

National Diet and Nutrition Survey (NDNS)

Year 3

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.

Contents:

HOUSEHOLD GRID	2
MAIN FOOD PROVIDER QUESTIONNAIRE	9
DEMOGRAPHICS	19
SCHOOL PROVISION	22
EATING OUT AND OTHER PROVISION	26
EATING HABITS	28
FOOD AVOIDANCE	32
GENERAL HEALTH	36
ORAL HEALTH	38
SELF-COMPLETIONS	41
SMOKING	42
DRINKING	44
ACTIGRAPH PLACEMENT	50
HEIGHT & WEIGHT MEASUREMENTS	54
DIETARY SUPPLEMENTS	59
SUN EXPOSURE MODULE	61
DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT	68
NHS CENTRAL REGISTER & CANCER REGISTRY CONSENT FORM	73
RECONTACT QUESTIONS	74
ACTIGRAPH COLLECTION	76
DOUBLY LABELLED WATER (DLW)	79
NURSE INTRODUCTION	83

HOUSEHOLD GRID

Name

RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR EACH MEMBER OF THE CATERING UNIT. WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn.

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).

INTERVIEWER: Press '1' to continue and record (adult respondent / child's parent and/or MFP) as first person in household

PRESS <ENTER> TO CONTINUE

1 continue

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

Sex

INTERVIEWER: Ask or record sex of X

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

AgeIf

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

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

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

Range: 0..97

DVAge

Age, computed

DvAgeM

Age in months, computed

IF (DVAge \geq 16) THEN

MarSt2

ASK OR RECORD MARITAL STATUS.

CODE FIRST THAT APPLIES.

Are you / is X ...

INTERVIEWER 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'.

INTERVIEWER 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.

INTERVIEWER 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	Civil	"civil partner in a legally recognised Civil Partnership"
4	Separated	"married and separated from your husband/wife"
5	Divorced	"divorced"
6	Widowed	"or widowed?"
7	CivilSep	"Spontaneous only - formerly in a legally recognised civil partnership and separated from civil partner"
8	CivilDis	"Spontaneous only - formerly in a legally recognised civil partnership and civil partnership is now legally dissolved"
9	CivWid	"Spontaneous only - a surviving civil partner (his/her partner has since died)"

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

LiveW2

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

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

INTERVIEWER: 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	"Yes"
2	No	"No"
3	SameSex	"Spontaneous only: Same sex couple (but not in a formal registered civil partnership)"

DVMarDF

De facto marital status, computed

1	Married	"Married"
2	DFCivil	"Civil partnered"
3	Cohab	"Cohabiting"
4	DFSingle	"Single"
5	DFSepar	"Separated"
6	DFDivor	"Divorced"
7	DFWidow	"Widowed"
8	DFCivDis	"Formerly in same-sex civil partnership, now legally dissolved"
9	DFCivWid	"A surviving civil partner"

IF (DvAge ≥ 16) THEN

WrkStat

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

INTERVIEWER: CODE FIRST TO APPLY.

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

IF (WrkStat = NWork) 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?

INTERVIEWER: 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

INTERVIEWER: ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

EthGrp

SHOW CARD B

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

INTERVIEWER: 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	"Chinese"
15	Other	"Any other (please describe)"

IF (EthGrp = 2, 6, 10, 13 OR 15) THEN

EthOth

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

INTERVIEWER: ENTER DESCRIPTION OF ETHNIC GROUP.

: STRING [100]

IF (Person > 1) THEN

Rel

SHOW CARD C

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

SOME CODES MAY NOT BE VISIBLE ON THE SCREEN.

INTERVIEWER 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.'

INTERVIEWER: 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 THE CODE NUMBER ON THE CARD RATHER THAN THE RELATIONSHIP.

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

HRP SELECTION

HHldr

In whose name is the accommodation owned or rented?

INTERVIEWER: 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.

IF (more than one person coded as being the householder at HHldr) THEN

HiHNum

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

INTERVIEWER: THESE ARE THE JOINT HOUSEHOLDERS:

(Names of joint householders)

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

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

PROMPT AS NECESSARY FOR JOINT HOUSEHOLDERS: IS ONE OF THEM THE SOLE PERSON WITH PAID WORK OR OCCUPATIONAL PENSION.

Range: 1..11

IF (HiHNum=11) THEN

JntEldA

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

ASK OR RECORD.

IF (HiHNum=DONTKNOW OR REFUSAL) THEN

JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.

HRPNum {Computed from responses above}

Person number of household reference person:

AdNum1

ENTER PERSON NUMBER OF ADULT RESPONDENT (NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..11

IF (Female adult aged ≤ 49) THEN

AdChk

INTERVIEWER: When doing the selection you should have checked to ensure that (**Name of selected adult respondent**) is not currently pregnant or breastfeeding. Please type '1' to confirm that this is the case

- 1 NotP "X not pregnant or breastfeeding"
- 2 Preg "X is pregnant or breastfeeding"

ChNum

ENTER THE PERSON NUMBER OF 'RESPONDENT 2' AGED 18 MONTHS TO 18 YEARS.
(NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..11

Par1

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

INTERVIEWER: Code first person at this question.

Range: 1..11

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

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

INTERVIEWER: Code second person at this question.

Range : 1..11

IF (Female child and aged 13-18) THEN**ChChk**

INTERVIEWER: When doing the selection you should have checked to ensure that (**Name of selected child respondent**) is not currently pregnant or breastfeeding. Please type '1' to confirm that this is the case"

- 1 NotP "X not pregnant or breastfeeding"
- 2 Preg "X is pregnant or breastfeeding"

ChResp

SOME OF THE QUESTIONS ABOUT (**Name of selected child respondent**) WILL NEED TO BE ASKED OF AN ADULT.

Enter person number of adult who will answer questions on behalf of (**Name of selected child respondent**)

INTERVIEWER: Only an adult household member can act as a proxy when collecting information about children.

Range: 1..10

MFPNum

Enter the person number of the **MAIN FOOD PROVIDER** (NAME RECORDED ON ARF).

Range: 1..10

TENURE**Ten1**

SHOW CARD D

In which of these ways do you/does your household occupy this accommodation?

INTERVIEWER: 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?

INTERVIEWER: 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	EmplIndiv	"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?"

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?

INTERVIEWER: '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?

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

CODE ALL THAT APPLY

'YOU' REFERS TO THE CATERING UNIT.

- 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?

INTERVIEWER: 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?

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

DO NOT INCLUDE MEMBERS OF THIS CATERING UNIT.

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

ASK ALL**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?

INTERVIEWER: 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 | "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?

INTERVIEWER: 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 | "Other" |

ASK ALL

StoreShr

Do you share your **food storage** facilities with anyone who does not cook or eat with you?

INTERVIEWER: DO NOT INCLUDE MEMBERS OF THE CATERING UNIT.

'YOU' REFERS TO THE CATERING UNIT.

- 1 Yes
2 No

IF (StoreShr = Yes) THEN

SShrlnf

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

ShopIntr

Now I would like to ask you about shopping.

INTERVIEWER: 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.

INTERVIEWER: CODE ALL THAT APPLY.

INTERVIEWER: 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"

NumShop

Number of different types of shop used

Range: 1..12

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

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

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

IF MAIN SHOPPING ORDERED FROM SUPERMARKET OVER INTERNET AND DELIVERED CODE AS 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"
13	Several	"Use more than one of these for main shop (SPONTANEOUS ONLY)"

IF (MainShp IN [LSuper..Farm, Other] OR Shop = ONLY Large supermarket or ONLY Mini supermarket) THEN

ShopOft

SHOW CARD G

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

INTERVIEWER: 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	"Weekly"
5	TThMth	"2 or 3 times a month"
6	Monthly	"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?

INTERVIEWER: 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. SUCH FOOD SHOULD BE INCLUDED UNDER THE FOLLOWING QUESTIONS ABOUT FREE FOOD.

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"
13	Several	"Use more than one of these for main shop (SPONTANEOUS ONLY)"

FVOft

SHOW CARD G

How often do you buy fresh fruit and vegetables?

INTERVIEWER: 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	"Weekly"
5	TThMth	"2 or 3 times a month"
6	Monthly	"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?

INTERVIEWER: 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?

INTERVIEWER: 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	"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	"Eggs"
10	Milk	"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?

INTERVIEWER: 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 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.

PRESS <ENTER> TO CONTINUE

- 1 Continue

ASK ALL

MincF1

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

INTERVIEWER: 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 (MinceF1 = MinFat OR MinNoFat) THEN

MincF2

When you are cooking 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) them?

INTERVIEWER: 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?

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

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

IF (SalChk = 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" |

ASK ALL

Ingred

SHOW CARD J

Which of the following 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"

EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON

IF (HRP = respondent) THEN questions asked in person, ELSE questions asked of MFP about HRP:

JHRPIintr

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

IF ASKED SAY 'because the accommodation is in your/ 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)?

INTERVIEWER: 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

What is/was your/ HRP main job?"

: STRING [30]

OccD

CURRENT / MOST RECENT JOB OF HRP

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

INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

: STRING [80]

Stat

Are/does/did you/HRP working as an employee or are/does/did you/HRP self-employed?

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

Manage

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

INTERVIEWER: 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

EmpNo

How many people work(ed) 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?"

Solo

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

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

SENo

How many people do/does/did you/HRP employ at the place where you/HRP work(s)?

Were there ... (RUNNING PROMPT)...

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

BENEFITS

Benefits

SHOW CARD K

Please could you tell me which of these benefits, if any, you or anyone in your household currently claim?

INTERVIEWER: CODE ALL THAT APPLY

- 1 WorkCred "Working families tax credit (replace with working tax credits and child tax credits)"
- 2 IncSupp "Income support"
- 3 JSA "Income-based job seekers allowance"
- 4 NoBen "None of these"

INCOME

Income

SHOW CARD L

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.

INTERVIEWER: 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 IncI "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

INTERVIEWER: End of Main Food Provider interview with (name of MFP) / on behalf of (name of MFP).

PRESS <ENTER> TO CONTINUE

1 Continue

DEMOGRAPHICS

EDUCATION – ASKED IF (Age ≥ 16) AND (WrkStat = Working OR NWork)

Educ

I'd now like to ask you a couple of questions about education and work-related training.
PRESS <ENTER> TO CONTINUE

1 Continue

EducFin

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

INTERVIEWER: 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 | Not yet | "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 IN [Never..ov19]) THEN

QualCh

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

- 1 Yes
2 No

IF (QualCh = Yes) THEN

Qual

SHOW CARD CC - 2 PAGES

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	RSAAdv	"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	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	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.

INTERVIEWER: 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?

INTERVIEWER: 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

INTERVIEWER: RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK.

INTERVIEWER: 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?

INTERVIEWER: 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

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

IF 97 HOURS OR MORE THEN ENTER 97.

Range: 1..97

SCHOOL PROVISION

FOR 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 (aged 18 months-15 years OR 16-18 in FT education) THEN

SchType

SHOW CARD FF

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

INTERVIEWER: IF SPECIFIC TYPE OF COLLEGE (E.G. MUSIC COLLEGE), CODE AS '5, A SIXTH FORM COLLEGE/HIGHER EDUCATION COLLEGE'.

- | | | |
|---|--------|---|
| 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" |
| 7 | HomEd | "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?

INTERVIEWER: **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 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.

INTERVIEWER: PLEASE ENTER NAME OF SCHOOL IN FULL.

: STRING [40]

SchAdd1

And what is the first line of the address?

: STRING [30]

SchAdd2

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

: STRING [30]

SchAdd3

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

: STRING [30]

SchAdd4

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

: STRING [30]

SchPCode

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

- 1 Yes
- 2 No

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

SHOW CARD GG

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

INTERVIEWER: 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/cafe" |
| 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?

INTERVIEWER: '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 HH

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

INTERVIEWER: CODE ALL THAT APPLY.

INTERVIEWER: 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"
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's 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	"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?

INTERVIEWER: 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	"Other"

IF (SchSub = PreSch) THEN

PrScOft

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

Range: 1..5

EATING OUT AND OTHER PROVISION

IF (Age = 65+) THEN

HeClub

Have you ever used the following services ...

INTERVIEWER: 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 M

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 M

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 M

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 N

On average, how often do you / does (child's name) eat meals out in a restaurant or cafe?

INTERVIEWER: '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 N

On average, how often do you / does (child's name) eat takeaway meals at home?

INTERVIEWER: 'MEALS' MEANS MORE THAN A BEVERAGE OR BAG OF CHIPS.

INCLUDE PIZZA, FISH AND CHIPS, INDIAN, CHINESE, BURGERS, KEBAB ETC.

INTERVIEWER: 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?" |

FOLLOWING QUESTIONS ARE ASKED OF ALL RESPONDENTS AGED 16+ AND IN EMPLOYMENT - (WrkStat = Working) OR (PTWork = Yes)**IF (respondent is aged 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 | DKnow | "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?

INTERVIEWER: INCLUDE HOT MEALS, SANDWICHES AND SALADS.

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

INTERVIEWER: 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 shop / cafe" |
| 4 | Other | "Other" |
| 5 | NoLunch | "Do not have lunch" |

EATING HABITS

ASK ALL (WHERE RESPONDENT 10 OR YOUNGER ASK THROUGH PARENT / GUARDIAN)

YrIntr

The next few questions are about your / (child's name)'s eating habits over the last year
PRESS <ENTER> TO CONTINUE

1 Continue

ASK ALL

OilFish

SHOW CARD O

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

INTERVIEWER: 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 O

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 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

ShFish

SHOW CARD O

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 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**Offal**

SHOW CARD O

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

INTERVIEWER: INCLUDE FAGGOTS, STEAK AND KIDNEY PIE AND OTHER DISHES CONTAINING OFFAL.

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**RarEatX**

SHOW CARD P

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

INTERVIEWER: DO NOT INCLUDE NUTS IN CODE 2 (SEEDS).

0	None	"None of these"
1	Sprats	"Sprats"
2	Seeds	"Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))"
3	Cassava	"Cassava chips/cassavacrists"
4	Seaweed	"Seaweed (includes hijiki, wakame)"
5	Sushi	"Sushi (including purchased sushi)"
6	FrPap	"Papaya (include fresh and canned)"
7	DrPap	"Dried papaya"
8	Game	"Game (includes venison, rabbit, pheasant, partridge, wood pigeon, hare or wild boar)"
9	NCowMilk	"Non cow's milk (includes rice milk, soya milk, sheep's milk or goat's milk)"
10	FishEggs	"Fish eggs, for example caviar, cod's roe"
11	SmkSaus	"Smoked sausages"
12	GojiBer	"Goji berries"
13	FishLiv	"Fish liver (not oil)"
14	DarkChoc	"Dark chocolate, i.e. 50% or higher cocoa solids"
15	Okra	"Okra"

(Ask for each response at RareEat)

RarOft

SHOW CARD Q

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"

IF (RarEatX = Game) THEN

GameTyp

SHOW CARD R

Please look at this card and tell me which types of game you have / (child's name) has eaten.

INTERVIEWER: CODE ALL THAT APPLY.

1	Pheasant	"Pheasant"
2	Partridg	"Partridge"
3	Quail	"Quail"
4	WdPigeon	"Wood pigeon"
5	Rabbit	"Rabbit"
6	Venison	"Venison"
7	Hare	"Hare"
8	Grouse	"Grouse"
9	Other	"Other, please specify at next question"

IF (GameTyp = Other) THEN

GameOth

INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF GAME EATEN.

: STRING [50]

IF (RarEatX = NCowMilk) THEN

NCowMTyp

SHOW CARD S

Please look at this card and tell me which types of non-cow's milk you have / (child's name) has eaten or drunk.

INTERVIEWER: CODE ALL THAT APPLY.

1	RiceMilk	"Rice milk"
2	SoyaMilk	"Soya milk"
3	SheepMlk	"Sheep's milk"
4	GoatMilk	"Goat's milk"
5	Other	"Other, please specify at next question"

IF (NCowMTyp = Other) THEN

NCowMOth

INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF NON-COW'S MILK CONSUMED.

: STRING [50]

IF (RarEatX = SmkSaus) THEN

SausTyp

SHOW CARD T

Please look at this card and tell me which types of smoked sausages you have / (child's name) has eaten.

INTERVIEWER: CODE ALL THAT APPLY.

1	Kabanos	"Kabanos"
2	Kielbasa	"Kielbasa"
3	BrtWurst	"Bratwurst"
4	SummSaus	"Cervelat or Summer Sausage"
5	Andouil	"Andouille"
6	KnkWurst	"Knackwurst"
7	Linguica	"Linguica"
8	Chorizo	"Chorizo"
9	Mrtadella	"Mortadella"
10	HotDog	"Hot Dogs"
11	Bologna	"Bologna"
12	Other	"Other, please specify at next question"

IF (SausTyp = Other) THEN

SausOth

INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF SMOKED SAUSAGE EATEN.

: STRING [50]

FOOD AVOIDANCE

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

AvIntr

INTERVIEWER: QUESTIONS ABOUT **FOOD ALLERGIES/AVOIDANCES**

PRESS <ENTER> TO CONTINUE

1 Continue

ASK ALL (WHERE RESPONDENT 10 OR YOUNGER ASK THROUGH PARENT / GUARDIAN)

Appet

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

INTERVIEWER: 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?"

ASK ALL

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 U

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"

IF (P2Age ≥ 10) THEN

DietWL

Are you / Is (child's name) **currently** dieting to lose weight?

1 Yes

2 No

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 / does (child's name) 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 / does (child's name) 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 (Resp aged < 16) THEN

Fuss

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

Do you/ Does he or 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?

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

- | | | |
|---|--------|---|
| 1 | Always | "Yes, ALWAYS eat the skin/peel" |
| 2 | Usual | "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?

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

- | | | |
|---|--------|---------------------------------|
| 1 | Always | "Yes, ALWAYS eat the skin/peel" |
|---|--------|---------------------------------|

2	Usual	"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

EatPeel

SHOW CARD V

Do you / does (child's name) eat the peel or skin of any of the fruits listed on this card in...

INTERVIEWER: CODE ALL THAT APPLY

1	Marm	"... marmalade, jams or chutneys?"
2	Cake	"... cakes, biscuits etc?"
3	HMade	"... home made food/drink e.g. purees, soups, blended drinks etc?"
4	None	"SPONTANEOUS ONLY - None of these"

ASK ALL

Peel

SHOW CARD V

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

INTERVIEWER: **INCLUDES** EATING THE WHOLE FRUIT INCLUDING THE PEEL OR 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)"
10	Melon	"Melon"

(Asked for each response at Peel)

PeelOft

SHOW CARD W

How often do you / does (child's name) eat(s) 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 X

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**WashFru**

If you / (child's name) eat(s) your/his/her fruit with the skin or peel on do you / does he or 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 washes" |
| 5 | NoEat | "Does not eat with peel on/raw" |

WashVeg

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

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

GENERAL HEALTH

FOR RESPONDENTS AGED 18 MONTHS-15 YEARS & 16-18 YEARS IN FULL-TIME EDUCATION

ASK ALL

HealIntr

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

GenHelp

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 (child's name) 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 \geq 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) AND (Age \geq 16) THEN

LShpHow

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

INTERVIEWER: 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 \geq 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) AND (Age \geq 16) THEN

LPrepHow

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

INTERVIEWER: CODE ALL THAT APPLY

1	DiffHand	"Difficulties with hands (e.g. chopping, peeling, lifting)"
2	DiffWalk	"Difficulties with walking"
3	DifStand	"Difficulties with standing"
4	Sight	"Problems with sight"
5	IIIHlth	"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/he/she usually do/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

IF (CutDown = Yes) THEN

CutMatt

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

: STRING [80]

ORAL HEALTH

FOR RESPONDENTS AGED 16 AND OVER

IF (Age ≥ 16) THEN

OrallIntr

INTERVIEWER: 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

INTERVIEWER: 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 Y

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 wears dentures) THEN

CardL

SHOW CARD Z

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.

INTERVIEWER: '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 Z

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 Z

(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 Z

(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 Z

(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 Z

(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 Z

(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"

Letuce

SHOW CARD Z

(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 Z

(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 Z

(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 Z

(And how well could you eat) ...**apples**?

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

Orange

SHOW CARD Z

(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 Z

(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 (Age ≥ 45 OR wears dentures) AND (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

INTERVIEWER: SMOKING AND DRINKING SELF-COMPLETION BOOKLET.

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 (PEACH COVER)?

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

IF (Age = 11-24) THEN

SCIntro

INTERVIEWER: Prepare self completion booklet for ages (8-12: GREEN cover) / (13-15: PALE BLUE cover) / (16-24: PEACH cover) by entering serial numbers.

Check that you have the correct person number.

Name.....Point..Address..Check letter..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?

INTERVIEWER: If asked, show **green** booklet to (Respondent's name).

If agrees, prepare green booklet.

Name.....Point..Address..Check letter..Person number

INTERVIEWER: 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.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

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

IntDemog

INTERVIEWER: 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.

Press <1> and <Enter> to continue.

SMOKING

FOR RESPONDENTS AGED 18 AND OVER

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

SmokIntr

INTERVIEWER: 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?

INTERVIEWER: 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?

INTERVIEWER: 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?

INTERVIEWER: ...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?

INTERVIEWER: 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

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 Alwys "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 AA

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 |
| 2 | Monday |
| 3 | Tuesday |
| 4 | Wednesday |
| 5 | Thursday |
| 6 | Friday |
| 7 | Saturday |

DrnkType

SHOW CARD BB

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" |

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?

INTERVIEWER: 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

IF (NBRL7 = Bottles) THEN

NBotL7

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

INTERVIEWER: 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?

INTERVIEWER: 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

IF (SBRL7 = Bottles) THEN

SBotL7

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

INTERVIEWER: 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?

INTERVIEWER: 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?

INTERVIEWER: 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**

INTERVIEWER: 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

IF (WineL7 = Glasses) THEN**WL7GI**

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

Range: 1.0..97.9

WL7GIz

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

INTERVIEWER: 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

MI250Glz

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

Range: 1.0..97.9

IF (WL7Glz = 2) THEN

MI175Glz

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

Range: 1.0..97.9

IF (WL7Glz = 3) THEN

MI125Glz

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

Range: 1.0..97.9

IF (DrnkType = Pops) THEN

PopsL7

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

INTERVIEWER: Code measures that you are going to use.

1	SmCans	"Small cans"
2	Bottles	"Bottles"

PopsL7Q

ASK OR CODE: How many (answer from PopsL7) 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?

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QA

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

INTERVIEWER: 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?

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QB

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

INTERVIEWER: 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?

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QC

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

INTERVIEWER: 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 4-15

AGIntro

As part of this study, we are asking children aged 4 to 15 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 you / X would be able to take part.

PRESS <ENTER> TO CONTINUE

- 1 Continue

Abdom

Have you / has X recently had abdominal surgery, or do you /does he/she have any health problems which mean that you/he/she could not wear a belt round your/his/her waist?

INTERVIEWER: 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 "No"

IF (Abdom = No, Refused or Don't know) THEN

Latex

Do you / does X have an allergy to latex?

- 1 Yes
2 No

Bed

INTERVIEWER: Are you / is X confined to bed or wheelchair?

- 1 Yes
2 No

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

NoPart

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

INTERVIEWER: PRESS <ENTER> TO CONTINUE

- 1 continue

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

Intro2

We would like you / X to wear the actigraph for 7 days. As a thank you for participating, you/X will receive a £10 voucher.

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

AGCons

Are you willing (for X) 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 you/ X so that you/he/she can see how it feels.

PRESS <ENTER> TO CONTINUE

1 Continue

Fit

INTERVIEWER: Fit the actigraph and suggest to the respondent that it is worn for the remainder of the day to allow you / X to get used to it. Remember to note down the Actigraph serial number on the actigraph record card 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.
- You / X 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 X when you/he/she wake(s) up and taken off before you/he/she go(es) to bed on each day.
- Please remove the monitor before you / X shower(s), bathe(s) or go(es) swimming, as if it is wet it may be damaged.
- (If you/he/she forget(s) to take the monitor off before bathing or swimming, you/he/she will not be harmed.)

INTERVIEWER: PRESS <ENTER> TO CONTINUE

1 continue

ActFit

INTERVIEWER: 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

INTERVIEWER: Record the serial number of the actigraph, e.g. for ACT9999T, enter 9999T for ACT9048K, enter 9048K

: STRING [5]

ActSDate

Suggested start of actigraph wear (day after interview).

: DATETYPE

ActEDate

Suggested end of actigraph wear (interview + 7 days).

: DATETYPE

Act7D

You / X should start wearing the actigraph when you/he/she get up tomorrow morning and wear it every day until you/he/she go to bed on (date in 7days).

PRESS <ENTER> TO CONTINUE

1 Continue

SlpWkC

Over the last seven days, that is since last (seven days), how long did you / X **usually** sleep for on week nights. 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 ':'. Examples:

7:30 - 7 hours and 30 minutes

0:55 - 55 minutes

6:5 - 6 hours and 5 minutes

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: TIMETYPE

SlpWkCH

Over the last seven days, that is since last (seven days), how long did you / X **usually** sleep for on week nights. That is **Sunday to Thursday** nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkCM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: 0..24

SlpWkCM

... and enter minutes

: 0..59

SlpWkEC

And over the last seven days, how long did you/ X **usually** sleep for on weekend nights. 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 ':'. Examples:

7:30 - 7 hours and 30 minutes

0:55 - 55 minutes

6:5 - 6 hours and 5 minutes

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: TIMETYPE

SlpWkECH

And over the last seven days, how long did you / X **usually** sleep for on weekend nights. That is Friday and Saturday nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkECM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS
ENTER AVERAGE TIME SLEPT DURING THE DAY.

: 0..24

SlpWkECM

... and enter minutes

: 0..59

RecSht

INTERVIEWER: Give X the violet actigraph record card.

Explain that the record card will remind the respondent when they should start and finish wearing the actigraph.

If X cannot begin wearing the actigraph the next day, then write in the **actual start and finish date** on the record card.

Remind the respondent that if they forget to start wearing the actigraph on the recorded date then they should make a note of this on the actigraph record card.

Serial number: ^IndSer

Date of birth: ^PDOB[2]

Actigraph serial number: ^ActNo

Date from: ^LDateFrom

Date to: ^LDateTo

INTERVIEWER: PRESS <ENTER> TO CONTINUE

1 continue

ActPlcd

INTERVIEWER: Did you place the actigraph and actigraph record card with X?

1 Yes

2 No

IF (ActPlcd = No) THEN

WhyActNo

INTERVIEWER: Please record why the actigraph and actigraph record card were not placed.

: STRING [60]

ActInt

INTERVIEWER ASK X: 'Please start wearing the actigraph when you get up tomorrow morning and wear it every day until you go to bed on (the seventh day).'

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

INTERVIEWER: Ask the actigraph respondent(s) to keep the actigraph and actigraph record card in a safe place until you come to collect it.

Make an appointment to collect the actigraph.

INTERVIEWER: PRESS <ENTER> TO CONTINUE

1 continue

HEIGHT & WEIGHT MEASUREMENTS

ALL RESPONDENTS

Intro

INTERVIEWER: CODE AS 'Later' IF YOU DO NOT WISH TO DO THE MEASUREMENTS FOR (respondent's name) NOW.

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

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

1 Continue

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

PregNowB

MEASUREMENTS FOR (respondent's name)

May I check, are you pregnant or breastfeeding now?

- 1 Yes
- 2 No

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

RespHts

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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 Attemp "Height attempted, not obtained"
- 4 NotAt "Height not attempted"

Height1

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

Height2

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

IF (difference between height1 and height2 is greater than 0.5 centimetres) THEN

Height3

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: THE PREVIOUS HEIGHTS DIFFER BY MORE THAN .5cm.

PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES

: 60.0..244.0

IF (RespHts = Meas) THEN

Height

MEASUREMENTS FOR (respondent's name)

HEIGHT IN CENTIMETRES

: 60.0..244.0

StadNo

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **STADIOMETER** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CST+digits	e.g. CST123
NS+digits+L	e.g. NS123L
NS+digits+NC	e.g. NS123NC
LST+digits	e.g. LST123
EST+digits	e.g. EST123
: STRING [7]	

RelHite

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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**

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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**

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

: STRING [60]

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

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

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

PRESS <ENTER> TO CONTINUE

1 Continue

IF (RespHts = Ref) THEN**ResNHi**

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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 | ToolII | "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	"Other"

IF (RespHts = Attmpt..NotAt) THEN

NoHtBC

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: Please specify other reason.

: STRING [60]

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

RespWts

MEASUREMENTS FOR (respondent's name)

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

IF (RespWts = Meas) THEN

XWt1

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

Range: 5.0..130.0

IF (RespWts = Held) THEN

WtAd1

MEASUREMENTS FOR (respondent's name)

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

Range: 30.0..130.0

WtChA1

MEASUREMENTS FOR (respondent's name)

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

Range: 30.0..130.0

Wght

MEASUREMENTS FOR (respondent's name)

Weight in Kilograms. Computed

Range: 0.0..130.0

IF (Weight obtained) THEN

FloorC

MEASUREMENTS FOR (respondent's name)

INTERVIEWER CODE: SCALES PLACED ON?"

- | | | |
|---|---------|----------------|
| 1 | Uneven | "Uneven floor" |
| 2 | Carpet | "Carpet" |
| 3 | Neither | "Neither" |

IF (weight measurement taken) THEN

RelWaitB

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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

MEASUREMENTS FOR (respondent's name)

Measured Body Mass Index (BMI).

Range: 5.0..50.0

IF (RespWts = Meas OR Held) THEN

MBookWt

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

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

BMI : ^BMI

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

PRESS <ENTER> TO CONTINUE

1 Continue

IF (RespWts = Meas OR Held) THEN

ScINo

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **SCALES** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

- | | |
|--------------|--------------|
| CSC+digits | e.g. CSC123 |
| SC+digits+TA | e.g. SC123TA |
| SC+digits+TL | e.g. SC123TL |
| SC+digits+NC | e.g. SC123NC |
| LSC+digits | e.g. LSC123 |
| ESC+digits | e.g. ESC123 |

: STRING [7]

IF (RespWts = ref) THEN

ResNWt

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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	ToolII	"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	"Other"

IF (RespWts = Attmpt OR NotAt) THEN

NoWtBC

MEASUREMENTS FOR (respondent's name)

INTERVIEWER: 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	III	"III 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

MMEASUREMENTS FOR (respondent's name)

INTERVIEWER: Please specify other reason.

: STRING [60]

MoveOK

INTERVIEWER: 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).

INTERVIEWER: YOU HAVE NOW COMPLETED ALL THE MEASUREMENTS FOR (respondent's name).

1 Continue

DIETARY SUPPLEMENTS

ALL RESPONDENTS

Supplnt

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 / (child's name) provided for the days already recorded when you completed the food diary.

PRESS <ENTER> TO CONTINUE

1 Continue

SuppYr

SHOW CARD DD

Have you / Has (child's name) 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?

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

1 Yes
2 No

IF (SuppYr = Yes) THEN

SDet

Now I would like to collect some details about the vitamins, minerals and other dietary supplements that you / (child's name) 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.

PRESS <ENTER> TO CONTINUE

1 Continue

{Following questions asked as a loop}

SRec

INTERVIEWER: 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

INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH.

INTERVIEWER: 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

INTERVIEWER: RECORD FORM.

1 Tablets "Tablets"
2 Capsules "Capsules"

3	Drops	"Drops"
4	Liqu	"Liquid/Syrup"
5	Powder	"Powder"

SDose

INTERVIEWER: 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 EE

How often did you / (child's name) take this supplement?

INTERVIEWER: 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 / (child's name) GP/other healthcare professional?

- 1 Yes
- 2 No

SMore

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

- 1 Yes
- 2 No

IF (P2Age ≥ 4) THEN

HSVits

Have you ever given Healthy Start vitamins to (Child's name)?

- 1 Yes
- 2 No
- 3 NoneAv "SPONTANEOUS ONLY: Tried to claim, but none available"

IF (HSVits=Yes) THEN

HSVOf

And how often do you give these vitamins to (Child's name)?

- 1 Daily
- 2 Occ "...Occasionally"
- 3 VRare "Very rarely"
- 4 Never
- 5 UsedTo "Used to give, but now don't"

SUN EXPOSURE MODULE

ALL RESPONDENTS

SunInt

Now I'd like to ask you some questions about some of the things you / (child's name) have/has done in the last seven days, that is since (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 think of the last seven days only when answering these questions.

PRESS <ENTER> TO CONTINUE

1 Continue

{Ask all children aged < 16}

Sch7D

Can I just check, in the last seven days, that is since last (day / date), did you/ X go to school?

- | | | |
|---|--------|--|
| 1 | Yes | "Yes" |
| 2 | NoHol | "No, I was on holiday" |
| 3 | NoSick | "No, I 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 (day / date), how many days have you / X been to school?

INTERVIEWER: ENTER NUMBER OF DAYS

Range: 1..6

WalkDay

In the last seven days, that is from last (day / date) to yesterday, **on how many days** did you/he/she walk to school?

Range: 0..6

WalkSch

In terms of walking to and from school in the last seven days, would you say that you/he/she...

...READ OUT AND CODE ONE ONLY...

- | | | |
|---|--------|--|
| 1 | Same | "Walked the same number of days as usual" |
| 2 | Less | "Walked less days than usual" |
| 3 | More | "Walked more days than usual" |
| 4 | NoWalk | "Or do/does you/he/she never walk to school" |

IF (WalkSch > 0) THEN

WearSch

SHOW CARD II

When you/he/she go/goes to school, what do/does you/he/she usually wear this time of year while on the way there or back?

... READ OUT AND CODE ALL THAT APPLY...

1	Trous	"Trousers?"
2	Shorts	"Shorts?"
3	ShSISh	"Short sleeved shirt or long sleeves rolled up?"
4	LSISh	"Long sleeved shirt / jumper / blazer?"

{ASK GIRLS ONLY}:

5	LSkirt	"^WearSkl"
6	SSkirt	"^WearSks"
7	Tights	"^WearTig"

IF (Sch7D = Yes) THEN

MBreakO

On the days when you/he/she was/were at school in the last seven days, did you/he/she usually spend the morning break outside?

- 1 Yes
- 2 No

LBreakO

On the days when you/he/she were at school in the last seven days, for how much of your/X's lunch break was/were you/he/she usually outside?

...READ OUT AND CODE ONE ONLY...

1	All	"All or most of it"
2	Half	"About half of it"
3	None	"Or, very little or none of it?"

IF (SchDays>0) THEN

PEDay

In the last seven days, that is from (*day / date*) to yesterday, **on how many days** did you/ X go to P.E. classes?

Range: 0..6

IF (PEDay > 0) THEN

PEOutS

Thinking of the physical education classes you/he/she had in school in the last seven days. In how many of these classes was/were you/he/she outdoors at all?

Range: 0..12

IF (PEOutS > 0) THEN

PEOutST

For how long was/were you/he/she outdoors each time?

Would you say...

1	All	"All or most of the class except when changing clothes"
2	Half	"About half the class"
3	Less	"Or less than half the class?"

PEOutNC

When you/he/she was/were outside during these classes, were the following parts of your/ X 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?"

IF (PEDay > 0) THEN**PEOTyp**

How typical were the last seven days in terms of the number of PE classes you/he/she had outside for this time of year?

Would you say the number of classes outside was

...READ OUT...

- | | | |
|---|------|--------------------------------|
| 1 | Same | "The same as usual" |
| 2 | Less | "Less classes than usual" |
| 3 | More | "Or, more classes than usual?" |

{End of specific questions for children aged < 16}

ASK ALL**OutS**

In the last seven days, on how many days have/has you/he/she spent time sitting, standing or lying outside (for example at a sports event)?

INTERVIEWER: IF NONE CODE ZERO

EXCLUDE ANY OUTDOOR PHYSICAL ACTIVITIES, SPORTS, WALKING AND CYCLING

Range: 0..7

IF (OutS > 0) THEN**TimeOH**

Approximately how many hours did you/he/she usually spend on each one of those days sitting, standing or lying outside?

INTERVIEWER. Enter hours in this question followed by minutes in the next question
(TimeOM)

Range: 0..24

TimeOM

... and enter minutes

Range: 0..59

TOUnc

When you/he/she was/were sitting, standing or lying outside, were the following parts of your/ X's 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" |

ASK ALL ≥16**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/has you/he/she used sun cream?

- 1 Yes
- 2 No

IF (SunC = Yes) THEN

SPF

What SPF factor was this sun cream?

INTERVIEWER: IF NECESSARY, READ OUT...

CODE ALL THAT APPLY.

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31MO "31+"

IF (SunC = Yes) Them

SunCD

On how many days in the last seven days did you/he/she apply sun cream?

Range: 1..7

IF (SunCD > 0) THEN

SCAp

And how many times each day did you/he/she apply it.

Was it...READ OUT...

INTERVIEWER: 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 (respondent is FEMALE) THEN

Mois

In the last seven days, have you/ has she used moisturiser containing SPF factor?

- 1 Yes
- 2 No

IF (respondent is FEMALE) AND (Mois = Yes) THEN

MoSPF

What SPF factor did this moisturiser contain?

INTERVIEWER: IF NECESSARY, READ OUT...

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31plus "31+"
- 6 DontK "Don't Know"

IF (MoSPF = DontK) THEN

MoName

What is the name of the moisturiser?

: STRING [30]

EDMoCode

Moisturiser code - EDIT

Range: 1..99

EDMoName

Moisturiser name: **MoName**

EDITOR: Press **Spacebar** to start computer-assisted coding of moisturiser.

: STRING [130]

EDMoProd

Moisturiser name - EDIT

: STRING [100]

EDMoBrnd

Moisturiser brand - EDIT

: STRING [30]

EDMoSPF

Moisturiser SPF - EDIT

: STRING [10]

IF (respondent is FEMALE) AND (Mois = Yes) THEN

MoDs

On how many days in the last seven days did you/she use this moisturiser?

Range: 1..7

IF (MoDs > 0) THEN

MoAp

And how many times each day did you/he/she apply it. Was it...

...READ OUT...

INTERVIEWER: For young children, a parent/guardian may have applied the moisturiser.

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?" |

ASK ALL

CovSk

Do/does you/he/she ever cover your/his/her skin for religious reasons?

1 Yes

2 No

IF (CovSk = Yes) THEN

HMCov

To what extent do/does you/he/she cover your/his/her body.

Do/does you/he/she cover your/his/her ...

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?

INTERVIEWER: IF RESPONDENT ANSWERS 'GREY', ASK 'What was it before becoming grey?'

IF RESPONDENT ANSWERS 'BALD', ASK 'What was it before becoming bald?'

INTERVIEWER: 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...

INTERVIEWER: 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 | White | "White" |
| 2 | Brown | "Brown" |
| 3 | Black | "Black" |
| 4 | Olive | "Or, olive?" |
| 5 | Other | "Other" |

IF (Skin = White OR Olive) THEN

SkTyp

Would you say your/his/her 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

Holi12m

In the past year, have / has you / (child's name) been on a sun holiday or trip to a sunny place for two days or more? This could be a sun holiday abroad or in the UK.

INTERVIEWER: IT NEEDS TO HAVE BEEN SUNNY FOR TWO DAYS OR MORE WHILE RESPONDENT WAS AWAY.

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

IF (Respondent 2 within 'Core Address') THEN

SameHols

Were any of these holidays the same as the ones (**Respondent one's name**) has already told me about? That is to the same place at the same time as (**Respondent one's name**).
INTERVIEWER: IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW

IF (Holi12m = Yes) THEN

SunHM

Thinking of the {first/second/third/ fourth} sun holiday you/he/she took in the last year, in which month was this holiday?

INTERVIEWER: IF HOLIDAY SPANS MORE THAN ONE MONTH, RECORD THE MONTH IN WHICH THE HOLIDAY BEGAN.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 Sept "September"
- 10 October
- 11 November
- 12 December

HolC

What country did you/he/she visit on this trip?

INTERVIEWER: IF UK / GREAT BRITAIN, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

INTERVIEWER: RECORD NAME OF COUNTRY.

INTERVIEWER: IF MORE THAN ONE, CODE THE COUNTRY WHERE RESPONDENT SPENT THE MOST TIME.

INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.

: STRING [30]

AnyMore

INTERVIEWER: ARE THERE ANY MORE SUN HOLIDAYS TO RECORD?

- 1 Yes
- 2 No

DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT

**DIARY COLLECTION: ALL RESPONDENTS
RPAQ PLACEMENT: RESPONDENTS AGED 16 AND OVER**

IF (Age≥16) AND (Respondent number = 1) THEN

DiaryDA

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY DIARY DAYS (respondent **one's** name) COMPLETED AND RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

IF RESPONDENT HAS COMPLETED 3 OR 4 DIARY DAYS THEN GIVE THEM £30 IN HIGH STREET VOUCHERS AND ASK THEM TO SIGN THE RECEIPT.

ENTER '0' IF NONE.

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY DAYS (respondent one's name) COMPLETED.

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

IF (Respondent number = 1) AND (DiaryDA < 3) THEN

NoCAPI2A

INTERVIEWER: (Respondent **one's**) Name has not completed at least 3 days of the food diary so the physical activity self-completion, the rest of CAPI2 and introduction to the Nurse visit are not necessary for this respondent.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Age≥16) AND (Respondent number = 2) THEN

DiaryDC

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY DIARY DAYS (respondent **two's** name) COMPLETED AND RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

IF RESPONDENT HAS COMPLETED 3 OR 4 DIARY DAYS THEN GIVE THEM £30 IN HIGH STREET VOUCHERS AND ASK THEM TO SIGN THE RECEIPT.

ENTER '0' IF NONE

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY DAYS (respondent two's name) COMPLETED.

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

IF (IF (Person Respondent = 2) AND (DiaryDA < 3) THEN

NoCAPI2C

INTERVIEWER: (respondent **two's**) Name has not completed at least 3 days of the food diary so the rest of CAPI2 and introduction to the Nurse visit are not necessary for this respondent.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Age≥16) AND (Respondent number = 1) THEN

DiarChkA

(Respondent one's name), I would like you to answer some questions by completing this booklet. The questions cover physical activity in your everyday life in the last 4 weeks.

INTERVIEWER: Complete the front page of the booklet for (respondent one's name).

AName.....Point..Address..Check letter..Person number..FROM.....TO

INTERVIEWER:

- Give (respondent one's name) the Physical Activity self-completion booklet and explain how to fill it in.
- While the respondent completes the Physical Activity self-completion booklet, check their diary and decide what extra detail you will need to prompt for.
- When the respondent has completed the Physical Activity self-completion, go through the **diary** with the respondent and probe for any missing information.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Age ≥16) AND (Respondent Number = 2) THEN

DiarChkC

(Respondent two's name), I would like you to answer some questions by completing this booklet. The questions cover physical activity in your everyday life in the last 4 weeks.

INTERVIEWER: Complete the front page of the booklet for (Respondent two's name).

AName.....Point..Address..Check letter..Person number..FROM.....TO

INTERVIEWER:

- Give (**Respondent two's name**) the Physical Activity self-completion booklet and explain how to fill it in.
- While the respondent completes the Physical Activity self-completion booklet, check their diary and decide what extra detail you will need to prompt for.
- When the respondent has completed the Physical Activity self-completion, go through the **diary** with the respondent and probe for any missing information.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Respondent number = 1) AND (DiaryDA ≥ 3) THEN

RPAQChka

INTERVIEWER: RECORD WHETHER (respondent one's name) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

INTERVIEWER: IF COMPLETED THEN GO THROUGH THE COMPLETED PHYSICAL ACTIVITY SELF-COMPLETION WITH (respondent one's name) AND PROBE FOR ANY MISSING INFORMATION.

1 Yes

2 No

3 Missing

IF (Respondent number = 1) THEN

SlpWkAH

Over the last seven days, that is since (date), how long did you **usually** sleep for on week nights. That is **Sunday to Thursday** nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkAM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

Range: 0..24

SlpWkAM

... and enter minutes

Range: 0..59

SlpWkEAH

And over the last seven days, how long did you **usually** sleep for on weekend nights. That is Friday and Saturday nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkEAM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.

Range: 0..24

SlpWkEAM

... and enter minutes

Range: 0..59

IF (Respondent number = 2) AND (DiaryDA \geq 3) THEN

RPAQChkC

INTERVIEWER: RECORD WHETHER (*Respondent two*) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

INTERVIEWER: IF COMPLETED THEN GO THROUGH THE COMPLETED PHYSICAL ACTIVITY SELF-COMPLETION WITH (*Respondent two*) AND PROBE FOR ANY MISSING INFORMATION.

- 1 Yes
- 2 No
- 3 Missing

IF (Respondent number = 2) THEN

SlpWkCH

Over the last seven days, that is since (date), how long did you (*Respondent two*) **usually** sleep for on week nights. That is **Sunday to Thursday** nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkCM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

Range: 0..24

SlpWkCM

... and enter minutes

Range: 0..59

SlpWkECH

And over the last seven days, how long did you (*Respondent two*) **usually** sleep for on weekend nights. That is Friday and Saturday nights?

INTERVIEWER. Enter hours in this question followed by minutes in the next question
(SlpWkCM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: 0..24

SlpWkECM

... and enter minutes

Range: 0..59

IF (AGE <16 and DiaryDC ≥ 3) THEN

DiarChk2

INTERVIEWER: Now go through the diary with (*Respondent two*) and probe for any missing information

PRESS <ENTER> TO CONTINUE

1 Continue

DietFBA

(Respondent one), would you like to be sent some information about some of the major foods and nutrients in your diet based on the information you have provided during the interviews? The information will tell you how you compare with current consumption in the UK and how your intake of nutrients fits with UK recommendations for a healthy diet. It will also provide some useful resources for finding out more about eating a healthy diet.

INTERVIEWER: INFORMATION WILL BE SENT FROM THE OFFICE WITHIN 6 MONTHS.

- 1 Yes "Yes, feedback required"
- 2 No "No, feedback not required"

AddrChkA

We have this name for you ...

Title:

Forename:

Surname:

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.

- 1 Yes
- 2 No

TtlA

Firstly, what is your / X's title?

- 1 Mr
- 2 Mrs
- 3 Ms
- 4 Miss
- 5 Other "Other title"

TtlTxtA

INTERVIEWER: Enter the other **title**

: STRING [15]

ForNameA

And your / X's **first name?**

: STRING [20]

SurNameA

And your / X's **surname?**

: STRING [20]

DietFBC

(Respondent two), would you like to be sent some information about some of the major foods and nutrients in your / X's diet based on the information you have provided during the interviews? The information will tell you how your / X's compare(s) with current consumption in the UK and how your / X's intake of nutrients fits with UK recommendations for a healthy diet. It will also provide some useful resources for finding out more about eating a healthy diet.

INTERVIEWER: INFORMATION WILL BE SENT FROM THE OFFICE WITHIN 6 MONTHS.

- 1 Yes "Yes, feedback required"
- 2 No "No, feedback not required"

AddrChkC

We have this name for you ...

Title:

Forename:

Surname:

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.

- 1 Yes
- 2 No

TtlC

Firstly, what is your / X's title?

- 1 Mr
- 2 Mrs
- 3 Ms
- 4 Miss
- 5 Other "Other title"

TtlTxtC

INTERVIEWER: Enter the other **title**

: STRING [15]

ForNameC

And your / X's **first name?**

: STRING [20]

SurNameC

And your / X's **surname?**

: STRING [20]

NHS CENTRAL REGISTER & CANCER REGISTRY CONSENT FORM FOR 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.

INTERVIEWER: 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.

INTERVIEWER: Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Serial: Check Letter: Person Number: 1

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.

INTERVIEWER: 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.

INTERVIEWER: Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Serial: Check Letter: Person Number: 2

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 FOR ALL RESPONDENTS

IF (Age ≥ 19) THEN

ReConA

If at some future date the FSA wanted to conduct a further study from the results of this survey, would you be willing to be recontacted to help again?

INTERVIEWER: IF ASKED, THERE ARE NO CURRENT PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

IF (ReconA = Yes) THEN

StabAdd

ASK ADULT

Just in case we have difficulty in getting in touch with you - could you give us the name and/or phone number of someone who knows you well?

INTERVIEWER: IF NECESSARY, PROMPT: Perhaps a relative or friend who is unlikely to move?

COLLECT ADDRESS DETAILS IF POSSIBLE AND RECORD IN THE FOLLOWING QUESTIONS.

- 1 Agreed "Agreed to provide stable contact"
- 2 Refused "Refused to provide stable contact"

StName

INTERVIEWER: Please enter the name of the contact person.

: STRING [30]

StRel

INTERVIEWER: Please enter the relationship to the respondent.

PROBE FULLY.

: STRING [30]

StTelNum

INTERVIEWER: Please enter the stable/contact address.

Telephone Number

Include standard code.

: STRING [20]

StAdd

Could we also take down an address for them?

- 1 Yes
- 2 No

StAdd1

INTERVIEWER: Please enter the stable/contact address.

Address line 1:

: STRING [30]

StAdd2

INTERVIEWER: Please enter the stable/contact address.

Address line 2:

: STRING [30]

StAdd3

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

: STRING [30]

StAdd4

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

: STRING [30]

StAdd5

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

: STRING [30]

StAddPC

INTERVIEWER: Please enter the stable/contact address.

Postcode:

: STRING [8]

StInfo

INTERVIEWER: Please enter **any other information** about the stable/contact address.

: STRING [100]

ConSt

INTERVIEWER: Please read the stable contact below, and confirm whether correct.

Name : StName

Relationship : StRel

Address : StAdd1

Postcode : tAddPc

Telephone : StTelNum

Other info:

- | | | |
|---|---------|------------------------------|
| 1 | Correct | "Details correct" |
| 2 | NotCorr | "Details not correct" |

StabDisp

INTERVIEWER: Give the respondent the Stage 1 survey leaflet and read out:

If we needed to contact this person in order to find your new contact details, it would be helpful if they knew about the National Diet and Nutrition Survey.

Please could you pass this leaflet onto them, and let them know that you have given permission for us to contact them, and for them to pass your new contact details on to us.

PRESS <ENTER> TO CONTINUE

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

ACTIGRAPH COLLECTION

FOR RESPONDENTS AGED 4-15 WHO AGREED TO WEAR THE ACTIGRAPH

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 (your / X's) experiences of wearing it.

PRESS <ENTER> TO CONTINUE

1 Continue

Wear

Firstly, can I check, did you/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" |
| 5 | NotWorn | "Actigraph not worn at all" |

IF (Wear <> Day7) THEN

NoWear

Why was/were you / X 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

INTERVIEWER: Record why respondent did not wear the actigraph for all 7 days.

: STRING [100]

IF (Wear = Day7) THEN

AGSDate

INTERVIEWER: Record from the actigraph record sheet the actual **start** date of wearing the actigraph.

INTERVIEWER: IF THE RESPONDENT DID NOT START WEARING THE ACTIGRAPH ON PROPOSED DATE, PLEASE RECORD HERE THE DATE THEY ACTUALLY STARTED WEARING THE ACTIGRAPH.

: DATETYPE

AGEDate

INTERVIEWER: Record from the actigraph record sheet the actual **end** date of wearing the actigraph.

INTERVIEWER: IF THE RESPONDENT DID NOT FINISH WEARING THE ACTIGRAPH ON PROPOSED DATE, PLEASE RECORD HERE THE DATE THEY ACTUALLY FINISHED WEARING THE ACTIGRAPH.

: DATETYPE

ASK ALL

Collect

INTERVIEWER: Did you collect the actigraph?

1 Yes

2 No
3 Missing

IF (Collect = No) THEN

YNoAct

INTERVIEWER: Why did you not collect the actigraph?

- 1 Lost "Actigraph lost/stolen"
2 Other "Other"

IF (YNOACT = Other) THEN

NOActOth

INTERVIEWER: Record why you didn't collect the actigraph.

: STRING [100]

AGDesp

INTERVIEWER: 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:

Actigraph serial number:

PRESS <ENTER> TO CONTINUE

- 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 £10 in High Street vouchers as a token of our appreciation.

INTERVIEWER: Hand over the pale violet £10 voucher promissory note.

PRESS <ENTER> TO CONTINUE

- 1 Continue

AddrChk

We have this name for you ...

Title:

Forename:

Surname:

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS HIGH STREET VOUCHERS), ARE SENT TO THE CORRECT RESPONDENTS.

- 1 Yes
2 No

IF (AddrChk = No) THEN

Ttl

Firstly, what is your / X's title?

- 1 Mr
2 Mrs
3 Ms
4 Miss
5 Other "Other title"

TtlTxt

INTERVIEWER: Enter the other **title**

: STRING [15]

ForName

And your / X's **first name?**
: STRING [20]

SurName

And your / X's **surname?**
: STRING [20]

IF (Wear = Day2) THEN

NoVouch

Thank you for taking part in this stage of the study.
INTERVIEWER: For your information, this respondent is not eligible for a voucher.

PRESS <ENTER> TO CONTINUE

1 Continue

CollEnd

INTERVIEWER: The actigraph collection for X has now been completed.
NOTE: You have to press <1> and <Enter> here, otherwise this section will not be counted as complete and you will not be paid the fee for this section.

1 Continue

DOUBLY LABELLED WATER (DLW)

(ALL RESPONDENTS IN REQUIRE AGE/SEX CELLS WITH VALID HEIGHT & WEIGHT MEASUREMENTS)

DispDLW

INTERVIEWER: 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 (Quota look up file last updated on **(Date)**).

SUMMARY OF CAPI MODULES COMPLETED AND DLW STATUS

Press 1 and <ENTER> to continue OR

USE <Ctrl + Enter> IF YOU WANT TO SELECT ONE OF THE OUTSTANDING CAPI MODULES BEFORE A DECISION ABOUT DLW IS MADE.

- | | | |
|---|--------|---|
| 1 | Cont | "Press 1 and ENTER to decide eligibility now" |
| 2 | Code88 | "Do not use unless agreed by office" |

P1SetDLW

INTERVIEWER: YOU SHOULD ONLY HAVE ENTERED '88' AT THE PREVIOUS QUESTION BECAUSE ADVISED TO DO THIS BY THE OFFICE OR A SUPERVISOR.

Do you want to make this person eligible to take part in the DLW follow up?

(This question allows you to choose whether someone is to be asked to take part in the DLW study or not. This is normally done automatically but on a few occasions it is necessary to override the automatic selection.)

- | | | |
|---|-----|-----------------------------------|
| 1 | Yes | "Make eligible for the DLW study" |
| 2 | No | "Do not make eligible" |

P2SetDLW

INTERVIEWER: YOU SHOULD ONLY HAVE ENTERED '88' AT THE PREVIOUS QUESTION BECAUSE ADVISED TO DO THIS BY THE OFFICE OR A SUPERVISOR.

Do you want to make this person eligible to take part in the DLW follow up?

(This question allows you to choose whether someone is to be asked to take part in the DLW study or not. This is normally done automatically but on a few occasions it is necessary to override the automatic selection.)

- | | | |
|---|-----|-----------------------------------|
| 1 | Yes | "Make eligible for the DLW study" |
| 2 | No | "Do not make eligible" |

NeedFUp

INTERVIEWER: THE FOLLOWING RESPONDENTS ARE CURRENTLY ELIGIBLE FOR THE DLW FOLLOW UP STUDY:

(Names of respondents)

THE DLW FOLLOW-UP STUDY TO ALL ELIGIBLE RESPONDENTS AND HAND THEM THE APPROPRIATE LEAFLETS. ALLOW THEM TIME TO READ THE LEAFLETS.

(INTERVIEWER: Note that eligibility 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.

PRESS <ENTER> TO CONTINUE

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

P1DLWAgree

INTERVIEWER: IS **(respondent one's name)** WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE (Colour1) 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
- 3 NotAsked **"Interviewer code only:** Did not ask respondent if they would take part"

P2DLWAggr

INTERVIEWER: IS **(respondent two's name)** WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE (Colour2) 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
- 3 NotAsked **"Interviewer code only:** Did not ask respondent if they would take part"

IF (P1DLWAggr = NotAsked) THEN

P1DLWNAY

INTERVIEWER: PLEASE RECORD HERE WHY YOU DID NOT ASK THE RESPONDENT TO TAKE PART IN THE DLW SUBSTUDY.

PLEASE NOTE THAT UNLESS THIS RESPONDENT TAKING PART IN DLW WILL TAKE YOU OVER YOUR DEADLINE, YOU **MUST** ASK THE RESPONDENT IF THEY WILL TAKE PART IN THE DLW SUBSTUDY. GO BACK TO PREVIOUS QUESTION AND ASK RESPONDENT IF NECESSARY.

: STRING [60]

IF (P2DLWAggr = NotAsked) THEN

P2DLWNAY

INTERVIEWER: PLEASE RECORD HERE WHY YOU DID NOT ASK THE RESPONDENT TO TAKE PART IN THE DLW SUBSTUDY.

PLEASE NOTE THAT UNLESS THIS RESPONDENT TAKING PART IN DLW WILL TAKE YOU OVER YOUR DEADLINE, YOU **MUST** ASK THE RESPONDENT IF THEY WILL TAKE PART IN THE DLW SUBSTUDY. GO BACK TO PREVIOUS QUESTION AND ASK RESPONDENT IF NECESSARY.

: STRING [60]

IF (P1DLWAggr = No) THEN

P1DLWRef

INTERVIEWER: PLEASE RECORD REASON WHY RESPONDENT REFUSED TO TAKE PART IN DLW SUBSTUDY.

: STRING [60]

IF (P2DLWAggr = No) THEN

P2DLWRef

INTERVIEWER: PLEASE RECORD REASON WHY RESPONDENT REFUSED TO TAKE PART IN DLW SUBSTUDY.

: STRING [60]

FUpReview

INTERVIEWER: 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 RESPONDENT(S) (IS/ ARE) STILL NEEDED FOR THE DLW FOLLOW-UP.

When you call HNR they will need to be given the information displayed at question **HNRInfo** in the **DLW_Admin parallel** block.
USE THE DLW_Admin PARALLEL BLOCK TO RECORD THE OUTCOME OF YOUR CALL TO HNR AND TO RECORD PROGRESS WITH THE DLW FOLLOW UP.
PRESS <ENTER> TO CONTINUE

1 Continue

DLW Admin

DLWVis

INTERVIEWER: DID YOU VISIT (**Respondent's Name**) TO ADMINISTER THE DLW DOSE?

- 1 Yes
2 No

IF (DLWVis = Yes) THEN

DLWDose

INTERVIEWER: HAS (**Respondent's Name**) TAKEN THE DLW DOSE?

IF NOT TAKEN DOSE - EXPLAIN WHY AT NEXT QUESTION.

IF BOTTLE NOT OPENED, CALL HNR TO ARRANGE FOR RETURN OF DLW DOSING KIT.

- 1 Yes "Yes, respondent drank DLW dose"
2 No "No, respondent did not drink DLW dose"

IF (DLWDose = NO) THEN

DLWNDoze

INTERVIEWER: PLEASE EXPLAIN WHY (**Respondent's Name**) DID NOT DRINK THE DLW DOSE

: String [40]

IF (DLWVis = Yes) THEN

DLWChk

INTERVIEWER: RECORD WHETHER MIDWEEK TELEPHONE CHECK HAS BEEN DONE.

- 1 Yes
2 No

IF (DLWChk = Yes) THEN

DLWChKY

INTERVIEWER: RECORD DATE OF MIDWEEK CHECK

: DATETYPE

DLWFin

INTERVIEWER: RECORD WHETHER CHECKED AND COLLECTED DLW SAMPLES.

- 1 Yes
2 No

IF (DLWFin = No) THEN

DLWFinN

INTERVIEWER: RECORD WHY SAMPLES NOT CHECKED AND COLLECTED.

: String [40]

IF (DLWFin = Yes) THEN

DLWFinY

INTERVIEWER: RECORD DATE SAMPLES CHECKED AND COLLECTED.

: DATETYPE

DLWPost

INTERVIEWER: RECORD WHETHER DLW SAMPLES HAVE BEEN SENT BACK TO HNR.
REMEMBER TO SEAL SAMPLES SECURELY, FOLLOWING PROTOCOL.

- 1 Yes
- 2 No

IF (DLWPost = Yes) THEN

DLWPostY

INTERVIEWER: RECORD DATE SAMPLES SENT BACK TO HNR

: DATETYPE

DLWProm

INTERVIEWER: DID YOU GIVE THE RESPONDENT A PROMISSORY NOTE SAYING
THAT NatCen WILL SEND THEM £30 IN HIGH STREET VOUCHERS AS A TOKEN OF
OUR APPRECIATION?

REMEMBER TO SEND THE TOP COPY TO BRENTWOOD.

- 1 PROMISSORY NOTE GIVEN
- 2 PROMISSORY NOTE NOT GIVEN

DLWCon

INTERVIEWER: DID YOU COLLECT THE BLUE DLW CONSENT FORM, SIGNED BY
THE RESPONDENT?

REMEMBER TO SEND THE TOP COPY TO BRENTWOOD

- 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 in a couple of months and explain some more about what is involved and answer any questions you have. May I get him/her to contact you in a couple of months?

INTERVIEWER: REMEMBER TO GIVE THE RESPONDENT THE STAGE 2 LEAFLET, APPROPRIATE FOR THEIR AGE.

INTERVIEWER: 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.

INTERVIEWER: IF ASKED: The nurse will contact the respondent within 2-4 months.

INTERVIEWER: **Always** mention the nurse by name (if known).

INTERVIEWER: If respondent is **unsure** then code '3 Unsure' here. The nurse will still contact the respondent but will be aware that the respondent was unsure about the nurse visit.

Press <F9> for help explaining about the nurse visit.

- | | | |
|---|--------|------------------------------|
| 1 | Agree | "Agreed nurse could contact" |
| 2 | Refuse | "Refused nurse contact" |
| 3 | Unsure | "Unsure" |

NurseRef

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT.

- | | | |
|---|---------|---|
| 0 | Avail | "Own doctor already has information" |
| 1 | Time | "Given enough time already to this survey/expecting too much" |
| 2 | Busy | "Too busy, cannot spare the time (if Code 1 does not apply)" |
| 3 | Enough | "Had enough of medical tests/medical profession" |
| 4 | Worried | "Worried about what nurse may find out/might tempt fate" |
| 5 | Scared | "Scared of medical profession/ particular medical procedures (e.g. blood sample)" |
| 6 | NoReas | "Not interested/Can't be bothered/No particular reason" |
| 7 | Other | "Other reason (specify)" |

NsRefO

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.

: STRING [30]

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?

For each eating occasion, please tell us what **room or part of the house** you were in when you ate, e.g. kitchen, living room, 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 ate alone or with others. If you ate with others please describe their relationship to you e.g. partner, children, colleagues, or friends. We would also like to know **when you ate at a table** and **when you were watching television whilst eating**. For those occasions where you were **not** at a table or watching TV please write 'Not at table' or 'No TV' rather than leaving it blank.

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-away**s 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 dessertspoons (dsp) of peas, $\frac{1}{2}$ 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 dsp of peas, only 2 dsp eaten; 1 large sausage roll, ate only $\frac{1}{2}$
2. Only record the amount actually eaten i.e. 2 dsp of peas, $\frac{1}{2}$ 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: Thurs		Date: 31st March		
Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
How to describe what you had and how much you had can be found on pages 16 - 21				
6am to 9am				
6.30 am	Kitchen Alone No TV Not at table	Filter coffee, decaffeinated milk (fresh, semi-skimmed) Sugar white	Douwe Egberts Silverspoon	Mug A little 1 level tsp
7.30 am	Kitchen Partner TV on At table	Filter coffee with milk and sugar Cornflakes Milk (fresh, semi-skimmed) Toast, granary medium sliced Light spread Marmalade	As above Tesco's own Hovis Flora Hartleys	As above 1b drowned 1 slice med spread 1 heaped tsp
9am to 12 noon				
10.15 am	Office desk Alone No TV Not at table	Instant coffee, not decaffeinated Milk (fresh, whole) Sugar brown	Kenco	Mug A little 1 level tsp
11 am	Office desk Alone No TV Not at table	Digestive biscuit – chocolate coated on one side	McVities	2

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
12 noon to 2pm				
12.30 pm	Tea room at work Colleagues No TV At table	<p>Ham salad sandwich from home Bread, wholemeal, thick sliced Light spread</p> <p>Low fat Mayonnaise Smoked ham thinly sliced Lettuce, iceberg Cucumber with skin</p> <p>Unsweetened orange juice from canteen</p> <p>Apple with skin from home, Braeburn</p>	<p>Tesco's own Flora</p> <p>Hellmans Tesco's own</p> <p>Tropicana</p>	<p>2 slices thin spread on 1 slice</p> <p>2 teaspoons 2 slices 1 leaf 4 thin slices</p> <p>250ml carton</p> <p>medium size, core left</p>
2pm to 5pm				
3 pm	Meeting room at work With supervisor No TV Not at table	Tea, decaffeinated Milk (fresh, whole) Jaffa cake – mini variety	<p>Twinings Tesco's own McVities</p>	<p>Mug Some 6</p>

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 TV on At table	Gin Tonic water diet Lager 3.8% alcohol Salted peanuts	Gordon's Schweppes Draught, Carlberg 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)	Twinings	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
Healthspan	<i>Omega3 fish oil with vitamin A, C, D & E</i>	<i>2 capsules</i>
Boots	<i>Calcium (1000mg) with vitamin D</i>	<i>1 tablet</i>
Holland & Barrett	<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: Friday		Date: 28.09.2007			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten	
How to describe what you had and how much you had can be found on pages 16 - 21					
6am to 9am					
8.00 am	Café take away – eating on my way to work Alone	Cappuccino, no sugar Blueberry muffin, regular not low fat	Starbucks Starbucks	Medium size One	
8.45 am	Office desk Alone No TV Not at table	Tap water		300 ml glass	
9am to 12 noon					
10 am	Office desk Alone No TV Not at table	Banana Black tea semi-skimmed milk, no sugar	Typhoo Asda	One, medium size Large Mug A lot	

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
1 pm	Work tea room With colleague No TV At table	<i>Crayfish sandwich multiseed bread, wholemeal, medium cut, crayfish in lemon mayonnaise, no other spread rocket leaves</i> <i>Apple & Raspberry fruit drink - standard</i>	<i>M&S pre-packed Sandwich</i> <i>J2O</i>	<i>2 slices Medium filling 6 to 8</i> <i>1 bottle, 275ml</i>
<i>2pm to 5pm</i>				
4.30 pm	Friends House Lounge With Friend Not at table TV on	<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 eaten
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 13% alcohol	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
Holland & Barrett	Evening Primrose Oil – 1000mg	1 capsule
Holland & Barrett	Super EPA fish oil – 1000mg	1 capsule

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
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

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	Spoons, weight of tin
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, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Beer	What sort e.g. stout, bitter, lager; draught, canned, bottled; % alcohol or low-alcohol or home-made	Number of pints or half pints, size of can or bottle
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), 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	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. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – with added fruit, no added sugar/salt variety	Spoons or picture 1
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight, picture 10

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack
Cheese	Type e.g. cheddar, cream, cottage, soft; low fat	Picture 9, or number of slices, number of spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	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;	Weight/size of bar
Coffee	With milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated. If café/takeaway, was it cappuccino, latte etc	Cups or mugs, size of takeaway e.g. small. medium
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Spoons
Crisps	What sort e.g. potato, corn, wheat, maize, vegetable etc; low-fat or low-salt; premium variety e.g. Kettle chips, Walker's Sensations	Packet weight, standard or from multipack
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	Spoons
Egg	Boiled, poached, fried, scrambled, omelette (with or without filling); type of oil/fat, milk added	Number of eggs, large, medium or small
Fish (including canned)	What sort 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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

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	Small, medium or large
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Spoons, weight of can
Fruit – juice (pure)	What sort 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 alternatives e.g. soya; luxury/premium	Spoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Spoons, heaped or level, or thin or thick spread
Marmalade	Type; low-sugar; thick cut; shop bought/brand or homemade	Spoons, 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, spoons, or picture 6 for stew portion
Milk	What sort; whole, semi-skimmed, skimmed or 1% fat; fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk, oat milk; flavoured; fortified with added vitamins and/or minerals	Pints, glass (size or volume) or cup. On cereal: <i>damp/average/drowned</i> . In tea/coffee: <i>a little/some/a lot</i>

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice, or picture 8
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	Individual, slice, fraction of large pizza e.g. 1/4
Porridge	Made with oats or cornmeal or instant oat cereal; made with milk and/or water; added sugar, honey, syrup or salt; with milk or cream	Bowls, spoons
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 – spoons, number of half or whole potatoes, small or large potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Spoons, 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)	Spoons or picture 2
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component
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;	Spoons

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size - jumbo, standard, mini
Scione	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks – squash/concentrate/cordial	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	Flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Spoons (or how much dry pasta) or picture 3

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
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, sugar-free	Number, packet weight
Tea	With/without milk (see section on milk); decaffeinated, herb	Mugs or cups
Vegetables (not including potatoes)	What sort; how cooked/raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Wine, sherry, port	White, red; sweet, dry; % alcohol or low-alcohol	Glass (size or volume)
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size or spoons
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	Spoons – heaped or level, number, size
Ready-made meals	Full description of product; does 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 (if didn't eat 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	Spoons, 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



C

6. Stew /curry



C

7. Battered fish



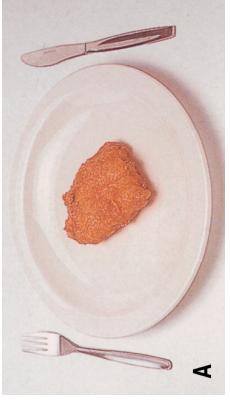
C



A

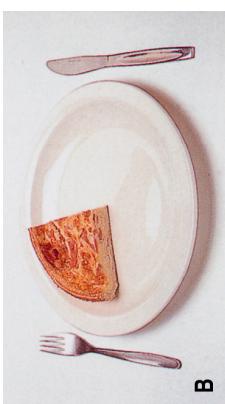
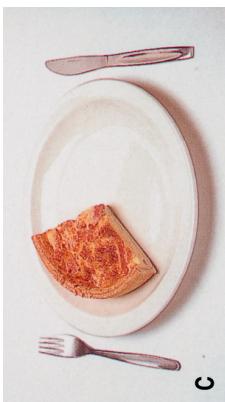


A

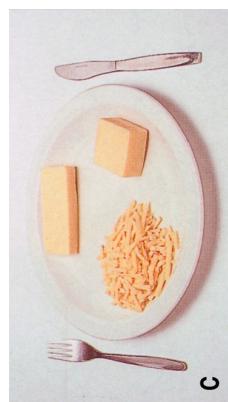


A

8. Quiche / Pie



9. Cheese



10. Sponge cake

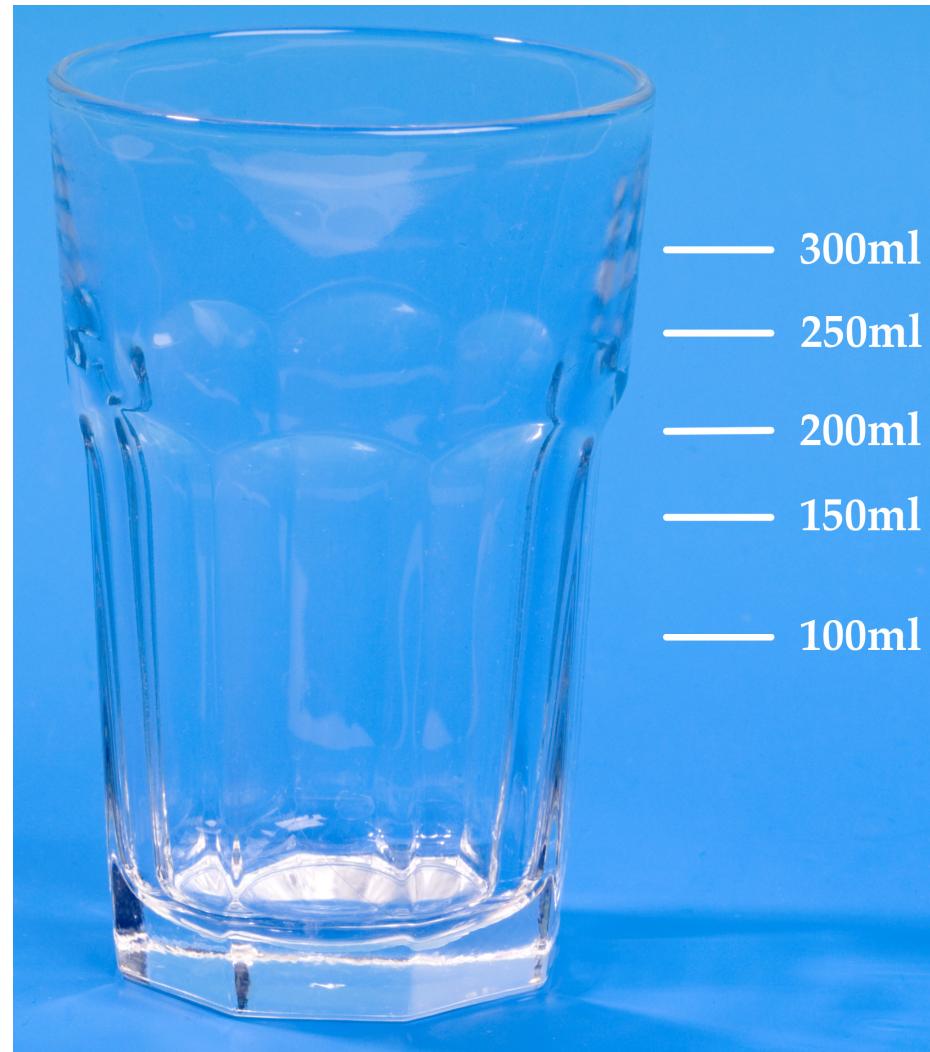


Typical quantities of drinks in various containers measured in millilitres (ml)

	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? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>How to describe what you had and how much you had can be found on pages 16 - 21</i>				
<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 <u>quantity 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 <u>quantity 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
<i>Brief description of cooking method</i>			

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>
<p><i>How to describe what you had and how much you had can be found on pages 16 - 21</i></p>				
<p><i>6am to 9am</i></p>				
<p><i>9am to 12 noon</i></p>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity 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 <u>quantity 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? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<p><i>How to describe what you had and how much you had can be found on pages 16 - 21</i></p>				
<p><i>6am to 9am</i></p>				
<p><i>9am to 12 noon</i></p>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity 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 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

Please remember to complete the general questions on pages 61-66!

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>How to describe what you had and how much you had can be found on pages 16 - 21</i>				
<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 <u>quantity 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 <u>quantity 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

General questions about your food/ drink during the recording period.

Special diet

1. Did you follow a special diet during the recording period e.g. vegetarian, cholesterol lowering, weight reducing?

Yes

Please specify

No

Milk

2. Which type of milk did you use most often during the recording period?

Whole, fresh,
pasteurised

Semi-skimmed fresh,
pasteurised

Skimmed (fat free) fresh,
pasteurised

1% fat milk,
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 during the recording period?

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 butter, margarine or other fat spread did you use most often during the recording period?
Please record the full product name and fat content

Name:

None

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 N/A

14. Which type of cooking fat/oil did your household use most often over the recording period? Please record the full product name e.g. *Sainsbury's sunflower oil*

Name:

None

Bread

15. Which type of bread did you eat most often during the recording period?

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 N/A

Meat

18. If you ate meat during the recording period, did you eat the visible fat?

Always Sometimes Never Did not eat meat

19. If you ate poultry (e.g. chicken, turkey) during the recording period, did you eat the skin?

Always Sometimes Never Did not eat poultry

Fruit and vegetables

20. If you ate apples during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

21. If you ate pears during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

22. If you ate new potatoes during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

23. If you ate baked/jacket potatoes during the recording period, 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 during the recording period?

Tap Filtered Bottled brand

Did not drink

Thank you for completing this diary.

Acknowledgements

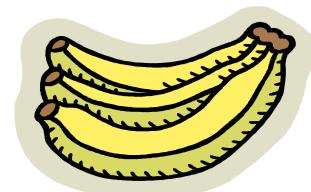
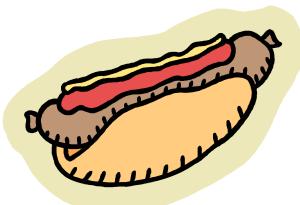
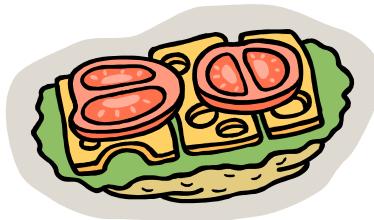
Thanks for permission to use pictures from:

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: _____



<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

SERIAL NUMBER

<input type="text"/>

CKL

<input type="text"/>

RESPONDENT No

<input type="text"/>

FIRST NAME

Sex: Male / Female

Date of birth:

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

INTERVIEWER NUMBER:

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

INTERVIEWER NAME:

<input type="text"/>

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
Away	Street, Car/Bus, Café/ Restaurant (specify Mac Donalds, Pizza Hut etc.)
School	Canteen, Classroom, Playground

With Whom: This could be

Alone
With family
With friends

At table: Were you sitting at a table whilst eating or drinking? If yes, record **At table**. If no, record **Not at table**.

Watching TV: Were you watching TV whilst you were eating or drinking? If yes, record **TV on**. If no, record **No TV**.

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 specify packet (eg. Crisps, Yogurt), or number of individual items (eg. biscuits), or slices (eg. cake, pizza, ham), or teaspoons (eg. sugar), or dessertspoons (eg. 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 you use the correct name. You can also write S (small), M (medium) or L (large) portion.

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 dessertspoons of peas, only 2 dessertspoons eaten; 1 large sausage roll, ate only half
2. Only record how much you actually ate i.e. 2 dessertspoons 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
How to describe what you had and how much you had can be found on pages 12-17				
<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 At table	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 tablespoons 3 slices 1 dessertspoon 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 1 dessertspoon
<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

No, more
than usual

Please tell us why you had less 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

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/tsp
Bassetts	Soft and chewy vitamins A (800µg), C (60mg), D (5µg) and E (10 mg)	1 pastille
Haliborange	DHA Omega-3 Blackcurrant chewy caps (Each capsule contains 200mg fish oil providing 130mg omega-3)	2 capsules

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: <i>Chicken in tomato sauce</i>		Serves: 4 people	
Ingredients	Amount	Ingredients	Amount
<i>pieces of chicken</i>	<i>3 pieces</i>		
<i>sauce made with tinned tomatoes, green pepper and onions</i>	<i>2 tablespoons</i>		
Brief description of cooking method			
<i>Chicken pieces fried in olive oil, then mixed in with tomato and vegetable sauce</i>			

Day			EXAMPLE	Day: Friday	Date: April 1st
Time	where? With whom? TV on? Table?	What	Brand Name	Amount eaten	
<i>How to describe what you had and how much you had can be found on pages 12-17</i>					
<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	6 dessertsp Drowned 1 medium glass	
<i>9am to 12 noon</i>					
11.30 am	School playground School friends	Orange Juice, UHT, unsweetened Mars Bar	Libby's Mars	200ml carton 2 fun size	
<i>12 noon to 2pm</i>					
1pm	School canteen School Friends At table	Roast Chicken Roast Potatoes Boiled Carrots Boiled Peas Gravy Plain sponge pudding with jam Warm chocolate custard		3 slices 2 potatoes 1 tablespoon 1 tablespoon 2 tbsp Small portion 2 dessertspoons	

Day			EXAMPLE	Day: Friday	Date: April 1st
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, boiled Broccoli, boiled Chocolate Mousse, low fat Orange High Juice Squash - standard	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			
NAME OF DISH: Banana Smoothie		Serves: 1	
Ingredients	Amount	Ingredients	Amount
Banana	1 small		
Tesco semi-skimmed milk	150ml		
Gales Honey	1 tsp		
Tesco natural unsweetened yogurt	1 tbsp		
Brief description of cooking method			
Mix all together with blender			

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Amount
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	Spoons, 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, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), 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	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. Kellogg's cornflakes; any added fruit and/or nuts; Muesli - with added fruit, no added sugar/salt variety	Spoons
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick, average, thin spread on bread/crackers; spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Amount
Cheese	Name and type e.g. cheddar, cream, cottage, soft; low fat	Slices, spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	Spoons, portion size, 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
Coffee	With milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated. If café/takeaway, was it cappuccino, latte etc	Cups or mugs, size of takeaway e.g. small, medium
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Spoons
Crisps	What sort e.g. potato, corn, wheat, maize, vegetable etc; flavour; low-fat or low-salt; premium variety e.g. Kettle chips; baked variety	Packet weight, standard or from multipack
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	Spoons
Egg	Boiled, poached, fried, scrambled, omelette (with or without filling); type of oil/fat, milk added	Number of eggs, large, medium or small
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 spoons (for canned fish) or size of fillet
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	Small, medium or large

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Amount
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Spoons
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; 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 alternatives e.g. soya; luxury/premium	Spoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought or homemade	Spoons, heaped or level, or thin or thick spread
Marmalade	What sort; low-sugar; thick cut; shop bought or homemade	Spoons, 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, spoons
Milk	What sort; whole, semi-skimmed, skimmed or 1% fat; fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk, oat milk; flavoured; fortified with added vitamins and/or minerals	Pints, glass (size or volume) or cup. On cereal: <i>damp/average/drowned</i> . In tea/coffee: <i>a little/some/a lot</i>
Milkshake	Fresh or long life/UHT; dairy or non-dairy alternative e.g. soya; if powder, made up with whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	Glass (size or volume) cups or volume on bottle/carton
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Amount
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	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; added sugar, honey, syrup or salt; with milk or cream	Spoons 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	Spoons for mash, number of half or whole potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Spoons, slices
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component; slices, leaves; spoons
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 (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; give brand or recipe; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sauce - cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat	Spoons
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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Amount
Scone	Fruit, sweet, plain, cheese; type of flour	Number, size
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks - concentrated/squash /cordial	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	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	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; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh or dried; white, wholemeal; boiled, canned in sauce; type of filling if ravioli, cannelloni etc	Spoons
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, sugar-free	Number, packet weight
Tea	with/without milk (see section on milk); decaffeinated, herb	Mugs or cups

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

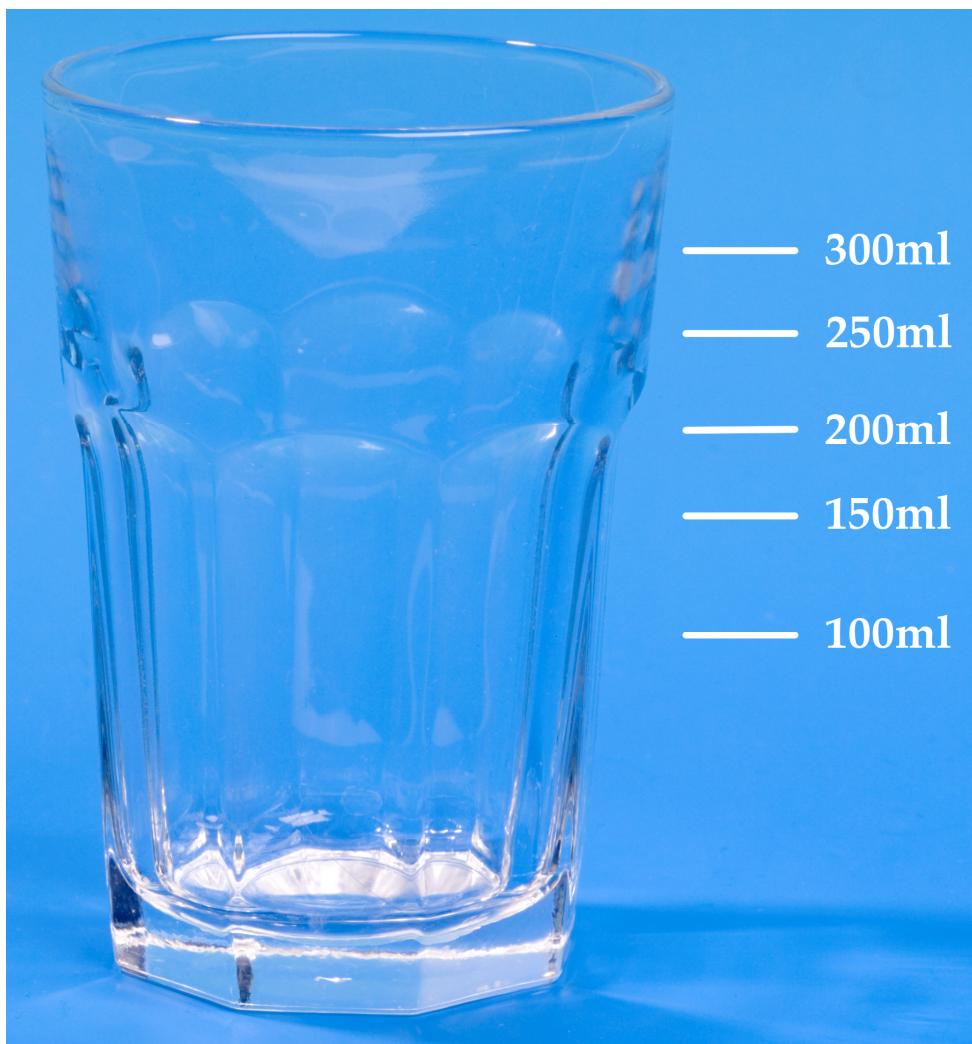
Food/Drink	Description & Preparation	Amount
Vegetables (not including potatoes)	What sort; how cooked or raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	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)	Spoons
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	Spoons, 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.

81



Day 1			Day:	Date:
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>How to describe what you had and how much you had can be found on pages 12-17 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
<i>Brief description of cooking method</i>			

Day 2			Day:	Date:
Time	Where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>How to describe what you had and how much you had can be found on pages 12-17</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 2

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
<i>Brief description of cooking method</i>			

Day 3			Day:	Date:
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>How to describe what you had and how much you had can be found on pages 12-17</i> <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
<i>Brief description of cooking method</i>			

Remember to complete the general questions on pages 36-41!

Day 4		Day:	Date:	
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>How to describe what you had and how much you had can be found on pages 12-17 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
<i>Brief description of cooking method</i>			

General Questions about your food/ drink during the recording period.

Special diet

1. Did you follow a special diet during the recording period (e.g. vegetarian, weight reducing)?

Yes

Please tell us about it

No

Milk

2. Which type of milk did you use most often during the recording period?

Whole, fresh,
pasteurised

Semi-skimmed fresh,
pasteurised

Skimmed (fat free)
fresh, pasteurised

1% fat milk, fresh
pasteurised

Dried

Name

Soya

Name

Other

Name

Did
not use

Water

3. Which type of water did you drink most often during the recording period?

Tap

Filtered

Bottled brand

Did not drink

Tea and coffee

4. 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

5. 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

6. 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

7. Did you drink decaffeinated coffee/ tea during the recording period?

Coffee Always Sometimes Never

Tea Always Sometimes Never

Breakfast cereals

8. How much milk did you usually have on breakfast cereal?

Drowned Average Damp None/did not eat

9. How did you usually make your porridge?

With all water With all milk With milk and water Did not eat

10. Did you usually sweeten or salt your porridge?

With sugar With honey With salt Neither/did not eat

11. 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

12. 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

13. Which butter, margarine or fat spread did you use most often during the recording period? Please record the full product name and fat content e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

Name:

None

14. How thickly did you spread butter, margarine on bread, crackers etc?

Thick Medium Thin None

15. Which cooking fat/oil did your household use most often over the recording period? Please record the full product name.
e.g. *Sainsbury's sunflower oil*

Name:

None

Bread

16. Which type of bread did you eat most often during the recording period?

White Granary Wholemeal Brown

50/50 bread e.g.
Hovis Best of Both

Other

Type

Did not eat

17. Was it a large loaf or a small loaf?

Large Small

18. If the bread was shop bought, how was it sliced?

Thick Medium Thin Unsliced N/A

Meat

19. If you ate red meat during the recording period, did you eat the visible fat?

Always Sometimes Never Did not eat meat

20. If you ate poultry (e.g. chicken, turkey) during the recording period, did you eat the skin?

Always Sometimes Never Did not eat poultry

Fruit and vegetables

21. If you ate apples during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

22. If you ate pears during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

23. If you ate new potatoes during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

24. If you ate baked/jacket potatoes during the recording period, did you eat the skin?

Always Sometimes Never Did not eat

Salt

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

Always Sometimes Never

26. Do you add salt substitute to your food at the table? e.g. LoSalt

Always Sometimes Never

Cordial/squash/diluting juice

27. Which type of squash/cordial did you drink most often during the recording period?

Standard No added sugar /diet/low calorie Did not drink

28. Which squash did you use most often during the recording period? Please record the full product name
e.g. Robinsons Peach Fruit & Barley no added sugar

Name:

29. 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: _____

Other soft drinks

30. For other soft drinks such as ready-to-drink juices and carbonated drinks, which type did your child have most often during the recording period?

Standard No added sugar /diet/low calorie Did not drink

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 over the recording period...	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. If s/he ate outside the home please write that location down. We would also like to know **who your toddler ate with**, e.g. whether s/he ate alone or with others. If they ate with others please describe their relationship to the child e.g. parents, siblings, or friends. We would also like to know **when they ate at a table** and **when they were watching television whilst eating**. For those occasions where they were **not** at a table or watching TV please write 'Not at table' or 'No TV' rather than leaving it blank.

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, 1 dessertspoon (dsp) 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 dsp of peas, only 2 dsp eaten; 1 weetabix, ate only ½
2. Only record the amount actually eaten i.e. 1 dsp 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 2007			
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
How to describe what you had and how much you had can be found on pages 16-21					
6am to 9am					
8am	Living Room Family TV on Not at table	Follow on Milk	SMA Progress	240ml bottle (as usual)	
9am to 12 noon					
10am	Kitchen Mother No TV At table	Weetabix Full fat milk white sugar	Weetabix Sainsbury's Tate and Lyle	1 biscuit drowned (about 1 dsp milk leftover) 2 teasp	
11.30 am	Living Room Family TV on Not at table	bread margarine pure apple juice	Granary from bakers, medium cut Flora light spread, Sainsburys	1 slice medium spread 200ml carton (drank ½ of it)	

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>¾ cup mixed with ¼ cup (1/2 leftover) ¾ 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>
<i>5pm to 8pm</i>				
6.15 pm	<i>Kitchen Family No TV At table</i>	<i>Broccoli, Pear and Peas Puree Vegetables with Noodles and Chicken (12months) Water</i>	<i>Ella's Kitchen HIPP Tap</i>	<i>3 teasp 250g jar about 100ml (small glass)</i>
<i>8pm to 10pm</i>				
10.20 pm	<i>Bedroom Father No TV Not at table</i>	<i>Follow on Milk</i>	<i>SMA Progress</i>	<i>240ml bottle (as usual); 1/2 leftover)</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,

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,

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

SERVES: makes 12 cakes

Ingredients	Amount	Ingredients	Amount
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
Market eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

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: Friday		Date: 28.09.2007			
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten	
<i>How to describe what you had and how much you had can be found on pages 16-21</i>					
<i>6am to 9am</i>					
6.30 am	Bedroom Mother No TV Not at table	Biscuit for Babies + Toddlers	Cow and Gate	1	
7.00 am	Kitchen Family No TV At table	Rice Krispies Whole milk Frutapura, Plum and Apple Pure apple and blackcurrant juice diluted with tap water	Kelloggs Asda Cow and Gate Heinz	7 dessertspoons 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	Playroom Childminder and 3 other children No TV At table	Banana Great stuff mini raisins	Asda	Medium size, ½ eaten 14g pack	

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	<p>Prepared packed lunch: White bread, thick cut Butter unsalted</p> <p>Cheese triangle Ham, honey roast Cheese curls</p> <p>green seedless grapes Fromage frais with layer of peach puree</p> <p>Semi-skimmed milk</p> <p>Fruit shoot apple, no added sugar</p>	Kingsmill Lurpak Dairylea Asda Quakers Yoplait Sainsburys Robinsons	2 slices Thinly spread on one slice only Ate 1/2 1/2 slice 8 pieces 8 grapes 60g (ate half) 160ml (drank all) 200ml
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>
5pm to 8pm				
6.00 pm	Dining room Family No TV At table	Homemade sausage casserole (see recipe) Penne pasta, boiled	Sainsburys	1 tbsp 2 tbsp (about half a tbsp pasta leftover)
8pm to 10pm				
8.15 pm	Living room Mother TV on Not at table	Whole milk	Asda	250ml bottle (about 25 ml left over)
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*

*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		SERVES: 4	
Ingredients	Amount	Ingredients	Amount
Butchers Choice pork sausages	4 sausages	Mixed herbs	About $\frac{1}{2}$ tsp
Onion	1 medium size	Sainsburys vegetable oil	1.5 tbsp
Mushrooms, Champignons	1/4 of 500g pack		
Napoli chopped tomatoes	1 x 400g tin		
Sainsburys mixed salad beans	1 x 125g tin		
Oxo gravy	1 cube in $\frac{1}{2}$ pint of water		
Heinz tomato ketchup	1 tbsp		
Cornflour	2 tsp		
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.			

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Portion size or quantity</i>
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	Spoons, weight of tin
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, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), 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	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. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – with added fruit, no added sugar/salt variety	Spoons or size of bowl
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack
Cheese	Type e.g. cheddar, cream, cottage, soft; low fat	Number of slices, number of spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	Spoons or number of chips
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling	Weight/size of bar
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Spoons
Crisps	What sort e.g. potato, corn, wheat, maize, vegetable etc; 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	Spoons
Egg	Boiled, poached, fried, scrambled, omelette (with or without filling); type of oil/fat, milk added	Number of eggs, large, medium or small
Fish (including canned)	What sort 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 size of fillet

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

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	Small, medium or large
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Spoons, weight of can
Fruit – juice (pure)	What sort 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 alternatives e.g. soya; luxury/premium	Spoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Spoons, heaped or level, or thin or thick spread
Marmalade	Type; low-sugar; thick cut; shop bought/brand or homemade	Spoons, 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, spoons, or picture 6 for stew portion
Milkshake	Fresh or long life/UHT; dairy or non-dairy alternative e.g. soya; if powder, made up with whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	Glass (size or volume) cups or volume on bottle/carton

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Milk	Type (whole, semi-skimmed, skimmed, 1% fat); 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. On cereal: <i>damp/average/drowned or fluid ounces/ml.</i> In tea/coffee: <i>a little/some/a lot</i> Formula: <i>proportion of formula to water</i>
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	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; added sugar, honey, syrup or salt; with milk or cream	Bowls, spoons
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 – spoons, number of half or whole potatoes, small or large potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Spoons
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

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;	Spoons
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size - jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks – squash/concentrate/cordial	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	Flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures at the back of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Spoons (or how much dry pasta)
Toddler foods	<u>Food in jars</u> : description and ingredients (e.g. vegetable risotto, fruit puree); <u>Dry Foods</u> : description (e.g. baby rice, cauliflower cheese); made up with milk and/or water	Size of jar or packet, spoons for powdered foods (volume of water/milk used to mix with cereal or powder)
Vegetables (not including potatoes)	What sort; how cooked/raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size or spoons
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	Spoons – heaped or level, number, size
Ready-made meals	Full description of product; does 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 (if didn't eat 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	Spoons, 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>How to describe what you had and how much you had can be found on pages 16-21</i>				
<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>How to describe what you had and how much you had can be found on pages 16-21</i>				
<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>How to describe what you had and how much you had can be found on pages 16-21</i>				
<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:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

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

Please remember to complete the general questions on pages 55-62!

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>How to describe what you had and how much you had can be found on pages 16-21</i>				
<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 <u>quantity 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 <u>quantity 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 e.g. child minder, nursery, relative?

NO

YES

If YES

1(a) How many meals would she/he have in 'out-of-home care' per week?

Please specify

1(b) Are these out-of-home meals prepared by yourself?

NO

YES

SOMETIMES

Please specify

2 What type of soft drinks (e.g. squash, ready to drink, carbonated) does she/he usually have in 'out-of-home care'?

STANDARD

NO ADDED SUGAR/DIET/LOW CAL

EITHER (see below)

If either, please specify e.g. has No Added Sugar at nursery but standard at the childminder's

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 during the recording period.

Special diet

1. Did your toddler follow a special diet during the recording period 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

1% fat milk

Soya formula

Follow-on formula

Whole milk (cow's milk)

Soya milk

S/ skinned milk (cow's milk)

Goat's milk

Skimmed milk (cow's milk)

Other

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 butter, margarine or fat spread did you use most often for your toddler during the recording period?

Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

Name:

None

9. How thickly did you spread butter, margarine on bread, crackers for your toddler?

Thick Medium Thin N/A

10. Which cooking fat/oil did your household use most often during the recording period? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

Name:

None

Bread

11. Which type of bread did your toddler eat most often during the recording period?

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 during the recording period, did s/he eat the visible fat?

Always Sometimes Never Did not eat meat

15. If your toddler ate poultry (e.g. chicken, turkey) during the recording period, did s/he eat the skin?

Always Sometimes Never Did not eat poultry

Fruit and vegetables

16. If your toddler ate apples during the recording period, did s/he eat the skin?

Always Sometimes Never Did not eat

17. If your toddler ate pears during the recording period, did s/he eat the skin?

Always Sometimes Never Did not eat

18. If your toddler ate new potatoes during the recording period, did s/he eat the skin?

Always Sometimes Never Did not eat

19. If your toddler ate baked (jacket) potatoes during the recording period, 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 during the recording period?

Standard

No added sugar /diet/low calorie

Did not drink

23. Which squash did you use most often during the recording period? Please record the full product name
e.g. *Robinsons Peach Fruit & Barley no added sugar*

Name:

24. 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: _____

Other soft drinks

25. For other soft drinks such as ready-to-drink juices and carbonated drinks, which type did your toddler have most often during the recording period?

Standard

No added sugar /diet/low calorie

Did not drink

Water

26. Which type of water did your toddler drink most often during the recording period?

Tap

Filtered

Bottled brand _____

Tea

27. How much milk does your toddler usually have in tea?

A lot Some A little None/did not drink

28. Do you usually sweeten your toddler's tea with sugar?

Yes Number of teaspoons None/did not drink

Drinks in general

29. 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.

NDNS

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence

Point

1001- 1005				

Address

1006 - 1007	

CKL

1008

Person no

1011

First name: 1012 - 1026

Card

0	1
1009 - 1010	1038

Type

1
1038

Batch

1027 - 1031

Interviewer no. 1032 - 1037

Spare
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

GREEN

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

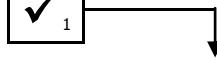
I was 8 years old

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 10 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

 2

→ Go to question 2

Yes

 1

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

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

1054

I have never smoked

 1

→ 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

 2

→ Go to question 4

Yes

 1

How many cigarettes did you smoke last week?

1056 - 1058

KCIGNUM

I smoked

cigarettes

Write in

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

→ Go to question 6

No

→ 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

→ Go to question 6

No

→ 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

→ Go to question 8

About twice a week

About once a week

About once a fortnight

About once a month

Only a few times a year

I never drink alcohol now

ADRLAST

Q8 When did you **last** have an alcoholic drink or alcopop?

Tick one box

1080

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

Spare 1081 - 1099

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

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"/>
----------------------	----------------------	----------------------	----------------------

1001 -
1005

Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

1006 -
1007

CKL

<input type="text"/>

1008

Person no

<input type="text"/>

1011

First name: 1012 - 1026

Card

0	1
---	---

1009 -
1010

Type

2

1038

Batch

1027 - 1031

Interviewer no. 1032 - 1037

Spare 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

BLUE

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 **13** 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 **13** years old
write in

Cigarette Smoking

KSMOKCIG

- Q1** Have you ever tried smoking a cigarette, even if it was only a puff or two?

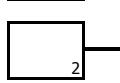
Tick one box

1051

Yes

 1
 2

No



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

1052

I have never smoked

 1

→ 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?

1053 - 1054

I was years old

years old

→ Go to question 4

write in

KCIGWEEK

- Q4** Did you smoke any cigarettes last week?

Tick one box

1055

No

 2

→ Go to question 5

Yes

 1

How many cigarettes did you smoke last week?

1056 - 1058

I smoked

cigarettes

Write in

Spare 1059 - 1074

KCIGNUM

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

1075

Yes

→ Go to question 7

No

→ Go to question 6

ADRPOPS

- Q6** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box

1076

Yes

→ Go to question 7

No

→ END

- Q7** How old were you the first time you had a proper alcoholic drink or an alcopop?

1077 - 1078

I was

years old

Go to question 8

write in

ADRINKOF

- Q8** How often do you usually have an alcoholic drink or alcopop?

Tick one box

1079

Almost every day

→ Go to question 9

About twice a week

About once a week

About once a fortnight

About once a month

Only a few times a year

I never drink alcohol now

ADRLAST

Q9 When did you **last** have an alcoholic drink or alcopop?

Tick one box

1080

Today

1

Yesterday

2

Some other time during the last week

3

1 week, but less than 2 weeks ago

4

2 weeks, but less than 4 weeks ago

5

1 month, but less than 6 months ago

6

6 months ago or more

7

→ Go to question 10

→ END

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

2

→ Go to question 11

Yes

1

Spare 1082

How much did you drink in the last 7 days?

Write in:

1083 - 1086

**Pints (if half a pint,
write in ½)**

Spare 1087

1088 - 1089

Large cans or bottles

Spare 1090

1091 - 1092

Small cans or bottles

ABER2QPT**ABER2QLC****ABER2QSM**

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

1093

No

 2

→ Go to question 12

Yes

 1


How much did you drink in the last 7 days?

Write in:

1095 - 1096

Spare 1094

ASPIRQGS**ASHERW**

Q12 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

1097

No

 2

→ Go to question 13

Yes

 1


How much did you drink in the last 7 days?

Write in:

1099 - 1100

Spare 1098

ASHERQGS**AWINNEW**

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

1101

No

 2

→ Go to question 14

Yes

 1


How much did you drink in the last 7 days?

Write in:

1103 - 1104

Spare 1102

AWINEQG

Glasses

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

1116
No 2

Yes 1

→ Go to question 15

How much did you drink in the last 7 days?

Write in:

1118 - 1119

Spare 1117

Large cans or bottles

1121- 1122

Spare 1120

AND/OR

Small cans or bottles

APOPSQLG

APOPSQSM

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

1123
No 2

Yes 1

→ END

→ Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

1124

1125 - 1134

1135

1136 - 1145

1146

1147 - 1156

Spare 1157 - 1170

Thank you for answering these questions.

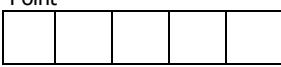
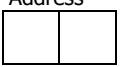
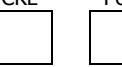
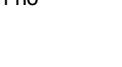
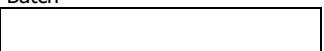
Please give the booklet back to the interviewer.

NDNS

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 ...

 1	 2	 3	 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.

Example 3: Would you like to lead a healthier life than you do now?

 Tick **one** box

Yes



Go to question 4

No



Go to question 5

By following the instructions carefully you will miss out questions which do not apply to you.

PEACH

SMOKING

DSMOKEVER

Q1 Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?

Tick one box
1051

Yes 1 → Go to question 2

No 2 → Go to question 11 on page 3

DCIGEVER

Q2 Have you ever smoked a cigarette?

Tick one box
1052

Yes 1 → 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?

1053 - 1054

Write in how old you were then

→ Go to question 4

DSMOKNOW

Q4 Do you smoke cigarettes at all nowadays?

Tick one box
1055

Yes 1 → Go to question 6

No 2 → Go to question 5

DCIGREG

Q5 Did you smoke cigarettes regularly or occasionally?

Regularly, that is at least one cigarette a day

Tick one box

1056
 1 → 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 → Go to question 11 on page 3

CURRENT SMOKERS

Q6 About how many cigarettes a day do you usually smoke on weekdays?

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?

1060 - 1062

DCIGWEND

Write in number smoked a day

→ Go to question 8 on page 2

DCIGTYPE

Q8 Do you mainly smoke ...

Tick one box

1063

filter-tipped cigarettes,

1

plain or untipped cigarettes,

2

or hand-rolled cigarettes?

3

→ **Go to question 11**

DCIGUSED

Q9 About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

1064 - 1066

Write in number smoked a day

→ **Go to question 10**

DCIGSTOP

Q10 How long ago did you stop smoking cigarettes regularly?
Was it...

Tick one box

1067

...less than 6 months ago,

1

...6 months to 1 year ago,

2

...1 to 2 years ago,

3

...2 to 5 years ago,

4

...5 to 10 years ago,

5

...or more than 10 years ago,

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

→ Go to question 14

No

→ 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

→ Go to question 14

Never

→ 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

→ END

Used to drink but stopped

DDRINKAG

Q14 How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then

1078 - 1079

→ 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 | <input type="checkbox"/> 01 | → Go to question 16 |
| Five or six days a week | <input type="checkbox"/> 02 | |
| Three or four days a week | <input type="checkbox"/> 03 | |
| Once or twice a week | <input type="checkbox"/> 04 | |
| Once or twice a month | <input type="checkbox"/> 05 | |
| Once every couple of months | <input type="checkbox"/> 06 | |
| Once or twice a year | <input type="checkbox"/> 07 | |
| Not at all in the last 12 months | <input type="checkbox"/> 08 | |

→ END

DDRINKL7

Q16 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

1082

- | | | |
|-----|----------------------------|---------------------|
| Yes | <input type="checkbox"/> 1 | → Go to question 17 |
| No | <input type="checkbox"/> 2 | → END |

DDRNKDAY

Q17 On how many days out of the last seven did you have an alcoholic drink?

Tick one box

1083

- | | | |
|-------|----------------------------|---------------------|
| One | <input type="checkbox"/> 1 | → Go to question 18 |
| Two | <input type="checkbox"/> 2 | |
| Three | <input type="checkbox"/> 3 | |
| Four | <input type="checkbox"/> 4 | |
| Five | <input type="checkbox"/> 5 | |
| Six | <input type="checkbox"/> 6 | |
| Seven | <input type="checkbox"/> 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

TICK ALL DRINKS DRUNK ON THAT DAY

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.

1084-1099

01

Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)

02

Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

03

Sherry or martini (including port, vermouth, cinzano, dubonnet)

04

Wine (including babycham and champagne). You can write in parts of a bottle e.g. half a bottle

05

Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

06

Other kinds of alcoholic drink
WRITE IN NAME OF DRINK

1. []

07

2. []

08

WRITE IN HOW MUCH DRUNK ON THAT DAY

Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
--	-------	--------------------------	--------------------------

NBERQPT7 DNLB7Q2 DNLB7Q3

[] [] []

1100-
1107

SBERQPT7 DSBL7Q2 DSBL7Q3

[] [] []

1108-
1115

DSPIRL7Q

[]

1116-
1117

DSHRL7Q

[]

1118-
1119

Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
-----------------------------	--------------------------------	-----------------------------	--------------------

DW250ML DW175ML DW125ML DWBTL

1120-
1128

Small cans or
bottles

[]

1129-
1130

DPOPSL7Q

Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
--	-------	--------------------------	--------------------------

1131-
1140

1141-
1150

Spare 1151 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

National Diet and Nutrition Survey (NDNS)

P8752 Year 3

Program Documentation

Nurse Schedule

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

- Instructions for the nurse 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.

Contents:

HOUSEHOLD GRID	2
NURSE SCHEDULE.....	4
INFANT LENGTH	10
FOR RESPONDENTS AGED 18 MONTHS TO 2 YEARS	10
PRESCRIBED MEDICATIONS	12
MID-UPPER ARM CIRCUMFERENCE	13
FOR RESPONDENTS AGED 15 AND UNDER	13
BLOOD PRESSURE	15
FOR RESPONDENTS AGED 5 AND OVER WHO ARE NOT PREGNANT	15
DEMI-SPAN.....	20
FOR ALL RESPONDENTS AGED 65 AND OVER OR THOSE WITH AN UNRELIABLE HEIGHT MEASUREMENT	20
WAIST AND HIP	22
FOR RESPONDENTS AGED 11 AND OVER WHO ARE NOT PREGNANT	22
BMI TO GP CONSENT	25
URINE INTRODUCTION	26
FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO ARE NOT PREGNANT.....	26
URINE COLLECTION	31
FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO ARE NOT PREGNANT.....	31
BLOOD SAMPLE	38
FOR ALL RESPONDENTS WHO ARE NOT PREGNANT	38
DRUGS.....	53

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.

: 0..120

AgeOfM

Age in months

: 00..1440

DOB

82709 CAPI_NURSE_v1.1

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]

NDNS YEAR 3 CAPI_NURSE

BMI

NURSE: From NRF please enter BMI calculation for RESPONDENT NUMBER.

If no BMI available code 'Don't Know' <Ctrl K>

: 5.0..50.0

NURSE SCHEDULE

RName

Name of respondent.
: STRING [20]

RAge

Age of respondent.
Range: 0..120

RDoB

DoB of respondent
: DATETYPE

MonthAge

Age of infant respondent (in months).
: 0..97

RDemiS

Requires demi-span?
1 Yes
2 No

WeekAge

Age of infant respondent (in weeks).
: 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.
: 0..2

RefInfo

Name is recorded as having refused a nurse visit.
Please check if he/she has changed his/her mind.
1 Change "Yes, now agrees to nurse visit"
2 Still "No, still refuses nurse visit"

NDNS YEAR 3 CAPI_NURSE

Info

NURSE: You are in the Nurse Schedule for...

Person (*Person number*)
Name (*Respondent name*)
Age (*Respondent age at date of 1st Interviewer visit*)
DOB (*Respondent date of birth*)
Sex (*Respondent sex*)
Height (*Respondent Height cm*)
Weight (*Respondent Weight kg*)
BMI (*Respondent BMI*)

LInfo

- | | | |
|---|-----|---|
| 1 | Yes | "Yes, I will do the interview now" |
| 2 | No | "No, I will not be able to do this interview" |

InfoS

Safety copy of Info

- | | | |
|---|-----|---|
| 1 | Yes | "Yes, I will do the interview now", |
| 2 | No | "No, I will not be able to do this interview" |

StrtNur

Start time of the interview

: TIMETYPE

MachDate

Automatically recorded date of interview

: DATETYPE

NEndDate

Date at end of interview

: DATETYPE

DateOK

NURSE : Today's date according to the laptop is (*Date*).

Is this the correct date?

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

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.

: 1..31

NDNS YEAR 3 CAPI_NURSE

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.

: 1890..2008

NDoB

Date of birth (derived)

: DATETYPE

DoBDisc

NURSE: Please explain the difference between date of birth the Interviewer recorded (Date of birth of respondent) and date of birth you have just recorded (Date of birth derived).

:OPEN

HHAge

Age of respondent based on Nurse entered date of birth and date at time of household interview.

: 0..120

ConfAge

: 0..120

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 (Age IN 16..49) AND (Sex = Female) THEN

PregNTJ

Can I check, are you pregnant or breastfeeding at the moment?

1 Yes

2 No

HlthCh

(Can I just check,) have there been any changes to you/your child's general health since you/he/she were/was visited by the interviewer?

1 Yes

2 No

If (HlthCh = Yes) THEN

HlthChWh

INTERVIEWER: PLEASE RECORD DETAILS OF THE RESPONDENT'S CHANGE IN GENERAL HEALTH.

: OPEN

IF (PregNTJ = No) THEN

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

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"

NoBP

NURSE: No blood pressure reading to be done.

Press <1> and <Enter> to continue.

1 Continue

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

NURSE: Respondent is pregnant.

No measurements to be done.

1 Continue

NoCodes

NURSE: No blood to be taken.

- Circle consent codes 12, 14, 16, 18 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

1 Continue

(Age = 0-4) OR (IF PregNTJ = Yes) OR (IF UPreg = Pregnant)

IF no NoCodeB = RESPONSE, THEN WE SHOULD ROUTE NURSES TO "THANKS" and route them out of the CAPI

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.

Press <1> and <Enter> to continue."

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).

Press <1> and <Enter> to continue.

1 Continue

NDNS YEAR 3 CAPI_NURSE

EndReach

NURSE: End of questionnaire reached

Press <1> and <Enter> to continue."

1 Continue

NurOut

NURSE: Why were you not able to complete the nurse schedule for person (*Person Number: Respondent Name*)?

Thank

NURSE: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

1 Continue

INFANT LENGTH
FOR RESPONDENTS AGED 18 MONTHS TO 2 YEARS

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

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.. TryNot or 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)" |

NDNS YEAR 3 CAPI_NURSE

IF (NoAttL = Other) THEN

OthNLth

NURSE: Enter details of other reason(s) for not obtaining/attempts the length measurement.

: STRING [100]

IF (Length <> 999.9) THEN

MbkLgth

NURSE: Write the results of the length measurement on respondent's Measurement Record Card.

1 Continue

PRESCRIBED MEDICATIONS

{Following questions asked as a loop:}

IF (MedCNJD = Yes) THEN

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 FOR RESPONDENTS AGED 15 AND UNDER

IF (Age <15) AND (UPreg = NO) THEN

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" |

IF (MUACInt = Agree) THEN

CUpArm

NURSE: Measure circumference of non-dominant arm and record in centimetres.

If measurement not obtained, enter '99.9'

: 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" |

CWhArm

NURSE: Did you take the measurement from the dominant or non-dominant arm?

- | | |
|---|--|
| 1 | Dominant, |
| 2 | Non-dominant (if not measured from right arm enter in memo/remark) |

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]

NDNS YEAR 3 CAPI_NURSE

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
FOR RESPONDENTS AGED 5 AND OVER WHO ARE NOT PREGNANT

ASK ALL AGED 5+ EXCEPT PREGNANT WOMEN

BPMOD

NURSE: Now follows the **Blood Pressure** module.

1 Continue

IF (Age >15) THEN

BPIintro

(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 5 -15) THEN

BPBblurb

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

BPCONST

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 (BPCONST = 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 (BPConst = 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.

: 001..999

CufSize

NURSE: Select cuff and attach to the respondent's **right** arm.

Ask the respondent to sit still for five minutes.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are.'

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.

: 001..999

Dias

NURSE: Enter the (**first/second/third**) diastolic reading (mmHg).

If reading not obtained, enter 999.

: 001..999

Pulse

NURSE: Enter the (**first/second/third**) pulse reading (bpm).

If reading not obtained, enter 999.

: 001..999

Full

All readings OK

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

NDNS YEAR 3 CAPI_NURSE

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 (<i>children</i>)" |
| 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)" |

NDNS YEAR 3 CAPI_NURSE

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)

NDNS YEAR 3 CAPI_NURSE

Enter these on (respondent's name)'s **Measurement Record Card** (complete new record card if required).

1 Continue

DEMI-SPAN
**FOR ALL RESPONDENTS AGED 65 AND OVER OR THOSE WITH AN
UNRELIABLE HEIGHT MEASUREMENT**

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" |

IF (Span <> 999.9) THEN

DSCard

NURSE: Write results of demi-span measurement on respondent's Measurement Record Card.

- 1 Continue

WAIST AND HIP
FOR RESPONDENTS AGED 11 AND OVER WHO ARE NOT PREGNANT

ASK ALL RESPONDENTS AGED 11+ EXCEPT PREGNANT WOMEN

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

IF (WHIntro = Agree) THEN

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" |

NDNS YEAR 3 CAPI_NURSE

**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" |

NDNS YEAR 3 CAPI_NURSE

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

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 INTRODUCTION
FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES)
WHO ARE NOT PREGNANT

UrDisp

NURSE: NOW FOLLOWS THE 24 HOUR URINE MODULE.

- 1 Continue

IF (PAge >=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 (PAge = 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) urine over a 24 hour period. We cannot get this information from their food diary or in any other way.

- 1 Continue

IF (PAge = 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 (PAge > 6) OR (PAge = 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. ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

- 1 Continue

IF (PAge >=13) THEN

UrCons

Are you willing to participate in the 24 hour urine sample?

- 1 Yes
2 No

IF (PAge = 4-12) THEN

UrPCons

And are you willing for (child's name) to participate in the 24 hour urine sample?

- 1 Yes
2 No

IF (UrCons = Yes) OR (UrPCons = Yes) THEN

PABAInt

NURSE: THE NEXT COUPLE OF QUESTIONS ARE TO DETERMINE IF IT IS SAFE FOR THE RESPONDENT TO TAKE PABA TABLETS.

1 Continue

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
- ...Sulfamethoxazole BNF CODE 50108
- ...Monotrim BNF CODE 50108
- ...Sultrin BNF CODE 70202

(THESE ARE ALL SULPHONAMIDES)

1 Yes
2 No

IF (UrChk1 = No) THEN

UrChk2

Can I check, are/(is) you/(child's name) allergic to any of the following things?

- hair dye
- sunscreen
- vitamins

1 Yes
2 No

IF (UrChk1 = Yes) or (UrChk2 = Yes) THEN

NoPABA1

NURSE: THIS RESPONDENT MUST NOT TAKE PABA TABLETS BECAUSE THEY HAVE TOLD YOU THEY ARE (TAKING SULPHONAMIDES) / (TOLD YOU THEY ARE ALLERGIC TO HAIR DYE, SUNSCREEN OR VITAMINS) / (NOT BEEN ABLE TO TELL YOU IF THEY ARE TAKING SULPHONAMIDES) / (NOT BEEN ABLE TO TELL YOU IF THEY ARE ALLERGIC TO HAIR DYE, SUNSCREEN OR VITAMINS). THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CONSENT CODE 06 AT QUESTION 9 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

1 Continue

IF (UrChk1 = No) or (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. ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

1 Continue

IF (PAge >= 16) THEN

UPABCOn

NURSE: IS THE RESPONDENT WILLING TO TAKE PABA TABLETS?

- 1 Yes
- 2 No

IF (PAge <16) THEN

UPABPCon

NURSE: IS THE PARENT OR LEGAL GUARDIAN WILLING FOR CHILD TO TAKE PABA TABLETS?

- 1 Yes
- 2 No

If (UPABCon = Yes) OR (UPABPCon = Yes)

PABAPck

NURSE: EXPLAIN TO THE RESPONDENT THAT YOU WILL NEED TO COLLECT THE PABA PACKAGING WHEN YOU COME BACK TO SUB-SAMPLE THEIR URINE. THIS IS JUST SO THAT YOU CAN SEND IT BACK TO HNR SO THEY CAN BE SURE HOW MANY TABLETS WERE TAKEN AND CAN THEREFORE ANALYSE THE URINE ACCURATELY.

- 1 Continue

IF (UPABCon = Yes) THEN

UPABCOn1

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA. ASK RESPONDENT TO INITIAL FIRST BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET. ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (UPABPCon = Yes) THEN

UPABCOn2

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA. ASK PARENT/LEGAL GUARDIAN TO INITIAL FIRST BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (UPABCon = No) OR (UPABCOn1 = No) OR (UPABCOn2 = No) THEN

NoPABA2

NURSE: THIS RESPONDENT HAS NOT CONSENTED TO TAKE PABA. THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CONSENT CODE 06 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

- 1 Continue

IF (PAge >= 16) AND (UrCons = Yes) THEN

ULABCOn1

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE.

ASK RESPONDENT TO INITIAL SECOND BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- | | | |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis" |
| 2 | No | "Written consent not obtained for lab analysis" |

IF (UrCons = Yes) OR (UrPCons = Yes) THEN

ULABCon2

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE.

ASK PARENT/LEGAL GUARDIAN TO INITIAL SECOND BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- | | | |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis" |
| 2 | No | "Written consent not obtained for lab analysis" |

IF ((PAge >= 16) AND (UPABCon = Yes)) OR ((PAge < 16) AND (UPABPCon = Yes)) THEN

Code05

NURSE: CIRCLE CONSENT CODE 05 (CONSENT TO TAKE PABA) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

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

IF ((PAge >= 16) AND (UPABCon = No)) OR ((PAge < 16) AND (UPABPCon = No)) THEN

Code06

NURSE: CIRCLE CONSENT CODE 06 (NO CONSENT TO TAKE PABA) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

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

IF ((PAge >= 16) AND (ULabCon1 = Yes)) OR ((PAge < 16) AND (ULabCon2 = Yes)) THEN

Code07

NURSE: CIRCLE CONSENT CODE 07 (CONSENT FOR LAB ANALYSIS) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

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

IF ((PAge >= 16) AND (ULabCon1 = No)) OR ((PAge < 16) AND (ULabCon2 = No)) THEN

Code08

NURSE: CIRCLE CONSENT CODE 08 (NO CONSENT FOR LAB ANALYSIS) AT QUESTION 9 ON FRONT OF OFFICE CONSENT BOOKLET.

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

IF (ULabCon1 = Yes) OR (ULabCon2 = Yes) THEN

UrExpl

NURSE: MAKE SURE YOU HAVE EXPLAINED ALL PROCEDURES AND PROTOCOLS ABOUT WHAT IS INVOLVED FULLY TO THE RESPONDENT OR PARENT/LEGAL GUARDIAN.

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

UrAppt

NURSE: PLEASE DO THE FOLLOWING....

- 1) AGREE A DATE WITH THE RESPONDENT WHEN THEY WILL COLLECT URINE FOR 24 HOURS (STARTING COLLECTION ON ANY DAY EXCEPT A THURSDAY).
- 2) MAKE AN APPOINTMENT WITH THE RESPONDENT TO COLLECT THEIR SAMPLE, IDEALLY ON EITHER THE DAY THEY STOP COLLECTING URINE OR THE FOLLOWING DAY (i.e. the day after collection finished). SCHOOL AGED CHILDREN SHOULD ALWAYS BE ASKED TO COLLECT THEIR URINE ON A NON-SCHOOL DAY.
- 3) EXPLAIN THE COLLECTION PROTOCOL.
- 4) IF THE RESPONDENT IS TAKING PABA, REMIND THEM THAT YOU WILL BE COLLECTING THE PACKAGING AT YOUR RETURN VISIT.
- 5) COMPLETE SECTION A OF THE 24 HOUR URINE COLLECTION FORM.
- 6) GIVE THE RESPONDENT THE URINE COLLECTION SHEET AND ASK THEM TO COMPLETE SECTION B DURING THEIR COLLECTION PERIOD.

1 Continue

**IF (Nappies = Yes) OR (UrCons = No) OR (UrPCons = No) OR (ULabCon1 = No)
OR (ULabCon2 = No) THEN**

NoUri

NURSE: NO URINE SAMPLE TO BE TAKEN.

CIRCLE CONSENT CODES 06, 08, 10 ON FRONT OF OFFICE CONSENT BOOKLET.

1 Continue

URINE COLLECTION
FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO
ARE NOT PREGNANT

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 (UrJugs = 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'.

: 0.01..9.99

UrWt2

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places. If measurement not obtained, enter '9.99'.

: 0.01..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'.

0.01..9.99

IF (UrJugs = Two) OR (UrJugs = 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'.

0.01..9.99

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'.

NDNS YEAR 3 CAPI_NURSE

: 0.01..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'.

: 0.01..9.99

UrSDay

On what date did you start your urine collection?

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 1..31

UrSMon

Enter the code for the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET."

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

UrSYr

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

UrSDate

On what date did you start your urine collection?

: DATETYPE

UrSHrs

At what time did you start your urine collection?

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

UrSMin

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NDNS YEAR 3 CAPI_NURSE

: 0..59

UrSTime

At what time did you start your urine collection?

: TIMETYPE

UrEDay

On what date did you finish your urine collection?

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET."

: 1..31

UrEMon

Enter the code for the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

UrEYr

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

UrEDate

On what date did you start your urine collection?

: DATETYPE

UrEHrs

At what time did you finish your urine collection?

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

UrEMin

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..59

NDNS YEAR 3 CAPI_NURSE

UrETime

At what time did you start your urine collection?

: TIMETYPE

ChkMss

Did you/(child's name) miss collecting any samples during the 24 hour period?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

- 1 Yes
- 2 No

IF (ChkMss = Yes) THEN

HowManM

How many did you/(child's name) miss?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 1..10

IF (ChkMss = Yes) THEN

DatMssD

Date of (*first/second/third/fourth/fifth*) missed sample.

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:1..31

DatMssM

Enter the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

DatMssY

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

DatMss

Date of missed sample.

: DATETYPE

TimMssH

Time of (*first/second/third/fourth/fifth*) missed sample.

NDNS YEAR 3 CAPI_NURSE

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:0..23

TimMssM

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:0..59

TimMss

Time of missed sample.

:TIMETYPE

IF (UPABCon1 = Yes) OR (UPABCon2 = Yes) THEN

AiIPABA

I now need to record information about the PABA tablets you took.

Did you take all three PABA tablets?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NURSE: PLEASE REMEMBER TO OBTAIN THE PABA BLISTER PACK AND RETURN IT TO HNR, REGARDLESS OF HOW MANY TABLETS HAVE BEEN TAKEN.

1 Yes

2 No

IF (AiIPABA = No) THEN

ChkPABA

Did you/(child's name) take any of the PABA tablets?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NURSE: PLEASE REMEMBER TO OBTAIN THE PABA BLISTER PACK AND RETURN IT TO HNR, REGARDLESS OF HOW MANY TABLETS HAVE BEEN TAKEN.

1 Yes

2 No

IF (AiIPABA = Yes) OR (ChkPABA = Yes) THEN

DatPABD

Date (*first/second/third*) PABA tablet taken.

NURSE: If (*first/second/third*) PABA tablet not taken enter CTRL/K.

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:1..31

DatPABM

Enter the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

1 January

2 February

3 March

4 April

5 May

NDNS YEAR 3 CAPI_NURSE

- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

DatPABY

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

IF (AIIPABA = Yes) OR (ChkPABA = Yes) THEN

DatPAB

Date (*first/second/third*) PABA tablet taken

: DATETYPE

TimPABH

Time (*first/second/third*) PABA tablet taken.

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

TimPABM

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..59

TimPAB

Time PABA tablet taken.

: TIMETYPE

IF (PAge >= 16) THEN

Diet

Were/(was) you/(child's name) taking any dietary supplements on the days you collect the urine sample?

1 Yes

2 No

IF (Diet = Yes) THEN

DWhat

What did you/(child's name) take?

NURSE RECODE NAME OF SUPPLEMENT TAKEN

: STRING[60]

DMore

Any others?

1 Yes

2 No

IF (PAge >= 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 (PAge<16) THEN

StrUrC

May we have your consent to store any of (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

ASK RESPONDENT/(PARENT / LEGAL GUARDIAN) TO INITIAL THIRD BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET

CIRCLE CONSENT CODE 9 AT QUESTION 9 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

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

IF (StrUrA = No) OR (StrUrC = No) THEN

Code10

NURSE: CIRCLE CONSENT CODE 10 (NO CONSENT FOR URINE STORAGE) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE

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

Thanks

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR £10 GIFT VOUCHERS WILL BE POSTED TO THEM FROM THE OFFICE.

NURSE: REMEMBER TO LEAVE THE PALE GREY £10 PROMISSORY NOTE WITH THE RESPONDENT.

PRESS <1> AND <ENTER> TO CONTINUE

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

BLOOD SAMPLE
FOR ALL RESPONDENTS WHO ARE NOT PREGNANT

ASK ALL RESPONDENTS AGED 4+ EXCEPT PREGNANT WOMEN

B1Intro

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

NFB1Int

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 <=16) THEN

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 (AGE <=16) AND (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) THEN

ClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin? (NURSE: Aspirin therapy is not a contraindication for blood sample.)

NOTE TO NURSE: CLOPIDOGREL, PERSANTIN, DIPYRIDAMOLE AND OTHER ANTI-PLATELET DRUGS ARE NOT A CONTRAINDICATION FOR BLOOD SAMPLE

1 Yes

2 No

IF (Age >=16) AND (ClotB = No) THEN

FitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

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 | "Yes" |
| 2 | No | "No" |
| 3 | Unable | "Respondent unable to give a blood sample
for reason other than refusal (please specify at next question)" |

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 | |
| 3 | Unable | "Respondent unable to give a blood sample
for reason other than refusal (please specify at next question)" |

IF (BSWill = No) OR (CBSConst = 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 | III | "Refused because of current illness" |
| 5 | HIV | "Worried about HIV or AIDS" |
| 6 | NoPaed | "No paediatric phlebotomist available" |
| 7 | Parent | "Parent doesn't agree with it/thinks child too young" |
| 8 | Busy | "Too busy" |
| 9 | Time | "Time constraints (i.e. appointment timings not convenient)" |
| 97 | Other | "Other" |

IF (RefBSC = Other) THEN

OthRefBS

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

UnReas

NURSE: Record why respondent unable to give a blood sample (i.e. reason other than refusal).

: STRING[100]

**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 = 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 (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:

NDNS YEAR 3 CAPI_NURSE

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 (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

AmetInt

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

IF (AGE <16) THEN

TClotB

May I just check again, do/(does) you/(child's name)have a clotting or bleeding disorder or are you 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 (AGE > 16) THEN

TClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

NURSE: Aspirin therapy is not a contraindication for blood sample

NOTE TO NURSE: CLOPIDOGREL, PERSANTIN, DIPYRIDAMOLE AND OTHER ANTI-PLATELET DRUGS ARE NOT A CONTRAINDICATION FOR BLOOD SAMPLE.

1 Yes

2 No

IF (AGE > 16) THEN

TFitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

1 Yes

2 No

IF (TFitC = 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 (TFitC = 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

NDNS YEAR 3 CAPI_NURSE

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 ^PName. 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
- 3 Unable "Respondent unable to give a blood for reason other than refusal (please specify at next question)"

IF (Age < 16) THEN

TCBSConst

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
- 3 Unable "Respondent unable to give a blood for reason other than refusal (please specify at next question)"

IF (TCBSConst = Yes) THEN

AmetopUse

(ASK PARENT)

Do you want Ametop gel to be used?

- 1 Yes
- 2 No

IF (AmetopUse = Yes) THEN

Allergy

(ASK PARENT)

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?

Code 1 if Yes, willing to give blood sample without Ametop gel

Code 2 if No, not willing to give blood sample without Ametop

- 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 (BSWill = No) OR (CBSConst = No) THEN

TRefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

PrevDiff	"Previous difficulties with venepuncture",
Fear	"Dislike/fear of needles",
RecTest	"Respondent recently had blood test/health check",
III	"Refused because of current illness",
HIV	"Worried about HIV or AIDS",
NoPaed	"No paediatric phlebotomist available",
Parent	"Parent doesn't agree with it/thinks child too young",
Busy	"Too busy",
Time	"Time constraints (i.e. appointment timings not convenient)",
Other	"Other"

TOthRef

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

TUnReas

NURSE: Record why respondent unable to give a blood sample (i.e. reason other than refusal).

: STRING [100]

NDNS YEAR 3 CAPI_NURSE

IF (TBSWill = Yes) OR ((TCBSConst = Yes) AND (AmetopUse = No)) OR ((TCBSConst = Yes) AND (AmetopUse = Yes) AND (Allergy = No)) OR ((TCBSConst = 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]

Code11C

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL FIRST BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.
- MAKE SURE (*child's*) NAME IS FILLED IN BOTH COPIES.
- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES.
- TICK THE BOX "With the use of Ametop"
- CIRCLE CONSENT CODE 11 AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

Code11A

NURSE:

- ASK RESPONDENT TO INITIAL FIRST BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.
- MAKE SURE RESPONDENT'S NAME IS FILLED IN BOTH COPIES.
- ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES.
- CIRCLE CONSENT CODE 11 AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (TBSStop=1) THEN

Code12

NURSE: CIRCLE CONSENT CODE 12 (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

NDNS YEAR 3 CAPI_NURSE

Press <1> and <Enter> to continue.

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

ASK Respondent: May we have your consent to store any remaining blood for future analysis?

NURSE: IF ASKED, 'THE BLOOD WOULD BE USED FOR TESTS RELATING TO NUTRITION AND HEALTH. THE TESTS WOULD BE APPROVED BY AN ETHICS COMMITTEE'. NURSE: IF ASKED, EXPLAIN THE RESPONDENT CAN WITHDRAW THEIR CONSENT AT ANY TIME, WITHOUT GIVING ANY REASON, BY ASKING THE INVESTIGATORS IN WRITING FOR BLOOD TO BE REMOVED FROM STORAGE AND DESTROYED.

1 Yes "Storage consent given",
2 No "Consent refused"), NORF, NORF

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)

NDNS YEAR 3 CAPI_NURSE

.....7. Lithium/heparin (4.5ml) tube **orange** cap, label LH N3 (9)

.....8. EDTA (2.7ml) tube **red** cap, label E N2 (4)

B) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- 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

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, 4.7ml) 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)).

NDNS YEAR 3 CAPI_NURSE

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) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- 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"
---	------	---------------------

NDNS YEAR 3 CAPI_NURSE

- | | | |
|---|------|-------------------------|
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF3CO

NURSE: Code if the 1st serum (brown, 2.6ml) 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, 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 = 7 – 15) THEN

SampF5CO

NURSE: Code if the 2nd lithium heparin (orange, 2.7ml) 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) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- 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 |
|---|----------|

NDNS YEAR 3 CAPI_NURSE

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, 1.1ml) 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.

NDNS YEAR 3 CAPI_NURSE

: 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.

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

ThanksB

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR £15 GIFT VOUCHERS WILL BE POSTED TO THEM FROM THE OFFICE.

NURSE: REMEMBER TO LEAVE THE YELLOW £15 PROMISSORY NOTE WITH THE RESPONDENT.

1 Continue

DRUGS

DrC1

NURSE : Enter code for (*drug*).
: STRING [6]

YTake1

Do you take (*drug*) because of a heart problem, high blood pressure or for some other reason?

Heart "Heart problem",
HBP "High blood pressure",
Other "Other reason"

TakeOth1

NURSE : Give full details of reason(s) for taking (*drug*).
Press <Esc> when finished.
: OPEN

NATIONAL DIET AND NUTRITION SURVEY

PROMPT CARDS

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 Civil partner
- 3 Partner/Cohabitee
- 4 Natural son/daughter
- 5 Adopted son/daughter
- 6 Foster child
- 7 Stepson/stepdaughter
- 8 Son-in-law/daughter-in-law
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent
- 13 Parent-in-law
- 14 Natural brother/sister
- 15 Half-brother/sister
- 16 Step-brother/sister
- 17 Adopted brother/sister
- 18 Foster brother/sister
- 19 Brother/sister-in-law
- 20 Grand-child
- 21 Grand-parent
- 22 Other relative
- 23 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 rodents / 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 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 K

- 1 Working Families Tax Credit (now replaced with Working Tax Credit and Child Tax Credit)
- 2 Income Support
- 3 Income-based Jobseekers Allowance
- 4 None of these

CARD L

- 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 M

- 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 N

- 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 O

- 1 Never
- 2 Less than once per month
- 3 On one to three days per month
- 4 On one to two days per week
- 5 On three to four days per week
- 6 On five to six days per week
- 7 Every day in the last month

CARD P

- 1 Sprats
- 2 Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))
- 3 Cassava chips/Cassava crisps
- 4 Seaweed (includes hijiki, wakame)
- 5 Sushi (includes purchased sushi)
- 6 Papaya (includes fresh and canned)
- 7 Dried papaya
- 8 Game (includes venison, rabbit, pheasant, partridge, wood pigeon, hare or wild boar)
- 9 Non cow's milk (includes rice milk, soya milk, sheep's milk or goat's milk)
- 10 Fish eggs (e.g. caviar, cod's roe)
- 11 Smoked sausages
- 12 Goji berries
- 13 Fish liver (not oil)
- 14 Dark chocolate i.e. 50% or higher cocoa solids
- 15 Okra

CARD Q

- 1 Less than once per month
- 2 On one to three days per month
- 3 On one to two days per week
- 4 On three or more days per week

CARD R

- 1 Pheasant
- 2 Partridge
- 3 Quail
- 4 Wood pigeon
- 5 Rabbit
- 6 Venison
- 7 Hare
- 8 Grouse
- 9 Other

CARD S

- 1 Rice milk
- 2 Soya milk
- 3 Sheep's milk
- 4 Goat's milk
- 5 Other

CARD T

- 1 Kabanos
- 2 Kielbasa
- 3 Bratwurst
- 4 Cervelat or Summer Sausage
- 5 Andouille
- 6 Knackwurst
- 7 Linguica
- 8 Chorizo
- 9 Mortadella
- 10 Hot Dogs
- 11 Bologna
- 12 Other

CARD U

- 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 V

- 1 Orange
- 2 Lemon
- 3 Kiwi fruit
- 4 Grapefruit
- 5 Mango
- 6 Banana
- 7 Lime
- 8 Pineapple
- 9 Soft citrus fruit (satsumas / mandarins / clementines)
- 10 Melon

CARD W

- 1 Every day / most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month

CARD X

- 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 Y

- 1 No difficulty
- 2 A little difficulty
- 3 A fair amount of difficulty
- 4 A great amount of difficulty

CARD Z

- 1 Could eat easily
- 2 Could eat with some difficulty
- 3 Could not eat at all

CARD AA

- 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 BB

- 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 CC

- 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 CC 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 DD

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 EE

- 1 Less than once a month
- 2 One to three times a month
- 3 Once a week
- 4 Two to four times a week
- 5 Once a day
- 6 Two to three times a day
- 7 Four or more times a day

CARD FF

- 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 GG

- 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 HH

- 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 Free food BEFORE school
- 7 Free food AFTER school
- 8 Other

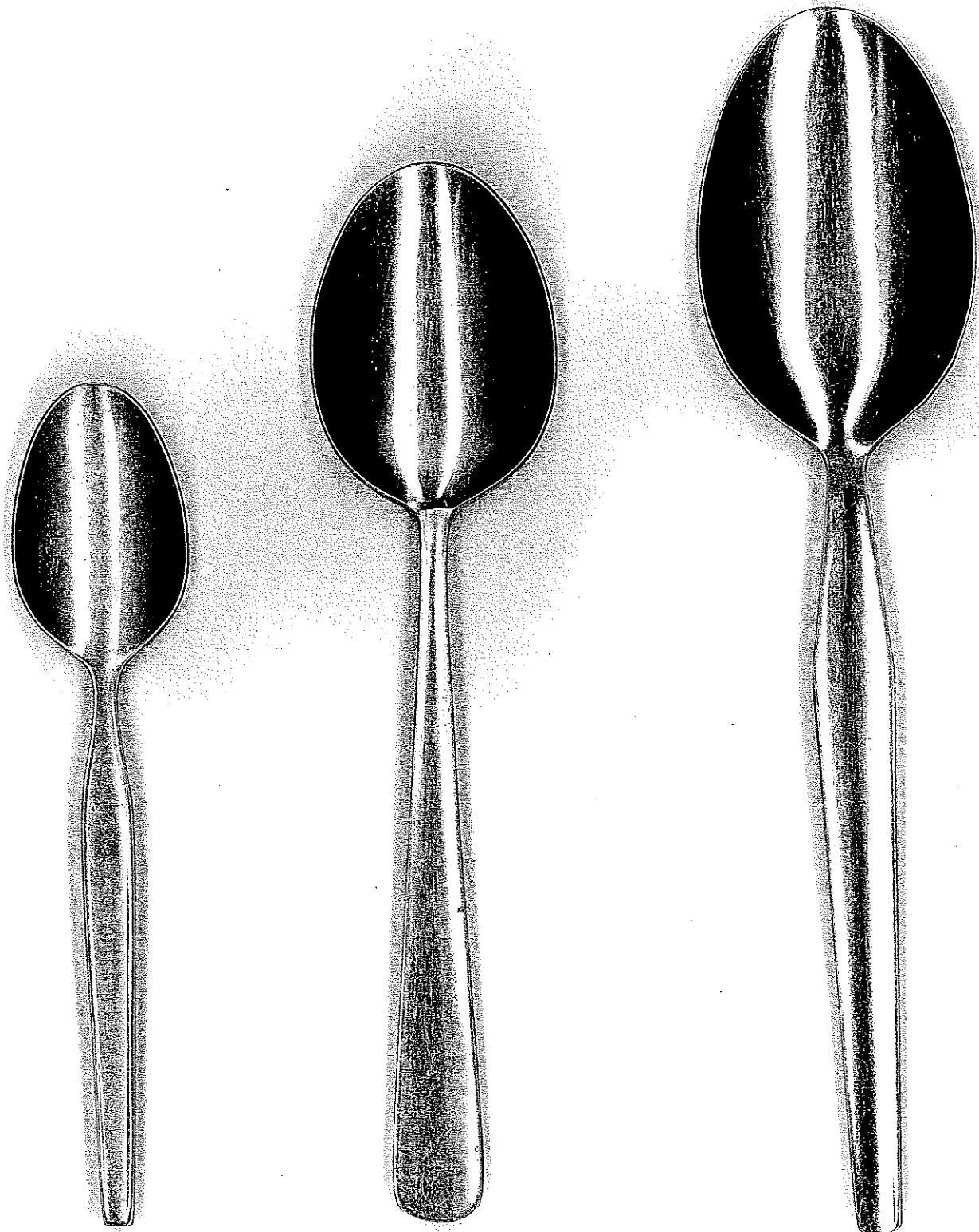
CARD II

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*) _____

GP NAME AND ADDRESS

7. 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

- a) Blood pressure to **GP**
- b) Body Mass Index (BMI) to **GP**
- c) Take PABA tablet
- d) Lab analysis of Urine
- e) Urine sample for **storage**
- f) Sample of blood to be taken
- g) Blood sample result to **GP**
- h) Blood sample for **storage**
- i) Blood sample result to **respondent**

YES

NO

- | | |
|----|----|
| 01 | 02 |
| 03 | 04 |
| 05 | 06 |
| 07 | 08 |
| 09 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 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:

RESPONDENTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	EN1	Addenbrookes	DESP ADDX
2	SERUM 1	BROWN	SEN1	Addenbrookes	DESP ADDX
3	SERUM 2	WHITE	SEN2	Field Lab	DESP FL2.1
4	LI HEP 1	ORANGE	LHN1	Field Lab	DESP FL2.1
5	LI HEP 2	ORANGE	LHN2	Field Lab	DESP FL2.1
6	FLUORIDE	YELLOW	FN1	Field Lab	DESP FL2.1
7	LI HEP 3	ORANGE	LHN3	Field Lab	DESP FL2.1
8	EDTA 2	RED	EN2	Field Lab	DESP FL2.1

RESPONDENTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	EN1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LHN1	Field Lab	DESP FL2.2
3	SERUM 1	BROWN	SEN1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SEN2	Field Lab	DESP FL2.2
5	LI HEP 2	ORANGE	LHN2	Field Lab	DESP FL2.2
6	FLUORIDE	YELLOW	FN1	Field Lab	DESP FL2.2

RESPONDENTS AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	EN1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LHN1	Field Lab	DESP FL2.3
3	SERUM 1	BROWN	SEN1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SEN2	Field Lab	DESP FL2.3

ADULT AGED 16+

Respondent's name _____ (BLOCK LETTERS)

- I have received the information leaflets (Interviewer and Nurse versions) 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:

BLOOD PRESSURE (TO GP) CONSENT:

Please initial box if consent given

The survey team sending my blood pressure measurement to my GP.

BMI (TO GP) CONSENT:

Please initial box if consent given

The survey team sending my body mass index (BMI) measurements to my GP.

24 HOUR URINE CONSENTS:

Please initial box if consent given

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

ADULT AGED 16+

Respondent's name _____ (BLOCK LETTERS)

- I have received the information leaflets (Interviewer and Nurse versions) 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:

BLOOD SAMPLING CONSENTS:

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

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 (Interviewer and Nurse versions) 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:

BLOOD PRESSURE (TO GP) CONSENT:

Please initial box if consent given

- The survey team sending his/her blood pressure measurement to his/her GP.

24 HOUR URINE CONSENTS:

Please initial box if consent given

- 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

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 (Interviewer and Nurse versions) 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:

BLOOD SAMPLING CONSENTS:

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

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 (Interviewer and Nurse versions) 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:

BLOOD SAMPLING CONSENTS:

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:.....

Nurses - fill in sections in bold only

Volunteer Details		Affix serial number label	Study Details
Surname: HNR (use top 9 digit number of label)			Consultant JMHNR
First name: P952			Location NDNS
Meditech COHD: SEN1 (use 7 digit no. at bottom of SEN1 label) EN1 (use 7 digit no. at bottom of EN1 label)			Title NDNS
DOB	/ /	dd/mm/yyyy	Contact
			Contact OOH
Male 1 circle as appropriate			
Female 2			

Sample Details

Date / / dd/mm/yyyy **Volunteer Fasted** **Yes** 1 circle as appropriate
Time : 24hr clock **No** 2

Sample Tube			Tests	Lab order	Lab barcode	Lab processing
Serum SEN1 brown	Full	circle as appropriate	Creatinine CRP Lipid Profile TSH Free T4 Free T3	CP952	BIOCHEM BARCODE	Automation rack
	Partial		HbA1c Red Cell Folate		EDTA sample must be labelled with both biochem&haem barcodes	
EDTA EN1 red	Full	circle as appropriate	FBC	HA952	HAEM BARCODE	Pass to Endo Staff for division of EDTA - instructions below
	Partial					

EDTA separation

Depending on sample volume split the whole blood in the following priority

FBC Minimum volume required is 1ml – there will be three options:

- Volume less than 1ml (e.g. partial sample) proceed to folate aliquoting and add Meditech comment HAZINS against the haem barcode
- Volume very close to 1ml send primary tube to Haem with the pink duplicate request form, add Meditech comment CCOM and free text against the biochem barcode
- Volume more than ~1.7ml proceed to aliquoting whole blood for folate then primary tube to Haem with the pink duplicate request form

Folate Take 2x 2ml tubes of ascorbic acid from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid – check it has not expired.
Print patient biochem barcodes (screen 66)
Label 2x defrosted 2ml ascorbic acid tubes with HNR barcode labels (FOL1 & FOL2) supplied in the delivery pack, then label with patient biochem barcodes. DO NOT COVER HNR BARCODE WITH BIOCHEM BARCODE
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
If there is insufficient volume left for A1c add a Meditech comment CCOM and free text against the biochem barcode

HbA1c 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

NATIONAL DIET AND NUTRITION SURVEY

BLOOD SAMPLE DESPATCH NOTE FIELD LAB 1 (16+)

DESP FL 2.1

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

24 hr clock

5. Time sample taken:

	:		
--	---	--	--

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

24 hr clock

B. Time of arrival

	:		
--	---	--	--

C. Complete table below:

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
EDTA (Red Top) 2.6ml (EN2)					
LiHep 1 (Orange Top) 7.5ml (LHN1)					
LiHep 2 (Orange Top) 7.5ml (LHN2)					
LiHep 3 (Orange Top) 4.5ml (LHN3)					
Plain Serum (White top) 4.5ml (SEN2)					
Fluoride (Yellow top) 1.2ml (FN1)					

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	
EN2	:			
LHN1	:			
LHN2	:			
LHN3	:			
SEN2	:			
FN1	:			

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)

Please write the sample ID no. in the box opposite before faxing this form. The sample ID is the 9 digit number at the top of the bar coded label overleaf.

Sample ID:

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
LH1	800			
LH2	800			
LHVC	300			
LH3	800			
LH4	200			
LH5	400			
LH6	400			
LH7	500			
LH8*	1500			
LH9*	600 - 1200			
E1	1000			
SE1	600			
SE2*	600			
SE3*	600			
F1	500			
LHWB (from LHN3)	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 and SE3. 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 LHN1 or LHN2 (trace metal monovettes) to fill LH5 and LH6. If you have to use LHN3 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 should be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

NATIONAL DIET AND NUTRITION SURVEY

BLOOD SAMPLE DESPATCH NOTE – FIELD LAB 1 (aged 7-15)

DESP FL2.2

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
 2

Female: 2

3. Was the respondent:

Fasted 1
Non-fasted 2

4. Date sample taken:

Day Month Year

24 hr clock

5. Time sample taken:

:

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

24 hr clock

B. Time of arrival :

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 (LHN1)					
LiHep 2 (Orange Top) 2.7ml (LHN2)					
Plain Serum (White top) 4.5ml (SEN2)					
Fluoride (Yellow top) 1.2ml (FN1)					

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	
LHN1	:			
LHN2	:			
SEN2	:			
FN1	:			

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)

Please write the sample ID no. in the box opposite before faxing this form. The sample ID is the 9 digit number at the top of the bar coded label overleaf.

Sample ID:

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
LH1	600			
LH2	800			
LHVC	300			
LH3	800			
LH4	300			
LH5	200			
LH6	500			
LH7	300			
SE1	600			
SE2	600			
SE3	600			
F1	500			
LHN1 washed RBCs	N/A	N/A	N/A	
LHN2 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 LHN1 (trace metal monovette) to fill LH4. If you have to use LHN2 plasma for LH4 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 should be returned to HNR with the samples and spare labels via courier at
the pre-arranged date.

NATIONAL DIET AND NUTRITION SURVEY

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
	2

3. Was the respondent:

Fasted	1
Non-fasted	2

4. Date sample taken:

Day	Month	Year

24 hr clock

5. Time sample taken:

		:		
--	--	---	--	--

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

--	--	--	--	--	--

24 hr clock

B. Time of arrival

		:		
--	--	---	--	--

C. Complete table below:

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
LiHep (Orange Top) 4.5ml (LHN1)					
Plain Serum (White top) 2.7ml (SEN2)					

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	
LHN1	:			
SEN2	:			

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)

Sample ID:

Please write the sample ID no. in the box opposite before faxing this form.
The sample ID is the 9 digit number at the top of the bar coded label 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
LH1	400			
LH2	600			
LHVC	300			
LH3	500			
SE1	600			
SE2	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 should 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 UDESCP(36)****Please complete one record for each respondent.****Q1** Did the respondent consent to taking PABA tablets?Yes
No **Q2** Did the respondent keep the PABA tablet packaging?Yes Send the packaging, including any remaining tablets, to HNR in the postal pack provided
No **Q3** Did the respondent consent to the storage of any remaining urine?Yes
No **Q4** 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 **Q5** and 2 litre weights at **Q6**.No Weigh the 5L bottle only. Record weights below (**Q5**).**Q5** 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 5L bottle containing the urine:

--	--

kg

- Weigh the urine a **second time** and record the weight in **kilograms** of the 5L bottle containing the urine:

--	--

Kg

- If the first and second weights differ by more than 0.02kg weigh the urine a **third time** and record the weight in **kilograms** of the 5L bottle containing the urine:

--	--

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 Q6.**

Q6. 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 2L bottle containing the urine:

--	--

kg

- Weigh the urine a **second time** and record the weight in **kilograms** of the 2L bottle containing the urine:

--	--

kg

- If the first and second weights differ by more than 0.02kg weigh the urine a **third time** and record the weight in **kilograms** of the 2L bottle containing the urine:

--	--

kg

Q7. Can all urine in the 2L bottle be transferred into the 5L bottle?

Yes Go to Q8
No Go to Q9

Q8. 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.**

Q9. 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.*

DESPATCH NOTE FOR ALL SAMPLES

DESP OFFICE

(OFFICE COPY)

1. Respondent
Details

Please affix serial number
label here

Label OFFDESP (2)

Samples obtained: (tick all that apply)

Circle one
code only

2. Age group: 16+ **1** EDTA ₁ EDTA ₂ Serum 1 Serum 2 Li Hep1
Li Hep2 Li Hep3 Fluoride 24 hr Urine

7-15 **2** EDTA ₁ Serum1 Serum 2 Li Hep 1 Li Hep2
Fluoride 24 hr Urine

4-6 **3** EDTA ₁ Serum1 Serum 2 Li Hep 1 24 hr Urine

18 mths – 3 yrs **4** EDTA ₁ Serum1 Serum 2 Li Hep 1

3. Date blood sample taken:

Day

Month

Year

4. Time Blood sample taken:

24 hr clock

:

5. Date blood despatched to
Addenbrookes:

Day

Month

Year

6. Date Urine sub-sampled:

Day

Month

Year

7. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)