

# Appendix D Interviewer (stage 1) overview of elements and documents

## D1 Overview of information collected during the interview stage

Table D.1 summarises the information collected during the interviewer stage of fieldwork. Where the information was limited to a particular age group, this is described.

Table D.1: Information collected during interviewer stage	
<b>CAPI questionnaire</b>	<b>Participant</b>
Household information	Main Food Provider (MFP)/aged 19 years and over
Information on the circumstances/ habits that could affect dietary intake	All ages
Employment status, educational background, household income	Aged 16 years and over
<b>Physical measurements</b>	
Height	Aged 2 years and over
Weight	All ages
<b>Collection of dietary data</b>	
Four day food and drink diary	All ages
<b>Self completion</b>	
Smoking and drinking	Aged 8 years and over
Recent Physical Activity	Aged 16 years and over

Interviewer stage documents are provided later in this Appendix.

## D2 Overview of Computer Assisted Personal Interview (CAPI) questionnaires

The CAPI questionnaire had three main elements: household composition/structure interview, MFP interview and individual interview.

The MFP questionnaire was divided into the following sections:

- Shopping for fresh fruit and vegetables (e.g. main type of shop used, frequency of shopping for these products).
- Food preparation (e.g. ways of preparing mince or chips, adding salt).
- Employment and education

The individual questionnaire had two parts: Part I, which was asked at the first main interviewer visit; and Part II, which was asked at the third main visit after the interviewer collected the diary. Parts I and II were both divided into a number of sections. These sections are shown in order in Table D.2, and the intended participants are indicated.

Table D.2: Content of Part I and II of the individual questionnaires

Part I sections	Participant
School provisions	Aged under 1.5-15 years (or aged 16-18 years and in full-time education)
Eating out and other provisions	All ages
Eating habits	All ages
Food avoidance	All ages
General health	All ages
Oral health	Aged 16 years and over
Drinking	Aged 8 years and over <sup>1</sup>
Smoking	Aged 8 years and over <sup>1</sup>
Education	Aged 16 years and over
Job and income	Asked of MFP or selected participant about the 'Household Reference Person' (HRP)

<sup>1</sup> Smoking and Drinking questionnaires were administered in the form of a self-completion paper booklet in Year 10. The content in Year 10 was substantially shorter than in previous years. In Year 11, the questionnaires were administered via a Computer Assisted Self Interview).

<b>Part II sections<sup>2</sup></b>	<b>Participant</b>
Mental Health	Aged 16 years and over
Dietary supplements	All ages
Physical Activity	All participants aged 2+ years <sup>3</sup>
Data linkage consent	Aged 16 years and over
Nurse introduction	All ages

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<sup>2</sup> In Year 10 (but not Year 11), participants were also asked about sun exposure.

<sup>3</sup> Children (2-15 years) were asked as part of CAPI and adults aged 16+ years as a self-completion questionnaire.

# National Diet and Nutrition Survey (NDNS)

**P12229 Year 11**

## 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 participant are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of participant’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.

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## HOUSEHOLD GRID

### **DDateSum**

INTERVIEWER: FOR YOUR INFORMATION ONLY, THE PARTICIPANT(S) WILL BE ASKED TO COMPLETE THE DIARY FOR THE FOUR DAYS BELOW.

THESE DATA WILL BE SHOWN AGAIN AT THE END OF CAPI1 WHEN YOU PLACE THE DIARY, AT WHICH STAGE YOU WILL BE ABLE TO ACCEPT OR CHANGE THESE DAYS.

Day1 : (date) (day)

Day2 : (date) (day)

Day3 : (date) (day)

Day4 : (date) (day)

Press 1 and <Enter> to continue.

### **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 **PARTICIPANT** as first person in household  
Press 1 and <Enter> to continue.

### **Name**

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

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn.

### **DVHSize**

Number in household

Range 1-10

**(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**

#### **Agelf**

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

INTERVIEWER: If participant is unable to provide their age at their last birthday or their date of birth, please thank the participant and explain that if we don't have their age then we will be unable to use their data so they are not eligible to continue with the interview. Please code "599.

OFFICE APPROVAL ONLY - Other 'unproductive' at IOut in the Admin ' block and phone the office.

Range: 0..97

**DVAge**

Age, computed (Range: 0-97)

**IF (DVAge ≥ 16) THEN**

**MarSt2**

ASK OR RECORD MARITAL STATUS.

CODE FIRST THAT APPLIES.

(HELP <F9>)

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'.

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

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

Are you / is X ...

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	<b>"Spontaneous only</b> - formerly in a legally recognised civil partnership and separated from civil partner"
8	CivilDis	<b>"Spontaneous only</b> - formerly in a legally recognised civil partnership and civil partnership is now legally dissolved"
9	CivWid	<b>"Spontaneous only</b> - a surviving civil partner (his/her partner has since died)"

**IF (more than 1 person aged 16+ in household) AND (MarStat does not equal MarrLiv OR Civil)**

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

ASK OR RECORD.

(HELP <F9>)

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

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

1	Yes	"Yes"
2	No	"No"
3	SameSex	<b>"Spontaneous only:</b> Same sex couple (but not in a formal registered civil partnership)"

**DVMarDF2**

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) 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

The following questions will vary on sample country.

**IF QSampCountry= England, Wales, Scotland THEN**

**NatIDGB**

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. NthIrish "Northern Irish",
- 5. British,
- 6. Other "Other answer"

**IF(QSampCountry= NI) THEN**

**NatIDNI**

SHOW CARD A

What do you consider ^your\_names **national identity** to be? Please choose your answer from this card."

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

**NatIDUK** (*Derived from NatIDGB*)

SHOW CARD A

What do you consider ^your\_names **national identity** to be? Please choose your answer from this card.

1. English,
2. Scottish,
3. Welsh,
4. NthIrish "Northern Irish",
5. British,
6. Other "Other answer"

**IF (NatID or NatIDGB = 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]

**EthGrpGB**

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. White "White - English / Welsh / Scottish / Northern Irish / British",
2. Irish "White - Irish",
3. Gypsy "White - Gypsy or Irish Traveller",
4. WhiteOth "Any other white background (please describe)",
5. MixedWBC "Mixed - White and Black Caribbean",
6. MixedWBA "Mixed - White and Black African",
7. MixedWAs "Mixed - White and Asian",
8. MixedOth "Any other mixed background (please describe)",
9. Indian "Asian or Asian British - Indian",
10. Pakistan "Asian or Asian British - Pakistani",
11. Bngldesh "Asian or Asian British - Bangladeshi",
12. AsianOth "Any other Asian/Asian British background (please describe)",
13. BlackCrb "Black or Black British - Caribbean",
14. BlackAfr "Black or Black British - African",
15. BlackOth "Any other Black/Black British background (please describe)",
16. Chinese,
17. Arab,
18. Other "Any other (please describe)"

**EthGrpNI**

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. Wht,
2. IrishTrv "Irish traveller",

3. Mixed,
4. Indian,
5. Pakistan,
6. Bngldesh "Bangladeshi",
7. AsianOth "Other Asian",
8. BlackCrb "Black Caribbean",
9. BlackAfr "Black African",
10. BlackOth "Other Black",
11. Chinese,
12. Other "Other ethnic group"

**EthGrpUK (Derived from EthGrpGB and EthGrpNI)**

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. White "White - English / Welsh / Scottish / Northern Irish / British",
2. Irish "White - Irish",
3. Gypsy "White - Gypsy or Irish Traveller",
4. WhiteOth "Any other white background (please describe)",
5. MixedWBC "Mixed - White and Black Caribbean",
6. MixedWBA "Mixed - White and Black African",
7. MixedWAs "Mixed - White and Asian",
8. MixedOth "Any other mixed background (please describe)",
9. Indian "Asian or Asian British - Indian",
10. Pakistan "Asian or Asian British - Pakistani",
11. Bngldesh "Asian or Asian British - Bangladeshi",
12. AsianOth "Any other Asian/Asian British background (please describe)",
13. BlackCrb "Black or Black British - Caribbean",
14. BlackAfr "Black or Black British - African",
15. BlackOth "Any other Black/Black British background (please describe)",
16. Chinese,
17. Arab,
18. Other "Any other (please describe)"

**IF (EthGrpNI = AsianOth, BlackOth, Other) THEN**

**IF (EthGrpGB= 4, 8, 12, 15 OR Other) 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 VISABLE ON THE SCREEN

(**<SEE HELP F9>** FOR POSSIBLE INTRODUCTION TO SECTION)

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 PARTICIPANT TO GIVE THE CODE NUMBER ON THE CARD RATHER THAN THE RELATIONSHIP.

See interviewer instructions for further details.

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 97.

IF PARTICIPANT 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..97

**IF (HiHNum=97) 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 PARTICIPANT (NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..97

**IF (Female adult aged ≤ 49) THEN**

**AdChk**

INTERVIEWER: When doing the selection you should have checked to ensure that (**Name of selected adult participant**) 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 'PARTICIPANT 2' AGED 18 MONTHS TO 18 YEARS. (NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..97

**P2Mum (Derived)**

Mother of selected child from HHGrid

: 0..10

**P2Dad (Derived)**

Mother of selected child from HHGrid

: 0..10

**Par1**

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

INTERVIEWER: Code first person at this question.

Range: 1..97

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

**Par2**

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

INTERVIEWER: Code second person at this question.

Range : 1..97

**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 participant**) 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 participant**) WILL NEED TO BE ASKED OF AN ADULT.

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

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

**RInfo**

INTERVIEWER: Summary of participant info .....

MFP: (**Main Food Provider name**)

Adult Participant: (**Adult participant name**)

Child Participant: (**Child participant name**)

Proxy Participant for Child:

Press 1 and <Enter> to continue.

**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 - NAME

- 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 PARTICIPANT AND LANDLORD WERE FRIENDS BEFORE THEY WERE TENANT AND LANDLORD, NOT IF THEY HAVE ONLY BECOME FRIENDLY SINCE THEN.

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

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

**Furn**

Is the accommodation provided...

...RUNNING PROMPT...

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

## 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 PARTICIPANT 1 (AGED 19 YEARS OR  
OVER).**

### **MFPNow**

THE MAIN FOOD PROVIDER IS (NAME).

DO YOU WANT TO DO THE MAIN FOOD PROVIDER INTERVIEW NOW OR LATER?

- 1 Now
- 2 Later

### **IF (MFPNow = Later) THEN**

#### **LStop**

INTERVIEWER: Please remember to come back to these 'Main Food Provider' questions. You can do them anytime by using <CTRL+ENTER> and selecting the **Main Food Provider** parallel block.

Each time you exit then re-enter the questionnaire and move through it by hitting the <END> key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'Later' to 'Now' when you are ready to complete the missing questions.

Press 1 and <Enter> to continue.

### **IF (MFPNow = Now) THEN**

#### **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 PARTICIPANT

*list of household members*

ENTER CODE 11 IF NON-HOUSEHOLD MEMBER

Range: 1..11

### **ASK ALL**

#### **ShopIntr**

Now I would like to ask you about shopping.

INTERVIEWER: PROMPT WHENEVER NECESSARY.

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

### **ASK ALL**

#### **ShopFV**

#### **SHOW CARD E**

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 PARTICIPANT.

- |    |         |  |
|----|---------|--|
| 1  | LSuper  | "Large 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)"  |
| 10 | Farm    | "Farm"   |
| 11 | HomeDel | "Home delivery (including co-operatives, community schemes/local initiatives)" |
| 12 | Other   | "Other shop"   |
| 13 | Sever   | "More than one of these (SPONTANEOUS ONLY)"                                    |

**ASK ALL**

**FVOft**

SHOW CARD F

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" |

**ASK ALL**

**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?"       |

**ASK ALL**

**Preplntr**

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" |

**ASK 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 G

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"           |

**ASK ALL**

**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" |

***Household reference person hours of work***

***IF (HRP = participant) THEN questions asked in person, ELSE questions asked of MFP about HRP, followed by the same questions about the MFP:***

**JobYes**

Thank you for answering these questions so far. Now I would like to ask a few questions about your employment. Do you have a job?

- 1 Yes
- 2 No

**IF (JobYes = 1) THEN**

**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"

**RegCasD**

Date RegCas answered

**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 Regcas=Both) THEN**

**Cashrs**

How many hours did you/ MFP 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 Regcas=Both}

**TypCas**

Is this the typical number of hours you/ MFP work/s in your/ MFPs 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

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

**IF (EducFin 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 H - 2 PAGES

Please look at this card and tell me whether you/ X have/ has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that you/ X have/ has 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 | RSAAd   | "RSA or OCR Advanced Diploma"                               |
| 20 | CityG3  | "City & Guilds Advanced Craft / Part 3"                     |
| 21 | AdvGNVQ | "Advanced GNVQ; Vocational A Level"                         |
| 22 | AdvMAp  | "Advanced Modern Apprenticeship"                            |
| 23 | GCSEAC  | "GCSE grade A*-C"   |

24	Olevel	"GCE 'O'-level passes"
25	CSE1	"CSE grade 1"
26	SCEAC	"SCE O Grades (A-C)"
27	SCEStd13	"SCE Standard Grades (1-3)"
28	SchCert	"School Certificate / Matriculation"
29	KSkL2	"Key Skills Level 2"
30	L2NVQ	"Level 2 NVQ/SVQ"
31	ESQLV2	"Level 2 Essential Skills Qualifications"
32	BTECInt	"BTEC Intermediate or First Diploma/Certificate"
33	RSADip	"RSA Diploma"
34	CityG2	"City & Guilds Craft / Part 2"
35	IntGNVQ	"Intermediate GNVQ"
36	FounMAp	"Foundation Modern Apprenticeship"
37	GCSEDG	"GCSE grade D-G"
38	CSE25	"CSE grade 2-5"
39	SCEDE	"SCE O grades (D-E)"
40	SCEStd47	"SCE Standard grades (4-7)"
41	SCOTVEC	"SCOTVEC National Certificate Modules"
42	KSkL1	"Key Skills Level 1"
43	L1NVQ	"Level 1 NVQ / SVQ"
44	ESQLV1	"Level 1 Essential Skills Qualifications"
45	BTECFoun	"BTEC Foundation or Introductory Diploma/Certificate"
46	RSA13	"RSA Stage 1-3"
47	CityG1	"City & Guilds Part 1"
48	FounGNVQ	"Foundation GNVQ; Foundation VCE"
49	ESQELV	"Entry level Essential skills Qualifications"
50	Other	"Other qualifications"

### ***EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON***

***IF (HRP = participant) 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

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

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

**IF (Stat=Employee) THEN**

**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)

ANY SUPERVISORY/MANAGERIAL DUTIES

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

**IF (Stat=Employee) THEN**

**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?" |

**IF (Stat=SelfEmp) THEN**

**Solo**

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

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

**IF (Solo=WithEmp) THEN**

**SENo**

How many people do/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**

Please look at SHOW CARD I.

There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of income you (*and your husband/wife/partner*) receive?

INTERVIEWER: FOR ALL SOURCES.

INTERVIEWER: CODE ALL THAT APPLY

1	Emp	Earnings from employment or self-employment
2	StatPens	State retirement pension
3	EmpPens	Pension from former employer
4	PersPens	Personal Pensions
5	JSA	Job-Seekers Allowance
6	EmpAll	Employment and Support Allowance
7	IncSupp	Income Support
8	PensCred	Pension Credit
9	WTaxCred	Working Tax Credit
10	ChldCred	Child Tax Credit
11	ChildBen	Child Benefit
12	HousBen	Housing Benefit
13	CounTxBn	Council Tax Benefit
14	OthStBen	Other state benefits
15	Interest	Interest from savings and investments (e.g. stocks & shares)
16	OthOuts	Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
17	NoBen	No source of income

## ***INCOME***

### **Income**

SHOW CARD J

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 PARTICIPANT HAS INCLUDED THIS: 'Can I just check, do you receive any housing benefits and/or child allowance?"

1	IncA	"A"
2	IncB	"B"
3	IncC	"C"
4	IncD	"D"
5	IncE	"E"
6	IncF	"F"
7	IncG	"G"
8	IncH	"H"
9	IncI	"I"
10	IncJ	"J"
11	IncK	"K"
12	IncL	"L "
13	IncM	"M"

### **MFPEnd**

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

PRESS <ENTER> TO CONTINUE

1 Continue

**GIFT CARD**

**(IF (AXScrType = YPBoost) & (GiftMFP=RESPONSE) THEN**

**GiftMFP**

INTERVIEWER: THANK PARTICIPANT FOR COMPLETING THIS PART OF THE INTERVIEW.

PLEASE GIVE (MAIN FOOD PROVIDER) A £10 VOUCHER  
PRESS 1 AND <ENTER> TO CONTINUE

**CardMFP**

Gift card number for MFP

## INTRODUCTION TO INDIVIDUAL INTERVIEW

### **IntroP**

INTERVIEWER: This is the start of the individual questions for (participant's name).

Do you want to do this interview now or later?

(NB Once set to 'Now' you will not be able to change to 'later')

- 1 Now
- 2 Later

**IF (IntroP = 'Later') THEN**

**LStop**

INTERVIEWER: Please remember to come back to these questions.

Each time you exit then re-enter the questionnaire and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'Later' to 'Now' when you are ready to complete the missing questions.

Press 1 and <Enter> to continue.

**SCHOOL PROVISION  
FOR 18 MONTHS-15 YEARS & 16-18 YEARS IN FULL-TIME EDUCATION**

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

**IF (aged 1-15) THEN**

**FNAdCon**

INTERVIEWER: Please record the name of the parent/guardian who gave consent for (name) to take part in the interview.

**This must be the same information recorded at D7 on the ARF.**

Enter first name here and surname in next question.

: STRING [15]

**SNAdCon**

INTERVIEWER: Enter surname here.

: STRING [15]

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

**SchType**

SHOW CARD Z

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**

## P12229 NDNS CAPI\_INTERVIEWER

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 school/college provide 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**

#### **IF (SchProv = No) then routed straight to**

#### **SchLun**

SHOW CARD AA

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 | HSMMeal | "Cooked school meal"                              |
| 2 | CSMeal  | "Cold school meal (including sandwiches, salads)" |
| 3 | PackedL | "Packed lunch (from home)"                        |
| 4 | BuyL    | "Buy lunch from shop/cafe outside of school"      |

- |   |         |                    |
|---|---------|--------------------|
| 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 BB

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

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

INTERVIEWER: CODE ALL THAT APPLY.

- |    |          |   |
|----|----------|---|
| 1  | FreeMU   | "Free school meal (at lunchtime) as part of universal infant free school meals"     |
| 2  | FreeMNU  | "Free school meal (at lunchtime) NOT as part of universal infant free school meals" |
| 3  | RedMeal  | "Reduced price or subsidised school meal (at lunchtime)"                            |
| 4  | FreeMilk | "Free school milk"  |
| 5  | RedMilk  | "Subsidised school milk"  |
| 6  | FreFruit | "Free fruit"  |
| 7  | PreSch   | "Free food BEFORE school"   |
| 8  | PostSch  | "Free food AFTER school"  |
| 9  | Other    | "Other"   |
| 10 | 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?

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

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

**IF (School2 = Yes) THEN**

**School2i**

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

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

- |   |          |                             |
|---|----------|-----------------------------|
| 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 = FreeMU or FreeMNU) 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 = < 5) THEN**

**SchOft2**

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

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

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 (AgeP>64) 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 (AgeP>64 AND HeClub = LClub) THEN

#### HeLC

SHOW CARD K

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 (AgeP>64 AND HeClub = DCare) THEN

#### HeDCC

SHOW CARD K

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 (AgeP>64 AND HeClub = MoW) THEN

#### HeMW

SHOW CARD K

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 L

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 L

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 PARTICIPANT'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 PARTICIPANTS AGED 16+ AND IN EMPLOYMENT - (WrkStat = Working) OR (PTWork = Yes)**

**Canteen**

You have told me that you work part-time. 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"             |

**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 PARTICIPANT 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"               |

**IF (WrkStatP IN [FTEducPTW, Working]) AND (AgeP >=16) THEN**

**WkPCode**

Please could you tell me the postcode of your main place of work.

INTERVIEWER: ENTER POSTCODE HERE IF KNOWN. USE <CTRL K> IF NOT KNOWN.

INTERVIEWER: IF NECESSARY: Your main place of work is the location where you spend the majority of your working hours.

INTERVIEWER: IF ASKED: We are collecting this information because we want to map the types of food outlets such as restaurants, takeaways, cafes and supermarkets near to where people work.

: STRING (8)

**IF (WkStatP IN [FTEducNow, FTEducPtW]) AND (AgeP >=19) THEN**

**LunchCol**

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

INTERVIEWERS: INCLUDE HOT MEALS, SANDWICHES AND SALADS.

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

- |   |          |                                   |
|---|----------|-----------------------------------|
| 1 | Canteen  | "Eat at the 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"               |

**IF (WkStatP IN [FTEducNow, FTEducPtW]) AND (AgeP >=19) THEN**

**ColPCode**

Please could you tell me the postcode of your university/college.

INTERVIEWER: ENTER POSTCODE HERE IF KNOWN. USE <CTRL K> IF NOT KNOWN.

INTERVIEWER: IF ASKED: We are collecting this information because we want to map the types of food outlets such as restaurants, takeaways, cafes and supermarkets near to where people study.

## EATING HABITS

### **ASK ALL (WHERE PARTICIPANT 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 M

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 M

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 M

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 M

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 N

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, goat's milk, oat milk, almond milk or coconut 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"
16	BCrab	"Brown Crab Meat"

**(Ask for each response at RareEat)**

**RarOft**

SHOW CARD O

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 P

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  | WdBoar   | "Wild boar"                              |
| 10 | 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 Q

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 | OatMilk  | "Oat milk"                               |
| 6 | AlmMilk  | "Almond milk"                            |
| 7 | CocoMilk | "Coconut milk"                           |
| 8 | 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 R

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 (WHERE PARTICIPANT 10 OR YOUNGER ASK THROUGH PARENT / GUARDIAN)**

**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 S

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

INTERVIEWER: We are interested in whether the participant doesn't eat an entire food type/group and not just their avoidance of individual foods. 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 and/or 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 (AgeP ≥ 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

**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 T

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 T

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 U**

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 V**

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

### ASK ALL

HeallIntr

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

PRESS <ENTER> TO CONTINUE

1 Continue

GenHelf

How is your / (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?"     |

### ASK ALL

HeaCon

Do you/ does your child have any physical or mental health condition(s) or illnesses that have lasted, or are expected to last, for 12 months or more?

- 1 Yes  
2 No

### IF (HeaCon = YES) THEN

HeaAff

Does this condition(s) or illness affect you/your child in any of the following areas?

Show Card W

- |    |         |   |
|----|---------|---|
| 1  | Vision  | Vision (e.g. due to blindness or partial sight).  |
| 2  | Hearing | Hearing (e.g. due to deafness or partial hearing).  |
| 3  | Mobile  | Mobility, such as difficulty walking short distances, climbing stairs, lifting & carrying objects.                |
| 4  | Learn   | Learning or concentrating or remembering.   |
| 5  | Memry   | Memory  |
| 6  | Mental  | Mental health   |
| 7  | Stamina | Stamina or breathing difficulty   |
| 8  | Social  | Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome) |
| 9  | Other   | Other impairment  |
| 10 | None    | None of these   |

### IF (HeaAff = Other) THEN

HeaAffO

INTERVIEWER: Which other area does your/ your child's condition or illness affect you/ your child?"

: STRING [30]

### IF (HeaCon = YES) THEN

ConRed

Does your/your child's condition(s) or illness(es) reduce your/his/her ability to carry out day-to-day activities?... Running prompt ...

- 1 Yeslot Yes, a lot  
2 Yeslitt Yes, a little

3 No

**IF (ConRed = YESslot or YesLitt) THEN**

**TimeAff**

For how long have your day-to-day activities been affected?... Running prompt ...

- 1 Less than 6 months
- 2 Between 6 & 12 months
- 3 12 months or more

**IF ( HeaCon = Yes) AND (Age  $\geq$  16) THEN**

**LimShop**

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**

**LimShpH**

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 (HeaCon= Yes) AND (Age  $\geq$  16) THEN**

**LimPrep**

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**

**LimPrpH**

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 IllHlth "Chronic ill-health (e.g. MS, depression)"
- 6 Tire "Gets tired easily"
- 7 Other "Other difficulties"

**ASK ALL**

**CutDown**

Now I'd like you to think about the two weeks ending yesterday.

During those two weeks, did you / (child's name) have to cut down on any of the things you/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 PARTICIPANTS AGED 16 AND OVER**

**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 X

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"

{ASK IF 45 yrs or over, OR wears denture - DentUse=Yes}

**Diffeat**

SHOW CARD Y

Looking at the foods on showcard Y. Please tell me if there are any that you would have difficulty eating.

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.

- 1 Sliceb "Sliced Bread"  
2 CrustyB "Crusty Bread"  
3 Cheese "Cheese"  
4 Tomat "Tomatoes"  
5 Carrot "Raw Carrots"  
6 Greens "Cooked Green vegetables"  
7 Lettuce "Lettuce"  
8 Meat "Sliced cooked meats"  
9 Steak "Well-cooked Steaks"  
10 Apples "Apples"  
11 Oranges "Oranges"  
12 Nuts "Nuts"  
13 None "None of these"

**IF (Age ≥ 45 OR wears dentures) AND (DiffEat- Response) 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"

**CASI**  
**ALL PARTICIPANTS 8+ YEARS**

**ICASI**

INTERVIEWER: READ OUT:

The next set of questions are for you to answer yourself, using the computer. The computer is very easy to use. The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (AgeP = 8-15) THEN**

**LICASI**

INTERVIEWER INSTRUCTION; IF PARENT HAS BEEN ANSWERING QUESTIONS ON BEHALF OF CHILD THEY WILL NEED TO ASK THE CHILD TO COMPLETE THE NEXT SECTION THEMSELVES. IF CHILD IS NOT PRESENT PLEASE CODE AS REFUSED CASI AT NEXT QUESTION.

**SCAcc**

INTERVIEWER CODE:

Accept "Respondent accepted CASI"

Ref "Respondent refused CASI (code reason at the next question)"

**IF (SCAcc=Ref) THEN**

**XSCAcc**

INTERVIEWER: Code reason for refusal.

CODE ALL THAT APPLY.

NoLike	"Didn't like computer"
Eyesight	"Eyesight problem"
ReadWr	"Could not read/write"
OthDis	"Other disability"
Objected	"Objected to subject"
Conf	"Worried about confidentiality"
Lang	"Language problems"
TimeOut	"Ran out of time"
Bother	"Couldn't be bothered"
Child	"Child not available to complete self-completion"
Other	"Other – specify at next question"

**IF (XSCAcc = Other) THEN**

**EXSCAccO**

INTERVIEWER: TYPE IN OTHER ANSWER GIVEN

: OPEN

**SmokIntr**

This next section is about smoking.

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (AgeP >= 16) THEN**

**SmokEver**

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

- 1 Yes  
2 No

**IF (SmokeEver = Yes) THEN**

**CigEver**

Can I just check, have you ever smoked a cigarette?

- 1 Yes  
2 No

**SmokNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes  
2 No

**IF (SmokNow = Yes) THEN**

**CigDay**

On average, about how many cigarettes **a day** do you usually smoke?

Range: 0 – 97

**IF (SmokNow = No) THEN**

**CigReg**

Have you ever smoked cigarettes regularly?

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

**CigStop**

How long ago did you stop smoking cigarettes regularly?

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

**IF (AgeP = 8-15) THEN**

**SmokEverYP**

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

- 1 Yes  
2 No

**IF (AgeP = 8-15) THEN**

**CigYP**

Now read all the following statements carefully and pick up one which best describes you.

- |         |   |
|---------|---|
| Never   | "I have never smoked"   |
| Only12  | "I have only smoked once or twice"                            |
| UsedTo  | "I used to smoke sometimes but I never smoke a cigarette now" |
| Stimes  | "I sometimes smoke but I don't smoke every week"              |
| Wk1to6  | "I smoke between one and six cigarettes a week"               |
| WkMore6 | "I smoke more than six cigarettes a week"                     |

**IF (AgeP >= 16) or (AgeP = 8-15) THEN**

**DrinkInt**

This next section is about drinking.

Do you ever drink alcohol, including drinks you brew or make at home?

- 1 Yes  
2 No

**IF (DrinkInt = No) and (AgeP >=16) THEN**

**DrinkAny**

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?

Occ "Very occasionally"  
Never "Never"

**IF (DrinkInt = Yes) and (AgeP >=16) THEN**

**DrinkOft**

How often have you had an alcoholic drink of any kind during the last 12 months?

- |        |                                    |
|--------|------------------------------------|
| AED    | "Almost every day"                 |
| Five   | "Five or six days a week"          |
| Three  | "Three or four days a week"        |
| OneWk  | "Once or twice a week"             |
| OneMth | "Once or twice a month"            |
| CupMth | "Once every couple of months"      |
| OneYr  | "Once or twice a year"             |
| NotYr  | "Not at all in the last 12 months" |

**IF (AgeP = 8-15) THEN**

**DrinkYP**

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count labelled low alcohol.

- 1 Yes  
2 No

**IF (DrinkYP = No) THEN**

**AlcopopsYP**

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

- 1 Yes  
2 No

**IF (DrinkYP = Yes OR AlcopopsYP = Yes) THEN**

**DrinkOftYP**

How often do you usually have an alcoholic drinks or alcopop?

- |        |                             |
|--------|-----------------------------|
| AED    | "Almost every day"          |
| TwoWk  | "About twice a week"        |
| OneWk  | "About once a week"         |
| OneFN  | "About once a fortnight"    |
| OneMth | "About once a month"        |
| OneYr  | "Only a few times a year"   |
| Never  | "I never drink alcohol now" |

**EndCASI1**

Thank you very much for answering these questions. Please now type 1 and press the key with the red sticker (this will lock up your answer).

(Continue)

**EndCASI2**

Now please hand the computer back to the interviewer.

(Continue)

## **FOOD DIARY PLACEMENT**

### **ALL PARTICIPANTS**

#### **DDate1**

INTERVIEWER: You will now introduce the **food diary**. The diary should be completed for the four days below:

Day1 : (date) (day)

Day2 : (date) (day)

Day3 : (date) (day)

Day4 : (date) (day)

Check that participant(s) can complete the diary for these dates and that second visit appointments can be made within three days of the last diary day. Do you accept these dates for the diary?

If yes, please remember to write the diary start date on the front of the diary and on the green reminder card.

1      Yes

2      No

#### **IF (DDate 1 = No) THEN**

#### **DDate2**

Please enter the date on which the participant(s) can start their diary.

Remember to write the diary start date on the front of the diary and on the green reminder card.

: DATETYPE

#### **MDVis**

INTERVIEWER: Please now place the diary and make an appointment for a mid-diary check up visit on @R^Day2Txt@R.

INTERVIEWER: IF THIS DATE IS NOT CONVENIENT, PLEASE ARRANGE A TELEPHONE CHECK INSTEAD.

During the placement, remember to mention the personalised dietary feedback.

1      Continue

#### **DApp2**

INTERVIEWER: Please make an appointment to collect the diary and do the next part of the interview. Enter a date up to three days after the last diary day.

Diary Dates:

Day1 : (date)

Day2 : (date)

Day3 : (date)

**Day4 : (date)**

Record the diary dates and diary collection date on the DIARY TASK LIST page on the ARF.

: DATETYPE

## SPOT URINE

### ALL PARTICIPANTS

#### DoSpUr

INTERVIEWER: YOU WILL NOW INTRODUCE THE SPOT URINE SAMPLE FOR (NAME).

THE SAMPLE CAN BE COLLECTED NOW OR AT ANY POINT THE PARTICIPANT NEEDS TO PASS URINE DURING THIS VISIT. YOU WILL BE PROMPTED TO RECORD THE SAMPLE COLLECTION OUTCOME AT THE END OF THIS VISIT.

IF THE PARTICIPANT CANNOT PROVIDE A SAMPLE TODAY THERE WILL BE ANOTHER OPPORTUNITY DURING VISIT 3.

**YOU MUST NOT LEAVE THE CONTAINER WITH THE PARTICIPANT TO COLLECT THE SAMPLE BETWEEN VISITS.**

**THE SAMPLE CANNOT BE COLLECTED AT VISIT 2.**

PRESS <ENTER> TO CONTINUE

1 Continue

#### IUrSt

INTERVIEWER: NOW FOLLOWS THE IODINE SPOT URINE PLACEMENT MODULE.

PRESS <ENTER> TO CONTINUE

1 Continue

#### IUrInt

We want to measure the levels of iodine in the body. Iodine is an important nutrient. To measure iodine we would like to collect a small sample of your/(child's name) urine. We cannot get this information your/their food diary or in any other way.

PRESS <ENTER> TO CONTINUE

1 Continue

#### IUrEli

SEE SHOWCARD II

Due to the way that the samples are analysed we are unable to take them from some people.

Answering yes or no: Does (name of respondent) fall into **any** of the categories on this card?

- 1 Yes
- 2 No

**IF (Sex = Female AND IUrEli = Yes) THEN**

#### IUrTime

Would you be interested in providing a sample at another visit?

- 1 Yes
- 2 No

**IF (IUrEli = No) THEN**

#### IUrLeaf

Please read this leaflet, it explains about what taking part in the spot urine sample involves.

INTERVIEWER: GIVE LEAFLET TO PARTICIPANT. ALLOW THEM TIME TO READ IT AND ANSWER ANY QUESTIONS.

PRESS <ENTER> TO CONTINUE

1 Continue

**IUrAgr**

Are you willing to give a urine sample?

- |        |   |
|--------|---|
| Agree  | "Participant agrees to give urine sample"                                   |
| Refuse | "Participant refuses to give urine sample"                                  |
| Unable | "Unable to obtain urine sample at this visit for reason other than refusal" |

**IF Child, THEN:**

**IUrAgr**

Are you willing for (child's name) to give a urine sample?

INTERVIEWER: YOU ARE RECORDING PARENTAL CONSENT, CHECK ALSO CHILD IS WILLING.

INTERVIEWER: IF EITHER PARENT OR CHILD NOT WILLING RECORD 2.

- |        |   |
|--------|---|
| Agree  | "Participant agrees to give urine sample"                                   |
| Refuse | "Participant refuses to give urine sample"                                  |
| Unable | "Unable to obtain urine sample at this visit for reason other than refusal" |

**IF (IUrAgr = Refuse OR Unable) THEN**

**IUrYRef**

INTERVIEWER: GIVE REASON(S) FOR REFUSAL.

CODE ALL THAT APPLY.

- |          |  |
|----------|--|
| Sensi    | "Embarrassed/sensitive about providing sample"   |
| JustBeen | "Went to toilet too recently to provide sample"  |
| DiffSamp | "Knows they would have difficulty providing a sample for reason other than having just been to toilet" |
| NoTime   | "No time/busy/already spent enough time on this survey"  |
| Yuk      | "Doesn't like the thought of doing it"   |
| Concern  | "Concerns about how sample will be used/store"   |
| NotUnd   | "Participant did not understand the procedure"   |
| NotPhys  | "Not physically able (e.g. in a wheelchair)"   |
| Other    | "Other (SPECIFY AT NEXT QUESTION)"   |

**IF (IUrYRef = Other) THEN**

**IUrYRfO**

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL.

: STRING (100)

**IF (IUrAgr = Agree AND Age >= 16) THEN**

**IUrConA**

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.

GIVE PARTICIPANT THE WHITE CONSENT FORM.

PARTICIPANT MUST READ AND INITIAL/TICK THE STATEMENTS THEY AGREE TO BEFORE SIGNING.

LEAVE THE BOTTOM COPY WITH THE PARTICIPANT; SEND THE TOP COPY TO BRENTWOOD.

INTERVIEWER: DETAILS FOR CONSENT FORM...

Serial number:

Check letter:

Participant number:

Sex:

Date of birth:

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (IUrAgr = Agree AND Age < 16) THEN**

**IUrConC**

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.

GIVE THE PARTICIPANTS PARENT / LEGAL GUARDIAN THE BLUE CONSENT FORM. PARENT / LEGAL GUARDIAN MUST READ AND INITIAL/TICK THE STATEMENTS THEY AGREE TO BEFORE SIGNING.

GIVE BLUE CHILD ASSENT FORM TO CHILD AND ASK THEM TO CIRCLE YES OR NO NEXT TO STATEMENTS THEN SIGN NAME IF YOU THINK THEY CAN READ AND UNDERSTAND.

LEAVE THE BOTTOM COPIES WITH THE PARTICIPANT; SEND THE TOP COPIES TO BRENTWOOD.

INTERVIEWER: DETAILS FOR CONSENT FORM...

Serial number:

Check letter:

Participant number:

Sex:

Date of birth:

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (IUrAgr = Agree AND Age < 16) THEN**

**IUrAss**

INTERVIEWER: HAS CHILD SIGNED THE BLUE ASSENT FORM?

Yes "Yes"

No "No"

NotAsked "**Interviewer code only:** Did not ask child to sign form"

**IUrCon2**

INTERVIEWER: WAS WRITTEN CONSENT GIVEN TO OBTAIN A URINE SAMPLE FOR THE MEASUREMENT OF IODINE?

1 Yes

2 No

**IUrCon3**

INTERVIEWER: WAS WRITTEN CONSENT GIVEN FOR ANY REMAINING URINE TO BE STORED AND USED IN FUTURE RESEARCH?

1 Yes

2 No

**IF (IUrElig = No OR IUrAgr <> Agree OR IUrCon = NoCons) THEN**

**NolUri**

INTERVIEWER: NO URINE SAMPLE TO BE TAKEN.

PRESS <ENTER> TO CONTINUE

1 Continue

**IUrSn**

INTERVIEWER: KEY IN THE BARCODE SERIAL NUMBER INTO CAPI OF THE SET OF 3 BARCODE LABELS YOU WILL BE USING FOR THAT PARTICIPANT. DO NOT MIX LABELS BETWEEN PARTICIPANTS, USE ONE SET PER PARTICIPANT.

: STRING (7)

**IUrSn2**

INTERVIEWER: KEY IN THE BARCODE SERIAL NUMBER INTO CAPI AGAIN.

: STRING (7)

**IUrInst**

INTERVIEWER: EXPLAIN HOW TO PROVIDE SAMPLE:  
GIVE THE SPOT URINE LEAFLET TO THE PARTICIPANT  
DO NOT OPEN TUBE UNTIL IN BATHROOM  
DO NOT PUT FINGERS IN TUBE  
REMIND PARTICIPANT THAT THE TUBE DOESN'T HAVE TO BE FULL – ANY AMOUNT  
BETWEEN A FEW DROPS AND THREE-QUARTERS FULL WILL DO  
ONCE SAMPLE PROVIDED, CHECK LID IS TIGHTLY SCREWED ON  
USE DRY TOILET PAPER TO WIPE SPILLAGES ON TUBE – DO NOT USE WET WIPES  
OR ANY OTHER CLEANING PRODUCT.  
PRESS <ENTER> TO CONTINUE

1 Continue

**IUrLabel**

INTERVIEWER: STICK THE BARCODE LABELS AS FOLLOWS:  
USAM – OVER THE URINE SAMPLE CONTAINER LABEL  
UDESP – ON THE URINE DISPATCH FORM  
UCONS – ON THE URINE SAMPLE CONSENT FORM OFFICE COPY  
PRESS <ENTER> TO CONTINUE

1 Continue

**IUrDsptch**

INTERVIEWER: ENSURE THE URINE SAMPLE CONTAINER LID FIRMLY CLOSED AND  
PACK INTO PLASTIC DESPATCH CONTAINER  
INTERVIEWER: PLACE PACKAGED SAMPLE AND URINE DISPATCH NOTE INTO THE  
YELLOW LAB DISPATCH POLYLOPE ENVELOPE AND POST SAME DAY  
PRESS <ENTER> TO CONTINUE

1 Continue

**IUrInst2**

INTERVIEWER: THE SAMPLE COLLECTION OUTCOME WILL BE ENTERED AT THE  
OF THE VISIT.  
PRESS <ENTER> TO CONTINUE

1 Continue

**IUr1End**

INTERVIEWER: This is the end of the spot urine placement module.  
PRESS <ENTER> TO CONTINUE

1 Continue

**IUr1EDat**

Spot Urine intro end date  
: DATETYPE

**IUr1ETim**

Spot Urine intro end time  
: TIMETYPE

**AFTER HEIGHT AND WEIGHT MEASUREMENT MODULE:**

**SpUrCol**

INTERVIEWER: Now follows the spot urine outcome module  
PRESS 1 AND <ENTER> TO CONTINUE.

**IUrSam**

INTERVIEW: Has (participant's name) been able to provide a urine sample at this visit?  
CHECK CASE CLOSED AND PLACE BACK IN JIFFY BAG (ADDRESSED TO EPI) AND  
SEAL.

INTERVIEWER: POST TODAY.

- |   |         |                              |
|---|---------|------------------------------|
| 1 | Yes     | "Urine sample obtained"      |
| 2 | Refused | "Urine sample refused"       |
| 3 | NoTry   | "Urine sample not attempted" |
| 4 | TryNot  | "Attempted but not obtained" |

**IF (IUrSam = Refused, NoTry or TryNot) THEN**

**IUrNoOb**

INTERVIEWER: GIVE REASON(S) WHY SAMPLE WAS NOT OBTAINED.

CODE ALL THAT APPLY.

- |            |   |
|------------|---|
| Sensi      | "Embarrassed/sensitive about providing sample",   |
| JustBeen   | "Went to toilet too recently to provide sample",  |
| DiffSamp   | "Knows they would have difficulty providing a sample for reason other than having just been to toilet", |
| NoTime     | "No time/busy/already spent enough time on this survey",  |
| Yuk        | "Doesn't like the thought of doing it",   |
| Concern    | "Concerns about how sample will be used/store",   |
| NotUnd     | "Participant did not understand the procedure",   |
| Other (97) | "Other (SPECIFY AT NEXT QUESTION)"  |

**IF (IUrNoOb = Other) THEN**

**IUrYNOO**

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

: STRING [100]

**IF (IUrSam = Yes) THEN**

**IUrThnk**

INTERVIEWER: THANK PARTICIPANT FOR PROVIDING A SAMPLE.

Press 1 and <Enter> to continue.

**IF (IUrSam = Yes) THEN**

**CardSU**

INTERVIEWER: Please get a gift card ready for the participant.

Before handing over ...

Write £5 in the circle at the top right-hand corner of the card

Enter the last 8 digits of the card in the next question.

Press 1 and Enter to continue.

**Gift card module follows.**

**IUrEnd**

INTERVIEWER: END OF THE IODINE SPOT URINE COLLECTION MODULE.

IF THE PARTICIPANT HAS NOT PROVIDED A SAMPLE TODAY PLEASE REMEMBER  
TO TAKE THE CONTAINER WITH YOU.

YOU MUST NOT LEAVE THE CONTAINER WITH THE PARTICIPANT TO COLLECT  
SAMPLE BETWEEN VISITS.

IF THEY ARE WILLING TO TRY AND PROVIDE A SAMPLE THEY WILL HAVE THE  
OPPORTUNITY TO DO SO AT VISIT 3.

Press 1 and <Enter> to continue.

## PERSONAL DETAILS

### Ttl

For addressing purposes, please could you tell me your full name?

Firstly, what is your title?

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

PLEASE RECORD PARTICIPANT'S TITLE, FORNAME (OR INITIAL) AND SURNAME ACCURATELY.

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

**IF (Ttl = Other) THEN**

### TtlTxt

INTERVIEWER: Enter the other **title**

: STRING [15]

### ForName

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

: STRING [20]

### SurName

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

: STRING [20]

## **HEIGHT & WEIGHT MEASUREMENTS**

### **ALL PARTICIPANTS**

#### **Intro**

INTERVIEWER: CODE AS 'Later' IF YOU DO NOT WISH TO DO THE MEASUREMENTS FOR (**participant'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 (**participant's name**), IF MEASUREMENTS WILL BE TAKEN.

(Serial) (Check letter)

1 Continue

**If (Intro = Later) THEN**

**LStop**

INTERVIEWER: Please remember to come back to these questions.

Each time you exit then re-enter the questionnaire and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

Press 1 and <Enter> to continue.

#### **MeasDate**

Date at start of (Measurement)

: DATETYPE

#### **MeasTime**

Time at start of (Measurement)

: TIMETYPE

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

**PregNowB**

MEASUREMENTS FOR (**participant'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 (**participant'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 Attmpt "Height attempted, not obtained"

4 NotAt "Height not attempted"

#### **Height1**

MEASUREMENTS FOR (**participant's name**)

INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

**Height2**

MEASUREMENTS FOR (**participant'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 (**participant'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 (**participant's name**)

HEIGHT IN CENTIMETRES

: 60.0..244.0

**RelHite**

MEASUREMENTS FOR (**participant'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 (**participant'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   | "Participant stooped"                  |
| 4 | Stretch | "Child participant refused stretching" |
| 5 | Fidget  | "Participant would not stand still"    |
| 6 | Shoes   | "Participant wore shoes"               |
| 7 | Other   | "Other, please specify"                |

**IF (HiNRel = Other) THEN**

**OHiNRel**

MEASUREMENTS FOR (**participant's name**)

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

: STRING [60]

**IF (RespHts = Meas) THEN**

**MBookHt**

MEASUREMENTS FOR (**participant'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

**StadNo**

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

IF YOU ARE SURE THE ASSET NUMBER IS CORRECT SUPPRESS THIS ERROR.

: STRING [8]

**IF (RespHts = Ref) THEN**

**ResNHi**

MEASUREMENTS FOR (**participant'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	ToolIl	"Participant too ill/frail/tired"
4	Intrusiv	"Considered intrusive information"
5	Anxious	"Participant too anxious/nervous/shy/embarrassed"
6	Refused	"Refused (no other reason given)"
7	Other	"Other"

**IF (RespHts = Attemp..NotAt) THEN**

**NoHtBC**

MEASUREMENTS FOR (**participant'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	"Participant is unsteady on feet"
3	CantStan	"Participant cannot stand upright/too stooped"
4	Chair	"Participant is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Participant 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 (**participant's name**)

INTERVIEWER: Please specify other reason.

: STRING [60]

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

**RespWts**

MEASUREMENTS FOR (**participant'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 by adult" ( <i>only use if child 5 or under</i> ) ( <i>if over 5, then: "0. (Do not use this code)</i> ).
1	Meas	"Weight obtained" (if child <5: "Weight obtained (participant on own")
2	Ref	"Weight refused"
3	Attempt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

**IF (RespWts = Meas) THEN**

**XWt1**

MEASUREMENTS FOR (**participant's name**)

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

Range: 5.0.. 250.0

**IF (RespWts = Held) THEN**

**WtAd1**

MEASUREMENTS FOR (**participant's name**)

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

Range: 30.0.. 250.0

**WtChA1**

MEASUREMENTS FOR (**participant's name**)

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

Range: 30.0.. 250.0

**Wght**

MEASUREMENTS FOR (**participant's name**)

Weight in Kilograms. Computed

Range: 0.0.. 250.0

**IF (Weight obtained) THEN**

**FloorC**

MEASUREMENTS FOR (**participant'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 (**participant'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 (**participant's name**)

Measured Body Mass Index (BMI) computed.

Range: 5.0..50.0

**BMIInfo**

We have used your height and weight to calculate your Body Mass Index (BMI). BMI is a way of telling if you're a healthy weight for your height.

INTERVIEWER: TELL THEM THAT THEIR BMI WAS CALCULATED TO BE (BMI).

INTERVIEWER: HAND THE PARTICPANT THE BMI LEAFLET.

INTERVIEWER: IF THE PARTICIPANT HAS QUERIES OR CONCERNS PLEASE TELL THEM TO CONTACT THEIR GP.

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (RespWts = Meas OR Held) THEN**

**MBookWt**

MEASUREMENTS FOR (**participant's name**)

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

Weight: kg OR stones pounds.

BMI : BMI measurement

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**

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

IF YOU ARE SURE THE ASSET NUMBER IS CORRECT SUPPRESS THIS ERROR.

: STRING [7]

**IF (RespWts = ref) THEN**

**ResNWt**

MEASUREMENTS FOR (**participant'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	Toolll	"Participant too ill/frail/tired"
4	Intrusiv	"Considered intrusive information"
5	Anxious	"Participant 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 = Atmpt OR NotAt) THEN**

**NoWtBC**

MEASUREMENTS FOR (**participant'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	"Participant is unsteady on feet"
3	CantStan	"Participant cannot stand upright"

4	Chair	"Participant is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Participant unable to remove shoes"
7	More250	"Participant weighs more than 250kg"
8	Ill	"Ill or in pain"
9	NotWrk	"Scales not working"
10	NoHold	"Parent unable to hold child"
11	ASleep	"Child asleep"
12	Other	"Other - specify"

**IF (NoWtBC = Other) THEN**

**NoWatCO**

**MEASUREMENTS FOR (participant's name)**

INTERVIEWER: Please specify other reason.

: STRING [60]

**EndOfM**

**MEASUREMENTS FOR (participant's name)**

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

YOU NEED TO ENTER '1' HERE TO ENSURE THAT FEES ARE COMPUTED CORRECTLY.

PRESS <ENTER> TO CONTINUE

1 Continue

## **CONTACT DETAILS**

### **ALL PARTICIPANTS**

**Phone**

We may need to contact you by telephone throughout the course of this study. Are you willing to provide your home phone number so that you can be contacted for the purposes of this study only?"

- 1      Yes  
2      No

**IF (Phone = Yes) THEN****PhoneNum**

INTERVIEWER: Please record the full landline number including area code.  
: STRING [15]

**Mobile**

Are you willing to provide your mobile phone number so that you can be contacted for the purposes of this study only?

- 1      Yes  
2      No

**IF (Mobile = Yes) THEN****MobNum**

INTERVIEWER: Please record the full landline number including area code.  
: STRING [15]

**EmailCon**

Are you willing to provide an email address which can be used to contact you throughout the course of this study?

- 1      Yes  
2      No

**IF (EmailCon = Yes) THEN****Email**

INTERVIEWER: Please record the full email address here.

Email address can be checked at next question.

: STRING [150]

**Email2**

Is this correct :

*(participant's email address)*

**PRESS 1 AND <ENTER> TO CONTINUE.**

**DIARY COLLECTION  
& PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT**

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

**IF (Age <16) THEN**

**DryPUp**

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY.

Press 1 and <Enter> to continue.

**IF (Age >16) THEN**

**DryPUp**

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY/DIARIES FOR (Participant's name(s)) AND PLACING THE PHYSICAL ACTIVITY SELF-COMPLETION BOOKLET FOR (Participant's name).

Press 1 and <Enter> to continue.

**IF (Age≥16) AND (Participant number = 1) THEN**

**DiaryDA**

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

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

**Gift card placement for food diary for adult.**

**IF (Participant number = 1) AND (DiaryDA < 3) THEN**

**NoCAPI2A**

INTERVIEWER: (Participant 1'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 participant.

**Please do NOT provide the gift card.**

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (Age≤16) AND (Participant number = 2) THEN**

**DiaryDC**

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY DAYS (participant 2's name) COMPLETED. REMEMBER TO USE THE YOUNG PERSON'S FOOD ATLAS WHEN REVIEWING DIARIES FOR PARTICIPANTS AGED 15 YEARS AND UNDER

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

**Gift card placement for food diary for child.**

**IF (Age≤16) AND (Participant number = 2) AND (DiaryDA < 3) THEN**

**NoCAPI2C**

INTERVIEWER: (participant **two's**) 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 participant  
**Please do not provide the gift card.**

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (Age≥16) AND (Participant number = 1) THEN**

**DiarChkA**

(**Participant 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 (**participant one's name**).

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

INTERVIEWER:

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

1 Continue

**IF (Age 16) AND (Participant Number = 2) THEN**

**DiarChkC**

(**Participant 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 (**Participant two's name**).

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

INTERVIEWER:

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

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (Age >16) AND (DiaryDA=3-4) THEN**

**DietFBA**

(**Participant 1's name**), 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.

INTERVIEWER: SHOW PARTICIPANT EXAMPLE OF DIETARY FEEDBACK IN YOUR LAMINATE PACK.

- 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 PARTICIPANTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT PARTICIPANTS.

- 1 Yes
- 2 No

**IF (AddrChkA = No) THEN**

**TtIA**

Firstly, what is your title?

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

**TtITxtA**

INTERVIEWER: Enter the other **title**  
: STRING [15]

**ForNameA**

And your **first name**?  
: STRING [20]

**SurNameA**

And your **surname**?  
: STRING [20]

**IF (Participant number = 1) AND (DiaryDA ≥ 3) THEN**

**RPAQChkA**

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

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

- 1 Yes
- 2 No
- 3 Missing

**IF (Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW (CTRL K)'.

IF PARTICIPANT 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW' (CTRL K).

IF PARTICIPANT 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 (Participant number = 2) AND (Age=>16) AND (DiaryDA ≥ 3) THEN**

**RPAQChkC**

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

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

- 1 Yes
- 2 No
- 3 Missing

**IF (Participant number = 2) THEN**

**SlpWkCH**

Over the last seven days, that is since (date), how long did you (**Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW' (CTRL K).

IF PARTICIPANT 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 (**Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW' (CTRL K).

IF PARTICIPANT 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 (*Participant two*) and probe for any missing information

Please remember to use **Young Person's Food Atlases** when reviewing diary

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (Age<16) THEN**

**DietFBC2**

(*Participant two name*), would you like to be sent some information about some of the major foods and nutrients in your/ your child's diet based on the information you have provided during the interviews? The information will tell you how you/ your child compare(s) with current consumption in the UK and how your/ your child'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.

INTERVIEWER: SHOW PARTICIPANT EXAMPLE OF DIETARY FEEDBACK IN YOUR LAMINATE PACK

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

**AddrChkC2**

We have this name for you ...

Title:

Forename:

Surname:

Is this correct?

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

- 1 Yes
- 2 No

**TtlC2**

Firstly, what is your / X's title?

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

**TtlTxtC2**

INTERVIEWER: Enter the other **title**  
: STRING [15]

**ForNameC2**

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

**SurNameC2**

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

## INTRO TO CAPI2

**IntroC2A**

THIS IS THE START OF THE CAPI 2 QUESTIONS FOR (Participant 1's name). DO YOU WANT TO ASK THESE QUESTIONS NOW?

- 1 Now
- 2 Later

**IF (IntroC2C=2) THEN**

**Lstop2**

INTERVIEWER: PLEASE REMEMBER TO COMPLETE THE CAPI2 QUESTIONS FOR (PARTICIPANT 1) LATER.

Each time you exit then re-enter the CAPI module and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

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

**IntroC2C**

This is the start of the CAPI2 questions for (participant 2).

Do you want to do this part of interview now or later?

(NB Once set to 'Now' you will not be able to change to 'later')

- 1 Now
- 2 Later

**IF (IntroC2C=2) THEN**

**Lstop2**

INTERVIEWER: PLEASE REMEMBER TO COMPLETE THE CAPI2 QUESTIONS FOR (PARTICIPANT 2) LATER.

Each time you exit then re-enter the CAPI module and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

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

**IF (P2Age <=10) THEN**

**ChResp2**

SOME OF THE QUESTIONS ABOUT (PARTICIPANT 2) WILL NEED TO BE ASKED OF AN ADULT.

Each person number of adult who will answer questions on behalf of (Participant 2).

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

1. (Name of adult household member 1)
2. (Name of adult household member 2) etc.

**Mental Health**  
*FOR PARTICIPANTS AGED 16 AND OVER*

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

**SatLife**

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'. Overall, how satisfied are you with your life nowadays?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'

: 0....10

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

**LifWor**

Overall, to what extent do you feel that the things you do in your life are worthwhile?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'

: 0....10

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

**HapYes**

Overall, how happy did you feel yesterday?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'

: 0....10

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

**AnxYes**

On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'

: 0....10

**If Spot Urine module not completed yet THEN followed by initial spot urine module.**

**DoSpUrA/DoSpUrC**

INTERVIEWER: YOU WILL NOW RE-INTRODUCE THE SPOT URINE SAMPLE FOR (Participant 1's/2's name).

THE SAMPLE CAN BE COLLECTED NOW OR AT ANY POINT THE PARTICIPANT NEEDS TO PASS URINE DURING THIS VISIT.

YOU WILL BE PROMPTED TO RECORD THE SAMPLE COLLECTION OUTCOME AT THE END OF THIS VISIT.

Press 1 and <Enter> to continue

## **DIETARY SUPPLEMENTS ALL PARTICIPANTS**

### **SupplInt**

I would now like to ask some questions about your/ (child's name)'s use of dietary supplements over the last year.

Firstly I am going to look to see whether you have recorded taking any supplements in your diary.

INTERVIEWER: CHECK DIARY.

SUPPLEMENTS RECORDED IN DIARY?

- 1 Yes
- 2 No

**IF (SupplInt = Yes) THEN**

### **SupplInt2**

Just to let you know that as you have also taken these supplements in the past year I will need to record the details again here [in CAPI]. You can also tell me about any other supplements you may have taken in the past year

PRESS <ENTER> TO CONTINUE

**(IF Sex= Female AND Age >=16) THEN**

### **HSVits**

Have you ever taken NHS Healthy Start vitamins for women?

INTERVIEWER: THESE VITAMINS CONTAIN FOLIC ACID AND VITAMINS C & D. THEY ARE AVAILABLE TO WOMEN WHO ARE PREGNANT OR HAVE A BABY UNDER ONE YEAR AND WHO MEET BENEFITS CRITERIA. ONLY INCLUDE **NHS HEALTHY START VITAMINS** PROVIDED AS PART OF THE GOVERNMENT 'HEALTHY START" SCHEME '(USING GREEN HEALTHY START VITAMIN COUPONS). DO NOT INCLUDE ANY OTHER TYPES OF VITAMINS.

**(IF Age<=4) THEN**

Have you ever given NHS Healthy Start Childrens' Vitamin Drops (vitamins A, C and D) to (child name)?

INTERVIEWER: ONLY INCLUDE NHS HEALTHY START CHILDRENS" VITAMINS DROPS PROVIDED AS PART OF THE GOVERNMENT "HEALTHY START" SCHEME (USING GREEN HEALTHY START VITAMIN COUPONS). DO NOT INCLUDE ANY OTHER TYPES OF VITAMINS.

Ever taken/given Healthy Start vitamins?"

Yes,

No,

NoneAv "SPONTANEOUS ONLY: Tried to claim, but none available"

**IF HSVits=Yes THEN**

### **HSVOf**

And how often do you take/ give these vitamins (" "/ to child name)?

Daily,

Occ "Occasionally",

VRare "Very rarely",

Never,

UsedTo "Used to give, but now don't"

**(Ask all)**

**SuppYr2**

SHOW CARD CC

Have you / Has (child's name) taken any of the dietary supplements listed on this card in the past year, including prescription and non-prescription supplements?

INTERVIEWER: please include both single vitamins and multivitamins containing Vitamin D and / or Folic Acid

- 1 Yes
- 2 No

**IF (SuppYr2 = Yes) THEN**

**SDet2**

Now I would like to collect some details about these 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 1 and <Enter> to continue

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

**SRec**

INTERVIEWER: CODE WHETHER first/ next BOTTLE/CONTAINER CHECKED BY YOURSELF, THE PARTICIPANT OR NOT AT ALL."

- 1 Inte "Checked by myself",
- 2 Resp "Checked by participant",
- 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.

INTERVIEWER: PLEASE PROBE FOR ALL FOLIC ACID OR VITAMIN D SUPPLEMENTS, INCLUDING THOSE IN MULTIVITAMINS. INTERVIEWER: PLEASE FORMAT SUPPLEMENT AS SUCH: {FULL NAME} {STRENGTH} {BRAND}

INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER ENTER CTRL & K  
: STRING [60]

**SDose**

INTERVIEWER: RECORD DOSE - NUMBER OF TABLETS, DROPS, 5ml SPOONS.  
CHECK WITH PARTICIPANT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

**SFreq**

SHOW CARD DD

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."

- Yes  
No

**SuppYr**

SHOW CARD EE

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, GLUCOSAMINE, EVENING PRIMROSE, GARLIC, GINSENG, OMEGA 3, COMPLAN, 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 PARTICIPANT OR NOT AT ALL.

- |   |       |                          |
|---|-------|--------------------------|
| 1 | Inte  | "Checked by myself"      |
| 2 | Resp  | "Checked by participant" |
| 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.

INTERVIEWER: IF THE SUPPLEMENT HAS ALREADY BEEN RECORDED AT A PREVIOUS QUESTION DO NOT RECORD THE SAME SUPPLMENT HERE.

INTERVIEWER: PLEASE FORMAT SUPPLEMENT AS SUCH: {FULL NAME}  
{STRENGTH} {BRAND}

INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER ENTER CTRL & K  
: STRING [60]

**SDose**

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.  
CHECK WITH PARTICIPANT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

**SFreq**

SHOW CARD DD

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  |

**Child Physical Activity**  
**FOR PARTICIPANT AGED 2-15**  
**FOR CHILDREN AGED 2-12 PARENT WILL ANSWER ON BEHALF OF CHILD.**  
**CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.**

**ChPhInt**

INTERVIEWER: This is the start of the Child Physical Activity section.

**PARENT WIHH ANSWER ON BEHALF OF CHILDREN AGED 2-12.**

**CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.**

**(Child name) is (child's age) years old**

PRESS <ENTER> TO CONTINUE

1 Continue

**IF (AGE =2 – 15 years) THEN**

**ChIntro**

Now I'd like to ask you some questions about things that (you have /name of child has) done that involve physical activity. This may be things that (you have/he has/she has) done at school, nursery, playgroup or things that (you have/he has/she has) done in the evenings and at weekends.

INTERVIEWER: Press <1> and <Enter> to continue.

1 Continue

**Sch7Db**

Can I just check, in the last seven days, that is from (day date of interview – 7) to yesterday, did (you/name of child) go to school, nursery or playgroup?

- |              |                |
|--------------|----------------|
| 1 School     | Yes, school    |
| 2 Nursery    | Yes, nursery   |
| 3 Playground | Yes, playgroup |
| 4 No         | No             |

**Note: If Sch7D = No, route straight to Sports and Activities section (WDIntro).**

**IF (sch7Db=1,2 or 3) THEN**

**SchDays**

In the last seven days (that is from (day date of interview - 7] to yesterday), on how many days did (you / name of child) go to (school / nursery / playgroup)?

INTERVIEWER: Enter number of days.

Do not include work experience or extra-curricular activities as going to school.

Range: 1..6

**IF (SchDays > 0) THEN**

**JWlkCyc**

Still thinking about the last seven days, (that is from (day date of interview – 7) to yesterday), did (you / name of child) walk or cycle all or part of the way to or from (school / nursery / playgroup)?

INTERVIEWER: Include walking to or from the bus stop or the train station, or walking part of the way after driving ("park and stride") but only when they were on their way to or coming back from school.

If a child uses a scooter on their journey to or from school, this should be recorded as walking.

- |           |               |
|-----------|---------------|
| 1 Walking | Yes - Walking |
| 2 Cycling | Yes – Cycling |

3 Both            Yes – Both  
4 No            No

**IF (JWIkCyc= 1 OR 3) THEN**

**JWIkDT**

In the last seven days on how many days did (you / name of child) walk all or part of the way to (school / nursery / playgroup)?

Range: 0..6

**JWIkDF**

And on how many days did (you / name of child) walk all or part of the way home from (school / nursery / playgroup)?

Range: 0..6

**IF (JWIkDT > 0 or JWIkDF > 0) THEN**

**JWIkTim**

How long does it usually take (you / name of child) to walk **to/from** (school / nursery / playgroup)?

INTERVIEWER: An average time per day is being sought.

If journeys to and from school are different lengths then enter an average.

Enter number of **minutes**.

If none, enter 0.

Range: 0..120

**IF (JwIkCyc = 2 OR 3) THEN**

**JCycDT**

In the last seven days, on how many days did (you / name of child) cycle all or part of the way **to** (school / nursery / playgroup)?

Range: 0..6

**JcycDF**

And on how many days did (you / name of child) cycle all or part of the way home **from** (school / nursery / playgroup)?

Range: 0..6

**IF (JcycDT > 0 or JcycDF > 0) THEN**

**JCycTim**

How long does it usually take (you / name of child) to cycle **to/from** (school / nursery / playgroup)?

INTERVIEWER: An average time per day is being sought.

If journeys to and from school are different lengths then enter an average.

Enter number of **minutes**.

If none, enter 0.

Range: 0..120

**IF (SCH7Db = School) THEN**

**SchlBr**

SHOW CARD FF

I would like you to think about (your / name of child's) school breaks in the last seven days, that is from (day date of interview – 7) to yesterday. Apart from time spent eating, which activity on this card did (you / name of child) do **most often** in (your / his / her) morning, lunchtime and afternoon breaks?

- |   |      |                |
|---|------|----------------|
| 1 | Sit  | Sitting down   |
| 2 | Hang | Hanging around |
| 3 | Walk | Walking        |

4 Running Running around or playing games for example skipping, hide and seek, football or netball

**IF (SchIBr = 3) THEN**

**WalkPace**

Which of the following best describes (your / name of child's) usual walking pace

...READ OUT...

- |   |        |                           |
|---|--------|---------------------------|
| 1 | Slow   | ...a slow pace,           |
| 2 | Steady | ...a steady average pace, |
| 3 | Brisk  | ...a fairly brisk pace,   |
| 4 | Fast   | ...or, a fast pace?       |

**ASK ALL AGED 2-15**

**WDIntro**

SHOW CARDS GG AND HH

I would now like to ask you some questions about whether (you have / name of child has) done any of the physical activities listed on these two showcards in the last 7 days.

INTERVIEWER: Show participant cards GG and HH.

I will first ask you about the informal activities on showcard GG and then about the more formal activities on showcard HH.

INTERVIEWER: Press <1> and <Enter> to continue.

1..1

**ASK ALL**

**NSWA**

**SHOW CARD GG**

Firstly, please think about **informal** activities. Since last (day date of week seven days ago), (have you / has name of child) done any activities listed on this card on weekdays (outside school hours)?

INTERVIEWER: By outside school hours we mean anything **not** done in lessons and school breaks. The participant **should** include activities done in after school clubs.

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

**Note: If NSWA = No, route to WendWA2.**

**IF (NSWA = Yes) THEN**

**NSWA2**

(Weekdays)

**SHOW CARD GG**

Which ones?

CODE ALL THAT APPLY.

- |   |           |  |
|---|-----------|--|
| 1 | Cycl      | Cycling (but not to or from school)                              |
| 2 | Walking   | Any walking (but not to or from school / nursery / playgroup)    |
| 3 | Housework | Hoovering, cleaning car, gardening, etc                          |
| 4 | HopScotch | Hopscotch  |
| 5 | Trampo    | Bouncing on trampoline   |
| 6 | Play      | Playing around, e.g. kicking a ball around, catch, hide and seek |
| 7 | Skate     | Skating / Skateboarding / using a scooter                        |
| 8 | Dance     | Dancing, including any dance lessons                             |
| 9 | Rope      | Skipping rope  |

**IF (NSWA2 [1..9] DO) THEN**

**NSPAD**

On which weekdays since last (day 7 days ago) did (you / name of child) do (name of activity)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

**IF (NSPAD IN 1..5 DO) THEN**

**NSPATH**

How long did (you / name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Record hours spent below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

**NSPATM**

How long did (you / name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

**Note: NSPATH and NSPATM repeated for each day coded at NSPAD.**

**NSPAD to NSPATM repeated for each activity coded at NSWIA2.**

**WendWA2**

**SHOW CARD GG**

I would now like to ask you about any activities (you / name of child) did (last weekend).

(Last weekend) did (you / name of child) do any activities listed on this card?

- 1 Yes
- 2 No

**IF (WendWA2 = Yes) THEN**

**WEPWA2**

(Weekend)

**SHOW CARD GG**

Which ones?

CODE ALL THAT APPLY.

- |   |          |  |
|---|----------|--|
| 1 | Cycl     | Cycling (but not to or from school)                              |
| 2 | Walking  | Any walking (but not to or from school / nursery / playgroup)    |
| 3 | HouseWrk | Vacuuming, Cleaning car, Gardening, etc"                         |
| 4 | HopSctch | Hopscotch  |
| 5 | Trampo   | Bouncing on trampoline   |
| 6 | Play     | Playing around, e.g. kicking a ball around, catch, hide and seek |
| 7 | Skate    | Skating / Skateboarding / using a scooter                        |
| 8 | Dance    | Dancing, including dance lessons                                 |
| 9 | Rope     | Skipping rope  |

**IF (WEPWA2 IN [1..9] DO) THEN**

**WEPAD**

(Weekend)

On which days did (you / name of child) do (name of activity)?

INTERVIEWER: CODE ALL THAT APPLY

- 1 Saturday

2 Sunday

**IF (WEPAD IN [1..2], i = 1..2 DO) THEN  
WEPAH**

How long did (you / name of child) spend in total doing (name of activity) on (day)?  
INTERVIEWER: Record **hours** below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

**WEPAM**

How long did (you / name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes

Range: 0..59

**Note:** *WEPAH and WEPAM repeated for each day coded at WEPAD.  
WEPAD to WEPAM repeated for each activity coded at WEPWA2.*

**NSWB**

SHOW CARD HH

Now, please think about **formal** activities.

Since last (**day of week 7 days ago**), (have you / has name of child) done any activities listed on this card **on weekdays** (outside school hours)?

INTERVIEWER: By outside school hours we mean anything **not** done in lessons and school breaks. The participant **should** include activities done in after school clubs.

- 1 Yes
- 2 No

**IF (NSWB =Yes) THEN**

**NSpWB**

(Weekdays)

SHOW CARD HH

Which ones?

CODE ALL THAT APPLY.

- |    |         |   |
|----|---------|---|
| 1  | Footb   | Football / Rugby / Hockey /Lacrosse         |
| 2  | Netb    | Netball / Basketball / Handball             |
| 3  | Cricket | Cricket/ Rounders                           |
| 4  | Athl    | Running, jogging, athletics                 |
| 5  | SwimLap | Swimming laps/ lengths                      |
| 6  | SwimSp  | Swimming (splashing about)                  |
| 7  | Gymn    | Gymnastics                                  |
| 8  | GymWtT  | Workout with gym machines / Weight training |
| 9  | Aero    | Aerobics                                    |
| 10 | Tenn    | Tennis / Badminton / Squash                 |

**IF (NSpWB in [1..10], DO) THEN**

**NSWBD**

On which weekdays in the last week did (you / name of child) do (name of activity)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday

- 4 Thursday  
5 Friday

**IF (NSWBD in [1..5] DO) THEN**

**NSWBH**

How long did (you /name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Record **hours** below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

**NSWBM**

How long did (you /name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

**Note:** *NSWBH and NSWBM repeated for each day coded at NSWBD.*

*NSWD to NSWBM repeated for each activity coded at NSpWB.*

**WendWB2**

**SHOW CARD HH**

I would now like to ask you about any activities (you / name of child) did (last weekend).

(Last weekend) did (you / name of child) do any activities listed on this card?

- 1 Yes  
2 No

**IF (WendWB2 = Yes) THEN**

**WendWB**

(Weekend)

1	Footb	Football / Rugby / Hockey /Lacrosse
2	Netb	Netball / Basketball / Handball
3	Cricket	Cricket/ Rounders
4	Athl	Running, jogging, athletics
5	Swimlap	Swimming laps/ lengths
6	SwimSp	Swimming (splashing about)
7	Gymn	Gymnastics
8	GymWtT	Workout with gym machines / Weight training
9	Areo	Aerobics
10	Tenn	Tennis / Badminton / Squash

**IF (WendWB IN [1..10] DO) THEN**

**WendWBD**

(Weekend)

On which days in the last week did (you /name of child) do (name of activity)?

CODE ALL THAT APPLY

- 1 Saturday  
2 Sunday

**IF (WendWBD in [1..2] DO) THEN**

**WendWBH**

How long did (you / name of child) spend in total doing (name of activity) on (**day**)?

INTERVIEWER: Record **hours** spent below.  
Enter 0 if less than 1 hour.  
Record minutes at next question  
Range: 0..20

**WendWBM**

How long did (you / name of child) spend in total doing/playing (name of activity) on (**day**)?  
INTERVIEWER: Enter number of **minutes**.  
If an exact hour, enter 0 for minutes  
Range: 0..59

**Note:** *WendWBH and WendWBM repeated for each day coded at WendWBD.*  
*WendWBD to WendWBM repeated for each activity coded at WendWB.*

**IF (Total time spent on activities on each day of week >= 480 minutes) THEN  
Check**

Can I check you mentioned that (you/ name of child) spent (number of hours and minutes spent on activities in total on day of week) doing these activities on (day of week).

[List of activities mentioned and time spent on them]

This seems a lot are you sure this is correct?

- 1 Yes
- 2 No

**Note: Check repeated for each day of week**

**ASK ALL AGED 2-15**

**NSOth2**

SHOW CARDS GG AND HH

In the last seven days, that is from (day date of interview – 7) to yesterday, (have you / has name of child) done any other similar activities **not** listed on these two cards **on weekdays**?

INTERVIEWER: If 'Yes', record brief details of the first other activity at the next question.

- 1 Yes
- 2 No

**IF (NSOth2 = yes) THEN**

**NOSpEx2**

(Weekdays)

INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other sport or exercise activity.

Type in first few letters of the sport to enter coding frame.

Type 'other' if the sport is not listed.

Type 'xxx' (for not listed/don't know) if unable to code.

On exiting coding frame press 'Enter' to move to next question.

**OSpEx2**

INTERVIEWER: Enter brief description of this sport"  
: STRING[80]

**Note: repeat NSOth2 and OspEx2 for up to 5 activities.**

**NSOthD2**

On which weekdays in the last week did (you / name of child) do (activity)?  
CODE ALL THAT APPLY.

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

**IF (NSOthD2 in [1..5] DO) THEN**

**NSOthT2H**

How long did (you / name of child) spend doing (activity) on (day)?

INTERVIEWER: Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

**NSOthT2M**

How long did (you / name of child) spend doing (name of sport/activity] on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

**END DO**

**Inten**

(Weekdays)

When (you / name of child) did (activity) was it hard enough to make (you / name of child) out of breath or sweaty?

- 1 Yes
- 2 No

**Note: NOSpEx2 to Inten repeated for each activity coded at NOSpEx2.**

**ASK ALL**

**WEoth2**

Did (you / name of child) do any other similar activities not listed on these two cards (last weekend)?

INTERVIEWER: IF 'Yes', record brief details of all other sports and activities in the next question.

- 1 Yes
- 2 No

**IF (WEoth2 = yes) THEN**

**WEospEx2**

INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other sport or exercise activity.

Type in first few letters of the sport to enter coding frame.

Type 'other' if the sport is not listed.

Type 'xxx' (for not listed/don't know) if unable to code.

On exiting coding frame press <Enter> to move to next question.

:1...999

**OSpEx2**

INTERVIEWER: Enter brief description of this sport

: STRING[80]

**Note: WEOth2 and WEOspEx2 are repeated for up to five activities.**

**WEOthD**

(Weekend)

On which days did (you / name of child) do (activity)?

CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

**IF (WEOthD IN [1..2] DO THEN**

**WEOthTH**

How long did (you / name of child) spend doing/playing (activity) on (**day**)?

INTERVIEWER: Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

**WEOthTM**

How long did (you / name of child) spend doing/playing (activity) on (**day**)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

**Inten3**

(Weekend)

When (you / name of child) did/played (activity) was it hard enough to make (you / him / her) out of breath or sweaty?

- 1 Yes
- 2 No

**END DO**

**END IF**

**Note: WEOth2 to Inten3 repeated for each activity coded at WEOspEx2..**

**IF (NSWA2 = 1, 5, 6, 7, 8, or 9) OR (WEPWA2 =1, 5, 6, 7, 8, or 9) THEN**

**ExcMusCI**

You told us that (you/name of child) did the following activities last week:

[list of informal activity recorded at NSWA2, WEPWA2]

During the last week, was the effort of any of these activitiesusually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

**IF (NSpWB = 1-10) OR (WendWB = 1-10) THEN**

**ExcMusCF**

You told us that (you / name of child)did the following activities last week:

[formal activity recorded at NSpWB, WendWB]

During the last week, was the effort of any of these activitiesusually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

**ASK ALL AGED 2-15**

**IntroST**

Now I'd like to ask some questions about time that (you / name of child) might have spent sitting down. For these questions, I'd like you to think about what (you have / name of child/he she has) done in the last seven days, that is from **(day date of interview -7) to yesterday**.

Firstly I would like to ask you about any activities (you have / name of child has) done **(after school on weekdays)**, from last **(day)** to yesterday.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

#### **TVWkH**

On weekdays from last **(day) to yesterday**, how much time did (you / name of child) **usually** spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: Record **hours** below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

#### **TVWkM**

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

#### **SedWkH**

Still thinking about **weekdays**, from last **(day)** to yesterday, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

INTERVIEWER: Examples of activities include reading, doing homework, drawing, using a computer or playing video games.

Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

#### **SedWkM**

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes

Range: 0..59

#### **TVWEH**

Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: Record **hours** below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

#### **TVWEM**

Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

#### **SedWEH**

Still thinking of last weekend, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

INTERVIEWER: Examples of activities include reading, doing homework, drawing, using a computer or playing video games.

Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question.

Range: 0..20

### **SedWEM**

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes.

Range: 0..59

### **Normal**

Last week, that is from (**date of interview – 7**) to **yesterday**, (were you / was name of child) ...READ OUT...

- |   |      |                           |
|---|------|---------------------------|
| 1 | More | ...more active than usual |
| 2 | Less | less active than usual or |
| 3 | Same | about the same as usual?  |

### **IF Age 2-12**

#### **Involve**

INTERVIEWER: How involved was (name of child) in answering the physical activity questions?

- |   |         |  |
|---|---------|--|
| 1 | NotPres | Child was not present  |
| 2 | NotPart | Child was present but did not participate                        |
| 3 | Few     | Child was present and helped proxy answer <b>a few</b> questions |
| 4 | Some    | Child was present and helped proxy answer <b>some</b> questions  |
| 5 | Most    | Child was present and helped proxy answer <b>most</b> questions  |

## **DATA LINKAGE CONSENT FOR PARTICIPANTS AGED 16 AND OVER**

### **IF (Age ≥ 19) THEN**

#### **NHSCanA**

We would like your consent for us to link your survey answers to central administrative data. This includes consent to link to information about in/out-patient hospital episodes, civil registration mortality data and the Cancer Registry.

Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE PARTICIPANT THE DATA LINKAGE 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 participant's serial number, check letter, and participant number on the top of the consent form.

Serial: Check Letter: Person Number:

Ask the participant to sign and date the form.

Give the **bottom** copy of the form to the participant.

Code whether signed consents obtained.

### **IF (QSamp.Country = England) THEN**

```
LNHSCon1 := 'Hospital Episodes Statistics data'  
LNHSCon2 := 'Civil registration mortality data'  
LNHSCon3 := 'Cancer registration data'  
LNHSCon4 := "
```

### **ELSEIF (QSamp.Country = Wales) THEN**

```
LNHSCon1 := 'Patient Episode Database for Wales'  
LNHSCon2 := 'Outpatient Activity Minimum Dataset'  
LNHSCon3 := 'Deaths Register'  
LNHSCon4 := 'Welsh Cancer Intelligence and Surveillance Data'
```

### **ELSEIF (QSamp.Country = Scotland) THEN**

```
LNHSCon1 := 'Administrative health data'  
LNHSCon2 := 'Civil registration mortality data'  
LNHSCon3 := 'Cancer registration data'  
LNHSCon4 := "
```

### **ELSEIF (QSamp.Country = NI) THEN**

```
LNHSCon1 := 'Patient Administration System'  
LNHSCon2 := 'Civil registration mortality data'  
LNHSCon3 := 'NI Cancer Registry'  
LNHSCon4 := "
```

### **IF (Age = 16-18) THEN**

#### **NHSCanC**

We would like your consent for us to link your survey answers to central administrative data. This includes consent to link to information about in/out-patient hospital episodes, civil registration mortality data and the Cancer Registry.

Please read this form, it explains more about what is involved. INTERVIEWER: GIVE THE PARTICIPANT THE DATA LINKAGE 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 participant's serial number, check letter, and participant number on the top of the consent form.

Serial: Check Letter: Person Number: 2

Ask the participant to sign and date the form.

Give the **bottom** copy of the form to the participant.

Code whether signed consents obtained.

**IF (QSamp.Country = England) THEN**

LNHSCon1 := 'Hospital Episodes Statistics data'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'Cancer registration data'

LNHSCon4 := "

**ELSEIF (QSamp.Country = Wales) THEN**

LNHSCon1 := 'Patient Episode Database for Wales'

LNHSCon2 := 'Outpatient Activity Minimum Dataset'

LNHSCon3 := 'Deaths Register'

LNHSCon4 := 'Welsh Cancer Intelligence and Surveillance Data'

**ELSEIF (QSamp.Country = Scotland) THEN**

LNHSCon1 := 'Administrative health data'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'Cancer registration data'

LNHSCon4 := "

**ELSEIF (QSamp.Country = NI) THEN**

LNHSCon1 := 'Patient Administration System'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'NI Cancer Registry'

LNHSCon4 := "

## **RECONTACT QUESTIONS FOR ALL PARTICIPANTS**

### **IF (Age ≥ 19) THEN**

#### **ReConA**

If at some future date the Public Health of England (PHE) or Food Standards Agency (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 (Age < 19) THEN**

#### **ReConC**

If at some future date the Public Health of England (PHE) or Food Standards Agency (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

#### **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"

### **IF (StabAdd = Agreed) THEN**

#### **StName**

INTERVIEWER: Please enter the name of the contact person.

: STRING [30]

#### **StRel**

INTERVIEWER: Please enter the relationship to the participant.

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?

## P12229 NDNS CAPI\_INTERVIEWER

- 1 Yes
- 2 No

**IF (StAdd = Yes) THEN**

### **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]

(Just press <Enter> if no more to add)

### **StAdd3**

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

: STRING [30]

(Just press <Enter> if no more to add)

### **StAdd4**

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

: STRING [30]

(Just press <Enter> if no more to add)

### **StAdd5**

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

: STRING [30]

(Just press <Enter> if no more to add)

### **StAddPC**

INTERVIEWER: Please enter the stable/contact address.

Postcode:

: STRING [8]

(Just press <Enter> if none)

### **StInfo**

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

: STRING [100]

(Just press <Enter> if none)

### **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 participants 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

## **NURSE INTRODUCTION**

### **ALL PARTICIPANTS**

**Stg2Int**

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).

Press 1 and <Enter> to continue.

**IF (Age = <11) THEN****Stg2Int**

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).

Aged (age) – Ask (name of guardian).

Press 1 and <Enter> to continue

**IF (Age = 11-16) THEN****Stg2Int**

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).

Aged (age) – Ask parent or guardian

Press 1 and <Enter> to continue

**(ASK ALL)****NursInt1**

We would like you to help us with the second (and final) stage of this study. This is a visit by a qualified nurse to collect some medical information and carry out some measurements, including a blood sample. These measurements are important as they complete the information you gave us in the food diary. The nurse would like to contact you to explain more about what is involved and answer any questions you have.

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

IF ASKED FOR DETAILS: For example, the nurse, with your agreement, will take your waist and hip measurements, ask if you are willing to provide a blood sample and ask about prescribed medications. We cannot get the information the nurse collects from any other source.

All aspects of the nurse visit are voluntary.

Press 1 and <Enter> to continue.

**NursInt2**

IF ASKED: If you are eligible the nurse will ask if you and/or your child are willing to provide a small blood sample. Blood tests can give us very important information about nutritional health that we cannot get in any other way, and about the ways in which our body benefits from the food we eat. If you wish, we will also send you and/or your GP the results of some of the tests carried out on your sample.

The nurse will take no more than 12-35ml (2 tsp- 7 tsp) of blood. The amount is different for adults and children (smaller amounts are taken from the youngest children).

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

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

Press <F9> for help about the nurse visit

I see my doctor all the time...

We don't have access to your records and therefore we can't get this information any other way, so our nurse comes to visit you personally.

Will I have to give blood?

No, the nurse will ask for written or verbal consent before any measurements. You don't have to do anything you don't want to. We will handle your data in accordance with data protection legislation and we take great care to protect the confidentiality of all information and samples collected.

I haven't time...

The nurse can come at any time to suit you, they will call to see when best suits you.

Why is it necessary? ...

You have given us lots of really useful information, but because this is a survey about health, there are certain things interviewers can't do (like take blood samples) so we have a nurse visit to get this information that we can't get from the interview questions.

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

#### **IF (NursInt2 = Refuse) THEN**

##### **NurseRef**

RECORD REASON WHY PARTICIPANT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT F1 ON A.R.F

- |   |         |   |
|---|---------|---|
| 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 at present time"                  |
| 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 | Blood   | "Put off by blood sample"   |
| 7 | NoReas  | "Not interested/Can't be bothered/No particular reason"                           |
| 8 | TooYng  | "Feels child is too young"  |
| 9 | Other   | "Other reason (specify)"  |

#### **IF (NurseRef = Other) THEN**

##### **NsRefO**

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.

: STRING [30]

#### **IF (NursInt2 = Agreed or Unsure) THEN**

##### **BloodO**

INTERVIEWER: RECORD HOW THE PARTICIPANT REACTED TO THE BLOOD SAMPLE (E.G. SEEMED PUT OFF, RELUCTANT, HAPPY TO DO IT ETC)

RECORD AS FULLY AS POSSIBLE

IF THE PARTICIPANT IS BELOW THE AGE OF 18 YEARS, PLEASE WRITE DOWN THE FIRST AND SURNAME OF THEIR PARENT(S)/GUARDIANS (E.G. PARENT FOR CONSENT IS JAN SMITH).

##### **NTelConf**

Can I just, you have given us the telephone number (s) ...

LTel1

LTel2

Are these correct?

- 1 Yes
- 2 No

**IF no telephone has been given**

**NTelAsk**

You haven't given a telephone number. Please could you give us a telephone number that the nurse can contact you on when they call?

INTERVIEWER: ENTTER TELEPHONE NUMBER (INCLUDING AREA CODE)

If not obtained, press <Ctrl K>.

- 1 Yes
- 2 No

**IF (NTelAsk = Yes) THEN OR (NTelConf = No) THEN**

**NTelL**

INTERVIEWER: ENTER LANDLINE TELEPHONE NUMBER (INCLUDING AREA CODE)

If not obtained, press <Ctrl K>.

: STRING [15]

**IF (NTelAsk = Yes) THEN OR (NTelConf = No) THEN**

**NTelM**

INTERVIEWER: ENTER MOBILE TELEPHONE NUMBER

If not obtained, press <Ctrl K>.

: STRING [15]



Public Health  
England



Protecting and improving the nation's health

NatCen

Social Research that works for society

MRC | Epidemiology Unit

UNIVERSITY OF  
CAMBRIDGE

# Help us understand the nation's eating habits

Dear Sir or Madam,

**Public Health England** and the **Food Standards Agency** would like to invite one adult and/or one young person from your household to take part in the **National Diet and Nutrition Survey**. This is a study of people's eating habits which has taken place across the UK every year since 2008.

By taking part, you will help us understand how our diet is changing, and provide vital information to help create a healthier nation. This information is used by the Government to improve our health and keep our food safe.

## What's next?



An interviewer from the National Centre for Social Research will visit you and ask for up to two people to take part - one aged **19 years and over** and another aged **18 months to 18 years**. The interviewer will show you their photo ID so you know who they are.

## Thank you



As a thank you for taking part, please find below a **£10 voucher** that can be exchanged for money at any branch of the Post Office. We will also offer each person who completes a food diary an additional **£25 gift card** and **personalised dietary feedback** as a thank you.

## Any questions?



For more information please read the FAQs on the back of this letter, and the enclosed leaflet. You can also visit [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey) or call the study's Freephone **0800 652 4572**.

We hope you will be willing to take part – with your help we can gain a better understanding of the diet and nutrition of the nation.

*Gill Swan*

Gillian Swan  
Health Improvement Directorate  
Public Health England

Beverley Bates  
NDNS Research Director  
National Centre for Social Research

## How did you choose my address?

We chose your address at random from the Postcode Address File. This file is held by the Post Office and is available to the public. This method of selecting addresses is the only way to ensure we get a representative sample across the UK.

## What will happen to any information I give?

We take great care to protect the confidentiality of the information people give us and we take careful steps to ensure that the information is secure at all times. Your answers are put together with the answers collected from thousands of other people across the UK and the survey findings are published in a report. The findings will not identify anyone who took part in the survey.

We will handle your data in accordance with data protection legislation. The survey findings are anonymised and nothing we publish will identify you. The results collected will help inform official statistics on diet and nutrition.

## Who is carrying out the survey?

Public Health England (PHE) and the Food Standards Agency (FSA) have asked the National Centre for Social Research and the Medical Research Council Epidemiology Unit at the University of Cambridge to carry out this research.

The MRC Epidemiology Unit is a leading research Unit working in the area of diet, nutrition and physical activity.

The National Centre for Social Research is Britain's leading centre for independent social research. It carries out numerous health studies such as the Health Survey for England and is a registered charity. To find out more, please visit [www.gov.uk/find-charity-information](http://www.gov.uk/find-charity-information) and search using Charity No. 1091768.

## Why should I take part?

You don't have to take part but with your help we can learn about a wider range of people to get a truer picture of the eating habits and health status of people living in the UK. By joining the thousands of people that have already taken part, you will help strengthen our understanding of the nation's diet and nutrition.

## What does taking part involve?

If you take part, the interviewer will ask you some questions and will give you a diary to record what you eat and drink. The information leaflet with this letter tells you more about the interview stage. The second part of the survey, if you agree, is a visit by a qualified nurse.

## Where can I find out more?

See the enclosed leaflet or visit: [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey) or call the study's Freephone number on 0800 652 4572.



Public Health  
England

Protecting and improving the nation's health



Food  
Standards  
Agency  
[food.gov.uk](http://food.gov.uk)

# Help us understand the nation's eating habits

Dear Sir or Madam,

**Public Health England** and the **Food Standards Agency** would like to invite one young person from your household to take part in the **National Diet and Nutrition Survey**. This is a study of people's eating habits which has taken place across the UK every year since 2008.

By taking part, you will help us understand how our diet is changing, and provide vital information to help create a healthier nation. This information is used by the Government to improve our health and keep our food safe.



## What's next?

An interviewer from the National Centre for Social Research will visit you and ask one person to take part- aged 18 months to 18 years. The interviewer will show you their photo ID so you know who they are.



## Thank you

As a thank you for taking part, we will offer each person who completes a food diary a £25 gift card and personalised dietary feedback as a thank you.



## Any questions?

For more information please read the FAQs on the back of this letter, and the enclosed leaflet. You can also visit [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey) or call the study's Freephone 0800 652 4572.

We hope you will be willing to take part – with your help we can gain a better understanding of the diet and nutrition of the nation.

*GE Swan*

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Health Improvement Directorate  
Public Health England

Beverley Bates  
NDNS Research Director  
National Centre for Social Research

**NatCen**  
Social Research that works for society

MRC | Epidemiology Unit



UNIVERSITY OF  
CAMBRIDGE

## How did you choose my address?

We chose your address at random from the Postcode Address File. This file is held by the Post Office and is available to the public. This method of selecting addresses is the only way to ensure we get a representative sample across the UK.

## What will happen to any information I give?

We take great care to protect the confidentiality of the information people give us and we take careful steps to ensure that the information is secure at all times. Your answers are put together with the answers collected from thousands of other people across the UK and the survey findings are published in a report. The findings will not identify anyone who took part in the survey.

We will handle your data in accordance with data protection legislation. The survey findings are anonymised and nothing we publish will identify you. The results collected will help inform official statistics on diet and nutrition.

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## What does taking part involve?

If you take part, the interviewer will ask you some questions and will give you a diary to record what you eat and drink. The information leaflet with this letter tells you more about the interview stage. The second part of the survey, if you agree, is a visit by a qualified nurse.

## Where can I find out more?

See the enclosed leaflet or visit: [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey) or call the study's Freephone number on 0800 652 4572.

## Your household is important

Every year we select a sample of addresses from the Postcode Address File, a national and publicly available register of addresses. We sample from across the UK in a way that means all addresses have a chance of being selected. Your address cannot be swapped for any other address, so your view is particularly important to us and helps paint a picture of our society's diet and nutrition.

## Is the survey confidential?

Yes. We take great care to protect confidentiality. The survey results will not be in a form which reveals your identity and your answers will only be used for research purposes. If you give permission, you may be contacted again at a later date about your answers for further research. If you agree, your data will be anonymously linked with other administrative health records.

For more info have a look at  
[www.natcen.ac.uk/taking-part/studies-in-field/  
national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## Who can I speak to about the study?

If you have any questions about taking part, please do not hesitate to contact us:

**Beverley Bates**  
**NDNS Research Director**  
National Centre for Social Research  
Kings House  
101-135 Kings Road  
Brentwood  
Essex  
CM14 4LX

Freephone: **0800 652 4572**  
Email: **ndns@natcen.ac.uk**  
[www.natcen.ac.uk/taking-part/  
studies-in-field/national-diet-and-  
nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

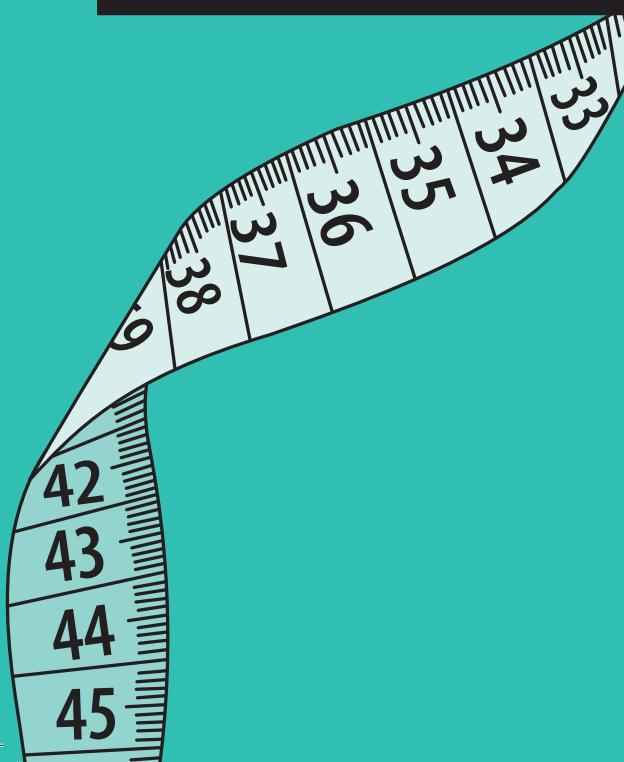
# National Diet and Nutrition Survey (NDNS)



Be part of the UK's only national diet and nutrition study

## What is the National Diet and Nutrition Survey (NDNS)?

- As a society, understanding how and what we eat has never been more important.
- NDNS is a robust scientific study of the nation's diet and nutritional status.
- By taking part in NDNS, the data you provide on your diet and nutrition can help the government to improve public health and protect food safety.



## How does it work?

Your household has been selected randomly to help us understand the nation's diet and nutrition. You will be joining the 10,000+ people who have already contributed to NDNS over the years. Being involved includes:

- An interview
- A four-day food diary
- Physical measurements including height and weight
- A urine sample

One of our specially trained interviewers will carry out all elements of the survey in your own home and at a time convenient to you.

You don't have to take part in the survey, and you can choose to take part in some parts of the survey but not others. You are free to withdraw from any part of the survey at any time.

For more info have a look at  
[www.natcen.ac.uk/taking-part/studies-in-field/  
national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## What will I get for taking part?



If you would like them, we can send you personalised dietary feedback detailing your intake of vitamins, fibre, calories, calcium and more! It will also show how these compare with dietary recommendations.



A record of your measurements, if you would like them.



£25 gift card for your completed food diary.



Another £5 gift card for providing a urine sample.



# National Diet and Nutrition Survey (NDNS)

## MEASUREMENT RECORD CARD

SN:

Name:

Height:  cm

ft/ins

Weight:  kg

st/lbs

BMI:

For adults, height and weight information can be used to calculate Body Mass Index (BMI). Further information on this calculation and guidance on BMI can be found in the accompanying leaflet or on this website:

[www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx](http://www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx)

# National Diet and Nutrition Survey (NDNS)

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[www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx](http://www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx)

# What will happen to my results?

With your written agreement we will send you and/or your GP the results from your/ your child's blood tests that are clinically relevant, this is your choice.

If you agree to your results being sent to your GP, then he/she may use them in medical reports about you. This may lead to changes in your medical health status which could affect your future insurance status (e.g. for life insurance or private medical insurance). Because of the Access to Medical Reports Act 1988, an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading. If you think you may apply for health insurance in the future, you can choose not to know the results of any tests and not to let your GP know these results.

## Do I have to take part?

No. At this time you are only agreeing for a nurse to contact you.

Your nurse will give you more information and explain the different measurements in more detail when she/he visits. All parts of the nurse visit are optional and you/your child can take part in as few or as many measurements as you would like. If you don't want to do one of the measurements then just tell the nurse.

As with the interviewer stage, we take great care to protect the confidentiality of all information and samples collected.

**Thank you for your interest  
and time.**

**Your contribution is very  
valuable to the NDNS study.**

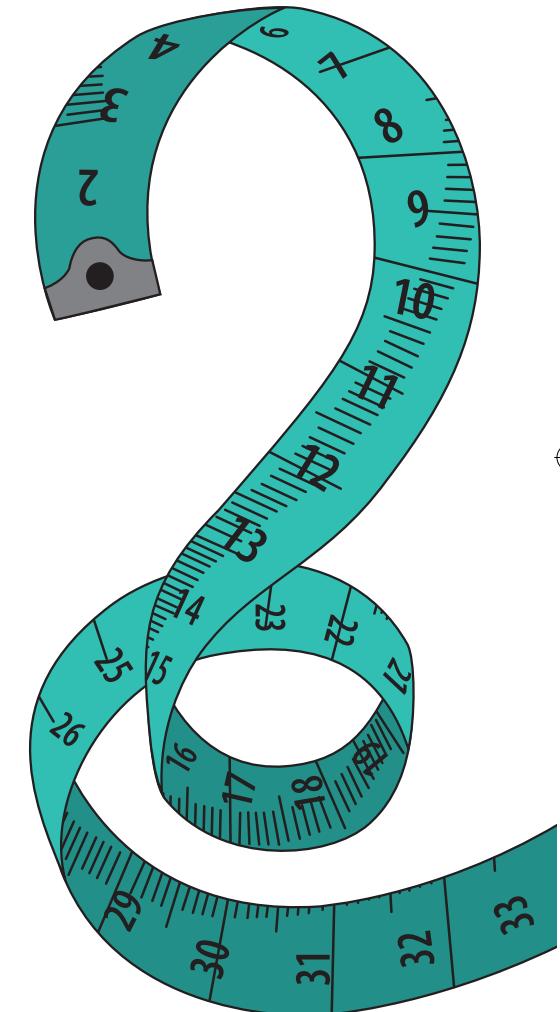
**We hope that you will help  
us with this next part of  
this important study!**

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## National Diet and Nutrition Survey (NDNS)

# What happens next?

The nurse visit



For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

# The second part - a nurse visit

Thank you for telling us about what you eat and answering our questions so far. Because of your help, we'll be able to better understand the diet and nutrition of people living in the UK. We would now like to invite you to take part in the second stage to complete the study.

For the second stage you will be contacted by a registered nurse to arrange a visit at a time convenient to you.

Information collected at the nurse stage is really important. It adds to the details you have already provided in your food diary and completes the picture of how diet affects people's nutrition and health.

When the nurse visits, they will ask you a few questions about your/ your child's health and explain a bit more about the other parts of the nurse visit, which are:

## A small blood sample:

If you are eligible the nurse will ask if you and/or your child are willing to provide a small blood sample. Blood tests can give us very important information about nutritional health that we cannot get in any other way, and about the ways in which our body benefits from the food we eat.

We would like you and/or your child to provide a fasting blood sample. A fasting sample gives the best quality of blood to test. However, there are some reasons why we wouldn't ask some people to fast for the blood test and if your child is under 4 years, they will not need to fast for a blood sample.

We can send you (and/or your GP) the results of the blood tests which are clinically relevant (e.g. vitamin and mineral levels, cholesterol, haemoglobin) to complement your dietary feedback

As a token of our appreciation, **each person providing a blood sample will receive a £15 gift card.**

**More information about the blood sample can be found in the 'giving a blood sample' leaflet that the nurse will give you upon his/her visit.**

## 2 Waist and hip measurements:

The nurse will ask if you are willing to have your waist & hip measurements taken. This measurement tells us about the distribution of weight over your body and is taken from all people aged 11 or more. This is done using a tape measure when fully clothed.

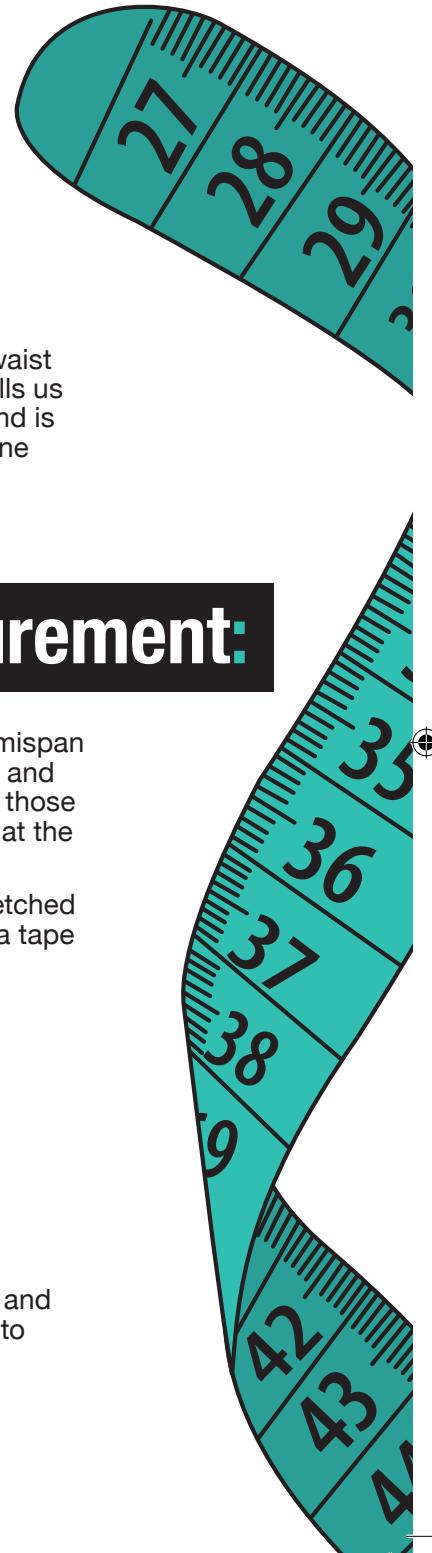
## Demispan measurement:

The nurse may ask if you are willing to have a demispan measurement. Demispan is an estimate of height and is taken from all people aged 65 years or over, or those over 16 years who did not have height measured at the interviewer visit.

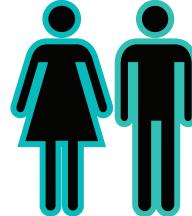
It is half the distance between your hands outstretched to either side and is measured by the nurse with a tape measure when you are standing or sitting.

## Infant length:

If you agree, the nurse will measure the length of your child if they are aged 18-23 months. This is done by laying your child on a measurement mat and measuring their length from the top of their head to the underside of their heels.



# National Diet and Nutrition Survey (NDNS)



## SPOT URINE COLLECTION INFORMATION SHEET

This leaflet is about providing a urine sample for NDNS. Your interviewer will be happy to go through this information with you and answer any questions. Just ask if there is anything that is not clear.

### How to give a spot urine sample

#### STEP 1

We don't want a sample of your first urine of the day but any after that is fine.

#### STEP 2

When you take the lid off the container, don't touch the inside. This is because you may have some iodine on your fingers from soap and we only want to measure the iodine inside your urine.

#### STEP 3

Pass a small amount of urine directly into the container; you do not need to fill it completely, as little as a teaspoon is enough. Replace the lid and make sure that it is screwed on tightly.

#### STEP 4

Wipe the outside of the container dry using a piece of ordinary toilet paper or a tissue. Do not use wet wipes or any other cleaning product as this could contaminate the sample.

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## **Why are you testing for Iodine?**

Iodine is important for being healthy. It is used by the body to make thyroid hormones. The best way to find out how much iodine people have in their bodies is through analysis of urine.

## **How many urine samples do you need?**

Only one. You will be given a pot to collect it in - very similar to what a doctor would give you if they needed a urine sample.

## **Do I have to provide a urine sample?**

No. You do not have to provide a urine sample if you do not want to.

## **What will happen to my urine sample?**

It will be sent to a laboratory and analysed for iodine content. Your name and address will not be attached to the sample - it will remain anonymous. Your sample will not be tested for drugs or viruses for this study.

## **How will my sample be stored?**

With your consent we will store your anonymised urine sample so that it may be used for future testing of other analytes that are useful for assessing the health of the population. All the information you give us will be kept securely and confidentially. We will use a unique ID code so that your personal information will not be stored with your urine sample.

## **Will I get anything for taking part?**

As a token of our appreciation you will receive a £5 gift card.

## **If you have any other questions, please get in touch:**

**Beverley Bates**  
**NDNS Research Director**  
NatCen Social Research,  
Kings House, 101-135 Kings Road,  
Brentwood, Essex,  
CM14 4LX

Freephone: **0800 652 4572**  
Email: **ndns@natcen.ac.uk**

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)



**NATIONAL DIET AND NUTRITION SURVEY**  
**Food and Drink Diary**  
**Adult 16+**

**DIARY START DATE:** \_\_\_\_\_

--	--	--	--	--	--	--	--

SERIAL NUMBER

--

CKL

--

PARTICIPANT 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
Practice Pages.....	16-22
Examples and advice on food descriptions.....	23-29
Pictures for food portion size guidance.....	30-33
<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.....	34-35
Pictures for spoon size.....	36
“The 4-day diary”.....	37-68
General questions about your diet during the recording period.....	69-76

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 23-29 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces, pepper etc).

#### **Homemade dishes**

If you have eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe serves, and the cooking method. Write this down in the recipe section at the end of the record day. Record how much of the whole recipe you have eaten in the portion size column (see examples on pages 4 - 15).

#### **Take-aways and eating out**

If you have eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. vegetable curry containing chickpeas, aubergine, onion and tomato.

### **Brand name**

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Bird's Eye, Hovis, or supermarket own brands.

#### **Labels/Wrappers**

Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready meals**, labels from **foods of lesser known brands** and also from any **supplements** you take.

## Portion sizes

Examples for how to describe the **quantity or portion size** you had of a particular food or drink are shown on pages 23-29. For foods, quantity can be described using:

- **household measures**, e.g. one teaspoon (tsp) of sugar, two thick slices of bread, 4 tablespoons (tbsp) of peas,  $\frac{1}{2}$  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 on page 36 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 30-33 (for adults only).

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 34-35. If you are able, please measure your usual drinking vessel and record the volume on page 34
- **volumes from labels** (e.g. 330ml can of fizzy drink).

We would like to know the **amount that was actually eaten** which means taking **leftovers** into account. You can do this in two ways:

1. Record what was served and make notes of what was not eaten e.g. 3 tbsp of peas, only 2 tbsp eaten; 1 large sausage roll, ate only  $\frac{1}{2}$
2. Only record the amount actually eaten i.e. 2 tbsp 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. We have provided a list of commonly forgotten food and drink to help jog your memory at the end of each day for anything you may have forgotten to record.

## 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 <u>eaten</u>
<b>How to describe what you had and how much you had can be found on pages 23-29</b>				
<b>6am to 9am</b>				
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
<b>9am to 12 noon</b>				
10.15 am	Office desk Alone No TV Not at table	Instant coffee, not decaffeinated Milk (fresh, whole) Sugar brown	Unknown brand	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 <u>eaten</u>
<b>12 noon to 2pm</b>				
12.30 pm	Tea room at work Colleagues No TV At table	<p><i>Ham salad sandwich from home</i>  <i>Bread, wholemeal, thick sliced</i>  <i>Light spread</i></p> <p><i>Low fat Mayonnaise</i>  <i>Smoked ham thinly sliced</i>  <i>Lettuce, iceberg</i>  <i>Cucumber with skin</i></p> <p><i>Unsweetened orange juice from canteen</i></p> <p><i>Apple with skin from home, Braeburn</i></p>	<p><i>Tesco's own</i>  <i>Flora</i></p> <p><i>Hellmans</i>  <i>Tesco's own</i></p> <p><i>Tropicana</i></p>	<p>2 slices  thin spread on 1 slice</p> <p>2 teaspoons</p> <p>2 slices</p> <p>1 leaf</p> <p>4 thin slices</p> <p>250ml carton</p> <p>medium size, core left</p>
<b>2pm to 5pm</b>				
3 pm	Meeting room at work With supervisor No TV Not at table	<i>Tea, decaffeinated</i> <i>Milk (fresh, whole)</i> <i>Jaffa cake – mini variety</i>	<i>Twinings</i> <i>Tesco's own</i> <i>McVities</i>	Mug Some 6

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
6.30 pm	Pub Partner TV on At table	Gin Tonic water diet Lager 3.8% alcohol Salted peanuts	Gordon's Schweppes Draught, Carlsberg 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 cream  Sainsbury's own	3b 6 tablespoons 4 tablespoons 3 halves 1 tablespoon  200ml glass, 1 part squash, 3 parts tap water
<b>8pm to 10pm</b>				
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)
<b>10pm to 6am</b>				
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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: *Too busy at work to stop for a drink*

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

<b>Brand</b>	<b>Name (in full) including strength</b>	<b>Number of pills, capsules, teaspoons</b>

**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			
<b>NAME OF DISH:</b> Bolognese sauce		<b>SERVES:</b> 4	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
Co-op low fat beef mince	500g	mixed herbs	1 dessertspoon
garlic	3 cloves	Lea & Perrins worcester sauce	dash
onion	1 medium		
sweet red pepper	1 medium		
Napoli chopped tomatoes	400g tin		
Tesco tomato puree	1 tablespoon		
Tesco olive oil	1 tablespoon		
<b><i>Brief description of cooking method</i></b>			
<p>Fry onion &amp; garlic in oil, add mince and fry till brown.</p> <p>Add pepper, tomatoes, puree, Worcester sauce &amp; herbs. Simmer for 30 mins</p>			
<b>Day:</b> Friday	<b>Date:</b> 28.09.2007		

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>How to describe what you had and how much you had can be found on pages 23-29</b>				
<b>6am to 9am</b>				
8.00 am	Café take away – eating on my way to work <i>Alone</i>	Cappuccino, no sugar  Blueberry muffin, regular not low fat	Starbucks  Starbucks	Medium size  One
8.45 am	Office desk <i>Alone</i> No TV <i>Not at table</i>	Tap water		300 ml glass
<b>9am to 12 noon</b>				
10 am	Office desk <i>Alone</i> No TV <i>Not at table</i>	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 quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
1 pm	Work tea room With colleague No TV At table	<p><i>Crayfish sandwich</i>  <i>multiseed bread, wholemeal, medium cut,</i>  <i>crayfish in lemon mayonnaise, no other spread</i>  <i>rocket leaves</i></p> <p><i>Apple &amp; Raspberry fruit drink</i></p>	<p><i>M&amp;S pre-packed Sandwich</i></p> <p>J2O</p>	<p><i>2 slices</i>  <i>Medium filling</i>  <i>6 to 8</i></p> <p><i>1 bottle, 275ml</i></p>
<b>2pm to 5pm</b>				
4.30 pm	Friend's House Lounge With Friend Not at table TV on	<p><i>Coffee, instant</i>  <i>Semi-skimmed milk</i></p> <p><i>Fairy Cake, homemade, see recipe</i></p>	Kenco	<p><i>Medium mug</i>  <i>A lot</i></p> <p><i>1 cake</i></p>

Time slot	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
7.30 pm	Kitchen/Diner With boyfriend At table No TV	<i>Chicken in creamy mushroom and white wine sauce for 2, oven</i>  <i>White rice, boiled</i>  <i>Wine 13% alcohol</i>	Sainsbury's, 370g (wrapper collected)  Easy cook, Italian, Sainsbury's  Sauvignon Blanc, New Zealand	½ pack  2C  1 small glass, 125ml
<b>8pm to 10pm</b>				
9.15 pm	Sitting Room With boyfriend Not at table TV on	<i>Squash, apple &amp; blackcurrant, no added sugar,</i>  <i>Crisps</i>	Sainsbury's  Pringles, sour cream and chives	1 average glass, 200ml  5
<b>10pm to 6am</b>				
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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

<b>Brand</b>	<b>Name (in full) including strength</b>	<b>Number of pills, capsules, teaspoons</b>
<i>Holland &amp; Barrett</i>	<i>Evening Primrose Oil – 1000mg</i>	<i>1 capsule</i>
<i>Holland &amp; Barrett</i>	<i>Super EPA fish oil – 1000mg</i>	<i>1 capsule</i>

**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: Fairy Cakes		SERVES: makes 20 cakes	
Ingredients	Amount	Ingredients	Amount
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
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		
<b><i>Brief description of cooking method</i></b>			
<i>Mix together and bake for 15 min.</i>			
<i>Mix icing sugar with water and add colouring. Approx. 1 teaspoon of icing on each cake</i>			

# PRACTICE PAGES

**Use this space to practise recording in the diary with your interviewer**

**Please do not use these pages for the recording period**

PRACTICE PAGE			Date:		
Time	Where? With Whom? TV on? At table?		Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>How to describe what you had and how much you had can be found on pages 23-29</b>					
<b>6am to 9am</b>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
<b>9am to 12 noon</b>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>12 noon to 2pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>5pm to 8pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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			
<b>NAME OF DISH:</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
<b><i>Brief description of cooking method</i></b>			

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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
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, number of spoons, number of chips
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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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
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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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/normal/drowned</i> . In tea/coffee: <i>a little/some/a lot</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, 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. $\frac{1}{4}$
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, 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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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 on page 36

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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
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, or proportion of recipe e.g. $\frac{1}{2}$ of recipe
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)

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<b><i>Food/Drink</i></b>	<b><i>Description &amp; Preparation</i></b>	<b><i>Portion size or quantity</i></b>
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. McDonald's	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.**

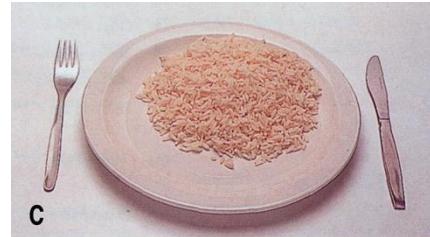
**Remember that the pictures are much smaller than life size.  
The actual size of the dinner plate is 10 inches (25cm), the side plate, 7 inches (18cm), and the bowl,  
6.3 inches (16cm).**

**The tables on pages 23-29 also give examples of foods that you might eat and how much information is required about them.**

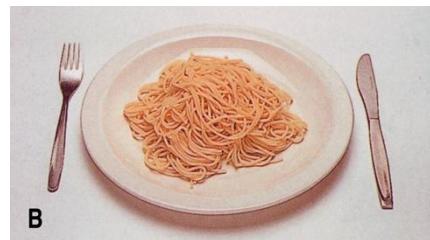
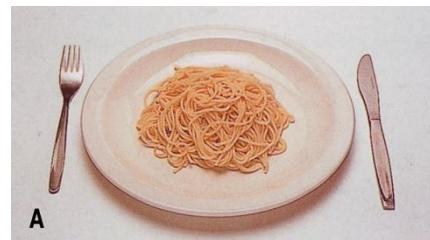
**1. Breakfast cereals**



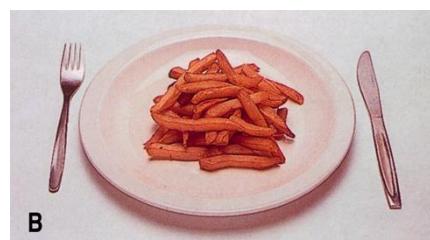
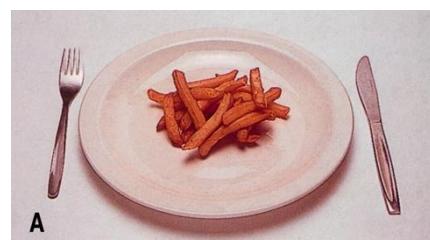
**2. Rice**



**3. Spaghetti**



**4. Chips**



**5. Broccoli or cauliflower**



**A**



**B**



**C**

**6. Stew or curry**



**A**

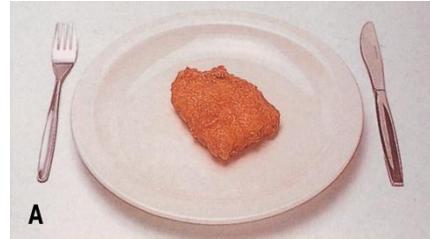


**B**

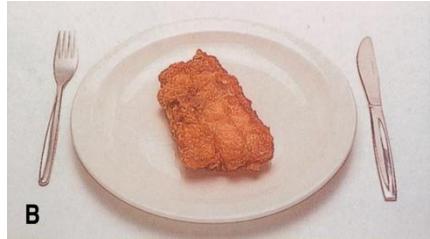


**C**

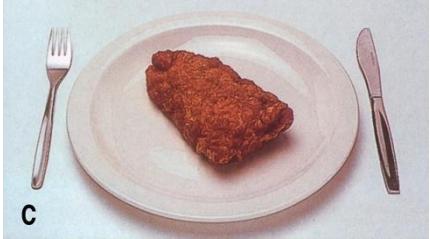
**7. Battered fish**



**A**

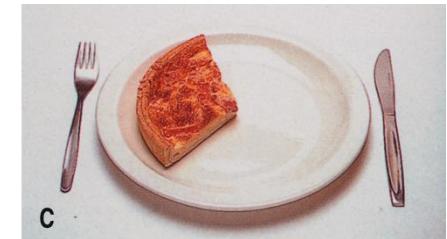
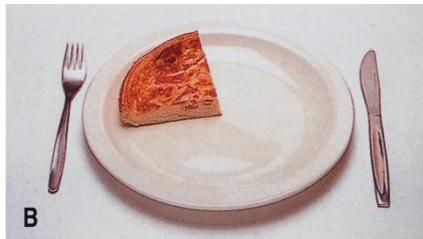
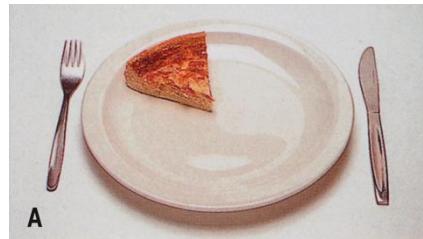


**B**

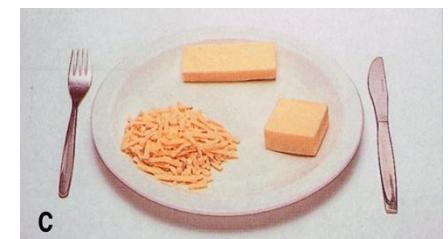
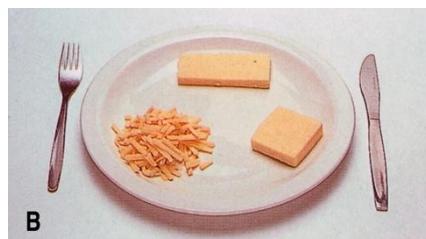
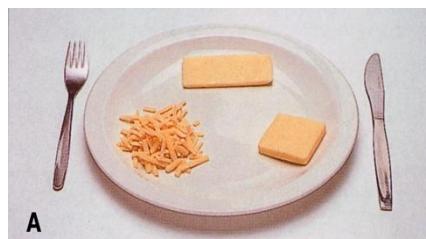


**C**

### 8. Quiche / Pie



### 9. Cheese



### 10. Sponge cake

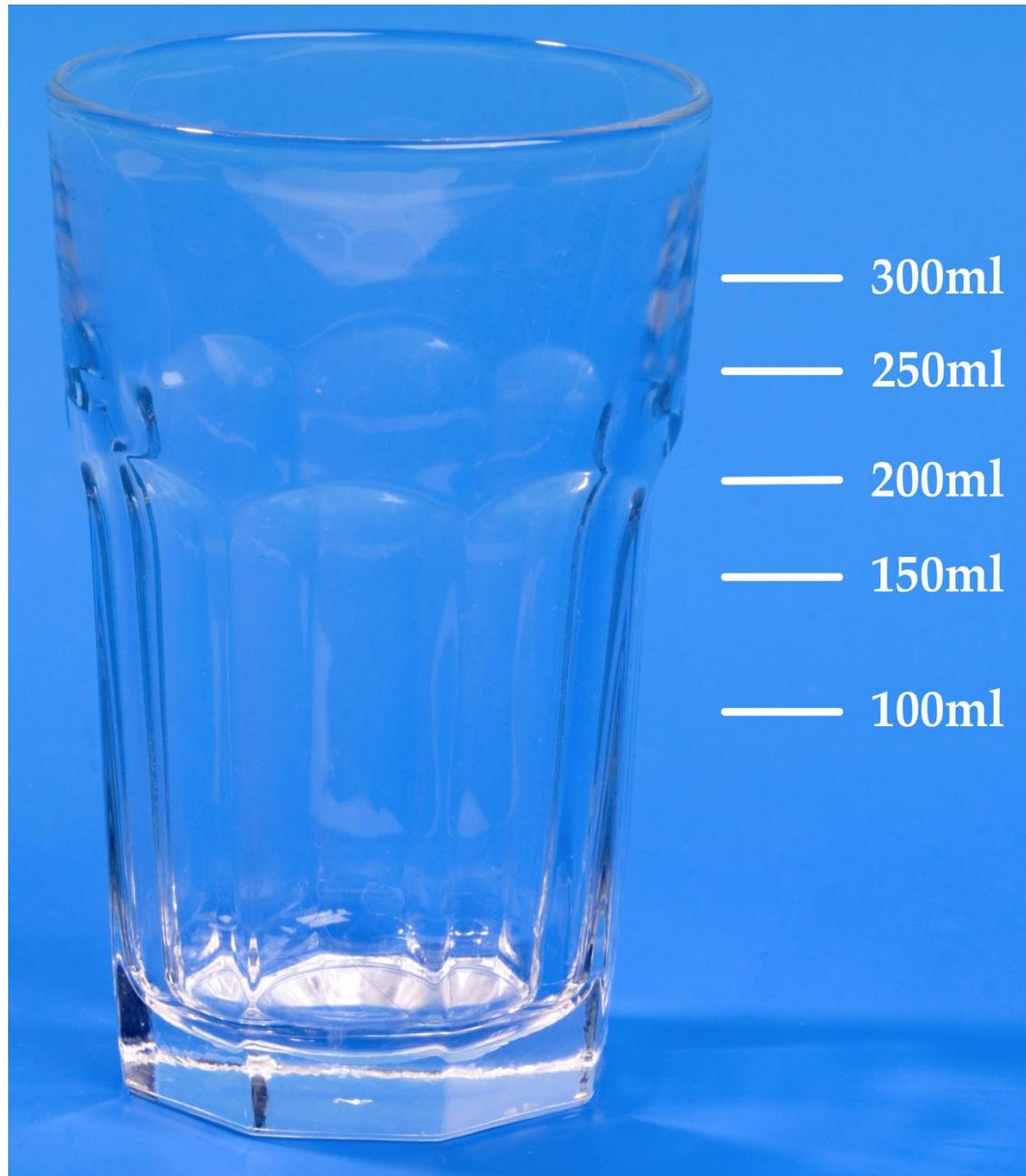


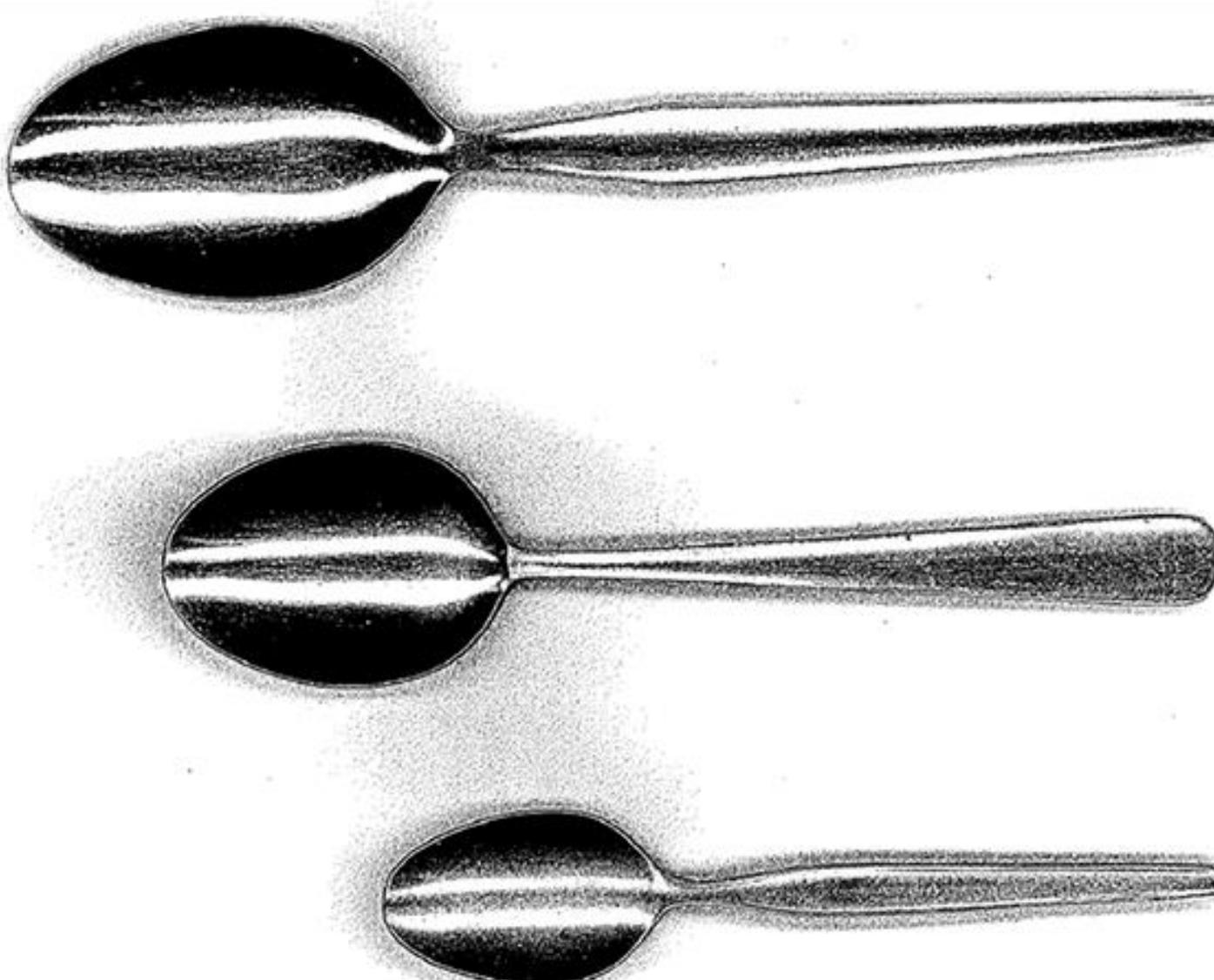
### **Typical quantities of drinks in various containers measured in millilitres (ml)**

	<b>Small glass</b>	<b>Average glass</b>	<b>Large glass</b>	<b>Vending cup</b>	<b>Cup</b>	<b>Mug</b>
<b>Soft drinks</b>	150	200	300			
<b>Wine</b>	125	175	250			
<b>Hot drinks</b>				170	190	260

Glasses come in different shapes and sizes. 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 you are drinking from holds.

## Life Size Glass





Tablespoon  
(tbsp)

Dessertspoon  
(dsp)

Teaspoon  
(tsp)

# 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>		
<b>How to describe what you had and how much you had can be found on pages 23-29</b>							
<b>6am to 9am</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
<b>9am to 12 noon</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity eaten
<b>12 noon to 2pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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**

***Don't forget to include any oil or water/stock used!!***


***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**

***Don't forget to include any oil or water/stock used!!***


***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>		
<b>How to describe what you had and how much you had can be found on pages 23-29</b>							
<b>6am to 9am</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
<b>9am to 12 noon</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or <u>quantity eaten</u>
<b>12 noon to 2pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or <u>quantity eaten</u>
<b>5pm to 8pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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			
<b>NAME OF DISH:</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i><b>Don't forget to include any oil or water/stock used!!</b></i>			
<b><i>Brief description of cooking method</i></b>			
Write in recipes or ingredients of made up dishes or take-away dishes			

<b>NAME OF DISH:</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
<b><i>Brief description of cooking method</i></b>			

# **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>		
<b>How to describe what you had and how much you had can be found on pages 23-29</b>							
<b>6am to 9am</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
<b>9am to 12 noon</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size <u>or quantity eaten</u>
<b>12 noon to 2pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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><b>Don't forget to include any oil or water/stock used!!</b></i>			
<i><b>Brief description of cooking method</b></i>			

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH:</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
<b><i>Brief description of cooking method</i></b>			

# **DAY 4**

**Please remember to complete the general questions on pages 69-76!**

Day 4:			Date:			
Time	Where? With Whom? TV on? At table?		Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>	
<b>How to describe what you had and how much you had can be found on pages 23-29</b>						
<b>6am to 9am</b>						
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
<b>9am to 12 noon</b>						
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where? With whom? TV on? <input type="checkbox"/> Y <input type="checkbox"/> N At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Alcoholic drinks
  - Milk
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks
  - Sauce, dressing

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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><b>Don't forget to include any oil or water/stock used!!</b></i>			
<b><i>Brief description of cooking method</i></b>			

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH:</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
<b><i>Brief description of cooking method</i></b>			

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

### **Special diet**

1. Did you follow a special diet during the recording period? (please tick and provide more information if necessary)

- a) To lose weight. Details: \_\_\_\_\_
- b) To gain weight. Details: \_\_\_\_\_
- c) For medical reasons e.g. to lower cholesterol. Details: \_\_\_\_\_
- d) Gluten/Wheat/Dairy free. Details: \_\_\_\_\_
- e) Other e.g. vegetarian. Details: \_\_\_\_\_
- f) No special diet

### **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  
Skimmed/semi-skimmed

Soya

Type  
Brand  
Sweetened/Unsweetened  
Added vitamins and minerals

Other

Type  
Brand  
Sweetened/Unsweetened  
Added vitamins and minerals

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, made with oats (not instant).

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 artificial sweetener  With honey  With salt

Other e.g. jam/syrup ..... Neither/Did not eat

10. How did you usually make your instant oat cereal e.g. Ready Brek/Oat so simple?

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 artificial sweetener  With honey  With salt

Other e.g. jam/syrup ..... 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 or butter salted or unsalted*

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  Wholemeal  Brown  Granary/Malted or Harvest grain

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

Other

Type  
e.g. Seeded Brand

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 any of the following during the recording period, did you eat the skin?

#### **Apples:**

Always  Sometimes  Never  Did not eat

#### **Pears:**

Always  Sometimes  Never  Did not eat

#### **New Potatoes:**

Always  Sometimes  Never  Did not eat

**Baked/Jacket potatoes:**

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

## 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:

Single Concentrate

Double Concentrate

29. How much do you usually dilute your squash (e.g. half squash/half water, 1 part squash with 4 parts water or 1 part squash and 9 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 you have most often during the recording period?

Standard

No added sugar /diet/low calorie

Did not drink

31. What brand and type of other soft drinks do you usually drink (e.g. Tesco orange zero, no added sugar)?

*Please tell us:* \_\_\_\_\_

**If you are able to, please use a measuring jug to measure your usual drinking vessels e.g. mug, glass, cup etc. and provide the volumes below**

Volume and vessel type

***Thank you for completing this diary.***

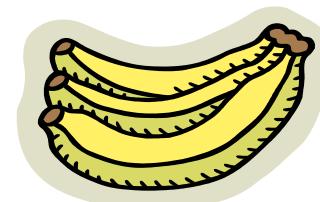
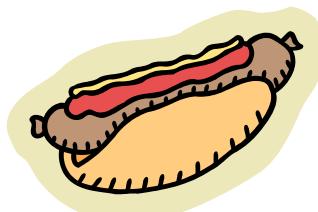
## Acknowledgements

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******Children aged 4 to 15 years***

DIARY START DATE: \_\_\_\_\_



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--

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SERIAL NUMBER

CKL

PARTICIPANT No

--	--	--	--	--	--	--

FIRST NAME

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

INTERVIEWER NUMBER:

--	--	--	--	--

INTERVIEWER NAME:

--	--	--	--	--	--



## How to fill in your diary

It is very important that you do not change what you normally eat or drink just because you are keeping a diary. Try to write down what you are eating or drinking as soon as you can and not leave it until the end of the day. Record food and drink eaten at home and away from home, such as at school or at a friend's house.

Whenever you have something to eat or drink write down:

**When:** Each day is divided into time slots from first thing in the morning until late at night until the following morning. Find the appropriate time slot and record the exact time when you eat or drink something in the "time" column.

**Where:** This could be      Home      Bedroom  
                                    Away      Street, Car/Bus, Café/ Restaurant (specify McDonald's, 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 (e.g. 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 20 - 25 you will find help with the sort of detail that is useful.

If you have eaten any **homemade dishes** e.g. 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 e.g. vegetable curry containing chickpeas, aubergine, onion and tomato.

**Brand:**

Please make a note of the **brand name** (e.g. Heinz, Walkers, Hovis) if you know it. Most packaged foods will list a brand name.

**Amount eaten:**

You can specify packet (e.g. Crisps, Yogurt), or number of individual items (e.g. biscuits), or slices (e.g. cake, pizza, ham), or teaspoons (e.g. sugar), or dessertspoons (e.g. peas). Be careful when describing amounts in spoons. Compare the spoon you are using with the life size spoons on page 27 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 26 as a guide), cup or mug. You can also write the **weight or volume from the labels** on the packaging. On page 25, we have included a space for you to measure your usual drinking cup (you can do this by filling your cup with water to the level you normally have and then emptying the water into a measuring jug).

On pages 20 - 25 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 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. Please tick the correct box for your intake. We have provided a list of commonly forgotten food and drink to help jog your memory at the end of each day for anything you may have forgotten to record.

#### **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 4-13 of the diary we have filled in two whole days to show you what to do.**

Day	EXAMPLE		Day: Thursday	Date: March 31 <sup>st</sup>
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<b>How to describe what you had and how much you had can be found on pages 20-25</b>				
<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 <sup>st</sup>
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	McCains 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 (made with 4 tsp powder)
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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: Ate dinner at a 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why:

- 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

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- 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
Bassetts	Soft and chewy vitamins A (800 $\mu$ g), C (60mg), D (5 $\mu$ g) and E (10mg)	1 pastille
Haliborange	DHA Omega-3 blackcurrant chewy caps (each capsule contains 200mg fish oil providing 130mg omega-3)	2 capsules

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:** Chicken in tomato Sauce

**Serves:** 4 people

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i>Don't forget to include any oil or water/stock used!!</i>			
Pieces of chicken	3 pieces	Olive oil	2 tbsp
Sauce made with:			
Tinned tomatoes	1 tin		
Green pepper	1 medium		

**Brief description of cooking method**

Chicken pieces fried in olive oil, then mixed in with tomato and vegetable sauce.

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 20-25</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 dessertspoons Drowned  1 medium glass (whole recipe)	
<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	Don't know	3 slices 2 potatoes 1 tablespoon 1 tablespoon 2 tablespoons  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 250ml (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?

Usual

**Less than usual**



**More than usual**

If your intake was not usual, please explain why: Felt unwell

- 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?

Usual

**Less than usual**



**More than usual**

If your intake was not usual, please explain why: Felt unwell

- 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

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- 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: Banana Smoothie

Serves: 1

*Ingredients*

*Amount*

*Ingredients*

*Amount*

*Don't forget to include any oil or water/stock used!!*

Banana	1 small		
Tesco semi-skimmed milk	150ml		
Gales honey - from Tesco	1 tsp		
Tesco natural unsweetened yogurt	1 tbsp		

*Brief description of cooking method*

*Mix all together with blender*

# PRACTICE PAGES

Use this space to practise recording in the diary with  
your interviewer

Please do not use these pages for the recording period

<b>PRACTICE PAGE</b>				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 20-25</i>							
<i>6am to 9am</i>							
	Where? With whom? TV on? At table?	Y N Y N Y N Y N	Practice Page				
	Where? With whom? TV on? At table?	Y N Y N Y N Y N					
<i>9am to 12 noon</i>							
	Where? With whom? TV on? At table?	Y N Y N Y N Y N	Practice Page				
	Where? With whom? TV on? At table?	Y N Y N Y N Y N					
<i>12 noon to 2pm</i>							
	Where? With whom? TV on? At table?	Y N Y N Y N Y N	Practice Page				
	Where? With whom? TV on? At table?	Y N Y N Y N Y N					

# PRACTICE PAGE

Day:

Date:

Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
------	--	------	------------	--------------

*2pm to 5pm*

Practice Page

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

*5pm to 8pm*

Practice Page

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

*8pm to 10pm*

Practice Page

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

*10pm to 6am*

Practice Page

Where?		
With whom?		
TV on?	Y	N
At table?	Y	N

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less than usual**

**More than usual**

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less than usual**

**More than usual**

If your intake was not usual, please explain why: \_\_\_\_\_

- 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

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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:

### **Brief description of cooking method**

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 27 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
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 on page 27 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
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 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 on page 27 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
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, slices
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: damp/average/drowned. In tea/coffee: a little/some/a lot
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 on page 27 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
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 on page 27 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
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 (or how much dry pasta)
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 on page 27 of this diary

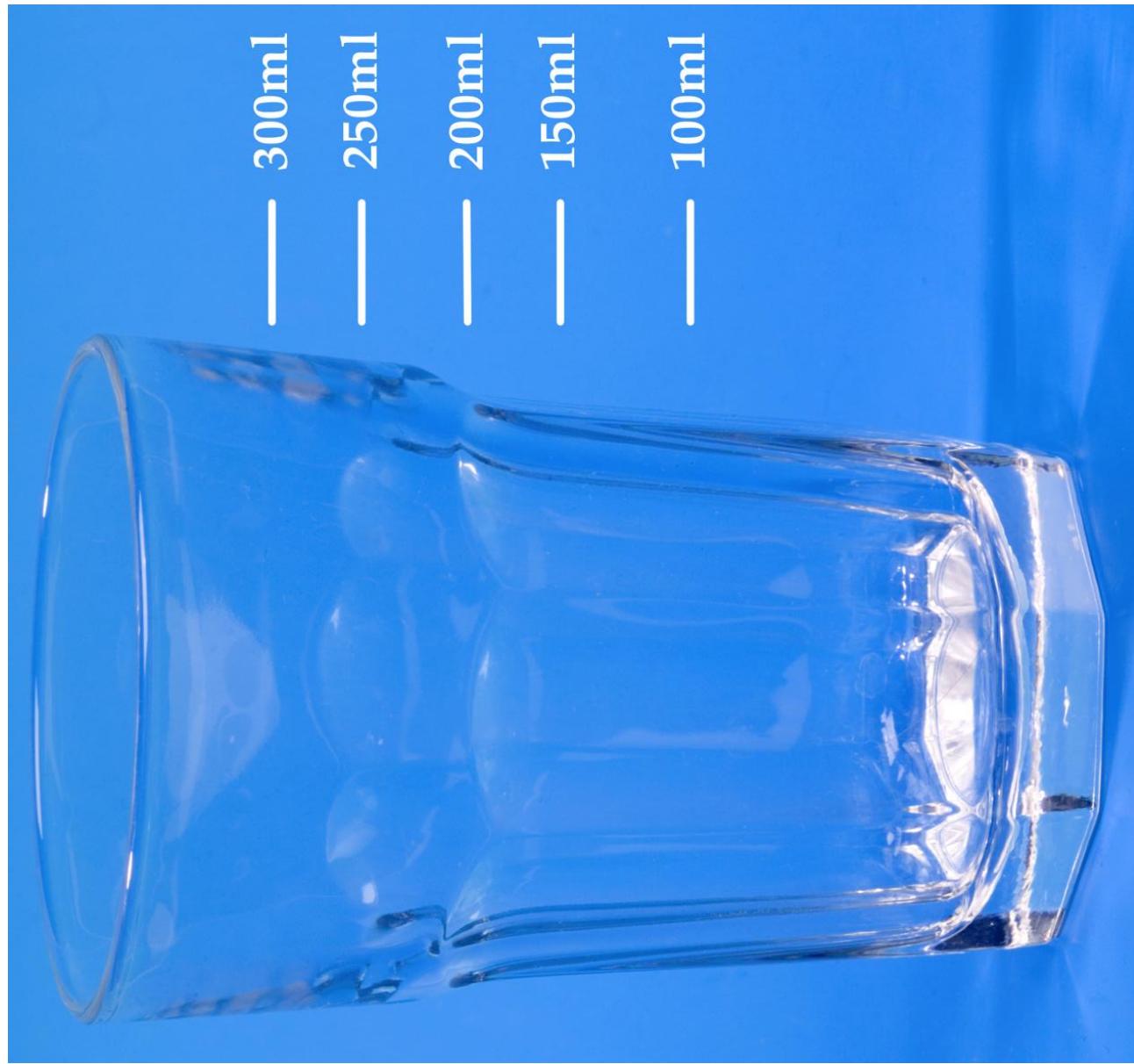
<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
Vegetables (not including potatoes)	What sort; how cooked or raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. 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 or proportion of the recipe e.g. $\frac{1}{2}$ the recipe
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)

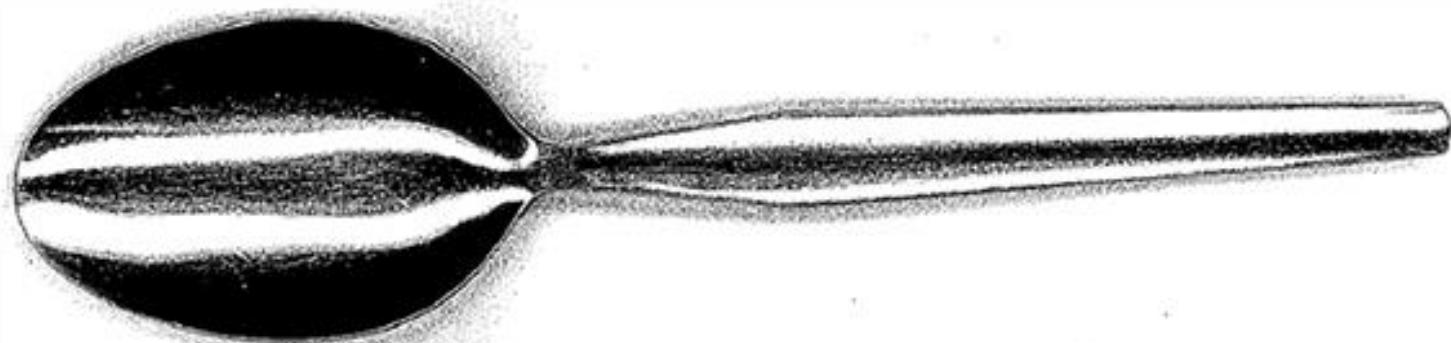
	<b>Small Glass</b>	<b>Average Glass</b>	<b>Large Glass</b>	<b>Vending Cup</b>	<b>Cup</b>	<b>Mug</b>
<b>Soft Drinks</b>	150	200	300			
<b>Hot Drinks</b>				170	190	260

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.



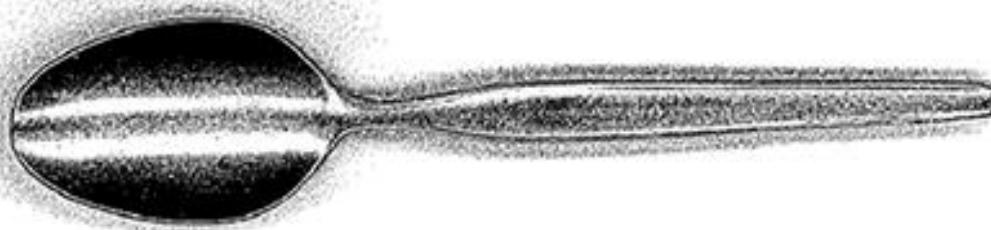
Tablespoon  
(tbsp)



Dessertspoon  
(dsp)



Teaspoon  
(tsp)





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 20-25</i> <i>6am to 9am</i>						
	Where? With whom? TV on? At table?					
	Where? With whom? TV on? At table?					
<i>9am to 12 noon</i>						
	Where? With whom? TV on? At table?					
	Where? With whom? TV on? At table?					
<i>12 noon to 2pm</i>						
	Where? With whom? TV on? At table?					
	Where? With whom? TV on? At table?					

Day 1				Day:	Date:
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>2pm to 5pm</i>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
<i>5pm to 8pm</i>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
<i>8pm to 10pm</i>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
<i>10pm to 6am</i>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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

- There are some foods that people often forget

- Coffee, tea, soft drinks, water
- Milk
- Sauce, dressing
- Biscuits, cakes, sweets, chocolate, other confectionary
- Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i>Don't forget to include any oil or water/stock used!!</i>			

**Brief description of cooking method**

# 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 20-25 6am to 9am</i>				
	Where? With whom? TV on? At table?			
	Where? With whom? TV on? At table?			
<i>9am to 12 noon</i>				
	Where? With whom? TV on? At table?			
	Where? With whom? TV on? At table?			
<i>12 noon to 2pm</i>				
	Where? With whom? TV on? At table?			
	Where? With whom? TV on? At table?			

# Day 2

				Day:	Date:
Time	Where? With whom? TV on? Table?		what	Brand Name	Amount eaten
			<i>2pm to 5pm</i>		
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?				
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?				
			<i>5pm to 8pm</i>		
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?				
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?				
			<i>8pm to 10pm</i>		
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?				
	<input type="checkbox"/> Where? <input type="checkbox"/> With whom? <input type="checkbox"/> TV on? <input type="checkbox"/> At table?		<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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
--------------------	---------------	--------------------	---------------

***Don't forget to include any oil or water/stock used!!***


***Brief description of cooking method***

# 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 20-25</i> <i>6am to 9am</i>				
	Where? With whom? TV on? At table?			
	Y   N			
	Where? With whom? TV on? At table?			
	Y   N			
<i>9am to 12 noon</i>				
	Where? With whom? TV on? At table?			
	Y   N			
	Where? With whom? TV on? At table?			
	Y   N			
<i>12 noon to 2pm</i>				
	Where? With whom? TV on? At table?			
	Y   N			
	Where? With whom? TV on? At table?			
	Y   N			

# Day 3

				Day:	Date:
Time	Where? With whom? TV on? Table?	what		Brand Name	Amount eaten
			<i>2pm to 5pm</i>		
	Where? With whom? TV on? At table?				
	Where? With whom? TV on? At table?				
	<i>5pm to 8pm</i>				
	Where? With whom? TV on? At table?				
	Where? With whom? TV on? At table?				
	<i>8pm to 10pm</i>				
	Where? With whom? TV on? At table?				
	<i>10pm to 6am</i>				
	Where? With whom? TV on? At table?				

- Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

Less than usual

More than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

Less than usual

More than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i>Don't forget to include any oil or water/stock used!!</i>			


**Brief description of cooking method**

Remember to complete the general questions on pages 49-54!

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 20-25 6am to 9am</i>						
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N
<i>9am to 12 noon</i>						
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N
<i>12 noon to 2pm</i>						
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N
	Where?					
	With whom?					
	TV on?					<input type="checkbox"/> Y <input type="checkbox"/> N
	At table?					<input type="checkbox"/> Y <input type="checkbox"/> N

# Day 4

Day:					Date:
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten	
	<i>2pm to 5pm</i>				
	Where? With whom? TV on? At table?				
	Where? With whom? TV on? At table?				
	<i>5pm to 8pm</i>				
	Where? With whom? TV on? At table?				
	Where? With whom? TV on? At table?				
	<i>8pm to 10pm</i>				
	Where? With whom? TV on? At table?				
	<i>10pm to 6am</i>				
	Where? With whom? TV on? At table?				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If your intake was not usual, please explain why: \_\_\_\_\_

- 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

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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**

*Don't forget to include any oil or water/stock used!!*


**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? (please tick and provide more information if necessary)

- a) To lose weight. Details: \_\_\_\_\_
- b) To gain weight. Details: \_\_\_\_\_
- c) For medical reasons e.g. to lower cholesterol. Details: \_\_\_\_\_
- d) Gluten/Wheat/Dairy free. Details: \_\_\_\_\_
- e) Other e.g. vegetarian. Details: \_\_\_\_\_
- f) No special diet

### 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	Skimmed/semi-skimmed
------	----------------------

Soya

Type	
Brand	
Sweetened/Unsweetened	
Added vitamins and minerals	

Other

Type	
Brand	
Sweetened/Unsweetened	
Added vitamins and minerals	

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, made with oats (not instant).

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 artificial sweetener  With honey  With salt

Other e.g. jam/syrup ..... Neither/Did not eat

10. How did you usually make your instant oat cereal e.g. Ready Brek/Oat so simple?

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 artificial sweetener  With honey  With salt

Other e.g. jam/syrup ..... 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 or butter salted or unsalted*

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  Wholemeal  Brown  Granary/Malted or Harvest grain

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

Other

Type e.g. Seeded Brand

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 any of the following during the recording period, did you eat the skin?

#### **Apples:**

Always  Sometimes  Never  Did not eat

#### **Pears:**

Always  Sometimes  Never  Did not eat

**New Potatoes:**

Always  Sometimes  Never  Did not eat

**Baked/Jacket potatoes:**

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

## 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: \_\_\_\_\_

Single Concentrate

Double Concentrate

29. How much do you usually dilute your squash (e.g. half squash/half water, 1 part squash with 4 parts water or 1 part squash and 9 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 you have most often during the recording period?

Standard

No added sugar /diet/low calorie

Did not drink

31. What brand and type of other soft drinks do you usually drink (e.g. Tesco orange zero, no added sugar)?

*Please tell us:* \_\_\_\_\_

**If you are able to, please use a measuring jug to measure your usual drinking vessels e.g. mug, glass, cup etc. and provide the volumes below**

Volume and vessel type

***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******Children aged 1.5 to 3 years***

DIARY START DATE: \_\_\_\_\_

--	--	--	--	--	--	--	--

SERIAL NUMBER (8 digits)

--

CKL

--

PARTICIPANT 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
Practice pages.....	16-22
Examples and advice on food descriptions.....	23-29
Pictures for spoon size.....	30-31
“The 4-day diary” .....	32-63
General questions about the eating frequency outside the home.....	64
General questions about your toddler’s food over the recording period...	65-71

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 23 – 28 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).

***Takeaways and eating out***

If your toddler has eaten **takeaways** 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 23 - 28.

**For foods**, quantity can be described using:

- **household measure** e.g. one level teaspoon (tsp) of sugar, two thick slices of bread, 1 dessertspoon (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 photos on pages 30 - 31 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). Please provide a measurement of your toddler's usual drinking 'cup' on page 31.
  - **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  $\frac{1}{2}$
2. Only record the amount actually eaten i.e. 2 dsp of peas;  $\frac{1}{2}$  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. We have provided a list of commonly forgotten food and drink to help jog your memory at the end of each day for anything you may have forgotten to record.

### **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!**



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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>
<b>How to describe what you had and how much you had can be found on pages 23-28</b>				
<b>6am to 9am</b>				
8am	<i>Living Room Family TV on Not at table</i>	<i>Follow on Milk</i>	<i>SMA Progress</i>	<i>240ml bottle (as pack instructions)</i>
<b>9am to 12 noon</b>				
10am	<i>Kitchen Mother No TV At table</i>	<i>Weetabix  Full fat milk  white sugar</i>	<i>Weetabix  Sainsbury's  Tate and Lyle</i>	<i>1 biscuit  drowned (about 1 dsp milk leftover) 2 tsp</i>
11.30 am	<i>Living Room Family TV on Not at table</i>	<i>bread  margarine  pure apple juice</i>	<i>Granary from bakers, medium cut  Flora light spread  Sainsbury's</i>	<i>1 slice  medium spread  200ml carton (drank ½ of it)</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>12 noon to 2pm</b>				
1pm	Kitchen Family No TV At table	<i>Chunky Vegetable Risotto</i>  <i>Peeled apple</i>  <i>Strawberry and Raspberry Yoghurt</i>	<i>Heinz Mum's Own</i>  <i>Petit Filous</i>	230g- only ate 2/3 of jar  3 slices  4 heaped tsp
<b>2pm to 5pm</b>				
4pm	Lounge Grandfather No TV Not at table	<i>Very weak black tea (in plastic trainer cup with lid)</i>  <i>Semi-skimmed milk</i>   <i>Fairy cake (see recipe)</i>	<i>PG tips</i>  <i>Sainsbury's</i>	$\frac{3}{4}$ cup mixed with  $\frac{1}{4}$ cup (1/2 leftover)  $\frac{3}{4}$ of one cake eaten

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>5pm to 8pm</b>				
6.15 pm	Kitchen Family No TV At table	<i>Broccoli, Pear and Peas Puree</i>  <i>Vegetables with Noodles and Chicken (12months)</i>  <i>Water</i>	<i>Ella's Kitchen</i>  <i>HIPP</i>  <i>Tap</i>	3 tsp  250g jar  about 100ml (small glass)
<b>8pm to 10pm</b>				
10.20 pm	Bedroom Father No TV Not at table	<i>Follow on Milk</i>	<i>SMA Progress</i>	240ml bottle (as usual); 1/2 leftover)
<b>10pm to 6am</b>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual



**More** than usual



If the intake was not usual, please explain why: *Feeling unwell*

- 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?

Usual

**Less** than usual



**More** than usual



If the intake was not usual, please explain why: *Feeling unwell*

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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**

<b>NAME OF DISH:</b> Fairy Cakes		<b>SERVES:</b> makes 20 cakes	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
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		
<b><i>Brief description of cooking method</i></b>			
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
<b>How to describe what you had and how much you had can be found on pages 23-28</b>				
<b>6am to 9am</b>				
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 dsp damp 1x 100g pot 60ml juice 240ml (drank most of it by lunch – about $\frac{1}{4}$ leftover)
<b>9am to 12 noon</b>				
9.30 am	Playroom Childminder and 3 other children No TV At table	Banana Great stuff mini raisins	Asda	Medium size, $\frac{1}{2}$ eaten 14g pack

<b>Time</b>	<b>Where? With whom? TV on? Table?</b>	<b>Food/Drink description &amp; preparation</b>	<b>Brand Name</b>	<b>Portion size or quantity eaten</b>
<b>12 noon to 2pm</b>				
12.00pm	Dining room Childminder and 3 other children No TV At table	Prepared packed lunch: White bread, thick cut Butter unsalted  Cheese triangle Ham, honey roast Cheese curls  green seedless grapes Fromage frais with layer of peach puree  Semi-skimmed milk  Fruit shoot apple, no added sugar	Kingsmill Lurpak  Dairylea Asda Quakers  Yoplait  Sainsburys  Robinsons	2 slices Thinly spread on one slice only Ate 1/2 ½ slice 8 pieces  8 grapes 60g (ate half)  160ml (drank all)  200ml
<b>2pm to 5pm</b>				
3.15 pm	Playroom Childminder and 3 other children No TV At table	Apple, peeled  Milky way  Water	Granny smith  tap	Medium size, ¼ 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 eaten
<b><i>5pm to 8pm</i></b>				
6.00 pm	<i>Dining room Family No TV At table</i>	<i>Homemade sausage casserole (see recipe) Penne pasta, boiled</i>	<i>Sainsbury's</i>	<i>1 tbsp 2 tbsp (about half a tbsp pasta leftover)</i>
<b><i>8pm to 10pm</i></b>				
8.15 pm	<i>Living room Mother TV on Not at table</i>	<i>Whole milk</i>	<i>Asda</i>	<i>250ml bottle (about 25 ml left over)</i>
<b><i>10pm to 6am</i></b>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: *Feeling unwell*

- 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?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: *Feeling unwell*

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
Butchers Choice pork sausages	4 sausages	Cornflour	2 tsp
Onion	1 medium size	Mixed herbs	About $\frac{1}{2}$ tsp
Mushrooms, Champignons	1/4 of 500g pack	Sainsbury's vegetable oil	1.5 tbsp
Napoli chopped tomatoes	1 x 400g tin		
Sainsbury's mixed salad beans	1 x 125g tin		
Oxo gravy	1 cube in $\frac{1}{2}$ pint of water		
Heinz tomato ketchup	1 tbsp		
<b><i>Brief description of cooking method</i></b>			
Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.			

# PRACTICE PAGES

**Use this space to practise recording in the diary  
with your interviewer**

**Please do not use these pages for the recording  
period**

PRACTICE PAGE		Date:							
Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation			Brand Name	Portion size or quantity <u>eaten</u>			
<b>How to describe what you had and how much you had can be found on pages 23-28</b>									
<b>6am to 9am</b>									
	Where?			<b>Practice Page</b>					
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						
	Where?			<b>Practice Page</b>					
	With whom?								
	TV on?	Y	N						
		Y	N						
<b>9am to 12 noon</b>									
	Where?			<b>Practice Page</b>					
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						
	Where?								
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>12 noon to 2pm</b>				
18	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>2pm to 5pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

Practice Page

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>5pm to 8pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>8pm to 10pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>10pm to 6am</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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?

20

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

21

If yes, **please describe the supplements s/he 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**

***Don't forget to include any oil or water/stock used!!***

Practice Page

***Brief description of cooking method***

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 30 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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 on page 30 of this diary

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<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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 on page 30 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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, slices
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 on page 30 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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 on page 30 of this diary

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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 on page 30 of this diary

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<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
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, amount of recipe consumed e.g. $\frac{1}{4}$
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



[INSERT SPOONS PDF HERE]

[INSERT SPOONS PDF HERE]

# **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>		
<b>How to describe what you had and how much you had can be found on pages 23-28</b>							
<b>6am to 9am</b>							
33	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
<b>9am to 12 noon</b>							
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				
	Where?						
	With whom?						
	TV on?	Y	N				
	At table?	Y	N				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>2pm to 5pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input type="checkbox"/> N			

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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?

36 Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

37

If yes, **please describe the supplements s/he 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**

***Don't forget to include any oil or water/stock used!!***


***Brief description of cooking method***

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH:**

**SERVES:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
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***Don't forget to include any oil or water/stock used!!***


***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 eaten
<b>How to describe what you had and how much you had can be found on pages 23-28</b>					
<b>6am to 9am</b>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
<b>9am to 12 noon</b>					
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		
	Where?				
	With whom?				
	TV on?	Y	N		
	At table?	Y	N		

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
	Where?  With whom?  TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Where?  With whom?  TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
<b>2pm to 5pm</b>				
	Where?  With whom?  TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Where?  With whom?  TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>8pm to 10pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>10pm to 6am</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- 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 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:	
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<b><i>Don't forget to include any oil or water/stock used!!</i></b>			
<b><i>Brief description of cooking method</i></b>			

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH:</b>		<b>SERVES:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i><b>Don't forget to include any oil or water/stock used!!</b></i>			
<b><i>Brief description of cooking method</i></b>			

# **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>			
<b>How to describe what you had and how much you had can be found on pages 23-28</b>									
<b>6am to 9am</b>									
	Where?								
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						
	Where?								
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						
<b>9am to 12 noon</b>									
	Where?								
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						
	Where?								
	With whom?								
	TV on?	Y	N						
	At table?	Y	N						

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>2pm to 5pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary**.

- Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

53

If yes, **please describe the supplements s/he 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:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i><b>Don't forget to include any oil or water/stock used!!</b></i>			

**Brief description of cooking method**

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH:**

**SERVES:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i><b>Don't forget to include any oil or water/stock used!!</b></i>			

**Brief description of cooking method**

# **DAY 4**

*Please remember to complete the general questions on pages 64-71!*

Day 4:			Date:			
Time	Where? With whom? TV on? At table?		Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<b>How to describe what you had and how much you had can be found on pages 23-28</b>						
<b>6am to 9am</b>						
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
<b>9am to 12 noon</b>						
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N
	Where?					
	With whom?					
	TV on?	Y				N
	At table?	Y				N

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
<b>2pm to 5pm</b>				
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	
	Where?			
	With whom?			
	TV on?	Y	N	
	At table?	Y	N	

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
<b>8pm to 10pm</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
<b>10pm to 6am</b>				
	Where?			
	With whom?			
	TV on? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	At table? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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?

8

Usual

**Less** than usual

**More** than usual

If the intake was not usual, please explain why: \_\_\_\_\_

- 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**

- There are some foods that people often forget
  - Coffee, tea, soft drinks, water
  - Milk
  - Sauce, dressing
  - Biscuits, cakes, sweets, chocolate, other confectionary
  - Crisps/nuts/other snacks

If you have forgotten to record any food or drink today, please go back and **add them to the diary.**

- 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 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:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
--------------------	---------------	--------------------	---------------

***Don't forget to include any oil or water/stock used!!***


***Brief description of cooking method***

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH:**

**SERVES:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i><b>Don't forget to include any oil or water/stock used!!</b></i>			

**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 toddlers' 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

Semi skimmed 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, made with oats (not instant).

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 artificial sweetener  With honey  With salt  Neither/Did not eat

Other e.g. jam/syrup .....

6. How do you usually make instant oat cereal for your toddler e.g. Ready Brek/Oat so simple?

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 artificial sweetener  With honey  With salt  Neither/Did not eat

Other e.g. jam/syrup .....

## Fats for spreading and cooking

8. Which type of butter, margarine or other 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 or butter salted or unsalted*

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

Thick

Medium

Thin

N/A

Name:

None

10. 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

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

White

Wholemeal

Brown

Granary/Malted or Harvest grain

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

Other

Type e.g. Seeded  
Brand

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  N/A

### **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**

#### **Apples:**

Always  Sometimes  Never  Did not eat

#### **Pears:**

Always  Sometimes  Never  Did not eat

#### **New Potatoes:**

Always  Sometimes  Never  Did not eat

**Baked/Jacket potatoes:**

Always  Sometimes  Never  Did not eat

**Salt**

17. Do you add salt to your toddlers' food at the table?

Always  Sometimes  Never

18. Do you add salt substitute to your toddlers' food at the table? e.g. *LoSalt*

Always  Sometimes  Never

**Cordial/squash/diluting juice**

69

19. 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

20. 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:

Single Concentrate

Double Concentrate

21. How much do you usually dilute your toddlers' squash (e.g. half squash/half water, 1 part squash with 4 parts water or 1 part squash and 9 parts water)?

*Please tell us:* \_\_\_\_\_

### **Other soft drinks**

22. 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

23. What brand and type of other soft drinks do your toddler usually drink (e.g. Tesco orange zero, no added sugar)?

*Please tell us:* \_\_\_\_\_

### **Water**

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

Tap

Filtered

Bottled  brand \_\_\_\_\_

Did not drink

### **Tea**

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

A lot  Some  A little  None/did not drink

26. Do you usually sweeten your toddlers' tea with sugar?

Yes

How many teaspoons in a mug/cup?

No/did not drink

27. Did you usually sweeten your toddlers' tea with artificial sweetener?

Yes

How many tablets or teaspoons in a mug/cup?

No/did not drink

### **Drinks in general**

28. 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: \_\_\_\_\_

If you are able to, please use a measuring jug to measure your usual drinking vessels e.g. mug, glass, cup etc. and provide the volumes below

Volume and vessel type

***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 Publication

**NDNS(I)**

# National Diet and Nutrition Survey

## Recent Physical Activity Questionnaire<sup>1</sup> self-completion booklet

**In Confidence**

Point	<input type="text"/>	Address	<input type="text"/>	<input type="text"/>	CKL	<input type="text"/>	Participant No.	<input type="text"/>	First name:	<input type="text"/>									
													Interviewer no.	<input type="text"/>					

This questionnaire is designed to find out about your physical activity in your everyday life in the last 4 weeks ending yesterday.

**Date from** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This questionnaire is divided into 3 sections**  
Please try to answer every question.

- **Section A** asks about your physical activity patterns in and around the house.
- **Section B** is about travel to work, school or college and your activity at work, school or college.
- **Section C** asks about activities during your leisure time that you may have engaged in during the last 4 weeks.



## Section A: Home Activities

### **Q1 Getting about**

Which form of transport have you used **most often** in the last 4 weeks ending yesterday, apart from your journey to and from work?

**Please tick (✓) one box only.**

<b>Usual mode of travel</b>				
Car / motor vehicle	Walk	Public transport	Cycle	

### **Q2 TV, DVD or Video Viewing**

**Please put a tick (✓) on every line**

Hours of TV, DVD or video watched per day	<b>Average over the last 4 weeks ending yesterday</b>					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend day before 6 pm						
On a weekend day after 6 pm						

### **Q3 Computer use at home *but not at work* (e.g. internet, email, Playstation, Xbox, Gameboy etc,**

**Please don't include computers requiring movement such as Nintendo wii and Xbox Kinect**

**Please put a tick (✓) on every line.**

Hours of home computer use per day	<b>Average over the last 4 weeks ending yesterday</b>					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend day before 6 pm						
On a weekend day after 6 pm						

### **Q4 Stair climbing at home**

**Please put a tick (✓) on every line.**

Number of times you climbed up a flight of stairs (approx 10 steps) each day at home	<b>Average over the last 4 weeks ending yesterday</b>					
	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
On a <b>weekday</b> (Mon-Fri)						
On a <b>weekend day</b> (Sat & Sun)						

## **Section B: Activity at work / school or college**

This section asks about activities **at work, school or college and travel to work, school or college**. This includes office jobs, farming, working for yourself, volunteer work, any other paid or unpaid work you did and school/college.

If you have more than one job, please choose what you consider to be your **main job** over the past four weeks ending yesterday, and answer the following questions about that job.

If you are at school or college and also work part-time, please choose what you consider to be your **main activity**, and answer the following questions about that activity.

- Q5** Have you been in employment, done unpaid work or attended school or college during the last 4 weeks ending yesterday?

**Tick one box**

- No  → **Go to page 7**
- Yes  → **Go to Q6**

- Q6** During the last 4 weeks ending yesterday, how many hours of work, unpaid work or school/college did you do per week?

	In the last week	2 weeks ago	3 weeks ago	4 weeks ago
Work hours <b>(excluding travel)</b>				

### **Type of work while at work or school/college**

- Q7** We would like to know the type and amount of physical activity involved in your work or at school/college. **Please tick (✓) the box next to the one that best corresponds** with your **main occupation(s)** or school/college in the last 4 weeks ending yesterday:

**Tick one box**

#### **Sedentary occupation**

You spend most of your time sitting (such as in an office)

#### **Standing occupation**

You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

#### **Manual work**

This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

#### **Heavy manual work**

This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

## **Section B cont'd: Activity at work / school or college**

- Q8** What proportion of your time at work or school/college was spent outside while you were at work or school/college during the last 4 weeks ending yesterday? This **does not** include travelling to/from work or school/college.

**Tick one box**

None	<input type="checkbox"/>	→ Go to Q10	
Less than half	<input type="checkbox"/>	→	Go to Q9
About half	<input type="checkbox"/>		
More than half	<input type="checkbox"/>		
All	<input type="checkbox"/>		

- Q9** When you were outside at work or school/college, what parts of your body were usually **UNCOVERED**?

**Tick (✓) all that apply.**

Face	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>
Head	<input type="checkbox"/>	Legs	<input type="checkbox"/>
Hands	<input type="checkbox"/>	Most upper body	<input type="checkbox"/>
Arms	<input type="checkbox"/>		

### **Travel to and from your main place of work or school/college in the last 4 weeks**

- Q10** What is the approximate distance from your home to your main place of work or school/college?  
Record 0 if you work/study from home.

Miles                  OR      Kilometres           

- Q11** How many times a week did you travel from home to your main place of work or school/college?  
Count **outward journeys only**.

## **Section B cont'd: Activity at work / school or college**

**Q12** How did you normally travel to work or school/college during the last 4 weeks ending yesterday?  
Tick (✓) one box only per line

	Always	Usually	Occasionally	Never or rarely
By car/motor vehicle				
By works or public transport				
By bicycle				
Walking				

**Q13** What is the postcode for your main place of work or school/college during the last 4 weeks ending yesterday?

*If not known please give your work or school/college address*

Work address - \_\_\_\_\_

\_\_\_\_\_

**Please turn to page 7**

## Section C: Leisure time activities

The following questions ask about how you spent your leisure time.

Please indicate **how often** you did each activity on average **over the last 4 weeks ending yesterday**. Please indicate the **average length of time** that you spent doing the activity on each occasion.

### Example 1

If you went **walking for pleasure** for **40 minutes** once a week during the last four weeks, and you also had done **weeding or pruning** every fortnight during the last four weeks and took **1 hour and 10 minutes** on average for each occasion, you would complete the table below as follows:

	Number of times you did the activity in the last 4 weeks							Average time per episode	
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Walking for pleasure				✓					40
Weeding and pruning				✓				1	10

### Example 2

If you **did not** play golf during the last four weeks, you would complete the table below as follows:

	Number of times you did the activity in the last 4 weeks							Average time per episode	
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Golf	✓								

**Now complete the table on pages 8 and 9**

## Section C cont'd: Leisure time activities

**Q14 Please give an answer for the average time you spent** on each activity and the number of times you did that activity in the last 4 weeks ending yesterday

**Please complete each line**

		Number of times you did the activity in the last 4 weeks ending yesterday							Average time per episode	
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Swimming - competitive										
Swimming leisurely	indoor									
	outdoor									
Backpacking or mountain climbing										
Walking for pleasure <i>(not as a means of transport)</i>										
Racing or rough terrain cycling										
Cycling for pleasure <i>(not as a means of transport)</i>										
Mowing the lawn										
Watering the lawn or garden										
Digging, shovelling or chopping wood										
Weeding or pruning										
DIY e.g. carpentry, home or car maintenance										
High impact aerobics or step aerobics										
Other types of aerobics										
Exercise with weights										
Conditioning exercises e.g. using a bike or rowing machine										
Floor exercises e.g. stretching, bending, keep fit or yoga										
Dancing e.g. ballroom or disco										
Competitive running										

### Section C cont'd: Leisure time activities

		Number of times you did the activity in the last 4 weeks ending yesterday							Average time per episode	
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Jogging										
Bowling	Indoor									
	Outdoor									
Tennis	Indoor									
	Outdoor									
Badminton										
Squash										
Table tennis										
Golf										
Football, rugby or hockey	Indoor									
	Outdoor									
Cricket										
Rowing										
Netball, volleyball or basketball	Indoor									
	Outdoor									
Fishing										
Horse-riding										
Snooker, billiards or darts										
Musical instrument playing or singing										
Ice skating										
Sailing, wind-surfing or boating										
Martial arts, boxing or wrestling										
Active gaming (i.e. Nintendo wii)										

**Q15** We assume for outdoor activities (except swimming, tennis, football, rugby and hockey) that you had your legs covered. If you did not, please indicate the activities for which your legs were exposed:

---



---

**Q16** Other than the activities you have already recorded, have you done anything else that involves physical activity during the last 4 weeks ending yesterday?

**Tick one box**

No

→ **End of questionnaire**

Yes

→ **Go to Q17**

**Q17** Please record here any other physical activities that you have done (and how often you have done them), **other than those already recorded**, over the last 4 weeks ending yesterday (e.g. housework):

---

---

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**Thank you for answering these questions.**

**Please return the booklet to the interviewer.**



SERIAL NUMBER (8 DIGIT)

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CKL

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PARTICIPANT NUMBER

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P12229.01  
OFFICE COPY  
ADULTS 16+

# NATIONAL DIET AND NUTRITION SURVEY Y11

## Linking survey answers to other information

The National Health Service (NHS) maintains medical and health records on all patients who use their services, such as:

- In-patient and out-patient visits to hospital, length of stay and waiting times
- Information about specific medical conditions such as cancer
- Details about when people pass away, the date and cause of their death.

The National Diet and Nutrition Survey has been running since 2008 and provides valuable information on what people eat and how this may affect their health. We would like to ask for your permission to add information from some medical and health records to the answers you have provided in the survey. The information we would like to add is from the Hospital Episodes Statistics data, civil registration mortality data (held by the appropriate governing body, currently NHS Digital) and Cancer Registration data (held by the appropriate governing body, currently Public Health England). To link this information we need to send your name, address and date of birth to NHS Digital so they can identify your health records, and your health records would then be linked to the anonymised survey data, using a unique ID.

In addition to the Hospital Episodes Statistics data and civil registration mortality data, NHS Digital will provide the Cancer Registration data on behalf of Public Health England.

By linking this information we can look at how a person's lifestyle can have an impact on their future health. For example, if a person who took part in the National Diet and Nutrition Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.

As we would like to look at long term trends in people's health, we have not set a limit on how long we will keep your information.

This information will be used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.

By signing this form you are only giving permission to link survey information to administrative health data (as detailed above), and nothing else. We will not be able to obtain any other details from your medical records.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: **0800 652 4572**. You do not need to give a reason to cancel this.

For further information please visit: [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

### Your consent:

I consent to my survey answers being linked to:

Please  
tick

Hospital Episodes Statistics data

Civil registration mortality data

Cancer registration data

I understand that information held and managed by NHS Digital and Public Health England (PHE) may be used in order to provide information about my health status.

*I understand that these details will be used for statistical and research purposes only.*

---

Participant signature

---

Participant name

---

Date

---

Interviewer signature

---

Interviewer name

---

Date



SERIAL NUMBER (8 DIGIT)

<input type="text"/>						
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CKL

PARTICIPANT NUMBER

P12229.01  
PARTICIPANT COPY  
ADULTS 16+

# NATIONAL DIET AND NUTRITION SURVEY Y11

## Linking survey answers to other information

The National Health Service (NHS) maintains medical and health records on all patients who use their services, such as:

- In-patient and out-patient visits to hospital, length of stay and waiting times
- Information about specific medical conditions such as cancer
- Details about when people pass away, the date and cause of their death.

The National Diet and Nutrition Survey has been running since 2008 and provides valuable information on what people eat and how this may affect their health. We would like to ask for your permission to add information from some medical and health records to the answers you have provided in the survey. The information we would like to add is from the Hospital Episodes Statistics data, civil registration mortality data (held by the appropriate governing body, currently NHS Digital) and Cancer Registration data (held by the appropriate governing body, currently Public Health England). To link this information we need to send your name, address and date of birth to NHS Digital so they can identify your health records, and your health records would then be linked to the anonymised survey data, using a unique ID.

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### Your consent:

I consent to my survey answers being linked to:

Please  
tick

Hospital Episodes Statistics data

Civil registration mortality data

Cancer registration data

I understand that information held and managed by NHS Digital and Public Health England (PHE) may be used in order to provide information about my health status.

*I understand that these details will be used for statistical and research purposes only.*

---

Participant signature

---

Participant name

---

Date

---

Interviewer signature

---

Interviewer name

---

Date



**National Diet and Nutrition Survey (NDNS)**  
**Spot Urine Sample**

**ADULT CONSENT FORM (16+ years)**

**MREC Reference Number: 13/EE/0016**

**STICK UCON LABEL  
HERE**

Please use capital letters and write in ink

SERIAL NUMBER

--	--	--	--	--	--	--

CHECK LETTER

PARTICIPANT No.

SEX

1
2

MALE

FEMALE

DATE OF BIRTH

D	D	M	M	Y	Y
---	---	---	---	---	---

Please initial/ tick  
boxes

1. I confirm that I have read and understand the NDNS Spot Urine Collection information sheet(s) dated 01.04.2018 (version 1) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason and without my medical care or legal rights being affected.

3. I consent to provide a urine sample for the measurement of Iodine.

4. I give permission for any remaining urine to be stored and, with ethical approval as appropriate, used in future research studies.

Name of Participant (Please print)

Date

Signature

Name of Interviewer (Please print)

Date

Signature

**When completed: bottom copy for participant; top copy for NatCen office**  
You can cancel this permission at any time in the future by writing to us at the following address:

NatCen Social Research, 35 Northampton Square, London EC1V 0AX.  
Telephone: 0800 652 4572

**N12229.01**

Please use capital letters and write in ink

ADDRESS

INDIVIDUAL SERIAL NUMBER:  
Please write in below:

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

CHECK  
LETTER

RESP.  
No.

STICK  
NCON  
LABEL HERE  
(If providing  
blood sample)

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 DAY:   MONTH:   YEAR:     
Female  2 5. Date of birth:

6. Full name of parent/guardian (if person under 16) \_\_\_\_\_

7. **GP NAME AND ADDRESS** (Please complete fully)  
Dr: .....  
Practice Name: .....  
**Address:** .....  
.....  
Town: .....  
County: .....  
Postcode: .....  
**Telephone no:** .....

**NURSE USE ONLY**

GP Address complete	1
GP Address not complete	2
No GP	3

8. **SUMMARY OF CONSENTS—RING CODE FOR EACH ITEM**

	YES	NO
a) Read and understood the Stage 2 Information Sheet	01	02
b) Understand right to withdraw	03	04
c) Sample of blood to be taken	05	06
d) Blood sample for storage	07	08
e) Blood sample result to participant	09	10
f) Blood sample result to GP	11	12
g) Does not wish to receive results or have them sent to GP	13	14
h) Agrees survey doctor can contact to discuss results if necessary – Children aged 1.5-15 years	15	16

## 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:

### PARTICIPANTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 6.0 ml	Green	LHN1	Field Lab
4	Serum TE 6.0 ml	Royal Blue	SEN2	Field Lab
5	Li Hep LH 6.0 ml	Green	LHN2	Field Lab
6	EDTA K3 4.0 ml	Purple	EN2	Field Lab

### PARTICIPANTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 6.0 ml	Green	LHN1	Field Lab
4	Serum TE 6.0 ml	Royal Blue	SEN2	Field Lab

### PARTICIPANTS AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 4.0 ml	Green	LHN1	Field Lab

**National Diet and Nutrition Survey (NDNS) Nurse Visit**  
**ADULT CONSENT FORM (16+ years)**

**MREC Reference Number: 13/EE/0016**

**Please use capital letters and write in ink**

**SERIAL NUMBER**

--	--	--	--	--	--	--

**CHECK LETTER**

--

**RESPONDENT No.**

--

**Please initial/tick  
boxes if consent  
given**

1. I confirm that I have read and understand the NDNS Stage 2 information sheet (s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected.

Name of participant (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to have a blood sample taken as part of the study.
4. I give permission that my blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies.
5. I would like to receive my blood results which are clinically relevant.
6. I consent to my GP being notified of my blood results which are clinically relevant.

**7. You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**

I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider.

Name of participant (please print)

Date

Signature

Name of nurse (please print)

Date

Signature



**National Diet and Nutrition Survey (NDNS) Nurse Visit**  
**ADULT CONSENT FORM (16+ years)**

**MREC Reference Number: 13/EE/0016**

**Please use capital letters and write in ink**

**SERIAL NUMBER**

--	--	--	--	--	--	--

**CHECK LETTER**

--

**RESPONDENT No.**

--

**Please initial/tick boxes if consent given**

1. I confirm that I have read and understand the NDNS Stage 2 information sheet (s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected.

Name of participant (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to have a blood sample taken as part of the study.
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5. I would like to receive my blood results which are clinically relevant.
6. I consent to my GP being notified of my blood results which are clinically relevant.

- 7. You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**

I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider.

Name of participant (please print)

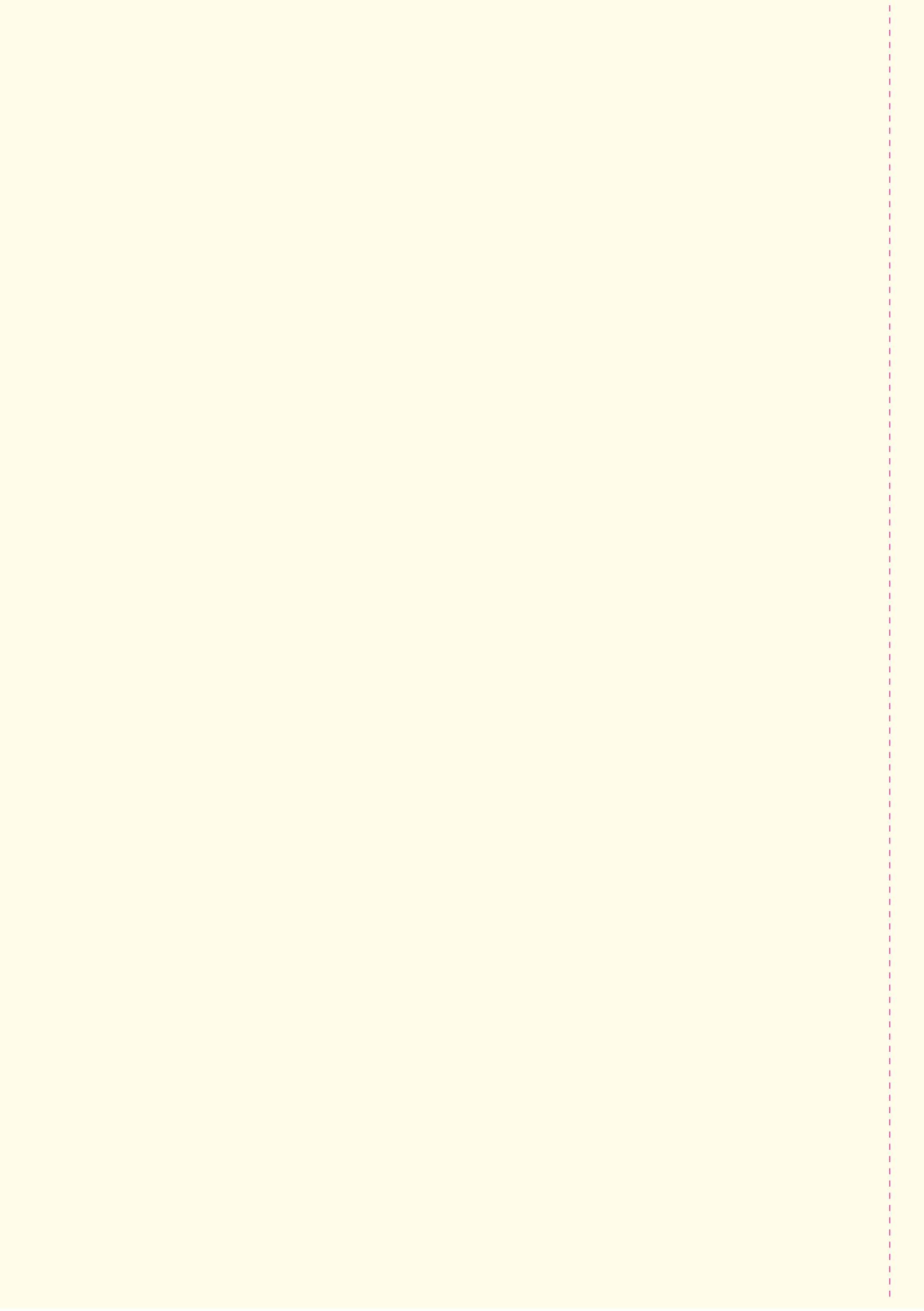
Date

Signature

Name of nurse (please print)

Date

Signature



**National Diet and Nutrition Survey (NDNS) Nurse Visit**

**PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)**

**MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

**SERIAL NUMBER**

**CHECK LETTER**

**RESPONDENT No.**

--	--	--	--	--	--



**Name of Child** \_\_\_\_\_

Please initial/  
tick boxes if  
consent given

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without our medical care or legal rights being affected.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to my child having a blood sample taken as part of the study.
4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies.
5. I would like to receive my child's blood results which are clinically relevant.
6. I consent to my child's GP being notified of his/her blood results which are clinically relevant.

7. IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP.
- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature



**National Diet and Nutrition Survey (NDNS) Nurse Visit**

**PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)**

**MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

**SERIAL NUMBER**

**CHECK LETTER**

**RESPONDENT No.**

--	--	--	--	--	--



**Name of Child** \_\_\_\_\_

Please initial/  
tick boxes if  
consent given

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without our medical care or legal rights being affected.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to my child having a blood sample taken as part of the study.
4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies.
5. I would like to receive my child's blood results which are clinically relevant.
6. I consent to my child's GP being notified of his/her blood results which are clinically relevant.

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP.
- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health.

Name of Parent/Guardian (please print)

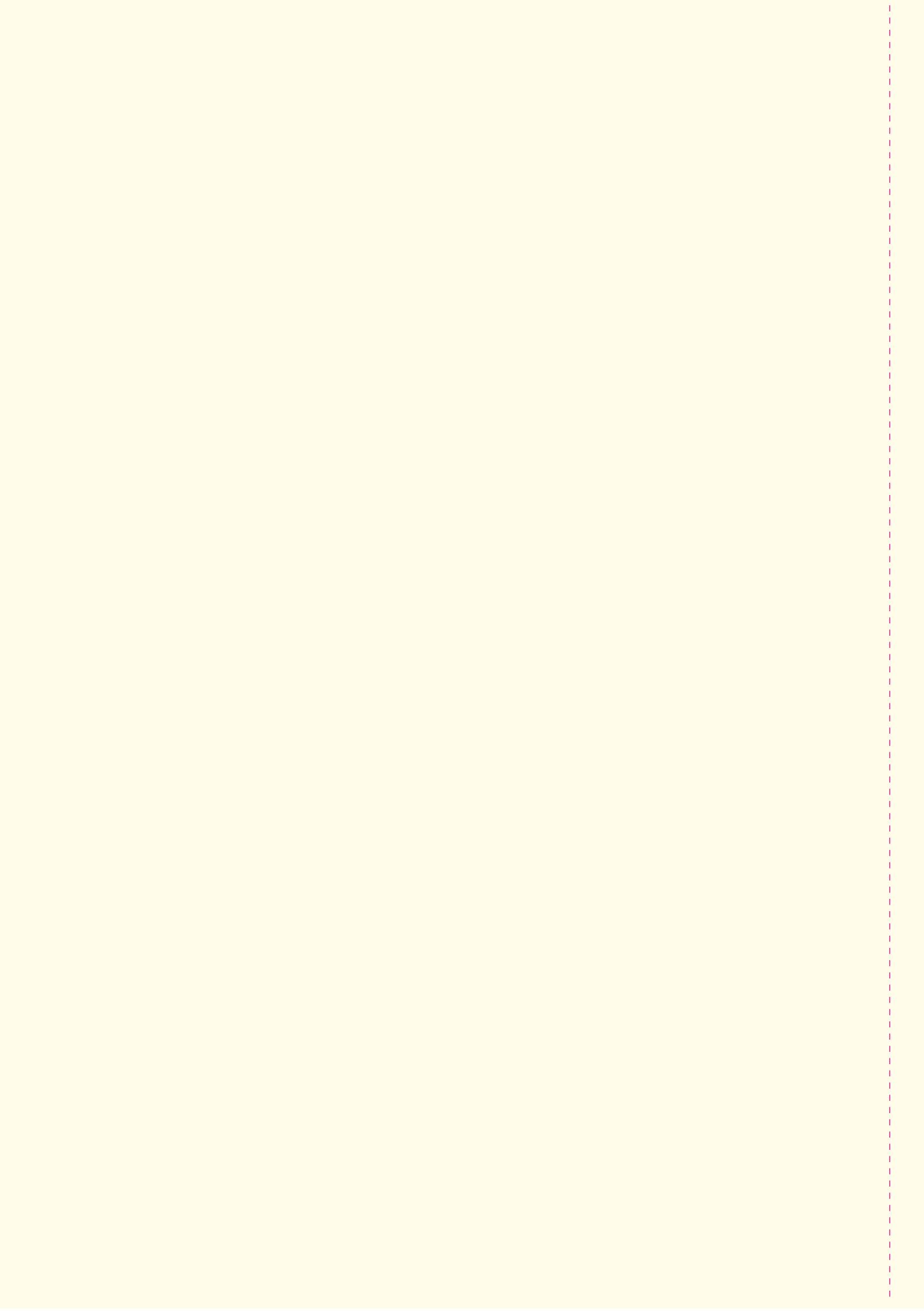
Date

Signature

Name of nurse (please print)

Date

Signature



# National Diet and Nutrition Survey (NDNS) Addenbrooke's BioRepository Despatch Form

## EN1 Postal form

Nurse number:

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

Please affix  
EN1 POST  
label here

INDIVIDUAL SERIAL NUMBER:  
Please write in below:

CHECK  
LETTER

RESP.  
No.

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

DAY:            MONTH:            YEAR:  
 Sample Taken:            

TIME

Sample Taken:        :        DAY:      MONTH:      YEAR:

Date Posted:                   

EN1 Postal Form (07022018\_V2)





**National Diet and Nutrition  
Survey (NDNS)**

**ADULT FIELD LAB DESPATCH NOTE - 16+ years**

**Nurse Section**

Participant details		Checklist
Sample Set Barcode (must match with FL label)		<ol style="list-style-type: none"> <li>1. Samples</li> <li>2. Labels</li> <li>3. Microtubes</li> <li>4. Despatch note</li> </ol> <p align="center"><b>Attach FL label here</b></p>
Individual serial ID (must match with CAPI)		
Fasted sample (Yes/No)		
Sample collection date (DD-MMM-YYYY)		
Sample collection time (HH:MM)		
Time samples delivered to the field lab (HH:MM)		
Have you delivered all the items on the checklist to the field lab? (Yes/No)		

**Field Lab Section**

Date samples arrived (DD-MMM-YYYY)					
Time samples arrived (HH:MM)					
	<b>Blood Vacutainer Tubes</b>				
	SEN1	SEN2	LHN1	LHN2	EN2
Sample Received?					
Is tube full or partial?					
Is tube damaged?					
<b>Take 1300µl whole blood from well mixed LHN2 tube. Use 2ml microtube. Label with LHWB.</b>	Volume aliquotted (µl)				
	Time aliquotted (HH:MM)				
	Time in freezer (HH:MM)				

**Centrifuge tubes for 20 mins at 4°C and 2000g**

Time tubes placed in the centrifuge (HH:MM)					
Did you use a refrigerated centrifuge?					

If **NO**, explain here what you did to keep samples cool:

Describe here any problems or deviations from protocol:

--	--	--	--	--

	<b>Blood Vacutainer Tubes</b>				
	SEN1	SEN2	LHN1	LHN2	EN2
Is sample normal?					
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 & SEN2)					
<b>Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells</b>					
Microtube size	5ml	5ml	5ml	5ml	5ml
Attach label	SERUM1	SERUM2	LIHEP1	LIHEP2	EDTA
Time aliquotted (HH:MM)					
<b>Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.</b>				Volume aliquotted (µl)	
				Time aliquotted (HH:MM)	
				Time in freezer (HH:MM)	
Time aliquots in freezer (HH:MM)					
Wash red blood cells in vacutainers LHN1 and LHN2 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.					
Time vacutainers in freezer (HH:MM)					

<b>Storage freezer temperature (°C)</b>	
<b>Have you completed all relevant fields?</b>	

<b>Print name</b>		<b>Signature</b>	
<b>Field lab name</b>			

**Please email despatch form after sample processing to: BioRepLab@medsch.cam.ac.uk  
Use "NDNS" in subject of the email.**

**Instructions:**

Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in **DD-MMM-YYYY** format (e.g. 15-Jan-2018). Fill times in **24h HH:MM** format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.



**National Diet and  
Nutrition Survey (NDNS)**  
**FIELD LAB DESPATCH NOTE - 7 to 15 years**

Nurse Section	
Participant details	Checklist
Sample Set Barcode (must match with FL label)	1. Samples 2. Labels 3. Microtubes 4. Despatch note
Individual serial ID (must match with CAPI)	
Fasted sample (Yes/No)	
Sample collection date (DD-MMM-YYYY)	
Sample collection time (HH:MM)	<b>Attach FL label here</b>
Time samples delivered to the field lab (HH:MM)	
Have you delivered all the items on the checklist to the field lab? (Yes/No)	

Field Lab Section			
Date samples arrived (DD-MMM-YYYY)			
Time samples arrived (HH:MM)			
	<b>Blood Vacutainer Tubes</b>		
	SEN1	SEN2	LHN1
Sample Received?			
Is tube full or partial?			
Is tube damaged?			
<b>Centrifuge tubes for 20 mins at 4°C and 2000g</b>			
Time tubes placed in the centrifuge (HH:MM)			
Did you use a refrigerated centrifuge?			
If <b>NO</b> , explain here what you did to keep samples cool:			

Describe here any problems or deviations from protocol:

		<b>Blood Vacutainer Tubes</b>		
		SEN1	SEN2	LHN1
Is sample normal?				
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 & SEN2)				
<b>Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells</b>				
Microtube size		5ml	5ml	5ml
Attach label		SERUM1	SERUM2	LIHEP1
Time aliquotted (HH:MM)				
<b>Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.</b>		Volume aliquotted (µl)		
		Time aliquotted (HH:MM)		
		Time in freezer (HH:MM)		
Time aliquots in freezer (HH:MM)				
Wash red blood cells in vacutainer LHN1 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.				
Time vacutainer in freezer (HH:MM)				

<b>Storage freezer temperature (°C)</b>	
<b>Have you completed all relevant fields?</b>	

<b>Print name</b>		<b>Signature</b>	
<b>Field lab name</b>			

**Please email despatch form after sample processing to: BioRepLab@medschl.cam.ac.uk  
Use "NDNS" in subject of the email.**

**INSTRUCTIONS:**

Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in **DD-MMM-YYYY** format (e.g. 15-Jan-2018). Fill times in **24h HH:MM** format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.



**National Diet and  
Nutrition Survey (NDNS)**  
**FIELD LAB DESPATCH NOTE - 1.5 to 6 years**

Nurse Section	
Participant details	Checklist
Sample Set Barcode (must match with FL label)	<ol style="list-style-type: none"> <li>1. Samples</li> <li>2. Labels</li> <li>3. Microtubes</li> <li>4. Despatch note</li> </ol> <p style="text-align: right;"><b>Attach FL label here</b></p>
Individual serial ID (must match with CAPI)	
Fasted sample (Yes/No)	
Sample collection date (DD-MMM-YYYY)	
Sample collection time (HH:MM)	
Time samples delivered to the field lab (HH:MM)	
Have you delivered all the items on the checklist to the field lab? (Yes/No)	

Field Lab Section		
Date samples arrived (DD-MMM-YYYY)		
Time samples arrived (HH:MM)		
	Blood Vacutainer Tubes	
	SEN1	LHN1
Sample Received?		
Is tube full or partial?		
Is tube damaged?		
Centrifuge tubes for 20 mins at 4°C and 2000g		
Time tubes placed in the centrifuge (HH:MM)		
Did you use a refrigerated centrifuge?		
If <b>NO</b> , explain here what you did to keep samples cool:		

Describe here any problems or deviations from protocol:

		<b>Blood Vacutainer Tubes</b>	
		SEN1	LHN1
Is sample normal?			
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1)			

**Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells**

Microtube size	5ml	5ml
Attach label	SERUM1	LIHEP1
Time aliquotted (HH:MM)		
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.	Volume aliquotted (µl)	
	Time aliquotted (HH:MM)	
	Time in freezer (HH:MM)	
Time aliquots in freezer (HH:MM)		
Wash red blood cells in vacutainer LHN1 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.	Time vacutainer in freezer (HH:MM)	

<b>Storage freezer temperature (°C)</b>	
<b>Have you completed all relevant fields?</b>	

<b>Print name</b>		<b>Signature</b>	
<b>Field lab name</b>			

**Please email despatch form after sample processing to: BioRepLab@medschl.cam.ac.uk  
Use "NDNS" in subject of the email**

**Instructions:**

Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in **DD-MMM-YYYY** format (e.g. 15-Jan-2018). Fill times in **24h HH:MM** format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.

**DESPATCH NOTE FOR ALL SAMPLES**  
**(OFFICE COPY)**

**DESP OFFICE**

1. Participant details	Please affix <b>OFFDESP</b> LABEL HERE (If providing blood sample)	INDIVIDUAL SERIAL NUMBER: Please write in below:	CHECK LETTER	RESP. NO.
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Age group:	<b>16+ yrs</b>	EDTA	Serum TE	Li Hep LH	Serum TE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Li Hep LH	EDTA		
		<input type="checkbox"/>	<input type="checkbox"/>		
	<b>7-15 yrs</b>	EDTA	Serum TE	Li Hep LH	Serum TE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>18mths – 6 yrs</b>	EDTA	Serum TE	Li Hep LH	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Date blood sample taken:	DAY:	MONTH:	YEAR:
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Time blood sample taken:	TIME		
	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
5. Date blood despatched to Addenbrookes:	DAY:	MONT	YEAR:
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)









**National Diet and Nutrition Survey (NDNS) Nurse Visit****CHILD ASSENT FORM (5-15 years)****MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.

**Please circle**

1. Has somebody explained what happens at the nurse visit? Yes / No
2. Do you understand what this study is about? Yes / No
3. Have you asked all the questions you want? Yes / No
4. Have you had your questions answered in a way you understand? Yes / No
5. Do you understand it's OK to stop taking part at any time? Yes / No
6. Are you happy to take part? Yes / No

If any answers are 'No' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below.

**Your name**  

---

**Date**  

---

The nurse who explained this study to you needs to sign too:

**Nurse name**  

---

**Signature**  

---

**Date**  

---

**Thank you for helping us!**



**National Diet and Nutrition Survey (NDNS) Nurse Visit****CHILD ASSENT FORM (5-15 years)****MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.										
<table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 50px; height: 20px;"><tr><td> </td></tr></table>	

**Please circle**

- |  |          |
|--|----------|
| 1. Has somebody explained what happens at the nurse visit?       | Yes / No |
| 2. Do you understand what this study is about?                   | Yes / No |
| 3. Have you asked all the questions you want?                    | Yes / No |
| 4. Have you had your questions answered in a way you understand? | Yes / No |
| 5. Do you understand it's OK to stop taking part at any time?    | Yes / No |
| 6. Are you happy to take part?                                   | Yes / No |

If any answers are 'No' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below.

**Your name**

---

**Date**The nurse who explained this study to you needs to sign too:**Nurse name**

---

**Signature**

---

**Date**

---

**Thank you for helping us!**



**National Diet and Nutrition Survey (NDNS) Nurse Visit**  
**PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)**

**MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

<b>SERIAL NUMBER</b>	<b>CHECK LETTER</b>	<b>RESPONDENT No.</b>

**Name of Child** \_\_\_\_\_

Please initial/  
tick boxes if  
consent given

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without my child's medical care or legal rights being affected.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to my child having a blood sample taken as part of the study.
4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies.
5. I would like to receive my child's blood results which are clinically relevant.
6. I consent to my child's GP being notified of his/her blood results which are clinically relevant.

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP.
- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature



**National Diet and Nutrition Survey (NDNS) Nurse Visit**  
**PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)**

**MREC Reference Number: 13/EE/0016**

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.

Name of Child \_\_\_\_\_

Please initial/  
tick boxes if  
consent given

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without my child's medical care or legal rights being affected.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**BLOOD SAMPLE**

3. I agree to my child having a blood sample taken as part of the study.
4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies.
5. I would like to receive my child's blood results which are clinically relevant.
6. I consent to my child's GP being notified of his/her blood results which are clinically relevant.

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP.
- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health.

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature





# Appendix I Nurse (stage 2) overview and documents

## I1 Overview of information collected during the nurse stage

Table I.1 summarises the information collected during the nurse stage.

Table I.1: Information collected during the nurse visit	
Measurement or procedure <sup>1</sup>	Participant
Details of prescribed medications	All ages
Infant length measurements	Aged 1.5-2 years
Waist and hip circumferences	Aged 11 years and over
Demispan <sup>2</sup>	Aged 65 and over or those 16-64 years old with unreliable height measurement
Non-fasting blood sampling	All aged 1.5-3 years and those 4 years and over not willing to fast <sup>3</sup>
Fasting blood sampling	Aged 4 years if not excluded from fasting

The CAPI nurse interview and documents used during the nurse stage are shown in the remainder of this Appendix.

<sup>1</sup> In Year 10 participants aged 4 years and older were asked to provide a blood pressure measurement.

<sup>2</sup> Demispan was measured in participants for whom, for postural reasons, a measure of height would give a poor measure of stature (e.g. in some elderly people, or for people with certain disabilities). Demispan is strongly related to a person's height and is the distance between the sternal notch and the finger roots with the arm out-stretched laterally.

<sup>3</sup> The non-fasting option was only offered in Year 11.

# **National Diet and Nutrition Survey (NDNS)**

**N12229.01 Year 11**

## **Program Documentation**

### **Nurse Schedule**

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

- Instructions for the nurse are given in capital letters, and questions the nurse is to ask the participant are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of participant'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:**

<b>HOUSEHOLD GRID .....</b>	<b>2</b>
<b>NURSE SCHEDULE .....</b>	<b>4</b>
<b>INFANT LENGTH .....</b>	<b>12</b>
<b>PRESCRIBED MEDICATIONS .....</b>	<b>14</b>
<b>DEMI-SPAN .....</b>	<b>15</b>
<b>WAIST AND HIP .....</b>	<b>17</b>
<b>BLOOD SAMPLE .....</b>	<b>20</b>
<b>DRUGS .....</b>	<b>43</b>

## HOUSEHOLD GRID

### **HHDate**

Date of 1<sup>st</sup> interviewer visit:

### **TelNum1**

: STRING [15]

Telephone number(s)

### **TelNum2**

: STRING [15]

Telephone number(s)

### **Person**

Person number

: 1..2

### **HHGridNo**

Household grid number

: 1..10

### **Name**

Name

: STRING [20]

### **Sex**

1 Male

2 Female

### **AgeOf**

Age

: 0..120

### **DOB**

Date of Birth

: DATETYPE.

### **AgeOfM**

Age in months

: 00..1440

### **OC**

Agreed nurse?

1 Agreed

2 Refused

3 Unsure

### **DemiS**

Requires demi-span.

1 Yes

2 No

### **DispCont**

Reaction to blood sample

**IF (age <16) THEN**

**ParName1**

Parent name 1

: STRING [20]

**ParName2**

Parent name 2

: STRING [20]

**Rel**

Relationship of parent 1 to respondent

Relationship of parent 2 to respondent

**DispInfo**

Address Information

Availability Information

1. Cont.

## NURSE SCHEDULE

**IF (participant agreed nurse visit) THEN**

### **Info**

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

Person            (*Person number*)  
Name            (*Participant name*)  
Age            (*Participant age at date of 1<sup>st</sup> interviewer visit*)  
DOB            (*Participant date of birth*)  
Sex            (*Participant sex*)  
Demispan        (*Whether demispan measurements required or n/a*)

### **NPerNo**

Person number  
: 1..2

### **RName**

Name of participant  
: STRING [20]

### **RAge**

Age of participant.  
: 0..120

### **RDoB**

DoB of participant  
: DATETYPE

### **MonthAge**

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

### **RSex**

Sex of participant.  
1 Male  
2 Female

### **RDemiS**

Requires demi-span?  
1 Yes  
2 No

### **WeekAge**

Age of infant participant (in weeks).  
: 0..997

### **DrugClot**

Any anti-coagulant drugs recorded in the drugs section?  
1 Yes  
2 No

**NSeqNo**

Nurse Schedule number.

: 0..2

**IF (participant was unsure about nurse visit) THEN**

**Info**

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

Person            (Person number)

Name            (Participant name)

Age            (Participant age at date of 1<sup>st</sup> interviewer visit)

DOB            (Participant date of birth)

Sex            (Participant sex)

Demispan        (Whether participant required demispan)

NURSE: THIS PARTICIPANT WAS UNSURE ABOUT THE NURSE VISIT WHEN ASKED BY THE INTERVIEWER.

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

**IF (participant refused nurse visit) THEN**

**RefInfo**

NURSE: (Participant 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"   |

**IF (RefInfo = Change) THEN**

**Info**

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

Person            (Person number)

Name            (Participant name)

Age            (Participant age at date of 1<sup>st</sup> interviewer visit)

DOB            (Participant date of birth)

Sex            (Participant sex)

Demispan        (Whether participant required demispan)

NURSE: THIS PARTICIPANT REFUSED THE NURSE VISIT WHEN ASKED BY THE INTERVIEWER BUT HAS NOW AGREED.

- |   |     |   |
|---|-----|---|
| 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" |

**IF (Info = Yes) THEN**

**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 (*participant's name*)'s date of birth separately.

Enter the **day** here.

: 1...31

**NDoBM**

NURSE : Enter the code for the **month** of (*participant'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 (*participant's name*)'s date of birth.

: 1890..2014

**NDoB**

Date of birth (derived)

: DATETYPE

**IF (NDoB <> RDoB) THEN**

**DoBDisc**

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

:OPEN

**HHAge**

Age of participant 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*), "parent".

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.

Press <1> and <Enter> to continue.

1 Continue

**InfSH**

Have you read and understood the (*parent/guardian/11+*) nurse information sheet and have I answered any questions you may have?

- 1 Yes "Read and understood info sheet",  
2 No "Not read or understood info sheet"

**If (InfoSh=Yes)**

**Code01**

NURSE: ASK PARTICIPANT/PARENT/ GUARDIAN TO INITIAL **STATEMENT 1** BOX IN THE CONSENTS' SECTION IN THE CONSENT BOOKLET.

**- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.**

= MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.

- ASK PARTICIPANT/ PARENT/ GUARDIAN TO SIGN AND DATE BENEATH THE STATEMENT IN THE CONSENT BOOKLET.

CIRCLE **CONSENT CODE 01** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue,

1 Continue

**If (InfSh=No)**

NURSE: Please double-check participant's willingness to take part in the visit.

**Code02**

NURSE: CIRCLE **CONSENT CODE 02** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (InfSh=Yes) THEN**

**WDraw**

NURSE: Are you aware your/ your child's participation is voluntary and that you/ they can withdraw at any time?"

- 1 Yes "I understand voluntary and can withdraw",  
2 No "I don't understand voluntary and can withdraw"

**If (WDraw=Yes)**

**Code03**

NURSE: ASK PARTICIPANT/ PARENT/ GUARDIAN TO INITIAL OR TICK **STATEMENT 2** BOX IN THE CONSENTS SECTION IN THE CONSENT BOOKLET .

**- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.**

- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.

- ASK PARTICIPANT / PARENT/ GUARDIAN TO SIGN AND DATE AT BENEATH THE STATEMENT IN THE CONSENT BOOKLET.

- CIRCLE **CONSENT CODE 03** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (WDraw=No)**

**SOFT CHECK- NURSE:** Please double-check participant's willingness to take part in the visit.

**Code04**

CIRCLE **CONSENT CODE 04** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (WDraw=Yes) AND (HHAge IN (5..15) THEN**

**ChAss**

NURSE: GO THROUGH THE CHILD ASSENT FORM.

IF POSSIBLE AND CHILD AGREES, ASK THE CHILD TO COMPLETE (CIRCLING EACH STATEMENT), SIGN AND DATE THE FORM.

YOU AS THE NURSE MUST ALSO SIGN THE FORM.

HAS CHILD ASSENT BEEN GIVEN?

1 Yes

2 No

**If (ChAss=No)**

**ChAssN**

NURSE: WHY HAS CHILD ASSENT NOT BEEN GIVEN?

BECAUSE THE PARENT / LEGAL GUARDIAN HAS CONSENTED TO THEIR CHILD'S PARTICIPATION YOU CAN STILL CONTINUE WITH THIS VISIT.

1 Yng "Child too young to read and/or write",

2 Und "Child too young to understand the study or their participation",

3 Other "Other answer"

**IF (ChAssN=Other)**

**ChAssNO**

NURSE: Please state other reason why child assent has not been given."

:OPEN

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

**PregNTJ**

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

1 Yes

2 No

**IF (Sex = Female) AND (Age = 10 – 15) THEN**

**UPreg**

NURSE: Has the participant (or her parent/ guardian) told you that she is pregnant or breastfeeding?

Do **not** ask for this information – only code whether or not it has been volunteered.

Pregnant – Yes told me she is pregnant/ breastfeeding

NotTold – No **not** told me she is pregnant/ breastfeeding

**IF PregNTJ = Yes OR UPreg = Pregnant THEN NCPregJ = Pregnant (Computed)**

**ELSE NCPregJ = NotPreg (Computed)**

**IF (NCPregJ = NotPreg) THEN**

**HlthCh**

(Can I just check,) have there been any changes to your/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 PARTICIPANT'S CHANGE IN GENERAL HEALTH.

: OPEN

**IF (NCPregJ = NotPreg) 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 (NCPregJ=NotPreg) AND (age >= 16) 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?

Press <1> and <Enter> to continue.

1 Continue

**IF (MedCNJD = Yes) THEN routed to “Prescribed Medication”**

**IF (MedCNJD = Yes)**

**DrCod1**

NURSE:

To do the drug coding now, press <Ctrl Enter>, select **Drug\_Coding: participant name** with the highlight bar and press <Enter>.

Else, press 1 and <Enter> to continue

1 Continue

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

**PregMes**

NURSE: Participant is pregnant. No measurements to be done.

Press <1> and <Enter> to continue.

1 Continue

**IF (Age >=8) AND ((BSWill = No) OR (ClotB = Yes or NONRESPONSE) OR (Fit = Yes OR NONRESPONSE) OR (Age = 2-3) OR (GuardCon = No) OR ((AmetopUse= Yes) AND Allergy = Yes) AND (NoAmetop = No)) OR (CBSConst = No)) THEN**

**NoCodes**

NURSE: NO BLOOD TO BE TAKEN.

CIRCLE **CONSENT CODES 06, 08, 10, 12, 14** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF NCPregJ = Pregnant THEN**

**NoCodeB**

NURSE: NO MEASUREMENTS TO BE TAKEN.

CIRCLE **CONSENT CODES 02, 04, 06, 08, 10, 12, 14 and 16** AT QUESTION 8 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

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

1 Continue

**IF NCPregJ = NotPreg THEN**

**AllCheck**

NURSE: Check before leaving the participant:

#That (*participant's name*) has his/her copy of signed consents.

#If the participant gave a blood sample the full GP details are entered on front of the Consent Booklet.

#If the participant gave a blood sample the name by which the GP knows participant is entered on the front of the Consent Booklet.

#That all participant details are completed on front of the Consent Booklet.

#That all necessary initials, ticks and signatures have been collected in the consent booklet.

#That appropriate codes have been circled at Question 8 on the front of the Consent Booklet. (For those who have agreed a return visit to give a blood samples, there will

**be further consents to collect at the return visit).**

Press <1> and <Enter> to continue.

1 Continue

**EndReach**

NURSE: End of questionnaire reached.

Press <1> and <Enter> to continue.

**IF (DoBlood [NSeqNo]= NotDone) THEN**

**Don't forget to make an appointment to come back and take the blood sample.**

Press <1> and <Enter> to continue.

1 Continue

**IF (NurOut=Other) THEN**

NURSE: Please give reason why not completed.

:OPEN

**IF (Info = Yes) OR (InfSh = No) OR (WDraw = No) THEN**

**Thank**

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

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

1 Continue

**StrtTime**

Start time for : (Module name)

Just press <Enter>

: ARRAY [0..10] OF TIMETYPE

**Elapsed**

Timing for : (Module name)

Just press <Enter>."

: ARRAY [0..10] OF TTime,

## INFANT LENGTH

### FOR PARTICIPANTS AGED 18 MONTHS TO 2 YEARS

#### IF (Age< 2) THEN

##### LgthMod

NURSE: Now follows the *Infant Length* module

Please press <1> and <Enter> to continue.

- 1 Continue

#### IF (Age< 2) THEN

##### 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 = RESPONSE) and (Length <> 999.9) THEN

##### LgthRel

NURSE: Is this measurement reliable?

- 1 Yes  
2 No

#### IF (Length=999.9 or EMPTY) THEN

##### YNoLgth

NURSE: Give reason for not obtaining a length measurement

- 1 Refuse "Measurement refused"  
2 TryNot "Attempted, not obtained"  
3 NoTry "Measurement not attempted"

#### IF (YNoLgth = Refuse.. NoTry) OR (LgthInt = Refuse, Unable) THEN

##### NoAttL

NURSE: Give reason for (*refusal/not obtaining measurement/not attempting the measurement*).

- 1 Asleep "Child asleep"  
2 Fright "Child too frightened or upset"  
3 Shy "Child too shy"  
4 Lie "Child would not lie still"  
95 Other "Other reason(s)"

**IF (NoAttL = Other) THEN**

**OthNLth**

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

: STRING [100]

**IF (Length = RESPONSE) and (Length <> 999.9) THEN**

**MbkLgth**

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

Press <1> and <Enter> to continue

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

## DEMI-SPAN

**FOR ALL PARTICIPANTS 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*.

Press <1> and <Enter> to continue.

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  | "Participant agrees to have demi-span measured"             |
| 2 | Refuse | "Participant 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    | "Participant confined to bed"                  |
| 3 | Stoop  | "Participant too stooped"                      |
| 4 | NotUnd | "Participant 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 participant:

CODE ALL THAT APPLY.

- |   |         |  |
|---|---------|--|
| 1 | Wall    | "Standing against the wall or another flat surface"          |
| 2 | NoWall  | "Standing not against the wall or another surface"           |
| 3 | Sitting | "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 participant's Measurement Record Card.

Press <1> and <Enter> to continue.

1 Continue

## WAIST AND HIP

### FOR PARTICIPANTS 11 AND OVER WHO ARE NOT PREGNANT

#### WHMod

NURSE: Now follows the **Waist and Hip Circumference Measurement**.

Press <1> and <Enter> to continue.

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  | "Participant agrees to have waist/hip ratio measured"             |
| 2 | Refuse | "Participant 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"  |

**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 | "Participant is chairbound"                    |
| 2 | Bed      | "Participant is confined to bed"               |
| 3 | Stoop    | "Participant is too stooped"                   |
| 4 | NotUnd   | "Participant 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 (1<sup>st</sup>) <> 999.9 AND Waist (1<sup>st</sup>) <> EMPTY) OR (Waist (2<sup>nd</sup>) <> 999.9 AND Waist (2<sup>nd</sup>) <> EMPTY)) THEN**

**WJRel**

NURSE: Record any problems with *waist* measurement:

- |   |          |   |
|---|----------|---|
| 1 | NoProb   | "No problems experienced, <b>reliable</b> waist measurement"                        |
| 2 | ProbRel  | "Problems experienced - waist measurement <b>likely to be reliable</b> "            |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be <b>slightly unreliable</b> " |
| 4 | ProbUn   | "Problems experienced - waist measurement <b>likely to be unreliable</b> "          |

**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 (1<sup>st</sup>) <> 999.9 AND Hip (1<sup>st</sup>) <> EMPTY) OR (Hip (2<sup>nd</sup>) <> 999.9 AND Hip (2<sup>nd</sup>) <> EMPTY)) THEN**

**HJRel**

NURSE: Record any problems with **hip** measurement:

- |   |          |   |
|---|----------|---|
| 1 | NoProb   | "No problems experienced, <b>reliable</b> hip measurement"                        |
| 2 | ProbRel  | "Problems experienced - hip measurement <b>likely to be reliable</b> "            |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be <b>slightly unreliable</b> " |
| 4 | ProbUn   | "Problems experienced - hip measurement <b>likely to be unreliable</b> "          |

**IF (HJRel = ProbRel OR ProbSIUn OR ProbUn) THEN**

**ProbHJ**

NURSE: Record whether problems experienced are likely to increase or decrease the **hip** measurement.

- |   |          |                         |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

**IF (RespWH = Both OR One) THEN**

**WHRes**

NURSE: Offer to write results of waist and hip measurements, where applicable, onto participant's Measurement Record Card.

Press <1> and <Enter> to continue.

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

## BLOOD SAMPLE FOR ALL PARTICIPANTS WHO ARE NOT PREGNANT

### B1Intro

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE BLOOD SAMPLE. GIVE PARTICIPANT RELEVANT LEAFLETS.

NURSE; IF PARTICIPANT INITIALLY REFUSED BLOOD SAMPLE BY PHONE TAILOR THIS INTRODUCTION ACCORDINGLY.

Press <1> and <Enter> to continue.

- 1      Continue

### B1IChk

NURSE: CODE WHETHER TO CONTINUE WITH THE BLOOD SAMPLE MODULE OR NOT, BASED ON PARTICIPANT WILLINGNESS TO PROVIDE A SAMPLE.

1. CONTINUE WITH BLOOD SAMPLE MODULE
2. PARTICIPANT REFUSES TO PROVIDE A BLOOD SAMPLE

### IF (age <16) THEN

#### ClotB

**ASK PARENT /('parent name')**: 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: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sintrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivaroxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING; Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

- 1      Yes  
2      No

### IF (age < 16) AND (ClotB = No) THEN

#### Fit

**ASK PARENT/ ('parent name')**: May I just check, have/has you/(*child's name*) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever) in the last 5 years?

- 1      Yes  
2      No

### IF (age < 16) AND (Fit = Yes) THEN

#### FitW

**ASK PARENT:** Was this within the last 24 months?

- 1      Yes  
2      No

### IF (age < 16) AND (FitW = Yes) THEN

#### FitY

"What type of fit have/has \_you\_ / (*child's name*) experienced?"

- 1      Epilept "Epileptic fit",  
2      Febrile "Febrile fit associated with high fever",  
3      Other "Other (SPECIFY AT NEXT QUESTION)" )

### IF (FitY=Oth) THEN

#### FitYO

: Open

**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: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sintrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivaroxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING; Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Integribrin), Tirofiban (Aggrastat)

1 Yes

2 No

**IF (age >= 16) AND (ClotBA=No) THEN**

**FitA**

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

1 Yes "Yes"

2 No "No"

**IF (age >= 16) AND (ClotBA = No) AND (FitA = No) THEN**

**BSWill**

Would you be willing to have a blood sample taken?

1 Yes "Yes"

2 No "No"

**IF (age>=4 – 15) AND (ClotB = No) AND ((Fit = No) OR (FitW=No))THEN**

**CBSConst**

**ASK PARENT ('parent')**: Are you willing for your child to have a blood sample taken?

**IF (AXMDAge=10) AND (CAgeNow = 11) THEN**

NURSE: AS PARTICIPANT HAS TURNED 11 YEARS SINCE THE INTERVIEWER STAGE, YOU SHOULD TAKE THE BLOOD SAMPLE NOT A PAEDIATRIC PHLEBOTOMIST OR AN 'EXTENDED ROLE' NURSE (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHILDREN AGED 6-10 INC). N.B. FOR ALL OTHER PARTS OF THE VISIT INTERVIEW AGE IS STILL SET AS 10 YEARS FROM THE INTERVIEWER STAGE.

**IF (Age <11) THEN**

NURSE: AS PARTICIPANT IS 10 YEARS OR UNDER, A PAEDIATRIC PHLEBOTOMIST OR AN "EXTENDED ROLE" NURSE (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHILDREN AGED 6-10 INC) MUST TAKE THE BLOOD SAMPLE.

**IF (Age >=4) THEN**

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

1 Yes

2 No

**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 "Participant recently had blood test/health check"

4 Ill "Refused because of current illness"

5	HIV	"Worried about HIV or AIDS"
6	NoPaed	"No paediatric phlebotomist or 'extended role' nurse 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]

**IF ((age < 16) AND (ClotB = Yes) OR (FitW = Yes)) OR ((age >= 16) AND (ClotBA = Yes) OR (FitA = Yes)) OR ((BSWill = No) OR (CBSConst = No))THEN**

**BSStop**

NURSE: No Blood Samples should be taken from (participant name)

Ring **consent codes 06, 08, 10 and 12** on the consent booklet

To continue with this schedule on the first visit, press <1> and <Enter>

1 Continue

**IF (age >= 4) AND ((BSWill = Yes) OR (CBSConst = Yes)) AND (Eat =Yes) THEN**

**Diabetes**

NURSE: HAS THE PARTICIPANT TOLD YOU THAT THEY ARE DIABETIC?

- 1 Yes
- 2 No

**IF (age >= 4) AND ((BSWill = Yes) OR (CBSConst = Yes)) THEN**

**Eat**

Can I check, have you had anything to eat or drink, excluding water, in the last 8 hours?

NURSE: IF PROVIDING A FASTING SAMPLE, THE PARTICIPANT SHOULD HAVE FASTED FOR A MINIMUM OF 8 HOURS AND FOOD SUPPLEMENTS, VITAMINS OR MINERALS SHOULD PREFERABLY NOT HAVE BEEN TAKEN. THEY CAN HAVE DRUNK WATER AS NORMAL.

NURSE: PARTICIPANT CAN STILL PROVIDE A NON-FASTING BLOOD SAMPLE IF THEY HAVE NOT FASTED.

- 1 Yes
- 2 No

**IF (Eat = Yes) THEN**

**TFast**

"When did you last eat or drink anything other than plain water?

Think of any food and any drink if not plain water.

NURSE: Record how many hours since participant last ate."

**IF (Eat = Yes) THEN**

**WFast**

What did you eat or drink at that time?

List all items."

**IF (Age >=4 ) AND ((BSWill =Yes ) OR (CBSConst= Yes)) AND(Eat=Yes) THEN**

**NFastBI**

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

**IF (Diabetes=Yes) THEN**

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IS A RETURN VISIT TO COLLECT A FASTING SAMPLE APPROPRIATE – CHECK SCENARIOS IN PROJECT INSTRUCTIONS.

Are the labs open (i.e. is it Monday - Thursday) and expecting a sample?

Is there anyone else in the household who will give blood?

If so, could you take blood from both participants at the same time (i.e. a return visit)?

CONSIDER THESE QUESTIONS AND CODE:

**Acceptable procedures according to medication:**

...Participants on oral hypoglycaemic medication should be able to fast without complications.

...Participants 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.

...Participants on insulin alone can also provide a fasting sample, but should be given special consideration. They should postpone 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.

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 (Age >=4) AND ((BSWill = Yes) OR (CBSConSt = Yes)) AND (Eat=Yes)**

**NFastBI**

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IS A RETURN VISIT TO COLLECT A FASTING SAMPLE APPROPRIATE – CHECK SCENARIOS IN PROJECT INSTRUCTIONS.

ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST OR A NURSE WHO HAS TAKEN ON THE 'EXTENDED ROLE(I.E. CAN TAKE BLOODS FROM CHILDREN AGED 6-10 YEARS INC)?

(IF NO, CODE 2)

Are the labs open (i.e. is it Monday - Thursday) and expecting a sample?

Is there anyone else in the household who will give blood?

If so, could you take blood from both participants 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) OR (FastBI = NO) OR (IsTime=No) THEN**

**NFSAppt**

NURSE: ARRANGE AN APPOINTMENT WITH (*participants's name*) TO TAKE A BLOOD SAMPLE. THIS CAN ONLY BE ON A MONDAY TO THURSDAY MORNING.

Press <1> and<Enter> to continue.

1 Continue

**IF (NFastBI = No) AND (Diabetes = YES) THEN**

**NFSAppt**

NURSE: ARRANGE AN APPOINTMENT WITH (*participants's name*) TO TAKE A BLOOD SAMPLE. THIS CAN ONLY BE ON A MONDAY TO THURSDAY MORNING.

(THE PARTICIPANT HAS TOLD YOU THEY ARE DIABETIC. IF THEY ARE CONCERNED ABOUT FASTING, PRESS F9 FOR GUIDANCE ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING SAMPLE)

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN.

Press <1> and<Enter> to continue.

1 Continue

**IF (Eat=No) THEN**

**IsTime**

NURSE: HAVE YOU CHECKED THE LAB IS OPEN AND YOU CAN DELIVER THE SAMPLES TODAY?

(The computer says time is (*time on laptop*))/ (When this question was originally answered the time was (*time in laptop*))

1 Yes – can deliver samples to lab today

2 No – can **not** deliver samples to lab today

**IsTimeT**

Time that *IsTime* was first asked.

: TIMETYPE

**IF (IsTime=Yes)**

**FastBI**

NURSE: THIS PARTICIPANT COULD GIVE A FASTING BLOOD SAMPLE NOW.

NURSE: DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

**IF (PSeqNo=2) AND (Age<11) THEN**

ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST OR A NURSE WHO HAS TAKEN ON THE 'EXTENDED ROLE' (I.E. CAN TAKE BLOODS FROM CHILDREN AGED 6-10 YEARS INC)?

Are the labs open and expecting a sample?

Is there anyone else in the household who will give blood?

If so, you should take blood from both participants 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 (age < 6) THEN**

**AmeInt**

NURSE: Explain that there is the option of using Ametop gel, but that a sample can be given without it.

Give parent/participant the Ametop information sheet and allow them time to read it.

Ask participant/parent whether they think they will want to use Ametop. If they do, you need to schedule your return appointment before 9.30am.

Press <1> and <Enter> to continue.

1      Continue

**IF (age = 6-15) THEN**

**AmeInt**

NURSE: Explain that there is the option of using Cryogesic spray or Ametop gel, but that a sample can be given without them.

Give parent/participant the Cryogesic and Ametop information sheet and allow them time to read it.

Ask participant/parent whether they think they will want to use Cryogesic or Ametop gel. If they do, you need to schedule your return appointment before 9.30am.

Press <1> and <Enter> to continue.

1      Continue

**IF (age >= 16) THEN**

**Amelnt**

NURSE: Explain that there is the option of using Cryogesic spray, but that a sample can be given without it.

Give parent/participant the Cryogesic information sheet and allow them time to read it.

Ask participant/parent whether they think they will want to use Cryogesic spray. If they do, you need to schedule your return appointment before 9.30am.

Press <1> and <Enter> to continue.

1 Continue

**IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN**

**IntFBT**

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

Press <1> and <Enter> to continue.

1 Continue

**DateFBT**

Date at start of QFBTaken block

: DATETYPE

**TimeFBT**

Date at start of QFBTaken block

: DATETYPE

**IF (PVisit<>1) AND (age <16) THEN**

**TClotB**

**ASK PARENT:**

May I just check again, does (*child's name*) have a clotting or bleeding disorder or is he/is she currently on anti-coagulant drugs such as Warfarin?

NURSE: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING; Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

1 Yes

2 No

**IF (age < 16) AND (TClotB=No) THEN**

**TFit**

**ASK PARENT:**

May I just check also, has (*child's name*) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

**IF (PVisit<>1) AND (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.)

NURSE: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING; Aspirin (Caprin; Nu-Seals), Flamasacard,

Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Integrilin), Tirofiban (Aggrastat)

- 1 Yes  
2 No

**IF (age >= 16) AND (TClotBA = No) 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 ((PVisit = 1) AND (PClotB = No) AND (PFit = No))**

OR ((PVisit <> 1) AND (PPAge < 16) AND (TClotB = No) AND ((TFit = No)  
OR (TFitW = No)))

**OR ((PVisit <> 1) AND (PPAge >= 16) AND (TClotBA = No) AND (TFitA = No)) THEN**

**TVits**

Can I check, have you taken any vitamins, minerals or other food supplements (for example, folic acid) in the last 8 hours?

- 1 Yes  
2 No

**IF (TVits = YES) THEN**

**TVitsY**

What type of vitamins, minerals or food supplements have you taken in the last 8 hours?

NURSE: PLEASE INCLUDE DETAILS ON SUPPLEMENT NAME, BRAND AND STRENGTH. IF POSSIBLE, ASK TO SEE CONTAINER

**IF (PVisit<>1) AND ((TBSWill = Yes) OR (TCBSConst = Yes)) AND (PPAge >= 4))THEN**

**TEat**

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN

- 1 Yes  
2 No

**IF (Teat=Yes) THEN**

**TTFast**

When did you last eat or drink anything other than plain water?

Think of any food and any drink if not plain water.

NURSE: Record how many hours since participant last ate.

**IF (Teat=Yes) THEN**

**TWFast**

What did you eat or drink at that time?

List all items.

**IF (Age <4) THEN**

**ChEat**

Can I check, has (*participant name*) had anything to eat or drink (excluding water) in the last 8 hours?

- 1 Yes  
2 No

**IF (2<sup>nd</sup> visit AND TEat =YES AND ReArr = NoAppt) THEN**

**TBSStop**

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant name*). CIRCLE **CONSENT CODES 06, 08, 10 AND 12** AT QUESTION 8 ON THE FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (2<sup>nd</sup> visit AND ReArr = Appt) THEN**

**TBSNoV2**

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant's name*) NOW. YOU WILL NEED TO MAKE ANOTHER VISIT TO TAKE BLOOD.

Press <1> and <Enter>.

1 Continue

**IF (age >= 16) THEN**

**TBSWill**

Would you be willing to have a blood sample taken?

- 1 Yes  
2 No

**IF (age < 16) THEN**

**TCBSConst**

**ASK PARENT**

Are you willing for your child to have a blood sample taken?

NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM.

**IF (PPage <11) THEN**

**EXTENDED ROLE NURSES CANNOT TAKE CHILD BLOODS AFTER 20 SEPT 2013 UNLESS THEY HAVE BEEN ON THE PAEDIATRIC VENEPUNCTURE PROGRAMME.**

**IF (CAgeNow <11) THEN**

ONLY TRAINED PAEDIATRIC PHLEBOTOMISTS OR "EXTENDED ROLE" NURSES (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHILDREN AGED 6-10 INC) SHOULD TAKE BLOOD FROM CHILDREN UNDER 11.

Remember up to 2 attempts at blood are now allowed for under 16's. The 2nd attempt must be from the other arm to the 1<sup>st</sup>.

NURSE; THE PARTICIPANT SHOULD PREFERABLY NOT TAKE FOOD SUPPLEMENTS, VITAMINS OR MINERALS.

- 1 Yes  
2 No

**IF (age>=6) THEN**

**CryUse**

**ASK PARENT**

Do you want Cryogesic spray to be used?

NURSE: PLEASE GIVE PARTICIPANT CRYOGESIC SPRAY LEAFLET TO READ

- 1 Yes  
2 No

**IF (CryUse= Yes) THEN**

**CryAll**

**ASK PARENT**

Has (*child name*)/ have you ever had a bad reaction to ethyl chloride?

NURSE: If participant doesn't know enter Ctrl+k. The participant can still use cryogesic spray.

- 1 Yes  
2 No

**IF (CryAll=Yes) AND (Age = 6-15) THEN**

**NoCry1**

NURSE: Cryogesic spray cannot be used. Is participant willing to give a blood sample with the use of Ametop gel?

Code 1 if 'Yes, willing to give blood sample with Ametop gel'

Code 2 if 'Not with Ametop but will give a blood sample'

Code 3 if 'Not willing to give blood sample without Cryogesic'.

- 1 Yes "Willing to sample with Ametop"
- 2 NoAm "Not with Ametop but will give sample"
- 3 None "No blood sample"

**IF (CryAll=Yes) AND (age>=16) THEN**

**NoCry2**

NURSE: Cryogesic spray cannot be used. Is participant willing to give a blood sample without Cryogesic spray?

Code 1 if 'Yes, willing to give blood sample without Cryogesic spray'

Code 2 if 'Not willing to give blood sample without Cryogesic'.

- 1 Yes "Willing to sample without Cryogesic"
- 2 None "No blood sample"

**IF (Age <6) OR ((Age = 6 -15) AND ((CryUse= No) OR NOCry1 = 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 participant 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.

- Apply Ametop gel following instructions.
- Wait at least half an hour before attempting blood sample.

Press <1> and <Enter> to continue.

- 1 Continue

**CryOrAm**

Whether used Cryogesic or Ametop (DV)

- 1 Cryogesic
- 2 Ametop
- 3 Neither
- 4 NoBlood

**If (CryOrAm = NoBlood) THEN**

**CryAmNo**

NURSE: Participant cannot give blood.

Press <1> and <Enter> to continue.

- 1 Continue

**IF (TBSWill = No) OR (TCBSConst = No) OR (CryOrAm = NoBlood) THEN**

**TRefBSC**

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

1	PrevDiff	"Previous difficulties with venepuncture",
2	Fear	"Dislike/fear of needles",
3	RecTest	"Participant 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 or 'extended role nurse 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)",
10	Other	"Other"

**IF (TRefBSC = Other) THEN**

**TOthRef**

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

: STRING [135]

**IF ((PVisit = 1) OR ((PVisit = 2) AND ((TBSWill = Yes) OR (TCBSConst = Yes)))) AND  
(CryOrAm <> NoBlood) THEN**

**BSConsC**

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT (from parent):

Before I can take any blood, I have to obtain written consent from you/ (*the written consent from both parent and child*).

**If (Age >=5 AND <16) THEN**

NURSE: IF THE CHILD IS ABLE PLEASE SEEK CHILD ASSENT.

Press <1> and <Enter> to continue.

1 Continue

**IF (Age = 18 months - 15 years) THEN**

**GuardCon**

NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?

1 Yes  
2 No

**IF (GuardCon = No) THEN**

**Ignore**

NURSE: Record details of why consent refused.

: STRING [140]

**IF (GuardCon = Yes) THEN**

**Code 05C**

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 3 FOR CHILDREN AGED 4-15 OR 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- MAKE SURE CHILD/PARTICIPANT'S NAME IS FILLED IN IN THE BOOKLET.
- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.
- IF THE CHILD IS AGED 5-15 YEARS ASK THEM TO FILL IN THE CHILD ASSENT FORM

WHERE POSSIBLE.

Press <1> and <Enter> to continue.

1 Continue

**If (Age > 15) THEN**

**Code05A**

NURSE:

- ASK PARTICIPANT TO INITIAL OR TICK **STATEMENT 3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.
- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.
- ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN THE CONSENT BOOKLET (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**IF TBSStop=1 THEN**

**Code06**

NURSE: CIRCLE **CONSENT CODE 06** (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THEN ConStorB**

**NURSE: ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT**

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 SAMPLE WOULD BE ANONYMISED. THIS MEANS FUTURE RESEARCHERS WOULD NOT KNOW WHO YOU ARE. THE TESTS WOULD BE APPROVED BY AN ETHICS COMMITTEE'.

NURSE: IF ASKED, EXPLAIN THE PARTICIPANT 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"

**IF (ConStorB=Yes) THEN**

**Code07**

NURSE:

- ASK PARENT/ LEGAL GUARDIAN/ PARTICIPANT TO INITIAL OR TICK **STATEMENT 4** BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CIRCLE **CONSENT CODE 07** AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (ConStorB=No) THEN**

**Code08**

NURSE: CIRCLE **CONSENT CODE 08** (NO CONSENT FOR BLOOD STORAGE) AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THEN SnDrSam**

**ASK PARENT (parent's name)**

Would you like to be sent the clinically relevant results of (*child's name*)/ your blood sample analysis?

1 Yes

2 No

**IF (SnDrSam = Yes) THEN**

**Code 09**

NURSE:

- **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT TO INITIAL OR TICK STATEMENT 5 IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.**
- **CIRCLE CONSENT CODE 09 AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

1 Continue

**IF (SnDrSam = No) THEN**

**Code 10**

NURSE:

- **CIRCLE CONSENT CODE 10 AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

1 Continue

**IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THEN**

**GPReg**

NURSE CHECK: Is participant registered with a GP?

1 Participant registered with GP

2 Participant not registered with GP

**IF (GPReg = Yes) THEN**

**SendSam**

**ASK PARENT/LEGAL GUARDIAN**

May we send the clinically relevant results of your child's/your blood sample analysis to his/her/your GP?

1 Yes

2 No

**IF (SendSam=No) THEN**

**SenSaC**

**ASK PARENT/LEGAL GUARDIAN**

Why do you not want your child's/your blood sample results sent to his/her/your 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 reasons(s) for not wanting results sent to GP.

: STRING [140]

**IF (SendSam=Yes) THEN**

**Code11**

**NURSE**

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 6** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF CONSENT BOOKLET (IF NOT ALREADY DONE).
- CHECK NAME BY WHICH GP KNOWS PARTICIPANT, AND ENTER ON FRONT OF CONSENT BOOKLET (IF NOT ALREADY DONE).
- CIRCLE **CONSENT CODE 11** AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (GPReg=No) OR (SendSam = No) THEN**

**Code12**

**NURSE:**

- CIRCLE **CONSENT CODE 12** AT QUESTION 8 (NO CONSENT FOR BLOOD SAMPLE RESULTS TO GP) ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) THEN**

**NoRes**

You have indicated that you do not wish to receive your child/your blood sample results or have them sent to your GP.

**NURSE:** CHECK THAT THIS IS THE CASE WITH THE PARTICIPANT. IF NECESSARY GO BACK AND AMEND.

IF SPEAKING TO THE PARENT/GUARDIAN OF A CHILD AGED 15 OR UNDER EXPLAIN TO THE PARTICIPANT THAT IN THIS CASE THEY WILL NEED TO AGREE FOR THE SURVEY DOCTOR TO CONTACT THEM IF NEEDED (E.G. RESULT IS OUT OF RANGE). **IF THEY DON'T AGREE TO THIS A BLOOD SAMPLE CAN NOT BE TAKEN FOR CHILDREN.**

Press <1> and <Enter> to continue.

1 Continue

**IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) THEN**

**Code13NURSE:**

- THIS PARTICIPANT DOES NOT WANT THEIR RESULTS SENT TO THEM OR THEIR GP. PLEASE ASK THEM TO READ AND INITIAL OR TICK THE STATEMENT 7 (/ **STATEMENT 7i IF (Age<16)**) IN THE GREY BOX ON THE RELEVANT CONSENT FORM IN THE CONSENT BOOKLET: CIRCLE **CONSENT CODE 13** ON THE FRONT PAGE OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) AND (age <16) THEN**

**SurDoc**

**NURSE:** TO TAKE A BLOOD SAMPLE FROM THE CHILD THE PARENT/LEGAL GUARDIAN MUST INITIAL OR TICK STATEMENT 7ii IN THE GREY BOX ON THE CONSENT FORM. IF THEY DO NOT CONSENT TO THE SURVEY DOCTOR CONTACTING THEM IF NEEDED (E.G. WITH AN OUT OF NORMAL RANGE BLOOD ANALYTE RESULT) YOU MUST NOT TAKE A BLOOD SAMPLE.

Do you agree to the survey doctor contacting you to discuss, if necessary, any results that are directly relevant to your child's health?

- 1 Yes
- 2 No

**IF (SurDoc=Yes) THEN**

**Code15**

**NURSE:**

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 7ii IN THE GREY BOX** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CIRCLE **CONSENT CODE 15** ON THE FRONT OF PAGE OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

**IF (SurDoc=No)**

**Code16**

**NURSE:**

- A BLOOD SAMPLE **CAN NOT BE TAKEN** FROM THE CHILD.
- CIRCLE **CONSENT CODE 16** ON THE FRONT OF PAGE OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

**IF (Code09 = RESPONSE) OR (Code11 = RESPONSE) THEN**

**Code14**

**NURSE:**

- THE PARTICIPANT HAS AGREED TO FEEDBACK FROM BLOOD SAMPLE RESULTS (TO GP AND/OR TO THEMSELVES).
- CIRCLE **CONSENT CODES 14 AND 16** ON THE FRONT OF PAGE OF THE CONSENT BOOKLET

Press <1> and <Enter> to continue.

- 1 Continue

**IF (CryOrAm = Cryogesic) THEN**

**DoCry**

**NURSE: Blood sample with Cryogesic spray.**

- Apply Cryogesic spray following instructions.

Press <1> and <Enter> to continue.

- 1 Continue

**IF (PPerno = 1) THEN**

**Label**

**NURSE: PLEASE NOW USE YOUR BARCODE SCANNER TO ASSIGN A SHEET OF WHITE (FOR ADULTS 19+). LABELS TO THIS RESPONDENT. PLEASE SCAN THE FIRST BARCODE ON THE SHEET.**

**IF THE SCANNER IS NOT READING THE BARCODE, PLEASE ENTER THE BARCODE NUMBER FROM THE SHEET OF LABELS USING YOUR KEYBOARD.**

**: 7 DIGITS**

**IF (PPerno = 2) THEN**

**NURSE: PLEASE NOW USE YOUR BARCODE SCANNER TO ASSIGN A SHEET OF YELLOW (FOR YOUNG PEOPLE UNDER 19YR) LABELS TO THIS RESPONDENT. PLEASE SCAN**

THE FIRST BARCODE ON THE SHEET.

IF THE SCANNER IS NOT READING THE BARCODE, PLEASE ENTER THE BARCODE NUMBER FROM THE SHEET OF LABELS USING YOUR KEYBOARD.

: 7 DIGITS

#### **LblChk**

NURSE: The barcode number entered is (number from **Label**). Is that correct?

1. Yes
2. No

#### **LblEnt**

NURSE: Was the barcode number entered using the scanner, or did you type it in by hand?

1. "Scanner"      Entered using scanner
2. "Typed"        Type in by hand

#### **IF (LclEnt=Typed) THEN**

#### **LblTyp**

NURSE: Why did you type the barcode number in by hand?

1. ScWork            "Barcode scanner wasn't working"
2. ScCharg          "Barcode scanner wasn't charged"
3. ScWith            "Didn't have barcode scanner with me"
4. Other             "Other reason (please specify)"

#### **IF (LblTyp = Other) THEN**

#### **LblTypO**

NURSE: Enter other reason why barcode number types in by hand.

: STRING

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

#### **TakSAd1**

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialised OR ticked on the consent form**. Then ...

**A)** Take blood samples in the following order:

1. EDTA K3 (2.0ml) tube Lilac cap, label EN1
2. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
3. Li Hep LH (6.0ml) tube Green cap, label LHN1
4. Serum TE (6.0ml) tube Royal Blue cap, label SEN2
5. Li Hep LH (6.0ml) tube Green cap, label LHN2
6. EDTA K3 (4.0ml) tube Purple cap, label EN2

**B)** Stick the barcoded label VERTICALLY on the tube.

**C)** Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

Press <1> and <Enter> to continue.

1      Continue

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

#### **TakSAd2**

NURSE:

**Please take careful note of the order (and therefore numbering) of the Addenbrookes and vacutainers labels.**

- Check to ensure you have used the correct barcoded labels for THIS participant.....

Barcode number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 16 + - PINK LABELLED MICROTUBES PACK), FIELD LAB LABELS AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue.

1 Continue

**IF (Age = 7-15) THEN**

**TakSCO1**

NURSE:

First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Then...

**A)** Take blood samples in the following order (Child 7-15 years – GREEN labelled vacutainers pack):

1. EDTA K3 (2.0ml) tube Lilac cap, label EN1
2. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
3. Li Hep LH (6.0ml) tube Green cap, label LHN1
4. Serum TE (6.0ml) tube Royal Blue Cap, label SEN2

**B)** Stick the barcoded label VERTICALLY on the tube.

**C)** Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

Press <1> and <Enter> to continue.

1 Continue

**IF (Age = 7-15) THEN**

**TakSCO2**

- NURSE: Check to ensure you have used the correct barcoded labels for THIS participant..... Barcode number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 7-15 – GREEN LABELLED MICROTUBE PACK), FIELD LAB LABELS AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue

1 Continue

**IF (Age= 18 months – 6 years)**

**TakSCY**

NURSE:

First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Then...

**A)** Take blood samples in the following order (Child 1.5-6 years – BLUE labelled vacutainers pack):

5. EDTA K3 (2.0ml) tube Lilac cap, label EN1
6. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
7. Li Hep LH (4.0ml) tube Green cap, label LHN1

**B)** Stick the barcoded label VERTICALLY on the tube.

**C)** Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

- Check to ensure you have used the correct barcoded labels for this participant..... Barcode

number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 18mths-6yrs – BLUE LABELLED MICROTUBES PACK), FIELD LAB LABELS AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue

1 Continue

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

**SampF1A**

NURSE: Code if the **EDTA K3 (Lilac, 2.0ml)** tube filled (label EN1).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

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

**SampF2A**

NURSE: Code if the **Serum TE (Royal Blue, 6.0ml)** tube filled (SEN1).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

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

**SampF3A**

NURSE: Code if the 1<sup>st</sup> Lithium heparin (Green, 6.0ml) tube filled (label LHN1).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

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

**SampF4A**

NURSE: Code if the Serum TE (Royal Blue, 6.0ml) tube filled (label SEN2).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

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

**SampF5A**

NURSE: Code if the 2<sup>nd</sup> Lithium heparin (Green, 6.0ml) tube filled (label LHN2).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

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

**SampF6A**

NURSE: Code if the EDTA K3 (Purple, 4.0ml) tube filled (label EN2).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

**IF (Age = 7-15) THEN**

**SampF1CO**

NURSE: Code if the EDTA K3 (Lilac, 2.0ml) tube filled (label EN1).

- 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 1<sup>st</sup> serum TE (Royal Blue, 6.0ml) tube filled (label SEN1).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",

3      No      "No, not filled"

**IF (Age = 7-15) THEN**

**SampF3CO**

NURSE: Code if the Lithium heparin (Green, 6.0 ml) tube filled (label LHN1 ).

- 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 2<sup>nd</sup> Serum TE (Royal Blue, 6.0ml) tube filled (label SEN2).

- YesF    "Yes, FULLY filled",
- YesP    "Yes, PARTIALLY filled",
- No      "No, not filled"

**IF (Age= 18 months – 6 years)**

**SampF1CY**

NURSE: Code if the EDTA K3 (Lilac, 2.0ml) tube filled (label EN1).

- 1      YesF    "Yes, FULLY filled",
- 2      YesP    "Yes, PARTIALLY filled",
- 3      No      "No, not filled"

**IF (Age= 18 months – 6 years)**

**SampF2CY**

NURSE: Code if the Serum TE (Royal Blue, 6.0ml) tube filled (label SEN1).

- 1      YesF    "Yes, FULLY filled",
- 2      YesP    "Yes, PARTIALLY filled",
- 3      No      "No, not filled"

**IF (Age= 18 months – 6 years)**

**SampF3CY**

NURSE: Code if the Lithium heparin (Green, 4.0ml) tube filled (label LHN1).

- 1      YesF    "Yes, FULLY filled",
- 2      YesP    "Yes, PARTIALLY filled",
- 3      No      "No, not filled"

**SampTak (Derived from SampF1A – SampF3CY)**

Blood sample outcome:

- 1      YesF    "Blood sample obtained - all full"
- 2      YesP    "Blood sample obtained - not all full",
- 3      No      "No blood sample obtained"

**IF (PVPerNo = 2) AND (age <11) THEN**

**PhlebID**

Enter the paediatric phlebotomist's or 'extended role' nurse's ID number who took the blood sample.

Or, if you as an 'extended role' nurse took the blood sample enter your ID number.

Just enter the 4 digit number.

0001...9997

**IF (PVPerNo = 2) AND (age <11) THEN**

**VPForm**

Please remind the paediatric phlebotomist or 'extended role' nurse to complete the paper copy of the venepuncture checklist.

If you as an 'extended role' nurse took the blood sample then please complete the checklist yourself.

Continue

**VpHand**

Was the participant left handed or right handed?

- 1 Left "Left handed"  
2 Right "Right handed"

**VpArm**

Which arm did you use to take blood?

- 1 Left "Left arm"  
2 Right "Right arm"

**VpSkin**

Code the skin condition of the arm used.

- 1 Intact "Skin intact"  
2 NotIntac "Skin not intact"

**VpAlco**

Did you use an alcohol wipe?

- 1 Yes  
2 No

**IF (PDoCryAme = 1) THEN**

**CryTimH**

You used cryogesic spray on this participant.

What time did you apply the Cryogesic spray?

Record the time using a 24 hour clock.

Enter the **hour** here.

0..23

**IF (PDoCryAme = 1) THEN**

**CryTimM**

NURSE: Enter the **minutes** here.

0..59

**IF (PDoCryAme = 1) THEN**

**CryTime**

What time did you apply the Cryogesic spray? (DV)

: TIMETYPE

**IF (PDoCryAme = 1) THEN**

**CrySens**

Was the participant sensitive to Cryogesic spray?

IF THERE WAS A SEVERE LOCAL REACTION, PARTICIPANT IS LIGHTHEADED OR SEDATED, CONTACT SURVEY DOCTOR

- 1 Yes  
2 No

**IF (PDoCryAme = 1) THEN**

**CryExpD**

Record the expiry date of the Cryogesic spray used.

Enter the **day** here.

1..31

**IF (PDoCryAme = 1) THEN**

**CryExpM**

NURSE: Enter the code for the **month** here.

- 1 January,  
2 February,  
3 March,  
4 April,  
5 May,  
6 June,

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

**IF (PDoCryAme = 1) THEN**

**CryExpY**

NURSE: Enter the **year** here.

2018-2050

**IF (PDoCryAme = 1) THEN**

**CryExp**

Expiry date of the Cryogesic spray used (DV)

: DATETYPE

**IF (PDoCryAme = 1) THEN**

**CryBat**

Record the batch number of the Cryogesic

: STRING [20]

**IF (PDoCryAme = 2) THEN**

**AmeTimH**

You used AMETOP gel on this participant.

What time did you apply the AMETOP gel?

Record the time using a 24 hour clock.

Enter the **hour** here.

0..23

**IF (PDoCryAme = 2) THEN**

**AmeTimM**

NURSE: Enter the **minutes** here.

: 0..59

**IF (PDoCryAme = 2) THEN**

**AmeTime**

What time did you apply the Ametop gel? (DV)

: TIMETYPE

**IF (PDoCryAme = 2) THEN**

**AmeSens**

Was the participant sensitive to AMETOP Gel?

IF THERE WAS A SEVERE LOCAL REACTION, PARTICIPANT IS LIGHTHEADED OR  
SEDATED, CONTACT SURVEY DOCTOR

**IF (PDoCryAme = 2) THEN**

**AmeExpD**

Record expiry date of the Ametop gel used.

Enter the **day** here.

:1..31

**IF (PDoCryAme = 2) THEN**

**AmeExpM**

NURSE: Enter the code for the **month** here.

- 1 January,
- 2 February,
- 3 March,

- 4 April,
- 5 May,
- 6 June,
- 7 July,
- 8 August,
- 9 September,
- 10 October,
- 11 November,
- 12 December

**IF (PDoCryAme = 2) THEN**

**AmeExpY**

NURSE: Enter the **year** here.

1890..2050

**IF (PDoCryAme = 2) THEN**

**AmeEXP**

Expiry date of the Ametop used (DV)

DATETYPE

**IF (PDoCryAme = 2) THEN**

**AmeBatch**

Record the batch number of the Ametop

: STRING [20]

**VpSTime**

Time of answering VpProb

TIMETYPE

**VpSDate**

Date of answering VpProb

DATETYPE

**VpSam**

Code the number of attempts made to take blood.

**REMEMBER UP TO 2 ATTEMPTS AT TAKING BLOODS CAN BE MADE FOR BOTH ADULTS AND CHILDREN.**

- 1 First "Sample taken on first attempt"
- 2 Second "Sample taken on second attempt"
- 3 Failed "Both attempts failed"

**VpPress**

Code who applied pressure to the puncture site.

- 1 Nurse
- 2 Phleb "Phlebotomist or 'extended role' nurse"
- 3 Participant
- 4 Parent
- 5 Partner "Partner or spouse"

**VpSens**

Was the participant sensitive to the tape or plaster?

- 1 Sense "Sensitive to tape/plaster"
- 2 Notsense "**Not** sensitive to tape/plaster"
- 3 NotChec "(Did not check)"

**VpProb**

Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module.)

- 1 Sense "Sensory deficit"
- 2 Haematoma
- 3 Swelling
- 4 Other "Other (describe at next question)"
- 5 None

**IF (VpProb= Other) THEN**

**VpOther**

Record the details of the other abnormality fully.

: STRING [135]

**IF (VpProb<>None) THEN**

**VpDetail**

You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality in the Consent Booklet.

There is space at the back of the Consent Booklet for you to write up these details fully.

Press <1> and <Enter> to continue

1 Continue

**VpCheck**

Did you re-check the puncture site after completion of the blood sample module?

- 1 Yes "Yes, site was re-checked"
- 2 No "No, site was not re-checked"

**IF (PVPerNo = 2) AND (Age < 11) THEN**

**PhlebVP**

NURSE: PLEASE REMEMBER TO COLLECT THE COMPLETED VENEPUNCTURE CHECKLIST FROM THE PAEDIATRIC PHLEBOTOMIST OR 'EXTENDED ROLE' NURSE AND RETURN IT TO THE OFFICE.

**EXTENDED ROLE NURSE:** PLEASE COMPLETE THE VENEPUNCTURE CHECKLIST AND RETURN TO THE OFFICE

1 Continue

**IF ((SampTak = YesF) OR (SampTak = YesP)) AND (Age>=4) THEN**

**BldProv**

NURSE: Can you just confirm, did the participant provide a fasting or non-fasting sample?

- 1 Fasting "Fasting"
- 2 NonFast "Non-fasting"

**IF (BldProv=Fasting) AND IF ((PVisit=1 AND PEat=Yes) OR (PVisit=2 AND TEat=Yes)) THEN**

**BldFY**

NURSE: You recorded earlier that the participant had eaten or drunk something other than water in the last 8 hours. Please either go back and change your answer at BldProv, or explain below why you collected a fasting blood sample even though you recorded that they had eaten earlier in the interview.

**IF (BldProv=NonFast) THEN**

**BldNFTY**

NURSE: Please explain why a fasting blood sample was not able to be obtained

**IF (SampTak = YesF) OR IF (SampTak = YesP)**

**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 participant felt faint/fainted",

6	NoTour	"Unable to use tourniquet",
7	Other	"Other (SPECIFY AT NEXT QUESTION)"

**IF (SamDifC = Other) THEN**

**OthBDif**

NURSE: Given full details of other problem(s) in taking blood sample.  
: STRING [140]

**IF (SampTak = No) THEN**

**NoBSC**

NURSE: Code reason(s) why no blood obtained.  
CODE ALL THAT APPLY.

NoVein	"No suitable or no palpable vein/collapsed veins",
Anxious	"Participant was too anxious/nervous",
Faint	"Participant felt faint/fainted",
Other	"Other"

**IF (NoBSC = Other) THEN**

**OthNoBSM**

NURSE: Give full details of reason(s) no blood obtained.  
: STRING [140]

**ThanksB**

NURSE: THANK THE PARTICIPANT FOR THEIR CO-OPERATION AND GIVE THEM THEIR £15 GIFT CARD..

Press <1> and <Enter> to continue.

1 Continue

**GCard**

Gift card number for participant

: STRING [30]

## DRUGS

### DrC1

NURSE : Enter code for (*Drug name*).

*Enter 999996 if unable to code/ Enter 999999 if unable to code*

: STRING [6]

**IF (SUBSTRING (DrC1, 1,2) = '02') and (DrC1 <> '021200') AND (Age >15) THEN**

### YTake1

Do you take (*Drug name*) because of a heart problem, high blood pressure or for some other reason?

1. Heart "Heart problem"
2. HBP "High blood pressure"
3. Other "Other reason"

**IF (YTake1 = Other) THEN**

### TakeOth1

NURSE : Give full details of reason(s) for taking (*Drug name*).

Press <Esc> when finished.

: OPEN



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# RE: National Diet and Nutrition Survey (NDNS)

Dear \_\_\_\_\_,

You recently helped us with the first stage of the **National Diet and Nutrition Study, (NDNS)**. Thank you for all the help you have given so far for this important study.

You were recently visited by an interviewer who gave you a leaflet about the second stage of the study, which is a short visit by a registered nurse. Information collected at the nurse stage is really important as it adds to the details you have already provided in your food diary. This completes the picture of how diet affects people's nutrition and health.

When the nurse visits, they will ask you a few questions about your/ your child's health and explain a bit more about the other parts of the nurse visit. Please find enclosed a leaflet about the second stage of the study for your information.

A nurse (\_\_\_\_\_) from the National Centre for Social Research has tried visiting your household to contact you but unfortunately hasn't been able to speak with you to arrange an appointment. \_\_\_\_\_ will be in your area over the next few weeks and would like to contact you to arrange a short visit to complete the study. Please call the office on Freephone **0800 652 4572** or email **ndns@natcen.ac.uk** and we can then arrange for the nurse to visit you at a convenient time to tell you more about this short stage of the study.

We hope you are still willing and able to complete this second (and final) stage, as we rely on the goodwill and voluntary cooperation of those who are selected to continue to make the study a success.

Thank you very much for your help with this very important national study.

*Gillian Swan*

**Gillian Swan**  
Health Improvement Directorate, Public Health England



# FREQUENTLY ASKED QUESTIONS

**What does taking part involve?**

**With your permission we would like to take a few measurements and, if you consent a small blood sample. We also want to ask you a few questions about your health. All parts of the study are optional and you/ your child can choose to take part in some parts and not others.**

**Why should I take part?**

**The information collected at the nurse stage completes the picture with the dietary information you have already provided. It helps us to understand how diet can affect the health and nutritional status of the population.**

**What will happen to any information I give?**

**We take great care to protect the confidentiality of the information people give us and we take careful steps to ensure that the information is secure at all times. Your answers are put together with the answers collected from thousands of other people across the UK and the survey findings are published in a report. The findings will not identify anyone who took part in the survey.**

**We will handle your data in accordance with data protection legislation. The survey findings are anonymised and nothing we publish will identify you. The results collected will help inform official statistics on diet and nutrition.**

**Where can I find out more?**

**If you would like to talk to someone about the study, please visit: [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey) or freephone 0800 652 4572.**

# What will happen to my results?

With your written agreement we will send you and/or your GP the results from your/ your child's blood tests that are clinically relevant, this is your choice.

If you agree to your results being sent to your GP, then he/she may use them in medical reports about you. This may lead to changes in your medical health status which could affect your future insurance status (e.g. for life insurance or private medical insurance). Because of the Access to Medical Reports Act 1988, an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading. If you think you may apply for health insurance in the future, you can choose not to know the results of any tests and not to let your GP know these results.

## Do I have to take part?

No. At this time you are only agreeing for a nurse to contact you.

Your nurse will give you more information and explain the different measurements in more detail when she/he visits. All parts of the nurse visit are optional and you/your child can take part in as few or as many measurements as you would like. If you don't want to do one of the measurements then just tell the nurse.

As with the interviewer stage, we take great care to protect the confidentiality of all information and samples collected.

**Thank you for your interest  
and time.**

**Your contribution is very  
valuable to the NDNS study.**

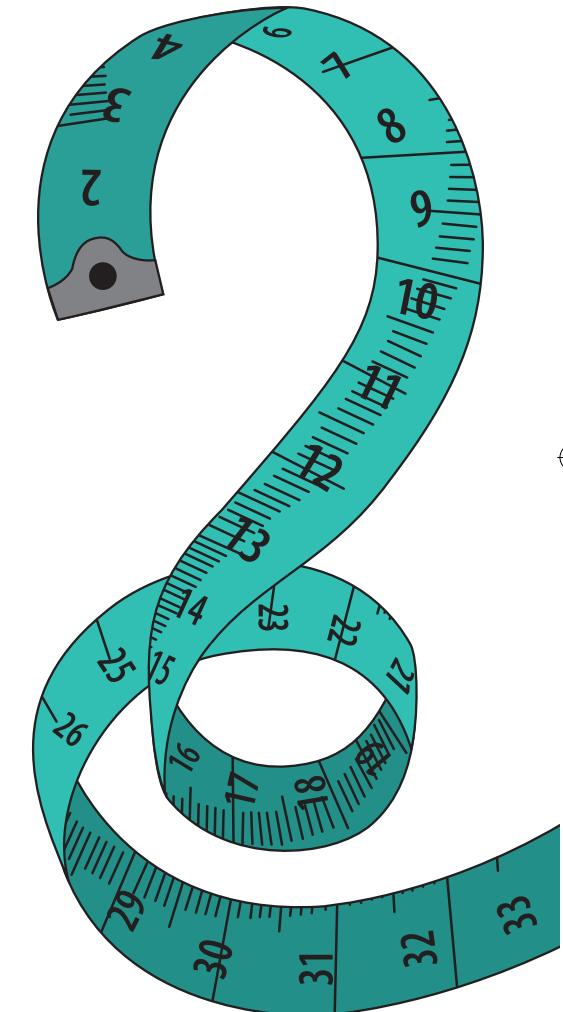
**We hope that you will help  
us with this next part of  
this important study!**

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## National Diet and Nutrition Survey (NDNS)

# What happens next?

The nurse visit



For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

# The second part - a nurse visit

Thank you for telling us about what you eat and answering our questions so far. Because of your help, we'll be able to better understand the diet and nutrition of people living in the UK. We would now like to invite you to take part in the second stage to complete the study.

For the second stage you will be contacted by a registered nurse to arrange a visit at a time convenient to you.

Information collected at the nurse stage is really important. It adds to the details you have already provided in your food diary and completes the picture of how diet affects people's nutrition and health.

When the nurse visits, they will ask you a few questions about your/ your child's health and explain a bit more about the other parts of the nurse visit, which are:

## A small blood sample:

If you are eligible the nurse will ask if you and/or your child are willing to provide a small blood sample. Blood tests can give us very important information about nutritional health that we cannot get in any other way, and about the ways in which our body benefits from the food we eat.

We would like you and/or your child to provide a fasting blood sample. A fasting sample gives the best quality of blood to test. However, there are some reasons why we wouldn't ask some people to fast for the blood test and if your child is under 4 years, they will not need to fast for a blood sample.

We can send you (and/or your GP) the results of the blood tests which are clinically relevant (e.g. vitamin and mineral levels, cholesterol, haemoglobin) to complement your dietary feedback

As a token of our appreciation, **each person providing a blood sample will receive a £15 gift card.**

**More information about the blood sample can be found in the 'giving a blood sample' leaflet that the nurse will give you upon his/her visit.**

## 2 Waist and hip measurements:

The nurse will ask if you are willing to have your waist & hip measurements taken. This measurement tells us about the distribution of weight over your body and is taken from all people aged 11 or more. This is done using a tape measure when fully clothed.

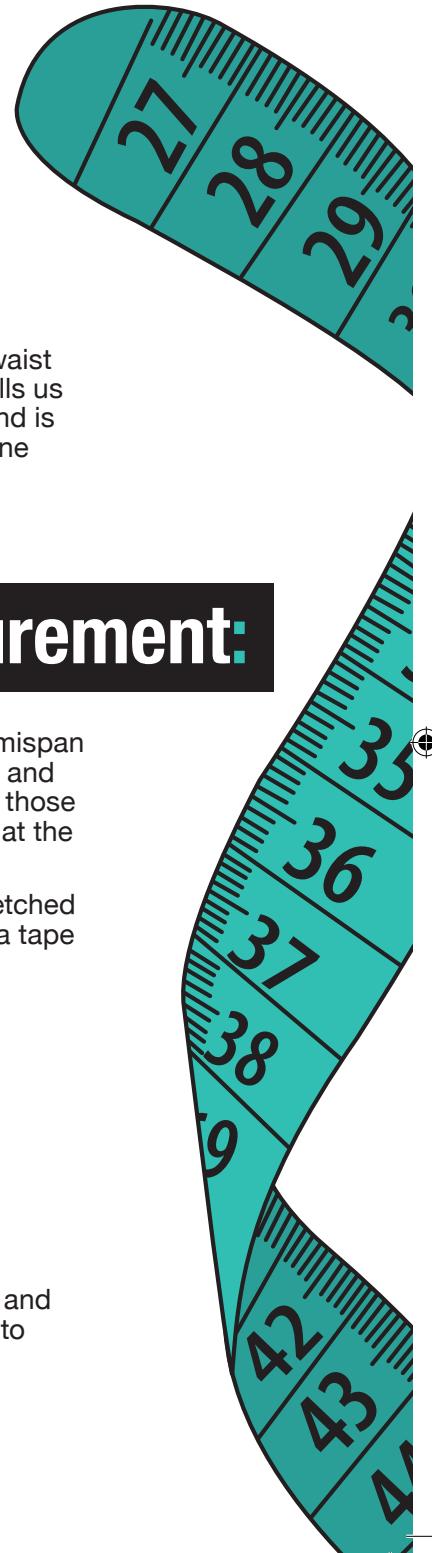
## Demispan measurement:

The nurse may ask if you are willing to have a demispan measurement. Demispan is an estimate of height and is taken from all people aged 65 years or over, or those over 16 years who did not have height measured at the interviewer visit.

It is half the distance between your hands outstretched to either side and is measured by the nurse with a tape measure when you are standing or sitting.

## Infant length:

If you agree, the nurse will measure the length of your child if they are aged 18-23 months. This is done by laying your child on a measurement mat and measuring their length from the top of their head to the underside of their heels.



## Will I get a bruise?

The nurse will make every attempt to avoid bruising but it does sometimes occur. The skin area around any bruise may be slightly uncomfortable for a day or so but usually no action is required. To reduce any risk of bruising, where possible, we suggest you avoid any heavy lifting or strenuous exercise for at least 2 hours after you have given your blood sample.

It's unlikely that you will have any adverse effects, however if you experience any of the following, you should seek further help, for instance from your GP or NHS Direct:

- Severe pain
- Numbness or persistent 'pins and needles' in the arm, hand or fingers
- Swelling which is large or increasing in size
- Bruising which gets worse (for example hurts more or gets much bigger)
- Painful redness/inflammation.

## Any questions?

Our nurse will try to answer any questions you have.  
If you have any questions about taking part, please do not hesitate to contact us:

**Beverley Bates**  
NDNS Research Director  
NatCen Social Research,  
Kings House,  
101-135 Kings Road,  
Brentwood,  
CM14 4LX

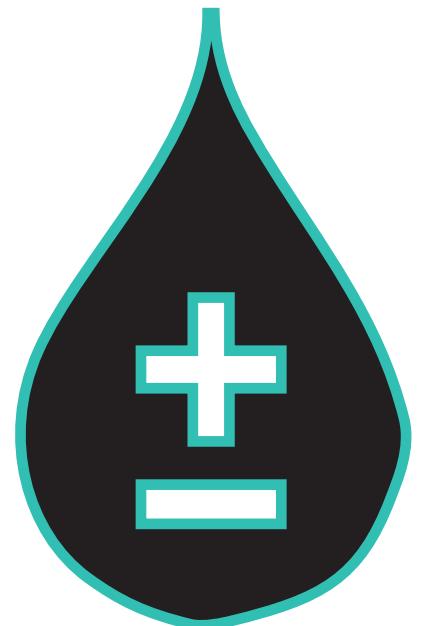
Freephone: 0800 652 4572

Thank you very much for your time and help with this important survey.

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)



# National Diet and Nutrition Survey (NDNS)



## Giving a blood sample

### Frequently asked questions

Nurses from the National Centre for Social Research follow 'best practice' principles which meet current national standards used within the NHS.

This leaflet gives answers to some of the questions people often ask about giving a blood sample.

If you have any further queries, please ask the nurse.

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## Why do you need to take a blood sample?

The analysis of the blood samples will tell us a lot about the health of the general population.

The food and drink diary you provided will help us understand the eating habits of the nation, including calories and nutrient intake.

**However, there is some information that we can't get from your diary data.** The blood sample will help us complete the picture.

Because the amount of vitamins and minerals absorbed in the body varies from person to person, a blood sample is the only way we can accurately measure vitamin and mineral intake such as vitamin D and iron, which are both very important to health. This is especially important for children, as they often have low levels of key nutrients, for example if they don't eat certain foods. It is especially important that we know if the number of children with low levels of important nutrients is changing in the UK. We can only do this if we measure nutrient levels in their blood. We can also look at people's risk for certain conditions. Serum cholesterol, for example, tells us about risk for heart disease.

## What will I need to do?

The nurse will visit at time that is convenient for you.

We will ask you to sign a consent form to say you and/or your child agrees to provide a blood sample. If a blood sample is given, we will also ask whether you are willing for any remaining blood to be stored for future research.

The nurse will speak to you about fasting overnight. This means not eating or drinking anything other than water for a minimum of 8 hours before the blood sample is taken. If you and/or your child are diabetic or not willing to fast (or if your child is under 4 years old), the nurse will speak to you about providing a non-fasting sample.

The blood samples you take will be processed at local hospitals or research labs and subsequently stored and looked after by the MRC Epidemiology Unit at the University of Cambridge.

## How much blood do you need?

The nurse will take no more than 12-35ml (2 tsp- 7 tsp) of blood depending on you or your child's age.

## What do I get for providing a blood sample?

If you wish to receive them, we will send you the results of your and/or your child's blood measurements (e.g. vitamin and mineral levels, cholesterol, haemoglobin). Also, with your agreement, we will send the results to your GP. If a result suggests there may be a problem, we will advise you to see your GP who can then follow up what we found.

As a token of our appreciation, each person providing a blood sample will receive a £15 gift card.

## What about hygiene standards?

In line with NHS best practice principles, our nurses maintain the highest hygiene standards to reduce any risk of infection. We use single use and sterile equipment for every person and appropriate to the age of the person giving a blood sample.

## What if I feel faint?

Most people do not feel faint during or after giving a blood sample but occasionally people do. If you actually faint, which can happen but is very unlikely, the nurse will stop taking blood and you will be advised not to drive for at least 30 minutes once you have come round.

## Does it hurt?

Our nurses are very experienced in taking blood samples. You should hardly feel anything other than a scratch.

However, some people do see this as being more painful than a scratch. Please tell the nurse immediately if you are at all concerned. If you would like, we may be able to use a skin-numbing agent – the nurse can explain more about this.

Our nurses are also specially trained to take blood from children and they can help make it easier for children who might be frightened of needles by using a cream or spray to numb the arm.



# National Diet and Nutrition Survey (NDNS)

## Cryogesic Spray

Information leaflet for 6 years +



If you take part in this study and agree to provide a blood sample, you can have Cryogesic Spray before the sample is taken if you want to.

This leaflet tells you about what the spray does and how it works.

**It is important to remember that you do NOT have to have the spray applied; it is up to you to decide.**

### What is Cryogesic Spray?

Cryogesic (ethyl chloride) is a thin liquid, which, when sprayed on to the skin, makes the skin cold and less sensitive as the liquid evaporates. The coolant effect on the skin means that the slight scratch when the needle pricks the skin is hardly felt.

### How long does it take to work?

The spray creates a thin white film and takes effect within a few seconds of being sprayed onto the skin. The skin will feel cold and will feel less sensitive. The effect wears off within a few minutes as the skin warms back up.

### Can Cryogesic Spray be used on anyone?

Cryogesic Spray is very safe. People who are allergic to ethyl chloride are the only ones who should not have the spray applied. If you decide you would like to have the spray applied, the nurse will check with you that it is safe for you to have the spray BEFORE it is applied.

The nurse would not apply the spray to any skin which is sore or broken or an area on the skin where there is eczema.

Some people can be allergic to the spray, which may cause itching, swelling or bruising where the spray has been applied. Some change in skin colour may occur, but this is normal. None of these effects are serious or harmful.

### Are there any side effects?

**If you have any questions about Cryogesic Spray or Ametop gel, or if you are worried about any aspect of the blood sample, please speak to the nurse before you make up your mind.**

# Ametop gel

## Information leaflet for parents and children

If you take part in this study and agree to provide a blood sample, you can have Ametop gel before the sample is taken if you want to. This leaflet tells you about what the gel does and how it works.



**It is important to remember that you do NOT have to have the gel applied; it is up to you to decide.**

### What is Ametop gel?

It is a white gel which is put on the skin and left for 30 minutes. The gel makes the skin go numb. This means that the slight scratch when the needle pricks the skin is hardly felt.

### How long does it take to work?

The gel works best if it is left on the skin for half an hour before the blood sample is taken, and it needs to be kept covered. The nurse will apply the gel and cover it with an adhesive dressing.

Once the blood sample has been taken, the effect of the Ametop will wear off slowly over the next few hours.

### Can Ametop gel be used on anyone?

Ametop gel is very safe. People who are allergic to or have had a bad reaction to local or general anaesthetics are the only ones who should not have the Ametop gel applied. If you decide you would like to have the gel applied, the nurse will check with you that it is safe for you to have the gel BEFORE it is applied.

The nurse would not apply the gel to any skin which is sore or broken or an area on the skin where there is eczema.

### Are there any side effects?

Sometimes the area where the gel has been applied goes pale, and on some people the skin goes a bit red. Occasionally, the area can be a bit itchy, or puff up slightly. None of these effects are serious or harmful and they will wear off as the effect of the Ametop wears off.

Some people know that they have allergies to some types of plaster: if you have this, please tell the nurse, who will make sure that the plaster used to cover the gel is right for you.

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)



# National Diet and Nutrition Survey (NDNS)

## MEASUREMENT RECORD CARD

SN:

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FULL NAME:

Interviewer Name:

Date of visit:

Nurse Name:

Date of visit:

For more info have a look at [www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey](http://www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey)

## WAIST AND HIP MEASUREMENT (age 11 and over)

### First Measurement:

Waist:  cm      Hip:  cm  
 inches       inches

### Second Measurement:

Waist:  cm      Hip:  cm  
 inches       inches

## DEMISPAN MEASUREMENT (age 65 and over)

### First Measurement:

cm

### Second Measurement:

cm

## INFANT LENGTH (age under 2)

cm

**Thank you for your co-operation**

## Any questions?

Our nurse will try to answer any questions you have. Or, if you like you can email or speak to one of us using these contact details:

### Beverley Bates

National Centre for Social Research,  
Kings House, 101-135 Kings Road,  
Brentwood, Essex, CM14 4LX

Freephone: 0800 652 4572