A	N/A	N/A	

If plasma from either of the LiHep tubes is haemolysed use the clear plasma to fill priority tubes, and the haemolysed plasma to fill the remaining tubes. But always use LiHep plasma from LH N1 (trace metal monovette) to fill LH4 and LH5. If you have to use LH N2 plasma for LH4 and LH5 then please make a note in the table above.

F. Record temperature samples stored at: _____ °C

G. Sign form - Analyst/Technician sign form: _____ (signature)

(Print name)

This record must **be faxed to HNR** on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

BLOOD SAMPLE DESPATCH NOTE – FIELD LAB 1 (18mths – 6yrs) DESP FL2.3

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

1. Respondent Details

Please affix serial number label here

Label FL2(14)

2. Record respondents sex:

Male:	1
Female:	2

3. Was the respondent:

Fasted	1
Non-fasted	2

4. Date sample taken:

Day	Month	Year			
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

5. Time sample taken:

24 hr clock		:		
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

6. Time sample delivered to lab:

24 hr clock		:		
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

7. Nurse Number

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
---	---	---	---	---	---

SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY

A. Date sample arrived:

Day	Month	Year			
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

B. Time of arrival

24 hr clock		:		
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

C. Complete table below:

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
LiHep (Orange Top) 4.5ml (LH N1)					
Plain Serum (White top) 2.7ml (SE N2)					

D. Centrifuge tubes as described in the protocol and then complete the following table:

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
LH N1	:			
SE N2	:			

Code frame for abnormal samples:

- 1 = Haemolysed
- 2 = Turbid
- 3 = Lipemic
- 4 = Frozen
- 5 = Clot Present (EDTA/LiHep only)
- 6 = Entirely clotted (EDTA/LiHep only)
- 7 = Not Clotted (plain serum only)
- 8 = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (μ l)	Actual Vol(μ l)	Time of aliquoting	Time of entry into freezer
LH 1	200			
LH 2	400			
LH VITC	300			
LH 3	600			
LH 4	300			
SE 1	600			
SE 2	400			
LHN1 washed RBCs	N/A	N/A	N/A	

F. Record temperature samples stored at: _____ °C

G. Sign form - Analyst/Technician sign form: _____ (signature)

(Print name)

This record must **be faxed to HNR** on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

To be completed by the nurse

Nurse Name

Nurse Number

1. Respondent details

Please affix serial number label here
Label HNR U2(38)

Please complete one record for each respondent.

Q1 Did the respondent consent to taking PABA tablets?

Yes
No

Q2 Did the respondent consent to the storage of any remaining urine?

Yes
No

Q3 Was there any urine inside the 2L bottle?

Yes Weigh BOTH the 2L and 5L bottles separately BEFORE mixing together (if possible) to sub sample the urine. Record 5 litre weights at Q4 and 2 litre weights at Q5.

No Weigh the 5L bottle only. Record weights below (Q4).

Q4 Type of container: 5.0L jerry can

Weigh the urine a **first time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

kg

Weigh the urine a **second time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

kg

If no urine in 2L bottle: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided. **If any urine in 2L bottle: go to Q5.**

Q5. Type of container: 2.0L jerry can

Weigh the urine a **first time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

		kg
--	--	----

Weigh the urine a **second time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

		kg
--	--	----

Q6. Can all urine in the 2L bottle be transferred into the 5L bottle?

Yes	<input type="checkbox"/>	Go to Q7
No	<input type="checkbox"/>	Go to Q8

Q7. Weigh first, then transfer urine from 2L bottle to 5L bottle. Mix urine before sub-sampling from 5L bottle **only**: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided.

Q8. If urine collected in 2L bottle will not fit in 5L bottle, do not transfer. Note the weight of the 2L bottle above but **only** sub-sample from 5L bottle: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided.

Please use the packaging provided to send the following items to HNR:

- **one copy of the respondent 24-hour urine collection sheet**
- **the completed urine volume and dispatch sheet**
- **and the urine sub-samples**

Please post the packet of samples as soon as possible in a post-box, check for same day collection.

