

National Diet and Nutrition Survey (NDNS)

P1255 Year 8

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

Name

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

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn.

SHGInt

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

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

PRESS 1 AND <ENTER> TO CONTINUE

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

Sex

INTERVIEWER: Ask or record sex of X

- 1 Male
- 2 Female

DoB

What is your / X's date of birth?

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

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

AgeIf

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

INTERVIEWER: If 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

DvAgeM

Age in months, computed

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

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

LiveW2

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

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

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

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

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 OR NWork) AND (PTWork = No) THEN

IF (WrkStat = NWork) THEN

EverWk

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

- 1 Yes
- 2 No

IF (Country= Norther Ireland THEN NatID=NatIDNI) ELSE (NatID=NatIDGB)

NatID

SHOW CARD A

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

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

If Country= 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 Country= Northern Ireland 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 and NatIDUK)

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 = 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]

IF (Country= Northen Ireland THEN EthGrp=EthGrpNI) ELSE (EthGrp=EthGrpGB)

EthGrp

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 | "English / Welsh / Scottish / Northern Irish / British" |
| 2 | White -Irish | "Irish" |
| 3 | White - Gypsy | "Gypsy or Irish Traveller" |
| 4 | WhtOth | "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 | "Chinese" |
| 17 | Arab | "Arab" |
| 18 | Other | "Any other (please describe)" |

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 (EthGrp = 4, 8, 12, OR 15) THEN

EthOth

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

INTERVIEWER: ENTER DESCRIPTION OF ETHNIC GROUP.

: STRING [100]

IF (Person > 1) THEN

Rel

SHOW CARD C

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

SOME CODES MAY NOT BE VISIBLE ON THE SCREEN

<SEE HELP F9>

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"

IF(Rel = 2 or 3) THEN

INTTERVIEWER:

As of 29 March 2014 same sex couples can marry in **England** and **Wales**. There are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. Please check if the couple are married or are in a civil partnership, and code appropriately

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=11) THEN

JntEldA

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

ASK OR RECORD.

IF (HiHNum=DONTKNOW OR REFUSAL) THEN

JntEldB

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

HRPNum {Computed from responses above}

Person number of household reference person:

AdNum1

ENTER PERSON NUMBER OF ADULT 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:

Adult Participant: (**Main Food Provider name**)

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

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

TENURE

Ten1

SHOW CARD D

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

INTERVIEWER: CODE FIRST THAT APPLIES.

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

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

IF (Ten1 = Rent OR RentF) THEN

LLord

Who is your landlord?

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

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

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

USE CODE 5 ONLY IF THE 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 EmplIndiv "Employer (individual) of a household member"
- 7 OthIndiv "Another individual private landlord"

IF (Ten1 = Rent OR RentF) THEN

Furn

Is the accommodation provided...

...RUNNING PROMPT...

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

MAIN FOOD PROVIDER QUESTIONNAIRE

**THIS IS A HOUSEHOLD LEVEL QUESTIONNAIRE ASKED ONCE AT ALL
ELIGIBLE HOUSEHOLDS. EITHER THE MAIN FOOD PROVIDER / MFP (AGED
16 YEARS OR OVER), IDENTIFIED IN THE HOUSEHOLD COMPOSITION
QUESTIONNAIRE, ANSWERS THE FOLLOWING QUESTIONS OR A PROXY
MFP INTERVIEW IS CONDUCTED WITH PARTICIPANT 1 (AGED 19 YEARS OR
OVER).**

MFPProx

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

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

IF (MFPProx = WithProx) THEN

MProxWho

ENTER THE PERSON NUMBER OF PROXY PARTICIPANT

list of household members

ENTER CODE 11 IF NON-HOUSEHOLD MEMBER

Range: 1..11

SHOPPING HABITS

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

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

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"

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?"

FOOD PREPARATION

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" |

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" |

Main Food Provider hours of work

IF (MFP = participant) THEN questions asked to participant, ELSE questions asked of 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}

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?"

: YN

{IF Typcas=No}

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	RSAAdv	"RSA or OCR Advanced Diploma"
20	CityG3	"City & Guilds Advanced Craft / Part 3"
21	AdvGNVQ	"Advanced GNVQ; Vocational A Level"
22	AdvMAP	"Advanced Modern Apprenticeship"
23	GCSEAC	"GCSE grade A*-C"
24	Olevel	"GCE 'O'-level passes"
25	CSE1	"CSE grade 1"
26	SCEAC	"SCE O Grades (A-C)"
27	SCEStd13	"SCE Standard Grades (1-3)"
28	SchCert	"School Certificate / Matriculation"
29	KSkL2	"Key Skills Level 2"
30	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 O 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	ESQUELV	"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 JOB

What is/was your/ HRP main job?"

: STRING [30]

OccD

CURRENT / MOST RECENT JOB OF HRP

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

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

: STRING [80]

Stat

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

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

Manage

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

INTERVIEWER: CODE 1 ('YES') INCLUDES PEOPLE WHO SAY THEY ARE MANAGERS.
DO NOT INCLUDE IN CODE 1 (I.E. CODE AS 'NO'):

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

ANY SUPERVISORY/MANAGERIAL DUTIES

- 1 Yes
2 No

EmpNo

How many people work(ed) for your/HRP's employer at that place?

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

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

Solo

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

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

SENo

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

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

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

BENEFITS

Benefits

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

MFPEnd

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

PRESS <ENTER> TO CONTINUE

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

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 CC

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

SchlIntr

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

PRESS <ENTER> TO CONTINUE

1 Continue

SchProv

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

INTERVIEWER: **INCLUDE SANDWICHES AND SALADS.**

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

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

IF (SchProv = Yes) THEN

SchName

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

Please tell me the name of the school first.

INTERVIEWER: PLEASE ENTER NAME OF SCHOOL IN FULL.

: STRING [40]

SchAdd1

And what is the first line of the address?

: STRING [30]

SchAdd2

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

: STRING [30]

SchAdd3

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

: STRING [30]

SchAdd4

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

: STRING [30]

SchPCode

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

: STRING [8]

IF (SchProv = Yes) THEN

SchMeal

Does the school/college provide a cooked meal?

School provides cooked meal

- 1 Yes
- 2 No

IF (SchMeal = Yes) THEN

SchProv2

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

- 1 Yes
- 2 No

IF (SchType = Prim..Other) THEN

SchLun

SHOW CARD DD

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

INTERVIEWER: CODE ONE ONLY.

INCLUDE SANDWICHES AND SALADS.

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

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

- | | | |
|---|---------|---------------------------------------------------|
| 1 | HSMeal | "Cooked school meal" |
| 2 | CSMeal | "Cold school meal (including sandwiches, salads)" |
| 3 | PackedL | "Packed lunch (from home)" |
| 4 | BuyL | "Buy lunch from shop/cafe" |

5	Home	"Go home"
6	NoLunch	"Do not eat lunch"

IF (SchType = Prim..Other) THEN

SchSn

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

INTERVIEWER:'SNACKS' INCLUDE CONFECTIONERY, CRISPS, FRUIT.

DO NOT INCLUDE SANDWICHES, SALADS AS 'SNACKS'.

- 1 Yes
- 2 No

IF (SchSn = Yes) THEN

SchSn2

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

- 1 Yes
- 2 No

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

SchSub

SHOW CARD EE

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

INTERVIEWER: CODE ALL THAT APPLY.

- | | | |
|----|----------|----------------------------------------------------------|
| 1 | FreeMeal | "Free school meal (at lunchtime)" |
| 2 | RedMeal | "Reduced price or subsidised school meal (at lunchtime)" |
| 3 | FreeMilk | "Free school milk" |
| 4 | RedMilk | "Subsidised school milk" |
| 5 | FreFruit | "Free fruit" |
| 8 | PreSch | "Free food BEFORE school" |
| 9 | PostSch | "Free food AFTER school" |
| 10 | Other | "Other" |
| 11 | None | "None of these - SPONTANEOUSLY ONLY" |

IF (SchSub NOT = FreeMeal) THEN

School2

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

- 1 Yes
- 2 No

IF (School2 = Yes) THEN

School2i

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

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

IF (SchSub = FreeMeal) THEN

SchOft

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

Range: 1..5

IF (SchOft = 1- 5) THEN

SchOft2

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

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

IF (SchSub = PreSch) THEN

PrScOft

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

Range: 1..5

IF (SchSub = PostSch) THEN

PoScOft

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

Range: 1...5

EATING OUT AND OTHER PROVISION

IF (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**

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" |

EATING HABITS

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

Yrlntr

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 or Oat 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	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"
6	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)

AvIntr

INTERVIEWER: QUESTIONS ABOUT FOOD ALLERGIES/AVOIDANCES
PRESS <ENTER> TO CONTINUE

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: CODE ALL THAT APPLY

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

IF (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 T1

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 T2

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 | Mental | Mental Health |
| 6 | Stamina | Stamina or breathing difficulty |
| 7 | Social | Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome) |
| 8 | Other | other impairment |
| 9 | 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 ≥ 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 ≥ 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 (Limit = Yes) AND (Age ≥ 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 ≥ 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 | IIIHlth | "Chronic ill-health (e.g. MS, depression)" |
| 6 | Tire | "Gets tired easily" |
| 7 | Other | "Other difficulties" |

ASK ALL

CutDown

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

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

1 Yes

2 No

IF (CutDown = Yes) THEN

NDayCutD

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

Range: 1..14

IF (CutDown = Yes) THEN

CutMatt

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

: STRING [80]

ORAL HEALTH

FOR 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}

Difeat

SHOW CARD Y

Looking at the foods on Show card 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 \geq 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" |

SELF-COMPLETIONS

FOR PARTICIPANTS AGED 8-24

IF (AgeP = 18-24) THEN

DrinIntr

INTERVIEWER: SMOKING AND DRINKING SELF-COMPLETION BOOKLET.

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

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

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

IF (AgeP = 11-24) THEN

SCIntro

INTERVIEWER: Prepare self completion booklet for ages (8-12: GREEN cover) / (13-15:

PALE BLUE cover) / (16-24: PEACH cover) by entering serial numbers.

Check that you have the correct person number.

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

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

IF (AgeP = 8-10) THEN

SCIntCh

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

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

If agrees, prepare green booklet.

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

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

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

SComp2

I would now like you to answer some questions by completing this booklet on your own.

The questions cover smoking and drinking.

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

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

IntDemog

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

Press <1> and <Enter> to continue.

SMOKING

FOR PARTICIPANTS AGED 18 AND OVER

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

SmokIntr

INTERVIEWER: YOU ARE ENTERING THE SMOKING SECTION

This next section is about smoking.

- 1 Continue

SmokEver

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

- 1 Yes
2 No

IF (SmokEver = Yes) THEN

CigEver

Have you ever smoked a cigarette?

- 1 Yes
2 No

IF (CigEver = Yes) THEN

CigAge

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

Range: 3..97

SmokNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
2 No

IF (SmokNow = Yes) THEN

CigWDay

About how many cigarettes **a day** do you usually smoke on a weekday?

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.

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

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

Range: 0..97

CigWEnd

About how many cigarettes **a day** do you usually smoke at the weekend?

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.

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

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

Range: 0..97

CigType

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

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

IF (SmokNow = No) THEN

CigReg

Have you ever smoked cigarettes regularly?

INTERVIEWER: ...READ OUT...

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

IF (CigReg = Reg) THEN

CigUsed

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

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.

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

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

Range: 0..97

CigStop

How long ago did you stop smoking cigarettes regularly?

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

DRINKING

FOR PARTICIPANTS AGED 18 AND OVER

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

Drink

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

- 1 Yes
- 2 No

IF (Drink = No) THEN

DrinkAny

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

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

IF (DrinkAny = Never) THEN

AlwaysTT

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

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

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

DrinAge

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

Range: 3..97

DrinkOft

SHOW CARD Z

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

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

IF (DrinkOft <> NotYr) THEN

DrinkL7

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

- 1 Yes
- 2 No

IF (DrinkL7 = Yes) THEN

DrnkDay

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

Range: 1..7

IF (DrnkDay = 2 to 7 days) THEN

DrnkSame

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

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

IF (DrinkL7 = Yes) THEN

WhichDay

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

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

DrnkType

SHOW CARD AA

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

CODE ALL THAT APPLY.

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

NBrL7

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

INTERVIEWER: Code measures that you are going to use.

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

IF (NBRL7 = HPints) THEN

NBrL7Q(1)

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

Range: 1..97

IF (NBRL7 = SmCans) THEN

NBrL7Q(2)

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

Range: 1..97

IF (NBRL7 = LgCans) THEN

NBrL7Q(3)

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

Range: 1..97

IF (NBRL7 = Bottles) THEN

NBrL7Q(4)

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

Range: 1..97

IF (NBRL7 = Bottles) THEN

NBotL7

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

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

IF (Drnktype = SBeer) THEN

SBrL7

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

INTERVIEWER: Code measures that you are going to use

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

IF (SBRL7 = Hpints) THEN

SBrL7Q(1)

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

Range: 1..97

IF (SBRL7 = SmCans) THEN

SBrL7Q(2)

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

Range: 1..97

IF (SBRL7 = LgCans) THEN

SBrL7Q(3)

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

Range: 1..97

IF (SBRL7 = Bottles) THEN

SBrL7Q(4)

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

Range: 1..97

IF (SBRL7 = Bottles) THEN

SBotL7

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

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

IF (DrnkType = Spirits) THEN**SpirL7**

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

INTERVIEWER: Code the number of singles - count doubles as two singles

Range: 1..97

IF (DrnkType = Sherry) THEN**ShryL7**

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

INTERVIEWER: Code the number of glasses

Range: 1..97

IF (DrnkType = Wine) THEN**WineL7**

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

INTERVIEWER: Code the measure the participant used.

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

Please code the relevant option.

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

IF (WineL7 = Bottle) THEN**WL7Bt**

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the participant .

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

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

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

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

Range: 1.0..97.9

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

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

Range: 1.0..97.9

WL7GIz

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

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

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

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

IF (WL7Glz = 1) THEN

MI250Glz

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

Range: 1.0..97.9

IF (WL7Glz = 2) THEN

MI175Glz

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

Range: 1.0..97.9

IF (WL7Glz = 3) THEN

MI125Glz

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

Range: 1.0..97.9

IF (DrnkType = Pops) THEN

PopsL7

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

INTERVIEWER: Code measures that you are going to use.

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

PopsL7Q

ASK OR CODE: How many (answer from PopsL7) of **alcoholic soft drink ('alcopop')** did you drink on that day?

Range: 1..97

IF (DrnkType = Other) THEN

OthL7TA

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

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QA

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

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

: STRING [30]

OthL7B

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

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

IF (OthL7B = Yes) THEN

OthL7TB

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

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QB

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

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

: STRING [30]

OthL7C

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

1 Yes

2 No

IF (OthL7C = Yes) THEN

OthL7TC

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

INTERVIEWER: Code first mentioned only.

: STRING [30]

OthL7QC

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

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

: STRING [30]

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

DrAmount

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

1 More "More nowadays"

2 Same "About the same"

3 Less "Less nowadays"

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)
Day2 : (date)
Day3 : (date)
Day4 : (date)

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

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

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

MeasDate

Date at start of (Measurement)

: DATETYPE

MeasTime

Time at start of (Measurement)

: TIMETYPE

YN

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 (**participants's name**)

INTERVIEWER: MEASURE HEIGHT AND CODE.

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

1 Meas "Height measured"

2 Ref "Height refused"

3 Attemp "Height attempted, not obtained"

4 NotAt "Height not attempted"

Height1

MEASUREMENTS FOR (**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

StadNo

MEASUREMENTS FOR (participant's name)

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

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

CST+digits	e.g. CST123
NS+digits+L	e.g. NS123L
NS+digits+NC	e.g. NS123NC
LST+digits	e.g. LST123
EST+digits	e.g. EST123

: STRING [7]

RelHite

MEASUREMENTS FOR (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

IF (RespHts = Ref) THEN

ResNH1

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	ToolII	"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 = Attmpt..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	III	"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" (only use if child 5 or under)
1	Meas	"Weight obtained"
2	Ref	"Weight refused"
3	Attmpt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

IF (RespWts = Meas) THEN

XWt1

MEASUREMENTS FOR (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).

Range: 5.0..50.0

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

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

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

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

CSC+digits	e.g. CSC123
SC+digits+TA	e.g. SC123TA
SC+digits+TL	e.g. SC123TL
SC+digits+NC	e.g. SC123NC
LSC+digits	e.g. LSC123
ESC+digits	e.g. ESC123
: STRING [7]	

IF (RespWts = ref) THEN

ResNWt

MEASUREMENTS FOR (**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	ToolII	"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 = Attmpt 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	III	"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

MMEASUREMENTS 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.

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
- 3 NoLand "No landline, but have mobile"

IF (Phone = Yes) THEN

PhoneNum

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

IF (Phone = No/NoLand) THEN

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.

CAPI 2

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

DIETARY SUPPLEMENTS

ALL PARTICIPANTS

Supplnt

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 (Supplnt = Yes) THEN

Supplnt2

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

HSVits

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

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"

Vitamin D and Folic Acid supplement

(Ask all)

SuppYr2

SHOW CARD FF

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?

- 1 Yes
- 2 No

IF (SuppYr = 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.

: STRING

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.

: STRING [60]

SForm

INTERVIEWER: RECORD FORM."

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

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 GG

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 HH

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.

: STRING [60]

SForm

INTERVIEWER: RECORD FORM.

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

SDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5mL SPOONS**.

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

: 1..20

SFreq

SHOW CARD GG

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

INTERVIEWER: Use <CTRL K> if does not know.

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

SPres

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

- 1 Yes
2 No

SMore

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

- 1 Yes
2 No

IF (P2Age ≥ 4) THEN

HSVits

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

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

IF (HSVits=Yes) THEN

HSVOft

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

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

SUN EXPOSURE

ALL PARTICIPANTS

SunInt

Now I'd like to ask you some questions about some of the things you / (child's name) have/has done in the last seven days, that is since (*day / date*) up until yesterday, that involve exposure to sunlight.

Exposure to sunlight means being outdoors.

Unless otherwise stated, please think of the last seven days only when answering these questions.

PRESS <ENTER> TO CONTINUE

1 Continue

{Ask all children aged < 16}

Sch7D

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

- | | | |
|---|--------|--------------------------------------------|
| 1 | Yes | "Yes" |
| 2 | NoHol | "No, I was on holiday" |
| 3 | NoSick | "No, I was sick" |
| 4 | NoHome | "No, I don't go to school (home-educated)" |
| 5 | NoOth | "No, any other reason" |

IF (Sch7D = Yes) THEN

MBreakO

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

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

LBreakO

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

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

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

{End of specific questions for children aged < 16}

ASK ALL

OutS2M

Showcard II

In the last month, how much time **per day** did you/your child usually spend outdoors during the daylight hours?

Please do not include going to and from work, school, or time spent in outdoor physical activities

- | | | |
|---|---------|-------------------|
| 1 | None | No time |
| 2 | LessM15 | Less than 15 mins |
| 3 | M15to30 | 15 to 30mins |
| 4 | M30to60 | 30mins to 1 hour |

5	H1to2	1 to 2 hours
6	H3to4	3 to 4 hours
7	MoreH4	More than 4 hours

OutS2S

Showcard II

How much time **per day** do you/your child usually spend outdoors during the daylight hours in summer?

Please do not include going to and from work, school, or time spent in outdoor physical activities

1	None	No time
2	LessM15	Less than 15 mins
3	M15to30	15 to 30mins
4	M30to60	30mins to 1 hour
5	H1to2	1 to 2 hours
6	H3to4	3 to 4 hours
7	MoreH4	More than 4 hours

OutS2W

Showcard II

How much time **per day** do you/ your child usually spend outdoors during the daylight hours in winter?

Please do not include going to and from work, school, or time spent in outdoor physical activities

1	None	No time
2	LessM15	Less than 15 mins
3	M15to30	15 to 30mins
4	M30to60	30mins to 1 hour
5	H1to2	1 to 2 hours
6	H3to4	3 to 4 hours
7	MoreH4	More than 4 hours

SunCrm

In sunny weather, in both the UK and abroad, do you/does your child protect your/his/her skin from the sun, for example with clothing or suncream?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

SunBrn

In sunny weather, in both the UK and abroad, do you/does your child get blistering after being burned in the sun?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

SunTn

In sunny weather, in both the UK and abroad, do you/does your child actively seek a suntan?

- 1 Often
- 2 Sometimes
- 3 Rarely

4 Never

ASK ALL

Hair

What is your/his/her natural (undyed) hair colour?

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

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

INTERVIEWER: IF ASKED, WE ARE INTERESTED IN HAIR AND SKIN COLOUR

BECAUSE WE GET MOST OF OUR VITAMIN D THROUGH EXPOSURE TO SUNLIGHT (ONLY SOME COMES FROM OUR DIET). BY KNOWING HAIR AND SKIN COLOUR, THE AMOUNT OF TIME SPENT OUTSIDE, AND ALSO DIETARY DETAILS, WE CAN WORK OUT HOW MUCH VITAMIN D IS FORMED IN THE SKIN.

- | | | |
|---|--------|-----------------------|
| 1 | Black | "Black" |
| 2 | Red | "Red / Ginger" |
| 3 | Blond | "Blond / Fair" |
| 4 | LBrown | "Light brown / Mouse" |
| 5 | DBrown | "Dark brown" |
| 6 | Auburn | "Auburn" |
| 7 | None | "None of these" |

Skin

Which of the following best describes your/his/her natural skin colour. By natural colour I mean before exposure to the sun.

Is it...READ OUT...

INTERVIEWER: IF ASKED, WE ARE INTERESTED IN HAIR AND SKIN COLOUR BECAUSE WE GET MOST OF OUR VITAMIN D THROUGH EXPOSURE TO SUNLIGHT (ONLY SOME COMES FROM OUR DIET). BY KNOWING HAIR AND SKIN COLOUR, THE AMOUNT OF TIME SPENT OUTSIDE, AND ALSO DIETARY DETAILS, WE CAN WORK OUT HOW MUCH VITAMIN D IS FORMED IN THE SKIN.

- | | | |
|---|-------|--------------|
| 1 | White | "White" |
| 2 | Brown | "Brown" |
| 3 | Black | "Black" |
| 4 | Olive | "Or, olive?" |
| 5 | Other | "Other" |

IF (Skin = White OR Olive) THEN

SkTyp

Would you say your/his/her type of skin...

...READ OUT...

- | | | |
|---|--------|-------------------------------|
| 1 | NeverT | "Never tans" |
| 2 | DiffT | "Tans with difficulty" |
| 3 | EasyT | "Or tans easily?" |
| 4 | NotKno | "DO NOT READ OUT - Not known" |

ASK ALL

Holi12m

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

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

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

IF (Participant 2 within 'Core Address') THEN

SameHols

Were any of these holidays the same as the ones (**Participant one's name**) has already told me about? That is to the same place at the same time as (**Participant one's name**).

INTERVIEWER: IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW

IF (Holi12m = Yes) THEN

SunHM

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

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

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

HolC

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

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

INTERVIEWER: RECORD NAME OF COUNTRY.

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

INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.

: STRING [30]

AnyMore

INTERVIEWER: ARE THERE ANY MORE SUN HOLIDAYS TO RECORD?

- 1 Yes
- 2 No

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.

IF (AGE =2 – 25 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..1

Sch7Db

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

- 1 Yes, school
- 2 Yes, nursery
- 3 Yes, playgroup
- 4 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 (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

INTERVIEWER: 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 (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 Yes - Walking
- 2 Yes – Cycling
- 3 Yes – Both
- 4 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 (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** (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 JJ

I would like you to think about (your / name of child's) school breaks in the last seven days, that is from (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 KK AND LL

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 KK AND LL.

I will first ask you about the informal activities on Showcard KK and then about the more formal activities on Showcard LL.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

ASK ALL**NSWA****SHOW CARD KK**

Firstly, please think about **informal** activities. Since last (day 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****SHOW CARD KK**

Which ones?

CODE ALL THAT APPLY

- | | | |
|---|-----------|------------------------------------------------------------------|
| 1 | Cycl | Cycling (but not to or from school) |
| 2 | Walking | 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 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)?
 RECORD HOURS 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)?
 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 NSWA2.

WendWA2

SHOW CARD KK

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

SHOW CARD KK

Which ones?

CODE ALL THAT APPLY.

- | | | |
|---|----------|------------------------------------------------------------------|
| 1 | Cycl | Cycling (but not to or from school) |
| 2 | Walking | 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

WEPAH

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

INTERVIEWER: CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

IF (WEPAH 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 LL

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

SHOW CARD LL

Which ones?

INTERVIEWER: 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.*

NSWBD to NSWBM repeated for each activity coded at NSpWB.

WendWB2

SHOW CARD LL

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

SHOW CARD LL

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

WendWBD

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 spent (number of hours and minutes spent on activities in total on day of week) doing these activities on (day of week). This seems a lot are you sure this is correct?

[List of activities mentioned and time spent on them]

- 1 Yes
- 2 No

Note: Check repeated for each day of week

ASK ALL AGED 2-15

NSOth2

SHOW CARDS KK AND LL

In the last seven days, that is from (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 ALL OTHER ACTIVITIES IN THE NEXT QUESTION

- 1 Yes
- 2 No

IF (NSOth2 = yes) THEN

NOSpEx2

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 during the last seven days 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

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

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

WEOTH

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

WEOTHM

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

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 did [informal activity recorded at NSWA2, WEPWA2] last week:

During the last week, was the effort of [any of these activities/ name of informal activity recorded at NSWA2, WendWA2] usually 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 did [formal activity recorded at NSpWB, WendWB] last week:

During the last week, was the effort of [any of these activities/ name of formal activity recorded at NSpWB, WendWB] usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

Note: ExcMusCI is repeated for each informal activity coded at NSWA2 or WEPWA2.

ExcMusCI is repeated for each formal activity codes at NSpWB or WendWB.

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 has) done in the last seven days, that is from (**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

1..1

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

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

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

SedWEMENTER 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 a few questions |
| 4 | Some | Child was present and helped proxy answer some questions |
| 5 | Most | Child was present and helped proxy answer most questions |

DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT

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

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

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

NoCAPI2A

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

Please do NOT provide the £30 voucher/ gift card

PRESS <ENTER> TO CONTINUE

1 Continue

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

DiaryDC

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY DIARY DAYS (participant **two'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

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 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 £30 voucher/ 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).

AName.....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.

(IF P2Sel > 0) AND (DiaryDC >= 3) AND (P2Age >= 16) THEN

INTERVIEWER: YOU ALSO NEED TO DO THE SAME WITH THE CHILD PARTICIPANT
PRESS <ENTER> TO CONTINUE

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**).

AName.....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 (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 (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 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]

DietFBA

(Participant one 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

TtlA

Firstly, what is your title?

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

TtlTxtA

INTERVIEWER: Enter the other **title**

: STRING [15]

ForNameA

And your **first name?**

: STRING [20]

SurNameA

And your **surname?**

: STRING [20]

IF Age 16-18 THEN

DietFBC

(Participant 2 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"

AddrChkC

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

TtlC

Firstly, what is your/ X's title?

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

TtlTxtC

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

ForNameC

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

SurNameC

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

NHS CENTRAL REGISTER & CANCER REGISTRY CONSENT FORM FOR PARTICIPANTS AGED 16 AND OVER

**IF (Age ≥ 19) THEN
NHSCanA**

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

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

INTERVIEWER: GIVE THE PARTICIPANT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- | | | |
|---|-------|---------------------|
| 1 | Con | "Consent given" |
| 2 | NoCon | "Consent not given" |

IF (NHSCanA = Con) THEN

NHSSigA

Before I can pass on your details, I have to obtain written consent from you.

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

Serial: Check Letter: Person Number: 1

Ask the participant to sign and date the form.

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

Code whether signed consents obtained.

- | | | |
|---|---------|-------------------------------------------------------------|
| 1 | Central | "NHS Central Register and Cancer Registry consent obtained" |
| 2 | None | "No signed consents" |

IF (Age = 16-18) THEN

NHSCanC

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

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

INTERVIEWER: GIVE THE PARTICIPANT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- | | | |
|---|-------|---------------------|
| 1 | Con | "Consent given" |
| 2 | NoCon | "Consent not given" |

IF (NHSCanC = Con) THEN

NHSSigC

Before I can pass on your details, I have to obtain written consent from you.

INTERVIEWER: Enter the 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.

- | | | |
|---|---------|-------------------------------------------------------------|
| 1 | Central | "NHS Central Register and Cancer Registry consent obtained" |
| 2 | None | "No signed consents" |

**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 (ReconA = Yes) THEN

EmailCon

ASK ADULT

Would you be willing to be recontacted by email?

- 1 Yes
- 2 No

IF (EmailCon=Yes) THEN

Email

Thank you, and can I take your email address please?

Email address can be checked at next question.

: STRING [150]

Email2

Is this correct:

(Email)

Press 1 and <Enter> to continue

- 1 Continue

IF (ReconA = Yes) THEN

StabAdd

ASK ADULT

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

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

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

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

StName

INTERVIEWER: Please enter the name of the contact person.

: STRING [30]

StRel

INTERVIEWER: Please enter the relationship to the 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?

- 1 Yes
- 2 No

StAdd1

INTERVIEWER: Please enter the stable/contact address.

Address line 1:

: STRING [30]

StAdd2

INTERVIEWER: Please enter the stable/contact address.

Address line 2:

: STRING [30]

StAdd3

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

: STRING [30]

StAdd4

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

: STRING [30]

StAdd5

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

: STRING [30]

StAddPC

INTERVIEWER: Please enter the stable/contact address.

Postcode:

: STRING [8]

StInfo

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

: STRING [100]

ConSt

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

Name : StName

Relationship : StRel

Address : StAdd1

Postcode : tAddPc

Telephone : StTelNum

Other info:

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

StabDisp

INTERVIEWER: Give the 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

2 Continue

Iodine Spot

SPOT URINE PLACEMENT MODULE

IUrSt

INTERVIEWER: NOW FOLLOWS THE IODINE SPOT URINE PLACEMENT MODULE.
Press 1 and <ENTER> to 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 from (your/ their) food diary or in any other way.

Press 1 and <ENTER> to continue.

IUrEli

SEE SHOWCARD MM

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

Answering yes or no: (Do/ Does) (you/ child's name) fall into any of the categories on this card?

:YN

IF Sex = Female AND IUrEli = Yes THEN

IUrTime

Would (you/ child's name) be interested in providing a sample at another visit?

:YN

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."

IUrAgr

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

IF Age>=16 THEN

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

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

1. Agree " Participant agrees to give urine sample",
2. Refuse " Participant refuses to give urine sample",
3. Unable "Unable to obtain urine sample for reason other than refusal"

IF IUrAgr = Refuse OR Unable THEN

IUrYRef

INTERVIEWER: GIVE REASON(s) FOR REFUSAL

CODE ALL THAT APPLY

1. Sensi "Embarrassed/sensitive about providing sample",
2. JustBeen "Went to toilet too recently to provide sample",
3. DiffSamp "Knows they would have difficulty providing a sample for reason other than having just been to toilet ",
4. NoTime "No time/busy/already spent enough time on this survey",
5. Yuk "Doesn't like the thought of doing it",
6. Concern "Concerns about how sample will be used/store",
7. NotUnd "Participant did not understand the procedure",
8. Other (97) "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 THE PARTICIPANT THE WHITE CONSENT FORM.
PARTICIPANT MUST READ AND INITIAL 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 1 and <Enter> to continue

IF IUrAgr = Agree AND Age < 16 THEN

IUrConC

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.
GIVE THE PARTICIPANTS PARENT/ LEGAL GAURDIAN THE BLUE CONSENT FORM.
PARENT/ LEGAL GAURDIAN MUST READ AND INITIAL 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 1 and <Enter> to continue

IUrAss

INTERVIEWER: HAS CHILD SIGNED THE BLUE ASSENT FORM?

1. Yes,
2. No,
3. 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?
:YN

IUrCon3

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

:YN

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

INTERVIEWER: NO URINE SAMPLE TO BE TAKEN."

IUrSN

INTERVIEWER: MAKE SURE THE FOLLOWING PARTICIPANT DETAILS ARE WRITTEN ON THE LABEL ON THE TUBE AND THE CASE.

Serial number

Collection date

Date of birth

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

ONCE SAMPLE PROVIDED, CHECK LID IS TIGHTLYSCREWED ON

USE DRY TOILET PAPER TO WIPE SPILLAGES ON TUBE - DO NOT USE WET WIPES OR ANY OTHER CLEANING PRODUCT.

PLACE TUBE CONTAINING SAMPLE IN CASE.

PRESS 1 AND <ENTER> TO CONTINUE.

IUrInst2

INTERVIEWER: THE SAMPLE COLLECTION OUTCOME WILL BE ENTERED AT THE END OF THE VISIT.1

PRESS 1 AND <ENTER> TO CONTINUE

IUr1End

INTERVIEWER: This is the end of the spot urine placement module

SpUrCol

INTERVIEWER: Now follows the spot urine outcome module

PRESS 1 AND <ENTER> TO CONTINUE.

IUr2SDt

Spot Urine collection start date

: DATETYPE

IUr2STm

Spot Urine collection start time

: TIMETYPE

IUrSam

INTERVIEW: Has (participant name) been able to provide a urine sample at this visit?

CHECK CASE CLOSED AND PLACE BACK IN JIFFY BAG (ADDRESSED TO HNR) 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"

IUrCoID

Date urine collected

: STRING[10]

IUrNoOb

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

CODE ALL THAT APPLY"=

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

IUrYNOO

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL.

STRING[100]

IUrThnk

INTERVIEWER: THANK PARTICIPANT FOR PROVIDING A SAMPLE.

PLEASE GIVE (PARTICIPANT/ THEIR PARENT) A £5 VOUCHER

PRESS 1 AND <ENTER> TO CONTINUE

CardSU

Spot urine gift card number for participant

STRING[30]

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.

Press 1 and <ENTER> to continue.

IUr2EDat

Spot Urine collection end date

: DATETYPE

IUr2ETim

Spot Urine collection end time

: TIMETYPE

**NURSE INTRODUCTION
ALL PARTICIPANTS**

ASK ALL

NursInt

We would like you to help us with the second stage of this study. This is a visit by a qualified nurse to collect some medical information and, if you agree, carry out some measurements. The nurse would like to come round in a couple of months and explain

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

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

IF ASKED FOR DETAILS: For example, the nurse, with your agreement, will take some general measurements such as blood pressure, ask about prescribed medications and so on. The information the nurse collects is information we can not get from any other source.

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

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 still get really useful information from the nurse visit even if you don't have any measurements taken as the nurse has a few questions to ask.

I haven't time...

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 pressure readings) so we have a nurse visit to get this information.

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

NurseRef

RECORD REASON WHY PARTICIPANT REFUSED NURSE CONTACT.

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

NsRefO

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.

: STRING [30]

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

DIARY START DATE: _____

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

SERIAL NUMBER

--

CKL

--

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
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“The 4-day diary”.....	37-68
General questions about your diet during the recording period.....	69-74

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>	
How to describe what you had and how much you had can be found on pages 23-29					
6am to 9am					
6.30 am	Kitchen Alone No TV Not at table	Filter coffee, decaffeinated milk (fresh, semi-skimmed) Sugar white	Douwe Egberts Silverspoon	Mug A little 1 level tsp	
7.30 am	Kitchen Partner TV on At table	Filter coffee with milk and sugar Cornflakes Milk (fresh, semi-skimmed) Toast, granary medium sliced Light spread Marmalade	As above Tesco's own Hovis Flora Hartleys	As above 1b drowned 1 slice med spread 1 heaped tsp	
9am to 12 noon					
10.15 am	Office desk Alone No TV Not at table	Instant coffee, not decaffeinated Milk (fresh, whole) Sugar brown	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>
12 noon to 2pm				
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>Tesco's own Flora</p> <p>Hellmans Tesco's own</p> <p>Tropicana</p>	<p>2 slices thin spread on 1 slice</p> <p>2 teaspoons</p> <p>2 slices</p> <p>1 leaf</p> <p>4 thin slices</p> <p>250ml carton</p> <p>medium size, core left</p>
2pm to 5pm				
3 pm	Meeting room at work With supervisor No TV Not at table	<p><i>Tea, decaffeinated</i> <i>Milk (fresh, whole)</i> <i>Jaffa cake – mini variety</i></p>	<p>Twinings Tesco's own McVities</p>	<p>Mug</p> <p>Some</p> <p>6</p>

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
5pm to 8pm				
6.30 pm	Pub Partner TV on At table	Gin Tonic water diet Lager 3.8% alcohol Salted peanuts	Gordon's Schweppes Draught, 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
8pm to 10pm				
9 pm	Sitting room Alone TV on Not at table	Grapes, green, seedless Chocolates, chocolate creams Potato crisps, Prawn Cocktail	Bendicks Walkers	15 2 25g bag (from multipack)
10pm to 6am				
10.30 pm	Bed room Partner No TV Not at table	Camomile tea (no milk or sugar)	Twinings	1 mug

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

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

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: Bolognese sauce

SERVES: 4

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</i>			
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		

Brief description of cooking method

Fry onion & garlic in oil, add mince and fry till brown.

Add pepper, tomatoes, puree, Worcester sauce & herbs. Simmer for 30 mins

Day: Friday		Date: 28.09.2007			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
How to describe what you had and how much you had can be found on pages 23-29					
6am to 9am					
8.00 am	Café take away – eating on my way to work Alone	Cappuccino, no sugar Blueberry muffin, regular not low fat	Starbucks Starbucks	Medium size One	
8.45 am	Office desk Alone No TV Not at table	Tap water		300 ml glass	
9am to 12 noon					
10 am	Office desk Alone No TV Not at table	Banana Black tea Semi-skimmed milk, no sugar	Typhoo Asda	One, medium size Large Mug A lot	

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
12 noon to 2pm				
1 pm	Work tea room With colleague No TV At table	Crayfish sandwich multiseed bread, wholemeal, medium cut, crayfish in lemon mayonnaise, no other spread rocket leaves Apple & Raspberry fruit drink	M&S pre-packed Sandwich J2O	2 slices Medium filling 6 to 8 1 bottle, 275ml
2pm to 5pm				
4.30 pm	Friend's House Lounge With Friend Not at table TV on	Coffee, instant Semi-skimmed milk Fairy Cake, homemade, see recipe	Kenco	Medium mug A lot 1 cake

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

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

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
<i>Holland & Barrett</i>	<i>Evening Primrose Oil – 1000mg</i>	<i>1 capsule</i>
<i>Holland & Barrett</i>	<i>Super EPA fish oil – 1000mg</i>	<i>1 capsule</i>

Please record 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
<i>Don't forget to include any oil or water/stock used!!</i>			
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

Brief description of cooking method

Mix together and bake for 15 min.

Mix icing sugar with water and add colouring. Approx. 1 teaspoon of icing on each cake

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>
<i>How to describe what you had and how much you had can be found on pages 23-29</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

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

12 noon to 2pm

Practice Page

2pm to 5pm

Practice Page

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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!!

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 36

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Spoons, weight of tin
Beefburger (hamburger)	Home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Beer	What sort e.g. stout, bitter, lager; draught, canned, bottled; % alcohol or low-alcohol or home-made	Number of pints or half pints, size of can or bottle
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf	Number of slices; thick, medium or thin slices
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – with added fruit, no added sugar/salt variety	Spoons or picture 1
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; spoons

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

Food/Drink	Description & Preparation	Portion size or quantity
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

Food/Drink	Description & Preparation	Portion size or quantity
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

Food/Drink	Description & Preparation	Portion size or quantity
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

Food/Drink	Description & Preparation	Portion size or quantity
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat;	Spoons
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size - jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks – squash/concentrate/cordial	Flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	Glass (size or volume)
Soft drinks – carbonated/fizzy	Flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)

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

Food/Drink	Description & Preparation	Portion size or quantity
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Spoons (or how much dry pasta) 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)

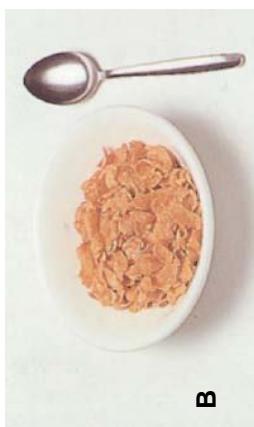
Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 36

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Portion size or quantity</i>
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

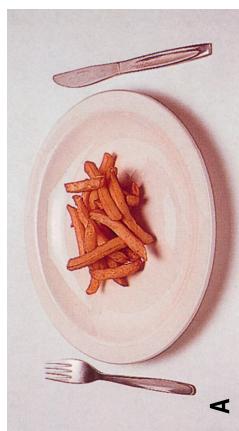
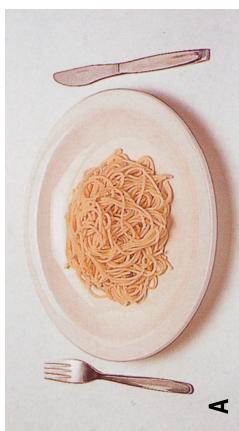
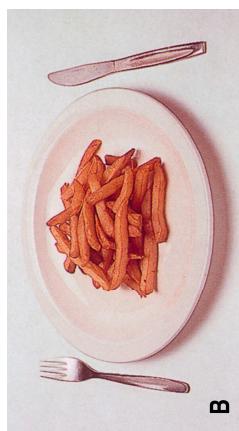
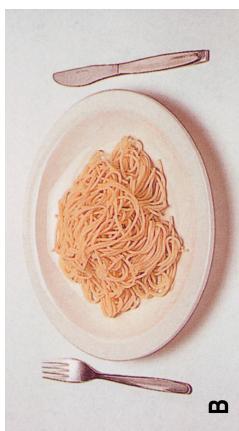
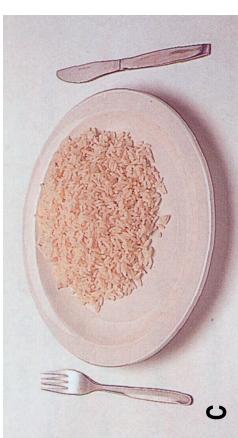
**Use the pictures to help you indicate the size of the portion you have eaten.
Write on the food record the picture number and size A, B or C nearest to your own helping.**

**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.



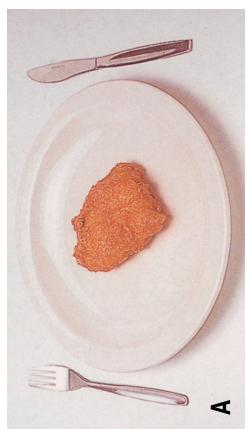
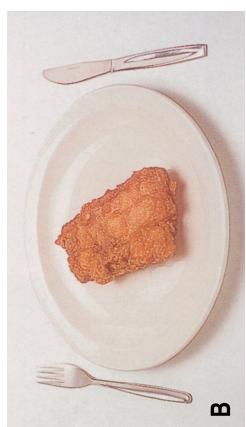
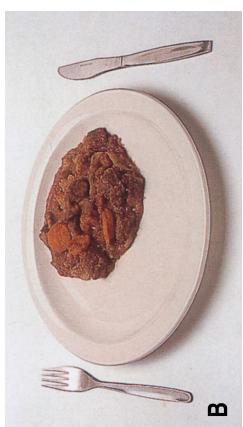
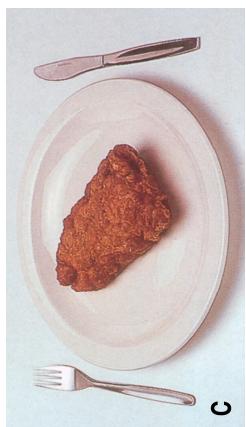
1. Breakfast cereals



2. Rice

3. Spaghetti

4. Chips

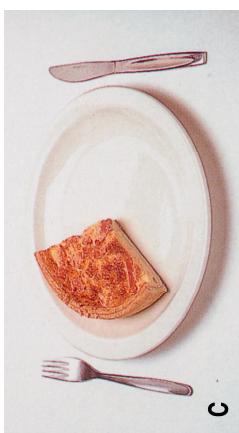


5. Broccoli/ cauliflower

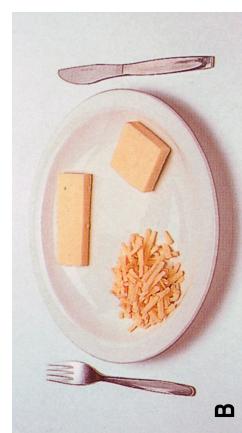
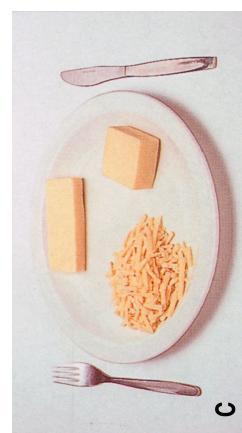
6. Stew /curry

7. Battered fish

8. Quiche / Pie



9. Cheese



10. Sponge cake

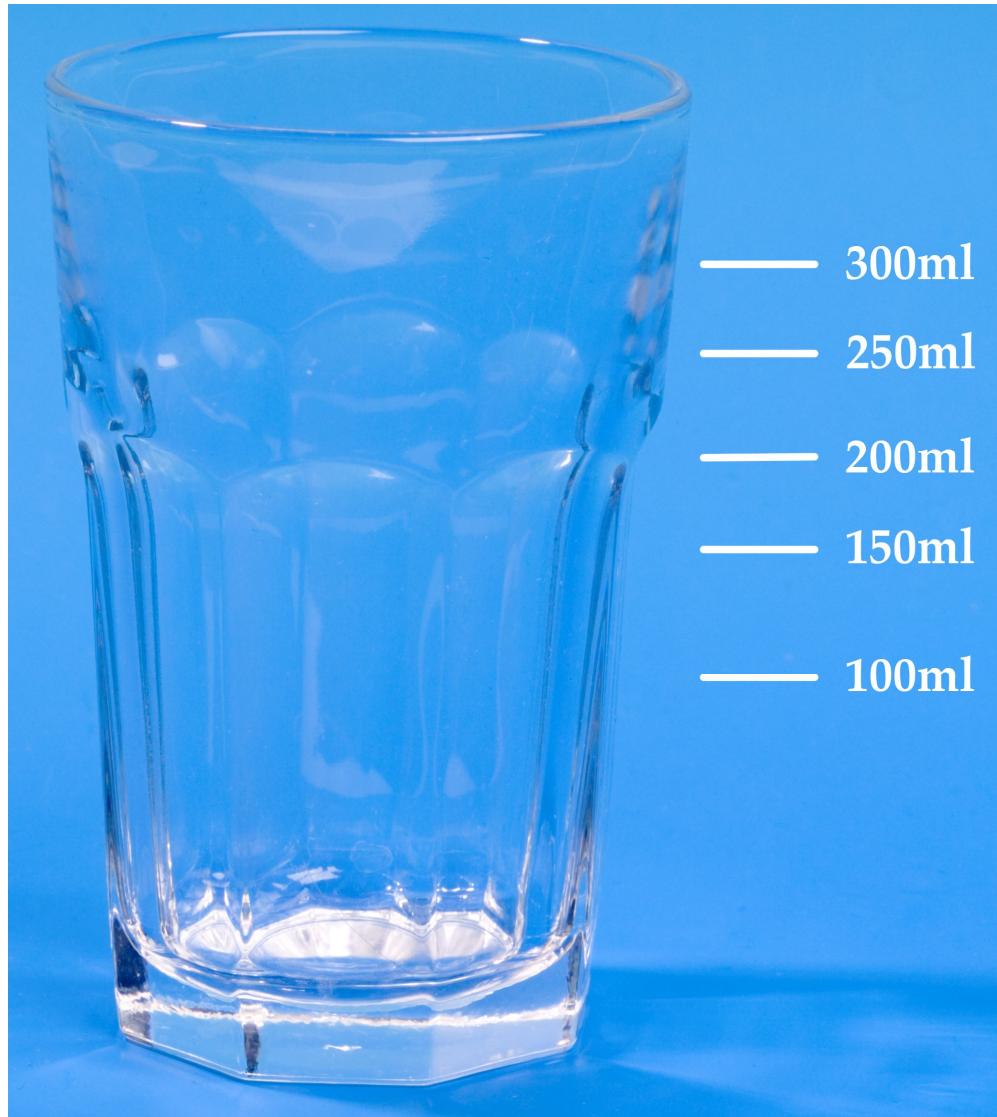


Typical quantities of drinks in various containers measured in millilitres (ml)

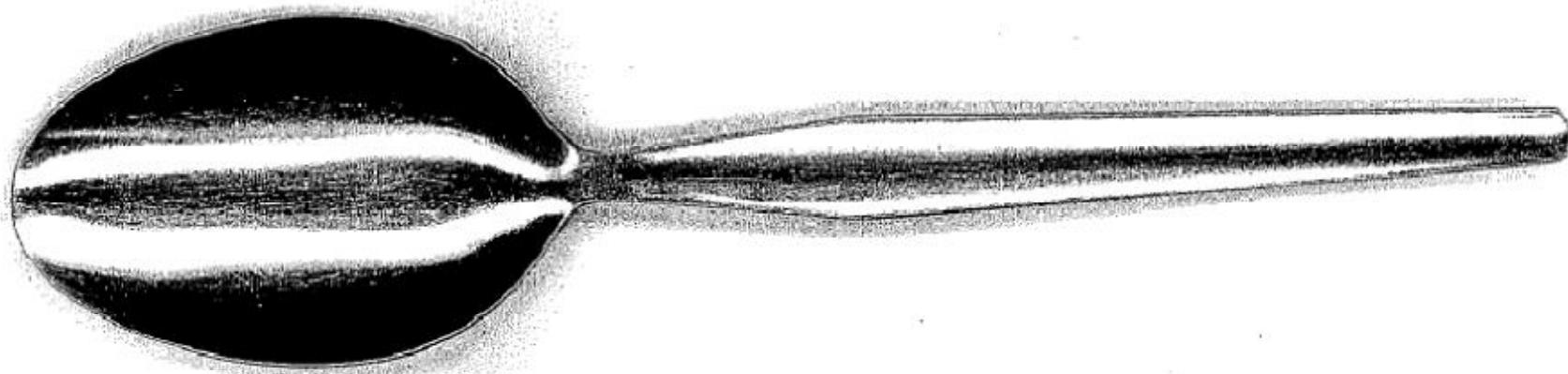
	Small glass	Average glass	Large glass	Vending cup	Cup	Mug
Soft drinks	150	200	300			
Wine	125	175	250			
Hot drinks				170	190	260

Glasses come in different shapes and 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.

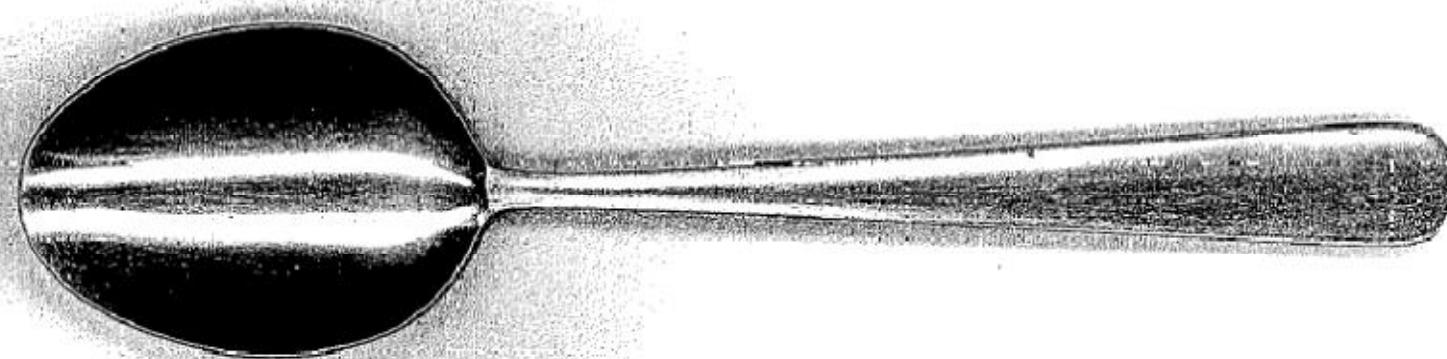
Life Size Glass



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>
<i>How to describe what you had and how much you had can be found on pages 23-29</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

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

12 noon to 2pm

--	--	--	--	--

2pm to 5pm

--	--	--	--	--

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

Serves:

Ingredients

Amount

Ingredients

Amount

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>
<i>How to describe what you had and how much you had can be found on pages 23-29</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that 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 3

Day 3:		Date:		
Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>How to describe what you had and how much you had can be found on pages 23-29</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that 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 4

Please remember to complete the general questions on pages 69-74!

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

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name?	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that 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

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

b) To gain weight

c) For medical reasons e.g. to lower cholesterol. Details: _____

d) Other e.g. vegetarian. Details: _____

e) 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

Soya

Type

Other

Type

Did not
use

Tea and coffee

3. How much milk did you usually have in coffee/ tea?

Coffee A lot Some A little None/did not drink

Tea A lot Some A little None/did not drink

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee Yes How many teaspoons in a mug/cup? No/did not drink

Tea Yes How many teaspoons in a mug/cup? No/did not drink

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee Yes How many tablets or teaspoons in a mug/cup? No/did not drink

Tea Yes How many tablets or teaspoons in a mug/cup? No/did not drink

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

Coffee Always Sometimes Never

Tea Always Sometimes Never

Breakfast cereals

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

Drowned Average Damp None/did not eat

8. How did you usually make your porridge?

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

9. Did you usually sweeten or salt your porridge?

With sugar With honey With salt Neither/did not eat

10. How did you usually make your instant oat cereal?

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

11. Did you usually sweeten or salt your instant oat cereal?

With sugar With honey With salt Neither/did not eat

Fats for spreading and cooking

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

Name:

None

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

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

Thick Medium Thin N/A

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

Name:

None

Bread

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

White Granary Wholemeal Brown

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

Other

Type

Did not eat

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

Large Small

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

Thick Medium Thin Unsliced N/A

Meat

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

Always Sometimes Never Did not eat meat

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

Always Sometimes Never Did not eat poultry

Fruit and vegetables

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

Salt

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

Always Sometimes Never

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

Always Sometimes Never

Water

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

Tap <input type="checkbox"/>	Filtered <input type="checkbox"/>	Bottled <input type="checkbox"/>	brand <input type="checkbox"/>	Did not drink <input type="checkbox"/>
------------------------------	-----------------------------------	----------------------------------	--------------------------------	----------------------------------------

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, or 1 part squash with 4 parts water)?

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

Thank you for completing this diary.

Acknowledgements

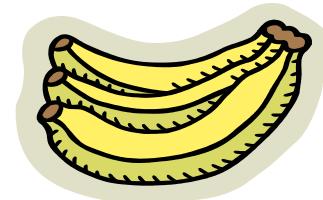
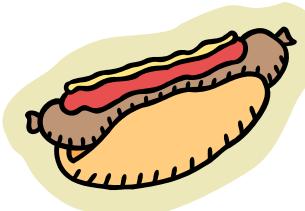
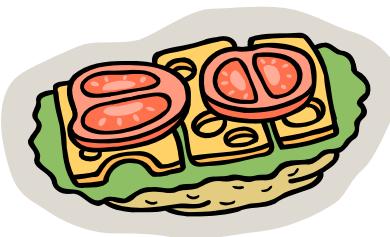
Thanks for permission to use pictures from:

Nelson, M., Atkinson, M.
& Meyer, J. (1997).
A Photographic Atlas of Food Portion Sizes.
London, MAFF Publications.

NATIONAL DIET AND NUTRITION SURVEY

Food and Drink Diary

DIARY START DATE: _____



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

SERIAL NUMBER

CKL

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 st
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten	
How to describe what you had and how much you had can be found on pages 20-25					
<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	

EXAMPLE			Day: Thursday	Date: March 31 st
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
3.45pm	Bus Alone	Wine gums	Maynards	140g packet
4.30pm	Home, sitting room, With family TV on Not at table	Tea (as above) Chocolate Hob Nobs	Mcvitites	mug 3
<i>5pm to 8pm</i>				
6.30pm	Friend's kitchen With friends No TV At table	Chicken in tomato sauce made by friend's mum Tomato fresh Sweetcorn tinned Peach yoghurt low fat Lemon squash No Added Sugar	See recipe Mullerlight Sainsbury's	3 tablespoons 3 slices 1 dessertspoon 200g pot medium glass
<i>8pm to 10pm</i>				
8pm	Home, sitting room Alone TV on, Not at table	Satsuma Cream Crackers (no spread)	Jacob's	1 4
9.30pm	Kitchen Alone No TV, At table	Thick cut, frozen chips fried in vegetable oil Brown sauce	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		½ 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 (800µg), C (60mg), D (5µg) 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

Ingredients	Amount	Ingredients	Amount
<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	½ 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	½ 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
<i>Don't forget to include any oil or water/stock used!!</i>			
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**

PRACTICE PAGE

			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>				
		Practice Page		
<i>9am to 12 noon</i>				
		Practice Page		
<i>12 noon to 2pm</i>				
		Practice Page		

PRACTICE PAGE

Day:

Date:

Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
		<i>2pm to 5pm</i>		
		Practice Page		
		<i>5pm to 8pm</i>		
		Practice Page		
		<i>8pm to 10pm</i>		
		Practice Page		
		<i>10pm to 6am</i>		
		Practice Page		

- 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!!

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 27 of this diary

Food/Drink	Description & Preparation	Amount
Bacon	Back, middle, streaky; smoked or unsmoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Spoons, tin size e.g. 244g
Beefburger (hamburger)	Home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf	Number of slices; thick, medium or thin slices
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli - with added fruit, no added sugar/salt variety	Spoons
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick, average, thin spread on bread/crackers; spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 27 of this diary

Food/Drink	Description & Preparation	Amount
Cheese	Name and type e.g. cheddar, cream, cottage, soft; low fat	Slices, spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	Spoons, portion size, number of chips
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	Number, weight/size of bar
Coffee	With milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated. If café/takeaway, was it cappuccino, latte etc	Cups or mugs, size of takeaway e.g. small, medium
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmea	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

Food/Drink	Description & Preparation	Amount
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Spoons
Fruit - juice (pure)	What sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed	Glass (size or volume) or carton size
Hot chocolate, cocoa malted drinks etc	Type; standard/low calorie/lite; instant; all water / half milk half water / all milk (see section on milk); any sugar added	Cup or mug plus how much powder e.g. teaspoons, weight on packet
Ice cream	Flavour; dairy or non-dairy alternatives e.g. soya; luxury/premium	Spoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought or homemade	Spoons, heaped or level, or thin or thick spread
Marmalade	What sort; low-sugar; thick cut; shop bought or homemade	Spoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, spoons, 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: <i>damp/average/drowned</i> . In tea/coffee: <i>a little/some/a lot</i>
Milkshake	Fresh or long life/UHT; dairy or non-dairy alternative e.g. soya; if powder, made up with whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	Glass (size or volume) cups or volume on bottle/carton
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 27 of this diary

Food/Drink	Description & Preparation	Amount
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	Individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	Made with oats or cornmeal or instant oat cereal; made with milk and/or water; added sugar, honey, syrup or salt; with milk or cream	Spoons or bowl size (small, medium, large)
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed/creamed (with butter, milk etc); fried/chips (type of oil/fat); instant; any additions e.g. butter	Spoons for mash, number of half or whole potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Spoons, slices
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component; slices, leaves; spoons
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce - hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; give brand or recipe; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sauce - cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat	Spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy	Large or small, number
Sausage rolls	Type of pastry	Number, size e.g. jumbo, standard, mini

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 27 of this diary

Food/Drink	Description & Preparation	Amount
Scone	Fruit, sweet, plain, cheese; type of flour	Number, size
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks - concentrated/squash /cordial	Flavour; no added sugar/low calorie/sugar free; "high" juice; fortified with added vitamins and/or minerals	Glass (size or volume)
Soft drinks - carbonated/fizzy	Flavour; diet/low-calorie; canned or bottled; cola - caffeine free	Glass, can or bottle (size or volume, e.g. 330ml)
Soft drinks - ready to drink	Flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume, e.g. 200ml)
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh or dried; white, wholemeal; boiled, canned in sauce; type of filling if ravioli, cannelloni etc	Spoons (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

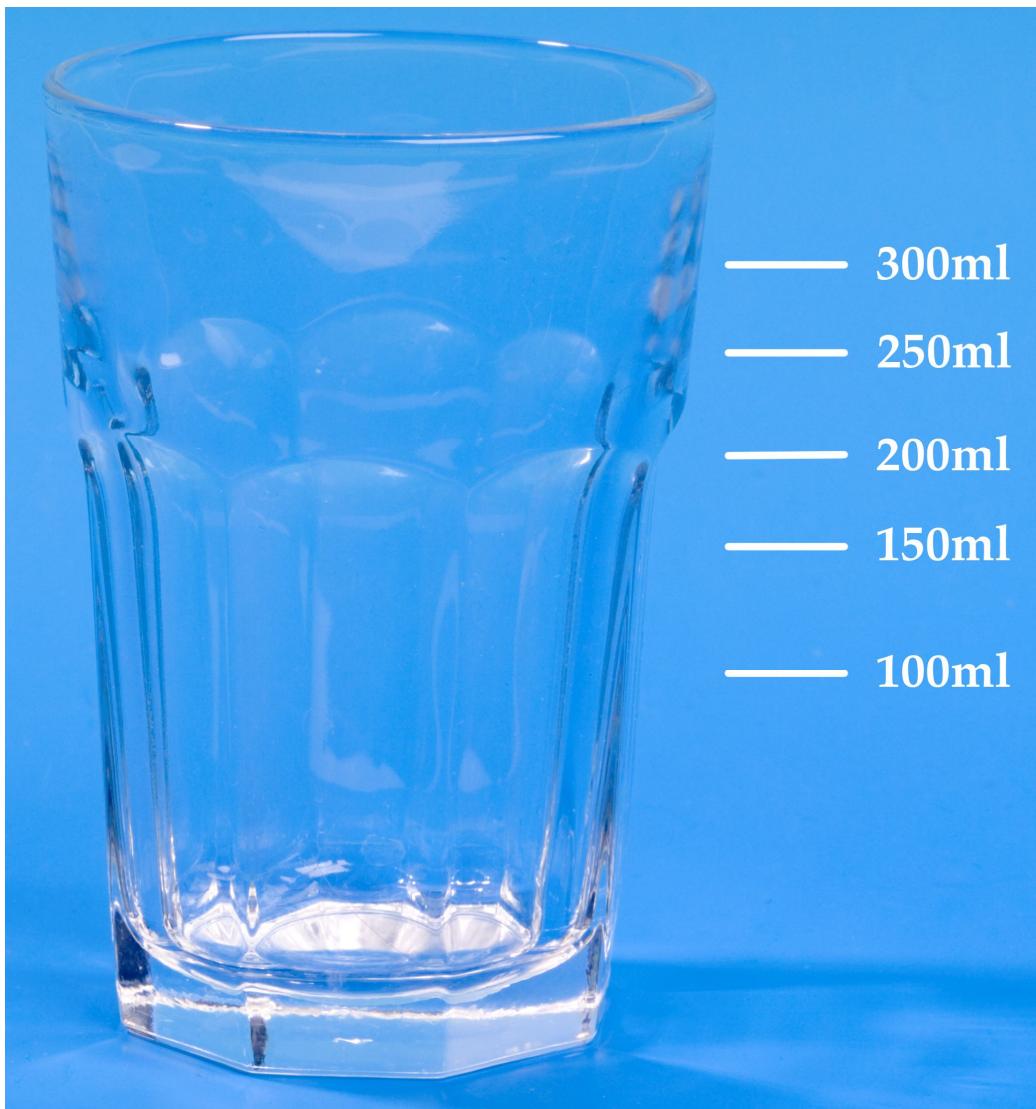
Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 27 of this diary

Food/Drink	Description & Preparation	Amount
Vegetables (not including potatoes)	What sort; how cooked or raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size (e.g. 150g) or tablespoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided)	Spoons 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)

	Small Glass	Average Glass	Large Glass	Vending Cup	Cup	Mug
Soft Drinks	150	200	300			
Hot Drinks				170	190	260

Here is a life size glass showing what typical quantities look like. You can use this picture as a guide for estimating how much volume of drink the glass holds you are drinking from.



[INSERT SPOONS PDF HERE]

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 6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 1			Day:	Date:
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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

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</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 2

			Day:	Date:
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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

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 6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 3

			Day:	Date:
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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

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</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				
<i>12 noon to 2pm</i>				

Day 4

			Day:	Date:
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

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

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)

To lose weight		Other e.g. vegetarian (please give more details below)
To gain weight		No special diet
For medical reasons e.g. diabetes (please give more details below)		

Further details: _____

Milk

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

Whole, fresh,
pasteurised

Semi-skimmed fresh,
pasteurised

Skimmed (fat free)
fresh, pasteurised

1% fat milk, fresh
pasteurised

Dried

Name _____

Soya

Name _____

Other

Name _____

Did
not use

Water

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

Tap

Filtered

Bottled brand _____

Did not drink

Tea and coffee

4. How much milk did you usually have in coffee/ tea?

Coffee A lot Some A little None/did not drink

Tea A lot Some A little None/did not drink

5. Did you usually sweeten your coffee/ tea with sugar?

Coffee Yes How many teaspoons in a mug/cup? No/did not drink

Tea Yes How many teaspoons in a mug/cup? No/did not drink

6. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee Yes How many tablets or teaspoons in a mug/cup? No/did not drink

Tea Yes How many tablets or teaspoons in a mug/cup? No/did not drink

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

Coffee Always Sometimes Never

Tea Always Sometimes Never

Breakfast cereals

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

Drowned Average Damp None/did not eat

9. How did you usually make your porridge?

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

10. Did you usually sweeten or salt your porridge?

With sugar With honey With salt Neither/did not eat

11. How did you usually make your instant oat cereal? e.g. Ready Brek

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

12. Did you usually sweeten or salt your instant oat cereal?

With sugar With honey With salt Neither/did not eat

Fats for spreading and cooking

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

Name:

None

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

Thick Medium Thin None

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

e.g. *Sainsbury's sunflower oil*

Name:

None

Bread

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

White Granary Wholemeal Brown

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

Other Type

Did not eat

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

Large Small

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

Thick Medium Thin Unsliced N/A

Meat

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

Always Sometimes Never Did not eat meat

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

Always Sometimes Never Did not eat poultry

Fruit and vegetables

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

Salt

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

Always Sometimes Never

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

Always Sometimes Never

Cordial/squash/diluting juice

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

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

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

Name:

Single concentrate

Double concentrate

29. How much do you usually dilute your squash (e.g. half squash/half water, or 1 part squash with 4 parts water)?

Please tell us: _____

Other soft drinks

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

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

If you are able to, please use a measuring jug to measure your usual drinking vessels e.g. mug, glass, cup, beaker, bottle etc. and provide the volumes below

NATIONAL DIET AND NUTRITION SURVEY***Food and Drink Diary******Children aged 1.5 to 3 years***

DIARY START DATE: _____

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

SERIAL NUMBER (7 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.....	23-28
Pictures for spoon size.....	29-30
Drink volumes.....	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).

Take-aways and eating out

If your toddler has eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

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

Labels/Wrappers

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

Portion sizes

Examples for how to describe the **quantity** or **portion size** your toddler had of a particular food or drink are shown on pages 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 29 - 30 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!

Day 1: Thurs		Date: 31 March 2007		
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
How to describe what you had and how much you had can be found on pages 23-28				
6am to 9am				
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>
9am to 12 noon				
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 <u>eaten</u>
<i>12 noon to 2pm</i>				
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>	<i>230g- only ate 2/3 of jar</i> <i>3 slices</i> <i>4 heaped tsp</i>
<i>2pm to 5pm</i>				
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>	<i>¾ cup mixed with ¼ cup (1/2 leftover)</i> <i>¾ of one cake eaten</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
6.15 pm	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>	<i>3 tsp</i> <i>250g jar</i> <i>about 100ml (small glass)</i>
<i>8pm to 10pm</i>				
10.20 pm	Bedroom Father No TV Not at table	<i>Follow on Milk</i>	<i>SMA Progress</i>	<i>240ml bottle (as usual); 1/2 leftover)</i>
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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

NAME OF DISH: Fairy Cakes

SERVES: makes 20 cakes

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</i>			
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
Market eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

Brief description of cooking method

Mix together and bake for 15 min.

Mix icing sugar with water and add colouring. Approx. 1 teaspoon of icing on each cake

Day: Friday		Date: 28.09.2007		
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
How to describe what you had and how much you had can be found on pages 23-28				
6am to 9am				
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)
9am to 12 noon				
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

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
12 noon to 2pm				
12.00 pm	Dining room Childminder and 3 other children No TV At table	<p><i>Prepared packed lunch:</i> <i>White bread, thick cut</i> <i>Butter unsalted</i></p> <p><i>Cheese triangle</i> <i>Ham, honey roast</i> <i>Cheese curls</i></p> <p><i>green seedless grapes</i> <i>Fromage frais with layer of peach puree</i></p> <p><i>Semi-skimmed milk</i></p> <p><i>Fruit shoot apple, no added sugar</i></p>	<i>Kingsmill</i> <i>Lurpak</i> <i>Dairylea</i> <i>Asda</i> <i>Quakers</i> <i>Yoplait</i> <i>Sainsburys</i> <i>Robinsons</i>	<i>2 slices</i> <i>Thinly spread on one slice only</i> <i>Ate 1/2</i> <i>½ slice</i> <i>8 pieces</i> <i>8 grapes</i> <i>60g (ate half)</i> <i>160ml (drank all)</i> <i>200ml</i>
2pm to 5pm				
3.15 pm	Playroom Childminder and 3 other children No TV At table	<p><i>Apple, peeled</i></p> <p><i>Milky way</i></p> <p><i>Water</i></p>	<i>Granny smith</i> <i>tap</i>	<i>Medium size, ¼ eaten</i> <i>1 fun size</i> <i>about 100ml (numerous sips)</i>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
5pm to 8pm				
6.00 pm	Dining room Family No TV At table	Homemade sausage casserole (see recipe) Penne pasta, boiled	Sainsbury's	1 tbsp 2 tbsp (about half a tbsp pasta leftover)
8pm to 10pm				
8.15 pm	Living room Mother TV on Not at table	Whole milk	Asda	250ml bottle (about 25 ml left over)
10pm to 6am				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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

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

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

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

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>	
<i>How to describe what you had and how much you had can be found on pages 23-28</i>					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 29 of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Spoons, weight of tin
Beefburger (hamburger)	Home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
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 29 of this

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

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 29 of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Fish cakes & fish fingers	Type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	Size, number, packet weight
Fruit - fresh	What sort; eaten with or without skin	Small, medium or large
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Spoons, weight of can
Fruit – juice (pure)	What sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3	Glass (size or volume) or carton size
Ice cream	Flavour; dairy or non-dairy alternatives e.g. soya; luxury/premium	Spoons/ scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Spoons, heaped or level, or thin or thick spread
Marmalade	Type; low-sugar; thick cut; shop bought/brand or homemade	Spoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, spoons, 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 29 of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Milk	Type (whole, semi-skimmed, skimmed, 1% fat); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals; formula milks for toddlers	Pints, glass (size or volume) or cup. On cereal: <i>damp/average/drowned or fluid ounces/ml</i> . In tea/coffee: <i>a little/some/a lot</i> Formula: <i>proportion of formula to water</i>
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	Individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	Made with oats or cornmeal or instant oat cereal; made with milk and/or water; added sugar, honey, syrup or salt; with milk or cream	Bowls, spoons
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	Mash – spoons, number of half or whole potatoes, small or large potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Spoons
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 29 of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat;	Spoons
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size - jumbo, standard, mini
Scione	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels	Size (standard or mini variety), packet weight
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Glass or bottle (size or volume)
Soft drinks – squash/concentrate/cordial	Flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	Glass (size or volume)
Soft drinks – carbonated/fizzy	Flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)

Spoon size does matter!!!! When describing amounts check the spoons you use with the life size pictures on page 29 of this diary

Food/Drink	Description & Preparation	Portion size or quantity
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Spoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Spoons (or how much dry pasta)
Toddler foods	<u>Food in jars</u> : description and ingredients (e.g. vegetable risotto, fruit puree); <u>Dry Foods</u> : description (e.g. baby rice, cauliflower cheese); made up with milk and/or water	Size of jar or packet, spoons for powdered foods (volume of water/milk used to mix with cereal or powder)
Vegetables (not including potatoes)	What sort; how cooked/raw; additions e.g. butter, other fat or sauce	Spoons, number of florets or sprouts, weight from tins or packet
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size or spoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many persons it serves	Spoons – heaped or level, number, size, 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>
<i>How to describe what you had and how much you had can be found on pages 23-28</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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:

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</i>			

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</i>			

Brief description of cooking method

DAY 2

Day 2		Date			
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<i>How to describe what you had and how much you had can be found on pages 23-28</i>					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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:

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
<i>Don't forget to include any oil or water/stock used!!</i>			

Brief description of cooking method

DAY 3

Day 3		Date			
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<i>How to describe what you had and how much you had can be found on pages 23-28</i>					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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:

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</i>			

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients	Amount	Ingredients	Amount
<i>Don't forget to include any oil or water/stock used!!</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>
<i>How to describe what you had and how much you had can be found on pages 23-28</i>				
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

- Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

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:

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

PLEASE complete the questions over the page

General questions about the frequency of eating outside the home

Is your toddler regularly cared for outside the home e.g. child minder, nursery, relative?

NO

YES

If YES

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

Please specify

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

NO

YES

SOMETIMES

Please specify

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

STANDARD

NO ADDED SUGAR/DIET/LOW CAL

EITHER (see below)

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

If your nursery provides a **copy of the nursery menu** for the recording period we would appreciate if you could give this copy to the interviewer. This will help us later with the analysis of your toddler's diet.

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

Special diet

1. Did your toddler follow a special diet during the recording period e.g. vegetarian, milk-free, other?

Yes

Please specify

No

2. What type of milk does your toddler usually drink? *Tick only one*

Infant formula

1% fat milk

Soya formula

Follow-on formula

Whole milk (cow's milk)

Soya milk

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?

With all water

With all milk With milk and water

Did not eat

5. Did you usually sweeten or salt the porridge?

With sugar

With honey

With salt Neither/did not eat

6. How did you usually make instant oat cereal for your toddler?

With all water

With all milk With milk and water

Did not eat

7. Did you usually sweeten or salt the instant oat cereal?

With sugar

With honey

With salt Neither/did not eat

Fats for spreading and cooking

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

Please record the full product name and fat content.

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

Name:

None

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

Thick Medium Thin N/A

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

e.g. *Sainsbury's sunflower oil*

Name:

None

Bread

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

White Granary Wholemeal Brown

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

Other

Type

Did not eat

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

Large

Small

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

Thick

Medium

Thin Unsliced

Meat

14. If your toddler ate meat during the recording period, did s/he eat the visible fat?

Always

Sometimes

Never

Did not eat meat

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

Always

Sometimes

Never

Did not eat poultry

Fruit and vegetables

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

Always

Sometimes

Never

Did not eat

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

Always Sometimes Never Did not eat

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

Always Sometimes Never Did not eat

19. If your toddler ate baked (jacket) potatoes during the recording period, did s/he eat the skin?

Always Sometimes Never Did not eat

Salt

20. Do you add salt to your toddler's food at the table?

Always Sometimes Never

21. Do you add salt substitute to your toddler's food at the table? e.g. LoSalt

Always Sometimes Never

Cordial/squash/diluting juice

22. Which type of squash/cordial did your toddler drink most often during the recording period?

Standard

No added sugar /diet/low calorie

Did not drink

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

Name: _____

Single Concentrate

Double Concentrate

24. How much do you usually dilute your toddler's squash (e.g. half squash/half water, or 1 part squash with 4 parts water)?

Please tell us: _____

Other soft drinks

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

Standard

No added sugar /diet/low calorie

Did not drink

Water

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

Tap

Filtered

Bottled brand _____

Tea

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

A lot Some A little None/did not drink

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

Yes Number of teaspoons None/did not drink

Drinks in general

29. Does your toddler finish all their cup/bottle each time you make it up?

Yes No

If No, please tell us how much of it they usually drink e.g. half, three-quarters: _____

If you are able to, please use a measuring jug to measure your toddler's usual drinking vessels e.g. mug, glass, cup, bottle, beaker etc. and provide the volumes below

Thank you for completing this diary.

NDNS

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence

Point	Address	CKL	Participant no	First name:	Spare
<input type="text"/> 1001- 1005	<input type="text"/> 1006 - 1007	<input type="text"/> 1008	<input type="text"/> 1011	<input type="text"/> 1012 - 1026	
Card	Type	Batch	Interviewer no.		
<input type="text"/> 0 1009 - 1010	<input type="text"/> 1 1038	<input type="text"/> 1027 - 1031	<input type="text"/> 1032 - 1037	<input type="text"/> 1039 - 1050	

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

GREEN

How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

Yes 1

No 2

- Sometimes you have to write a number in the box, for example

I was **8** years old

write in

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

No 2 **Go to question 4**

Yes 1
I was **10** years old
write in

Cigarette Smoking

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

Tick one box

1051

No

 2

Go to question 2

Yes

 1

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

1052 - 1053

I was years old

Write in

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

Tick one box

1054

I have never smoked

 1

Go to question 4

I have only smoked once or twice

 2

I used to smoke sometimes, but I never smoke a cigarette now

 3

Go to question 3

I sometimes smoke, but I don't smoke every week

 4

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

- Q3** Did you smoke any cigarettes last week?

Tick one box

1055

No

 2

Go to question 4

Yes

 1

How many cigarettes did you smoke last week?

1056 - 1058

I smoked cigarettes

cigarettes

Write in

Drinking

- Q4** Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

1075

Yes

→ **Go to question 6**

No

→ **Go to question 5**

- Q5** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box

1076

Yes

→ **Go to question 6**

No

→ **END**

- Q6** How old were you the first time you had a proper alcoholic drink or alcopop?

1077 - 1078

I was

years old

write in

- Q7** How often do you usually have an alcoholic drink or alcopop?

Tick one box

1079

Almost every day

→ **Go to question 8**

About twice a week

About once a week

About once a fortnight

About once a month

Only a few times a year

I never drink alcohol now

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

Tick one box

1080

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

Spare 1081 - 1099

Thank you for answering these questions.

Please return the booklet to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for 13-15 year olds

In Confidence

Point

<input type="text"/>				
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1001 -
1005

Address

<input type="text"/>	<input type="text"/>
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1006 -
1007

CKL

<input type="text"/>

1008

Participant no

<input type="text"/>

1011

First
name: 1012 - 1026

Card

<input type="text"/> 0	<input type="text"/> 1
------------------------	------------------------

1009 -
1010

Type

<input type="text"/> 2

1038

Batch

<input type="text"/>

1027 - 1031

Interviewer
no. 1032 - 1037

Spare
1039 -
1050

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

BLUE

How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes 1

No 2

- Sometimes you have to write a number in the box, for example

I was **13** years old
write in

- Next to some of the boxes are arrows and instructions
They show or tell you which question to answer next.
If there are no special instructions, just answer the next question.

No 2 → Go to Q4

Yes 1
I was **13** years old
write in

Cigarette Smoking

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

Tick one box

1051

Yes

1

No

2



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

Tick one box

1052

I have never smoked

1

→ Go to question 5

I have only smoked once or twice

2

I used to smoke sometimes, but I never smoke a cigarette now

3

I sometimes smoke, but I don't smoke every week

4

→ Go to question 3

I smoke between one and six cigarettes a week

5

I smoke more than six cigarettes a week

6

- Q3** How old were you when you tried smoking a cigarette, even if it was only a puff or two?

1053 - 1054

I was

years old

→ Go to question 4

write in

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

Tick one box

1055

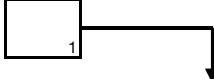
No

2

→ Go to question 5

Yes

1



How many cigarettes did you smoke last week?

1056 - 1058

I smoked

cigarettes

Write in

Spare 1059 - 1074

Drinking

- Q5** Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

1075

Yes

→ Go to question 7

No

→ Go to question 6

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

Tick one box

1076

Yes

→ Go to question 7

No

→ END

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

1077 - 1078

I was

years old

Go to question 8

write in

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

Tick one box

1079

Almost every day

1

About twice a week

2

About once a week

3

About once a fortnight

4

About once a month

5

Only a few times a year

6

I never drink alcohol now

7

→ Go to question 9

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

Tick one box

1080

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

→ Go to question 10

→ END

Q10 Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager, cider or shandy
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

Tick one box

1081

No

 2

→ Go to question 11

Yes

 1

How much did you drink in the last 7 days?

Write in:

1083 - 1086

Spare 1082

Pints (if half a pint, write in ½)

1088 - 1089

Spare 1087

AND/OR

Large cans or bottles

1091 - 1092

Spare 1090

AND/OR

Small cans or bottles

Q11 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

1093

No

 2

→ Go to question 12

Yes

 1

How much did you drink in the last 7 days?

Write in:

1095 - 1096

Spare 1094

Glasses (count doubles as two glasses)

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

Have you drunk this in the last 7 days?

Tick one box

1097

No

 2

→ Go to question 13

Yes

 1

How much did you drink in the last 7 days?

Write in:

1099 - 1100

Spare 1098

Glasses (count doubles as two glasses)

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

1101

No

 2

→ Go to question 14

Yes

 1

How much did you drink in the last 7 days?

Write in:

1103 - 1104

Spare 1102

Glasses

Spare 1105-1115

Q14 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc.)

Have you drunk this in the last 7 days?

Tick one box

1116

No

 2

→ Go to question 15

Yes

 1

How much did you drink in the last 7 days?

Write in:

1118 - 1119

Spare 1117

Large cans or bottles

1121- 1122

Spare 1120

AND/OR

Small cans or bottles

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

1123

No

 2

→ END

Yes

 1

→ Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

1125 - 1134

1124

1136 - 1145

1135

1147 -1156

1146

Spare 1157 - 1170

Thank you for answering these questions.

Please return the booklet to the interviewer.

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NDNS

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Participant no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026			
Card <table border="1"><tr><td>0</td><td>1</td></tr></table> 1009 - 1010	0	1	Type <table border="1"><tr><td>3</td></tr></table> 1038	3	Batch <input type="text"/> 1027 - 1031	Interviewer no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1032 - 1037	Spare <input type="text"/> 1039 - 1050
0	1						
3							

Example Questions: How to fill in this questionnaire

Most of the questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick one box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
-------------------	---------------------	-----------------------	-------------------

Example 1: Do you feel that you lead a ...

<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	---------------------------------------	----------------------------	----------------------------

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example 2:

Write in no.

6

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Tick one box

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

Yes

<input checked="" type="checkbox"/> 1

Go to question 4

No

<input type="checkbox"/> 2

Go to question 5

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

PEACH

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SMOKING

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

Tick one box

1051

Yes

→ Go to question 2

No

→ Go to question 11 on page 3

Q2 Have you ever smoked a cigarette?

Tick one box

1052

Yes

→ Go to question 3

No

→ Go to question 11 on page 3

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

1053 - 1054

Write in how old you were then

→ Go to question 4

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

1055

Yes

→ Go to question 6

No

→ Go to question 5

Q5 Did you smoke cigarettes regularly or occasionally?

Tick one box

1056

Regularly, that is at least one cigarette a day

→ Go to question 9 on page 2

Occasionally

→ Go to question 11 on page 3

I never really smoked cigarettes, just tried them once or twice

3

CURRENT SMOKERS

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

1057 - 1059

Write in number smoked a day

→ Go to question 7

Q7 And about how many cigarettes a day do you usually smoke at weekends?

1060 - 1062

Write in number smoked a day

→ Go to question 8 on page 2

Q8 Do you mainly smoke ...

Tick one box

1063

1
2
3

filter-tipped cigarettes,
plain or untipped cigarettes,
or hand-rolled cigarettes?

→ Go to question 11

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

1064 - 1066

Write in number smoked a day

--

→ Go to question 10

Q10 How long ago did you stop smoking cigarettes regularly?

Was it...

Tick one box

1067

1
2
3
4
5
6

...less than 6 months ago,
...6 months to 1 year ago,
...1 to 2 years ago,
...2 to 5 years ago,
...5 to 10 years ago,
...or more than 10 years ago,

→ Go to question 11

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

Q11 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box
1075

- Yes 1 → Go to question 14
No 2 → Go to question 12

Q12 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

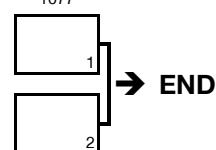
Tick one box
1076

- Very occasionally 1 → Go to question 14
Never 2 → Go to question 13

Q13 Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box
1077

- Always a non-drinker
Used to drink but stopped



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

1078 - 1079

Write in how old you were then



Q15 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box

1080-
1081

- Almost every day 01 → Go to question 16
- Five or six days a week 02
- Three or four days a week 03
- Once or twice a week 04
- Once or twice a month 05
- Once every couple of months 06
- Once or twice a year 07
- Not at all in the last 12 months 08 → END

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

Tick one box

1082

- Yes 1 → Go to question 17
- No 2 → END

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

Tick one box

1083

- One 1
- Two 2
- Three 3
- Four 4 → Go to question 18
- Five 5
- Six 6
- Seven 7

Q18 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

		WRITE IN HOW MUCH DRUNK ON THAT DAY				
TICK ALL DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	1084-1099 01					1100-1107
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)	02					1108-1115
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03					1116-1117
Sherry or martini (including port, vermouth, cinzano, dubonnet)	04					1118-1119
Wine (including babycham and champagne). You can write in parts of a bottle e.g. half a bottle	05	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)	1120-1128
Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	06				Small cans or bottles	1129-1130
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
1.	07					1131-1140
2.	08					1141-1150

Spare 1151 - 1170

Thank you for answering these questions.

Please return the booklet to the interviewer.

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NDNS(I)

National Diet and Nutrition Survey

Recent Physical Activity Questionnaire¹ self-completion booklet

In Confidence

Point

--	--	--	--	--

Address

--	--

CKL

--

Participant No.

--

First name:

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

Interviewer
no.

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

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.

Usual mode of travel				
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	Average over the last 4 weeks ending yesterday					
	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	Average over the last 4 weeks ending yesterday					
	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	Average over the last 4 weeks ending yesterday					
	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 weekday (Mon-Fri)						
On a weekend day (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 (excluding travel)				

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

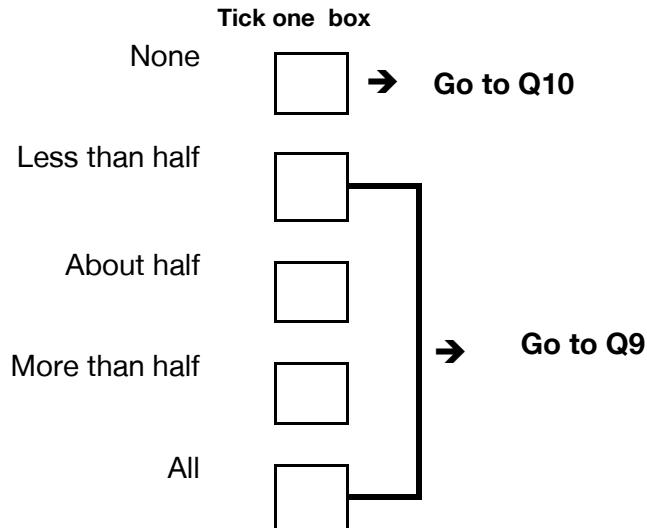
This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

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.



- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------	--------------------------	--------------------------	--------------------------	-----------	--------------------------	--------------------------	--------------------------

- Q11** How many times a week did you travel from home to your main place of work or school/college? Count **outward journeys only**.

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

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):

Thank you for answering these questions.

Please return the booklet to the interviewer.

National Diet and Nutrition Survey (NDNS)

P8255 Year 8

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:

HOUSEHOLD GRID	2
NURSE SCHEDULE	4
INFANT LENGTH	13
PRESCRIBED MEDICATIONS	15
BLOOD PRESSURE.....	16
DEMI-SPAN	21
WAIST AND HIP	23
BMI TO GP CONSENT	25
BLOOD SAMPLE	26
DRUGS	49

HOUSEHOLD GRID

Person

Person number
: 1..2

HHGridNo

Household grid number
: 1..10

Name

Name
: STRING [20]

Sex

Sex
1 Male
2 Female

AgeOf

Age
: 0..120

AgeOfM

Age in months
: 00..1440

OC

Agreed nurse?
1 Agreed
2 Refused
3 Unsure

IF (age <16) THEN

ParName1

Parent name 1
: STRING [20]

ParName2

Parent name 2
: STRING [20]

DemiS

Requires demi-span.
1 Yes
2 No

DOB

Date of Birth
: DATETYPE.

Height

: 60.0..244.0

Wght

Weight

: 0.0..130.0

BMI

Body Mass Index

: 5.0..50.0

NURSE SCHEDULE

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

RDemiS

Requires demi-span?

1 Yes

2 No

WeekAge

Age of infant participant (in weeks).

: 0..997

RSex

Sex of participant.

1 Male

2 Female

DrugClot

Any anti-coagulant drugs recorded in the drugs section?

1 Yes

2 No

NSeqNo

Nurse Schedule number.

: 0..2

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 (participant agreed nurse visit) THEN

Info

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

Person	(<i>Person number</i>)
Name	(<i>Participant name</i>)
Age	(<i>Participant age at date of 1st interviewer visit</i>)
DOB	(<i>Participant date of birth</i>)
Sex	(<i>Participant sex</i>)
Height	(<i>Participant Height cm</i>)
Weight	(<i>Participant Weight kg</i>)
BMI	(<i>Participant BMI</i>)

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

IF (participant was unsure about nurse visit) THEN

Info

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

Person	(<i>Person number</i>)
Name	(<i>Participant name</i>)
Age	(<i>Participant age at date of 1st interviewer visit</i>)
DOB	(<i>Participant date of birth</i>)
Sex	(<i>Participant sex</i>)
Height	(<i>Participant Height cm</i>)
Weight	(<i>Participant Weight kg</i>)
BMI	(<i>Participant BMI</i>)

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 (RefInfo = Change) THEN

Info

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

Person	(<i>Person number</i>)
Name	(<i>Participant name</i>)
Age	(<i>Participant age at date of 1st interviewer visit</i>)
DOB	(<i>Participant date of birth</i>)
Sex	(<i>Participant sex</i>)
Height	(<i>Participant Height cm</i>)
Weight	(<i>Participant Weight kg</i>)
BMI	(<i>Participant BMI</i>)

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*) 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 OFFICE BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES.

ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES.

CIRCLE **CONSENT CODE 01** AT QUESTION 8 ON FRONT OF THE OFFICE 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 OFFICE 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 O INITIAL **STATEMENT 2** BOX IN THE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES.

ASK PARTICIPANT / PARENT/ GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES.

CIRCLE **CONSENT CODE 03** AT QUESTION 8 ON FRONT OF THE OFFICE 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 OFFICE 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.

NDNS YEAR 8 CAPI_NURSE

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

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

NoBP

NURSE: No blood pressure reading to be done.

Press <1> and <Enter> to continue.

- 1 Continue

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

PregMes

NURSE: 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 10, 12, 14, and 16** AT QUESTION 8 ON FRONT OF THE OFFICE 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 their Personal Consent Booklet.

#That full GP details are entered on front of the Office Consent Booklet.

#The name by which GP knows participant is entered on the front of the Office Consent Booklet.

#That all participant details are completed on front of the Office Consent Booklet.

#That all necessary initials and signatures have been collected in both consent booklets.

#That appropriate codes have been circled at Question 8 on the front of the office 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.

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

NurOut

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

- 1 NotToBe (800) "Refuses nurse visit - not to be interviewed",
- 2 Complete (810) "Nurse schedule completed",
- 3 NoContact (820) "No contact made",
- 4 PerRef (830) "Refusal by person",
- 5 ProxRef (840) "Proxy refusal",
- 6 Broken (850) "Broken appointment",
- 7 IllHome (860) "Ill (at home)",
- 8 IllHosp (870) "Ill (in hospital)",
- 9 Away (880) "Away (other reason)",
- 10 Other (890) "Other reason for schedule not being completed"

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

StartTime

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

BLOOD PRESSURE

FOR PARTICIPANTS AGED 5 AND OVER WHO ARE NOT PREGNANT

BPMOD

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

Press <1> and <Enter> to continue.

1 Continue

IF (Age >=16) THEN

BPIintro

(As I mentioned earlier) We would like to measure your/(*child's name*)'s blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

Press <1> and <Enter> to continue

1 Continue

IF (Age 5 -15) THEN

BPIblurb

NURSE: Read out to parent ('parent'):

(As I mentioned earlier) we would like to measure your/(*child's name*)'s blood pressure. If you wish, I will write the results on your/(*his/her*) Measurement Record Card.

I will not, however, be able to tell you what the results mean. This has to be calculated using your/(*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that you/(*he/she*) have/(*has*) high blood pressure.

However, if you would like us to, we will send your/(*his/her*) results to your/(*his/her*) GP who is better placed to interpret them. In the unlikely event that (*participant's name*) should be found to have a high blood pressure for your/(*his/her*) age and height, we shall advise your/(*his/her*) GP (with your permission) that your/(*his/her*) blood pressure should be measured again.

Press <1> and <Enter> to continue.

1 Continue

BPCONST

NURSE: Does the participant agree to blood pressure measurement?

- | | | |
|---|--------|------------------------------------------------------|
| 1 | Agree | "Yes, agrees" |
| 2 | Refuse | "No, refuses" |
| 3 | Unable | "Unable to measure BP for reason other than refusal" |

IF (BPCONST = Agree) AND (Age >=13 -65) THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|--------------------------|
| 1 | Eat | "Eaten" |
| 2 | Smoke | "Smoked" |
| 3 | Drink | "Drunk alcohol" |
| 4 | Exercise | "Done vigorous exercise" |
| 5 | None | "(None of these)" |

IF (BPConst = Agree) AND (Age >65) THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|-------------------|
| 1 | Eat | "Eaten" |
| 2 | Smoke | "Smoked" |
| 3 | Drink | "Drunk alcohol" |
| 4 | Exercise | "Done exercise" |
| 5 | None | "(None of these)" |

IF (BPConst = Agree) AND (Age 5 - 12) THEN

ConSubX2

May I just check, has (*participant's name*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|--------------------------|
| 1 | Eat | "Eaten" |
| 2 | Exercise | "Done vigorous exercise" |
| 3 | None | "Neither" |

DINNo

NURSE: Please record the Omron serial number.

E.g. if it says 'LOM 111', enter '111'

: 001..999

IF (BPConst=Agree)

CufSize

NURSE: Select cuff and attach to the participant's **right** arm. Ask the participant to sit still for five minutes.

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

Record cuff size chosen.

Cuff size

- | | | |
|---|--------|---------------------|
| 1 | Small | "Small (15-22 cm)" |
| 2 | Medium | "Medium (22-32 cm)" |
| 3 | Large | "Large (32-42 cm)" |

Sys to Pulse repeated for up to three blood pressure readings

Sys

NURSE: Enter the (**first/second/third**) systolic reading (mmHg). If reading not obtained, enter 999.

: 001..999

Dias

NURSE: Enter the (**first/second/third**) diastolic reading (mmHg). If reading not obtained, enter 999.

: 001..999

Pulse

NURSE: Enter the (**first/second/third**) pulse reading (bpm). If reading not obtained, enter

999.

: 001..999

Full

All readings OK

- Yes
 No

IF (AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF READINGS) THEN**YNoBP**

NURSE: Enter reason for not recording any full BP readings.

- | | | |
|---|---------|---------------------------------------------------------|
| 1 | Tried | "Blood pressure measurement attempted but not obtained" |
| 2 | NoTry | "Blood pressure measurement not attempted" |
| 3 | Refused | "Blood pressure measurement refused" |

RespBPS

- | | | |
|---|---------|-----------|
| 1 | Three | "Three" |
| 2 | Two | "Two" |
| 3 | One | "One" |
| 4 | Tried | "Tried" |
| 5 | NoTry | "NoTry" |
| 6 | Refused | "Refused" |

IF (RespBPS = Two..Refused) OR (BPConst = Refuse) THEN**NAttBPD2**NURSE: Record why (*only two readings obtained/only one reading obtained/reading not obtained/reading not attempted/reading refused/unable to take reading*).

CODE ALL THAT APPLY.

- | | | |
|---|--------|-----------------------------------------------------|
| 0 | PC | "Problems with PC/ laptop" |
| 1 | Upset | "Participant upset/anxious/nervous" |
| 2 | Error1 | "Error reading" |
| 3 | Shy | "Too shy (children)" |
| 4 | Fidget | "Child would not sit still long enough (children)" |
| 5 | Other | "Other reason(s) (specify at next question)" |
| 6 | Cuff | "Problems with Cuff fitting/painful" |
| 7 | Omron | "Problems with Omron readings (zeros, no readings)" |

IF (NAttBPD2 = Other) THEN**OthNBP**

NURSE: Enter full details of other reason(s) for not obtaining/attempts three BP readings.

: STRING [140]

IF (RespBPS = One, Two or Three) THEN**DifBPC**

NURSE: Record any problems taking readings.

CODE ALL THAT APPLY.

- | | | |
|---|----------|------------------------------------------------------------|
| 1 | NoProb | "No problems taking blood pressure" |
| 2 | LeftOnly | "Reading taken on left arm because right arm not suitable" |
| 3 | Upset | "Participant was upset/anxious/nervous" |
| 4 | Other | "Other problems (specify at next question)" |
| 5 | Cuff | "Problems with cuff fitting/painful" |
| 6 | Omron | "Problems with Omron readings (zeros, no readings)" |

IF (DifBPC = Other) THEN

OthDifBP

NURSE: Record full details of other problem(s) taking readings.

: STRING [140]

IF (RespBPS = One, Two or Three) THEN

GPRegBP

Are/Is you/(*child's name*) registered with a GP?

- 1 Yes
- 2 No

IF (GPRegBP = Yes) THEN

GPSend

May we send your/(*child's name*)'s blood pressure readings to your/(his/her) GP?

- 1 Yes
- 2 No

IF (GPSend = No) THEN

GPRefC

NURSE: Specify reason(s) for refusal to allow BP readings to be sent to GP. CODE ALL THAT APPLY.

- | | | |
|---|----------|------------------------------------|
| 1 | NeverSee | "Hardly/Never sees GP" |
| 2 | GPKnows | "GP knows Participant's BP level" |
| 3 | Bother | "Does not want to bother GP" |
| 4 | Other | "Other (specify at next question)" |

IF (GPRefC = Other) THEN

OthRefC

NURSE: Give full details of reason(s) for refusal.

: STRING [140]

IF (GPReg <> Yes) OR (GPSend = No) THEN

Code06

NURSE: CIRCLE **CONSENT CODE 06 (NO CONSENT FOR BLOOD PRESSURE TO GP)**
AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

IF (GPSend = Yes) THEN

Code05

NURSE: FOR ADULTS OR CHILDREN AGED 4 TO 15 ASK PARTICIPANT TO INITIAL CONSENT STATEMENT 3 'BLOOD PRESSURE RESULTS TO GP' IN THE OFFICE AND PERSONAL CONSENT BOOKLET

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

CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF OFFICE CONSENT BOOKLET.

CHECK NAME BY WHICH GP KNOWS PARTICIPANT, AND ENTER ON FRONT OF OFFICE CONSENT BOOKLET.

CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

IF (RespBPS = One, Two or Three) THEN

BPOffer

NURSE: Offer blood pressure results to participant/ (participant's parent).

(Displays readings)

- i) Systolic
- ii) Diastolic
- iii) Pulse

Enter these on (*participant's name*)'s **Measurement Record Card**

Press <1> and <Enter> to continue

1 Continue

IF (age >= 16) AND (conrais = 1) THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO PARTICIPANT:

Your blood pressure is high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

NURSE: IF PARTICIPANT IS ELDERLY, ADVISE HIM/ HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF (age >= 16) AND (modrais = 1) THEN

TICK THE MODERATELY RAISED BOX AND READ OUT TO PARTICIPANT

Your blood pressure is a bit high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF (age >= 16) AND (milrais = 1) THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO PARTICIPANT

Your blood pressure is a bit high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF (age >= 16) AND (normbp = 1) THEN

TICK THE NORMAL BOX AND READ OUT TO PARTICIPANT

Your blood pressure is normal.

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" |
| 2 | NoWall | "Standing not against the wall" |
| 3 | Sitting | |
| 4 | Lying | "Lying down" |
| 5 | LeftArm | "Demi-span measured on left arm due to unsuitable right arm" |

IF (Span <> 999.9) THEN

DSCard

NURSE: Write results of demi-span measurement on 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 (1st) <> 999.9 AND Waist (1st) <> EMPTY) OR (Waist (2nd) <> 999.9 AND Waist (2nd) <> EMPTY)) THEN

WJRel

NURSE: Record any problems with *waist* measurement:

- | | | |
|---|----------|-------------------------------------------------------------------------------------|
| 1 | NoProb | "No problems experienced, <i>reliable</i> waist measurement" |
| 2 | ProbRel | "Problems experienced - waist measurement <i>likely to be reliable</i> " |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be <i>slightly unreliable</i> " |
| 4 | ProbUn | "Problems experienced - waist measurement <i>likely to be unreliable</i> " |

IF (WJRel = ProbRel OR ProbSIUn OR ProbUn) THEN

ProbWJ

NURSE: Record whether problems experienced are likely to increase or decrease the *waist* measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

IF AT LEAST ONE HIP MEASUREMENT OBTAINED IF ((Hip (1st) <> 999.9 AND Hip (1st) <> EMPTY) OR (Hip (2nd) <> 999.9 AND Hip (2nd) <> EMPTY)) THEN

HJRel

NURSE: Record any problems with *hip* measurement:

- | | | |
|---|----------|-----------------------------------------------------------------------------------|
| 1 | NoProb | "No problems experienced, <i>reliable</i> hip measurement" |
| 2 | ProbRel | "Problems experienced - hip measurement <i>likely to be reliable</i> " |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be <i>slightly unreliable</i> " |
| 4 | ProbUn | "Problems experienced - hip measurement <i>likely to be unreliable</i> " |

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

BMI TO GP CONSENT

IF (GPRegBP <> Yes) THEN

GPRegBM

NURSE CHECK: Is participant registered with a GP?

- 1 Yes "Participant registered with GP"
- 2 No "Participant not registered with GP"

IF (GPRegBP = Yes) THEN

ConsBMI

During the first stage, the interviewer measured your height and weight and from this, your Body Mass Index (BMI) was calculated. BMI is a way of telling if you're a healthy weight for your height. May we send your BMI calculation to your GP?

NURSE: Tell them that it was calculated to be (**BMI measurement**)/ tell them that it is not available from first stage interview.

- 1 Yes
- 2 No

IF (ConsBMI = Yes) THEN

Code07

NURSE: ASK PARTICIPANT TO INITIAL STATEMENT 4 IN 'BMI (TO GP) CONSENT' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

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

CIRCLE **CONSENT CODE 07** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue

- 1 Continue

IF (ConsBMI = No) OR (PBMI<>RESPONSE) THEN

Code08

NURSE: THE PARTICIPANT DOES **NOT** WANT THEIR BMI CALCULATION SENT TO THEIR GP/ WE DO NOT HAVE A BMI MEASUREMENT FOR THIS PARTICIPANT SO WE CANNOT SEND IT TO THEIR GP.

CIRCLE **CONSENT CODE 08** (NO CONSENT FOR FOR BMI TO GP) AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

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 FASTING BLOOD SAMPLE. GIVE PARTICIPANT RELEVANT LEAFLETS.

Press <1> and <Enter> to continue.

1 Continue

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: Aspirin therapy is not a contraindication for blood sample.)

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)?

1 Yes

2 No

IF (age >=16) THEN

ClotBA

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

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

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

1 Yes

2 No

IF (age >= 16) AND (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

2 No

IF (age >= 16) AND (ClotBA = No) AND (FitA = No) THEN

BSWill

Would you be willing to have a fasting blood sample taken?

NURSE: THE PARTICIPANT SHOULD FAST FOR 8 HOURS. REMIND HE/SHE THAT THEY CAN AND SHOULD DRINK WATER AS NORMAL.

NDNS YEAR 8 CAPI_NURSE

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

IF (age>=4 – 16) AND (ClotB = No) AND (Fit = 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 6-10INC). 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 CHIDLREN 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
- 3 Unable "Participant unable to give blood sample for reason other than refusal
(please specify at next question)"

IF (BSWill = Yes) or (CBSConst = Yes) THEN

LabChk

NURSE: CHECK THE PARTICIPANT'S DATE OF BIRTH AND GENDER AGAINST THE BARCODED LABELS ON THE MONOVETTE TUBES.

Date of birth:

Gender:

IF ANY DETAIL IS INCORRECT CONTACT HNR IMMEDIATELY

Press <1> and <Enter> to continue

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 (BSWill = Unable) OR (CBSConst = Unable) THEN

UnReas

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

: STRING[100]

IF ((age < 16) AND (ClotB = Yes) OR (Fit = Yes)) OR ((age >= 16) AND (ClotBA = Yes) OR (FitA = Yes)) THEN

BSStop

NURSE: No Blood Samples should be taken from (participant name)

Ring **consent codes 10, 12, 14 and 16** 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)) THEN

Diabetes

NURSE: HAS THE PARTICIPANT TOLD YOU THAT THEY ARE DIABETIC AND UNWILLING TO FAST?

IF PARTICIPANT IS DIABETIC AND CONCERNED ABOUT FASTING, **PRESS F9 FOR GUIDANCE** ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING BLOOD SAMPLE.

CODE BELOW WHETHER PARTICIPANT WILLING TO GIVE A FASTING BLOOD SAMPLE.

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.

Note that the option of providing a non-fasting sample is only open to diabetics and participants under the age of 4. Blood should not be taken from participants who are willing to provide a sample but are not prepared to fast.

- | | | |
|---|---------|---------------------------------------------------------|
| 1 | NotDiab | "Not diabetic/not mentioned" |
| 2 | Yes | "Diabetic and willing to give fasting blood" |
| 3 | No | "Diabetic and not willing to give fasting blood sample" |

IF (Diabetes = No) THEN

DiabNF

NDNS YEAR 8 CAPI_NURSE

NURSE: THIS PERSON SHOULD GIVE A NON -FASTING BLOOD SAMPLE. THIS BLOOD SAMPLE SHOULD BE TAKEN AT THE SAME TIME AS A FASTING BLOOD SAMPLE FROM OTHER HOUSEHOLD MEMBERS (IF APPLICABLE).

Press <1> and <Enter> to continue.

- 1 Continue

IF (Diabetes = NotDiab OR Yes) THEN

IsTime

NURSE: IS THE TIME CURRENTLY BEFORE 10 AM?

(The computer says time is (*time on laptop*))/ (When this question was originally answered the time was (*time in laptop*))

- 1 Yes

- 2 No

IsTimeT

Time that *IsTime* was first asked.

: TIMETYPE

IF (IsTime = Yes) AND (Computer time = before 10am) THEN

Eat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

- 1 Yes

- 2 No

IF (Age >=4 -11) AND (BSWill = Yes) OR (CBSConst= Yes) AND (Diabetes = No)

THEN

NFastBl

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IF ((age < 11) AND (Nurse = paediatric phlebotomist))

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)/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 (Age >=11) AND (BSWill = Yes) OR (CBSConst= Yes) AND (Diabetes = No) THEN

NFastBl

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

Are the labs open (i.e. is it Monday - Thursday)/expecting a sample?

Is there anyone else in the household who will give blood?

If so, could you take blood from both 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) 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 ONLY

Press <1> and<Enter> to continue.

1 Continue

IF (Eat = No) AND (AGE<11) THEN

FastBI

NURSE: THIS PARTICIPANT COULD GIVE A FASTING BLOOD SAMPLE NOW. BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

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 (Eat = No) AND ((AGE >11) OR ((CAgeNow =11) AND (PSeqNo<>1)) THEN

FastBI

NURSE: THIS PARTICIPANT COULD GIVE A FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

Are the labs open/expecting a sample?

Is there anyone else in the household who will give blood?

If so, you should take blood from both 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 (FastBI = No) THEN

FBAppt

NURSE: ARRANGE AN APPOINTMENT WITH (*participant's name*) TO TAKE A BLOOD SAMPLE. THIS SHOULD BE BEFORE 10AM, MONDAY TO THURSDAY ONLY

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

IF (age < 6) THEN

AmetInt

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

AmelInt

NURSE: Explain that there is the option of using Cryogesic spray or Ametop gel, but that a sample can be given without Cryogesic or Ametop.

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. 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

AmelInt

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. 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/she* currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

IF (age < 16) AND (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)

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

- 1 Yes
- 2 No

IF (age > 16) AND (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 = 2 AND TEat =YES) Then

TBSStop

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant's name*). CIRCLE
CONSENT CODES 10, 12, 14 AND 16 AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

To continue with this schedule on the first visit, press <1> and <Enter>

- 1 Continue

IF (PVisit<>1) AND (TFitA = No) AND (Age >=4) AND (PDiabetes = 3) AND (TClotB OR TClotBA = No)THEN

TEat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

NURSE: Please note this participant is a diabetic and is willing to give a non-fasting blood sample

- 1 Yes
- 2 No

IF (PVisit<>1) AND (TFitA = No) AND (Age >=4) THEN

TEat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

- 1 Yes
- 2 No

IF (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 (TEat = Yes) OR (ChEat = Yes) THEN

ReArr

NURSE: The participant has eaten something and cannot give a fasting blood sample today. Try to rearrange the appointment for another day.

- 1 Appt "Appointment rearranged to take blood"
- 2 NoAppt "Not able to make another appointment"

IF (2nd visit AND ReArr = NoAppt) OR (3rd visit) THEN

TBSStop

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (participant name). CIRCLE **CONSENT CODES 10, 12, 14 and 16** AT QUESTION 8 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

To continue with this schedule on the first visit, press <1> and <Enter>.

- 1 Continue

IF (2nd 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.

To continue with this schedule on the first visit, press <1> and <Enter>.

- 1 Continue

IF (age >= 16) THEN

TBSWill

Would you be willing to have a fasting/(non-fasting) blood sample taken?

- 1 Yes
- 2 No
- 3 Unable "Participant unable to give blood for reason other than refusal (please specify at next question)"

IF (age < 16) THEN

TCBSConst

ASK PARENT

Are you willing for your child to have a fasting/(non-fasting) blood sample taken? NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM.

IF (age <11) AND (Date after 20/09/2013) THEN

EXTENDED ROLE NURSES CANNOT TAKE CHILD BLOODS AFTER 20 SEPT 2013 UNLESS THEY HAVE BEEN ON THE PAEDIATRIC VENEPUNCTURE PROGRAMME.

ELSEIF (age<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 1st.

- 1 Yes
- 2 No
- 3 Unable "Participants unable to give blood for reason other than refusal (please specify at next question)"

IF (age>=6) THEN

CryUse

ASK PARENT

Do you want Cryogesic spray to be used?

- 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 (CryAll=No) OR (CryAll= Don't know) THEN

DoCry

NURSE: **Blood sample with Cryogesic spray.**

- Apply Cryogesic spray following instructions.

Press <1> and <Enter> to continue.

1 Continue

IF (Age <6) OR ((Age = 6 -16) 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.

NDNS YEAR 8 CAPI_NURSE

- 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 (TBSWill = Yes) OR (TCBSConst=Yes) AND (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 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)",
10 Other "Other"

IF (TRefBSC = Other) THEN

TOthRef

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

: STRING [135]

IF (TBSWill = Unable) OR (TCBSConst= Unable) THEN

TUnReas

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

: STRING [100]

IF (TBSWill = Yes) OR (TCBSConst = Yes) AND (CryOrAm <> NoBlood)

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 09C

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 4 FOR CHILDREN AGED 4-15 OR STATEMENT 3 FOR CHILDREN AGED 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.
- MAKE SURE CHILD/PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES
- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 09** AT QUESTION 8 ON FRONT OF THE OFFICE 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

Code09A

NURSE:

- ASK PARTICIPANT TO INITIAL **STATEMENT 5** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.
- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM
- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES
- ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 09** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF TBSStop=1 THEN

Code10

NURSE: CIRCLE **CONSENT CODE 10** (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((TBSWill = Yes) OR (TCBSConst=Yes)) AND (CryOrAm <>NoBlood) AND ((Code09A=RESPONSE) OR (Code09C = 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

Code11

NURSE: **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT TO INITIAL STATEMENT 6 FOR ADULTS, STATEMENT 5 FOR CHILDREN AGED 4-15 OR STATEMENT 4 FOR CHILDREN AGED 1.5-3 BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET.**

- CIRCLE **CONSENT CODE 11** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (ConStorB=No) THEN

Code12

CIRCLE **CONSENT CODE 12** (NO CONSENT FOR BLOOD STORAGE) AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((TBSWill = Yes) OR (TCBSConst=Yes)) AND (CryOrAm <>NoBlood) AND ((Code09A=RESPONSE) OR (Code09C = RESPONSE)) THEN

SnDrSam

ASK PARENT (parent's name)

Would you like to be sent the results of (*child's name*) blood sample analysis?

1 Yes

2 No

IF (SnDrSam = Yes) THEN

Code 13

NURSE:

- **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT TO INITIAL STATEMENT 7 FOR ADULTS, STATEMENT 6 FOR CHILDREN AGED 4-15 OR STATEMENT 5 FOR CHILDREN AGE 1.5-3 IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.**
- **CIRCLE CONSENT CODE 13 AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

1 Continue

IF (SnDrSam = No) THEN

Code 14

NURSE: CIRCLE **CONSENT CODE 14** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((PGPRegBP <>1) AND (PGPRegBM <>1)) OR (Age = 18 months – 3 years) THEN

GPRegFB

NURSE CHECK: Is participant registered with a GP?

- 1 Participant registered with GP
- 2 Participant not registered with GP

IF (GPRegFB = Yes) THEN

SendSam

ASK PARENT/LEGAL GUARDIAN

May we send the 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

Code15

NURSE

- **ASK PARENT/LEGAL GUARDIAN TO INITIAL STATEMENT 8 FOR ADULTS, STATEMENT 7 FOR CHILDREN AGED 4-15 OR STATEMENT 6 FOR CHILDREN AGED 1.5-3 IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.**
- **CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON**

NDNS YEAR 8 CAPI_NURSE

- FRONT OF OFFICE CONSENT BOOKLET (IF NOT ALREADY DONE).
- CHECK NAME BY WHICH GP KNOWS PARTICIPANT, AND ENTER ON FRONT OF OFFICE CONSENT BOOKLET (IF NOT ALREADY DONE).
 - CIRCLE **CONSENT CODE 15** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (GPRegFB=No) OR (SendSam = No) THEN

Code16

NURSE:

- CIRCLE **CONSENT CODE 16** AT QUESTION 8 (NO CONSENT FOR BLOOD SAMPLE RESULTS TO GP) ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code14 = RESPONSE) AND (Code16 = 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/GAURDIAN OF A CHLD 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 (Code14 = RESPONSE) AND (Code16 = RESPONSE) THEN

Code17

NURSE:

- THIS PARTICIPANT DOES NOT WANT THEIR RESULTS SENT TO THEM OR THEIR GP. PLEASE ASK THEM TO READ AND **INITIAL THE STATEMENT IN THE GREY BOX ON THE RELEVANT CONSENT FORM** IN THE OFFICE AND PARTICIPANT CONSENT BOOKLETS:
- STATEMENT 9 FOR 16+ YEARS
- STATEMENT 8i FOR 4-15 YEARS
- STATEMENT 7i FOR 1.5-3 YEARS
- CIRCLE **CONSENT CODE 17** ON THE FRONT PAGE OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

IF (Code13 = RESPONSE) OR (Code15 = RESPONSE) THEN

Code18

NURSE:

- THE PARTICIPANT HAS AGREED TO FEEDBACK FROM BLOOD SAMPLE RESULTS (TO GP AND/OR TO THEMSELVES).
- CIRCLE **CONSENT CODES 18 AND 20** ON THE FRONT OF PAGE OF THE OFFICE CONSENT BOOKLET

Press <1> and <Enter> to continue.

1 Continue

IF (Code14 = RESPONSE) AND (Code16 = RESPONSE) AND (age <16) THEN

SurDoc

NDNS YEAR 8 CAPI_NURSE

NURSE: TO TAKE A BLOOD SAMPLE FROM THE CHILD THE PARENT/LEGAL GUARDIAN MUST INITIAL STATEMENT 8ii ON THE 4-15 CONSENT FORM OR STATEMENT 7ii ON THE 1.5-3 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

Code19

NURSE:

- **ASK PARENT/LEGAL GUARDIAN TO INITIAL STATEMENT 8ii FOR CHILDREN AGED 4-15 OR STATEMENT 7ii FOR CHILDREN AGED 1.5-3 IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.**
- **CIRCLE CONSENT CODE 19 ON THE FRONT OF PAGE OF THE OFFICE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

- 1 Continue

IF (SurDoc=No)

Code20

NURSE:

- A BLOOD SAMPLE **CAN NOT BE TAKEN** FROM THE CHILD.
- **CIRCLE CONSENT CODE 20 ON THE FRONT OF PAGE OF THE OFFICE 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 (Age >=16) THEN

TakSAd1

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialised (not ticked) on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then ...

A) Taken blood samples in the following order:

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (9.0ml) tube **white** cap, label SEN1 (4)
3. Lithium heparin (7.5ml) tube **orange** cap, label LHN1 (5)
4. Lithium heparin (7.5ml) tube **orange** cap, label LHN2 (6)
5. Fluoride (1.2ml) tube **yellow** cap, label FN1 (7)
6. Lithium heparin (4.5ml) tube **orange** cap, label LHN3 (8)
7. EDTA (2.6ml) tube **red** cap, label EN2 (9)

B) Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the field lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

E) Remember to attach labels FOL 1 (23) and FOL 2 (24) to the 3 carbonised copies of the completed Addenbrookes research analysis request form using a paperclip.

Press <1> and <Enter> to continue.

- 1 Continue

IF (Age >=16) THEN

TakSAd2

NURSE:

All 3 copies of the Addenbrookes research Analysis request form, the FOL1 FOL2 labels and

EDTA tube should be posted in the white ejiffy envelope to the Addenbrookes hospital.
Please take careful note of the order (and therefore numbering) of the Addenbrookes and Monovette labels.

- Check to ensure you have used the correct barcoded labels for THIS participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 16 + - PINK LABELLED MICROTUBES PACK), FIELD LAB LABELS 15-22 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 initialised (not ticked) on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then...

A) Take blood samples in the following order (Child 7-15 years - GREEN labelled monovette pack):

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (7.5ml) tube **white** cap, label SEN1 (4)
3. Lithium heparin (7.5ml) tube **orange** cap, label LHN1 (5)
4. Lithium heparin (7.5ml) tube **orange** cap, label LHN2 (6)
5. Fluoride (1.2ml) tube **yellow** cap, label FN1 (7)

B) **Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.**

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the fiel lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

E) **Remember to attach labels FOL 1 (23) and FOL 2 (24) to the 3 carbonised copies of the completed Addenbrookes research analysis request form using a paperclip.**

Press <1> and <Enter> to continue.

1 Continue

IF (Age = 7-15) THEN

TakSCO2

NURSE:

All 3 copies of the Addenbrookes research Analysis request form, the FOL1 FOL2 labels and EDTA tube should be posted in the white ejiffy envelope to the Addenbrookes hospital.

Please take careful note of the order (and therefore numbering) of the Addenbrookes and Monovette labels.

- Check to ensure you have used the correct barcoded labels for this participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 7-15 – GREEN LABELLED MICROTUBE PACK), FIELD LAB LABELS 15-22 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 initialised (not ticked) on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then...

A) Take blood samples in the following order (Child 1.5-6 years – BLUE labelled monovette pack):

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (4.5ml) tube **white** cap, label SEN1 (4)

3. Lithium heparin (4.5ml) tube **orange** cap, label LHN1 (5)

B) Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the field lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

- Check to ensure you have used the correct barcoded labels for this participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 18mths-6yrs – BLUE LABELLED MICROTUBES PACK), FIELD LAB LABELS 15-22 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 1st EDTA (red, 2.6ml) tube filled (label EN1 (3)).

- | | | |
|---|------|--------------------------|
| 1 | YesF | "Yes, FULLY filled", |
| 2 | YesP | "Yes, PARTIALLY filled", |
| 3 | No | "No, not filled" |

IF (Age >=16) THEN

SampF2A

NURSE: Code if the serum (white, 9.0ml) tube filled (label SEN1 (4)).

- | | | |
|---|------|--------------------------|
| 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 1st Lithium heparin (orange, 7.5ml) tube filled (label LHN1 (5)).

- | | | |
|---|------|--------------------------|
| 1 | YesF | "Yes, FULLY filled", |
| 2 | YesP | "Yes, PARTIALLY filled", |
| 3 | No | "No, not filled" |

IF (Age >=16) THEN

SampF4A

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LHN2 (6)).

- | | | |
|---|------|--------------------------|
| 1 | YesF | "Yes, FULLY filled", |
| 2 | YesP | "Yes, PARTIALLY filled", |
| 3 | No | "No, not filled" |

IF (Age >=16) THEN

SampF5A

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label FN1 (7)).

- | | | |
|---|------|--------------------------|
| 1 | YesF | "Yes, FULLY filled", |
| 2 | YesP | "Yes, PARTIALLY filled", |
| 3 | No | "No, not filled" |

IF (Age >=16) THEN

SampF6A

NURSE: Code if the 3rd Lithium heparin (orange, 4.5ml) tube filled (label LHN3 (8)).

- | | | |
|---|------|--------------------------|
| 1 | YesF | "Yes, FULLY filled", |
| 2 | YesP | "Yes, PARTIALLY filled", |
| 3 | No | "No, not filled" |

IF (Age >=16) THEN

SampF7A

NURSE: Code if the 2nd EDTA (red, 2.6ml) tube filled (label EN2 (9)).

- | | | |
|---|------|--------------------------|
| 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 (red, 2.6ml) tube filled (label EN1 (3)).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

IF (Age = 7-15) THEN

SampF2CO

NURSE: Code if the serum (white, 7.5ml) tube filled (label SEN1 (4)).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

IF (Age = 7-15) THEN

SampF3CO

NURSE: Code if the 1st Lithium heparin (orange, 7.5ml) tube filled (label LHN1 (5)).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

IF (Age = 7-15) THEN

SampF4CO

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LHN2 (6)).

- YesF "Yes, FULLY filled",
- YesP "Yes, PARTIALLY filled",
- No "No, not filled"

IF (Age = 7-15) THEN

SampF5CO

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label FN1 (7)).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",
- 3 No "No, not filled"

IF (Age= 18 months – 6 years)

SampF1CY

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label EN1 (3)).

- 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 (white, 4.0ml) tube filled (label SEN1 (4)).

- 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 (orange, 1.1ml) tube filled (label LHN1 (5)).

- 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 (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 COOPERATION AND GIVE THEM THEIR £20 GIFT CARD..

Press <1> and <Enter> to continue.

1 Continue

GCard

Gift card number for participant

: STRING [30]

VpSTime

Time of answering VpProb

TIMETYPE

VpSDate

Date of answering VpProb

DATETYPE

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 cryoseric spray on this participant.

What time did you apply the Cryoseric 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 Cryoseric spray? (DV)

: TIMETYPE

IF (PDoCryAme = 1) THEN

CrySens

Was the participant sensitive to Cryoseric 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

NDNS YEAR 8 CAPI_NURSE

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.

2014-2020

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

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]

VpSam

Code the number of attempts made to take blood.

REMEMBER UP TO 2 ATTEMPTS AT TAKING BLOODS CAN NOW 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"

NDNS YEAR 8 CAPI_NURSE

- 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 Office Consent Booklet.

There is space at the back of the Office 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

Press <1> and <Enter> to continue.

1 Continue

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



NATIONAL DIET AND NUTRITION SURVEY

PROMPT CARDS

CARD A

- 1 English
- 2 Scottish
- 3 Welsh
- 4 Northern Irish
- 5 British
- 6 Other

White:**CARD B**

- 1 White -British /English/ Welsh/ Scottish/ Northern Irish
- 2 White - Irish
- 3 White - Gypsy or Irish Traveller
- 4 Any other white background (please describe....)

Mixed/multiple ethnic groups:

- 5 Mixed – White and Black Caribbean
- 6 Mixed – White and Black African
- 7 Mixed – White and Asian
- 8 Any other mixed background (please describe....)

Asian/Asian British:

- 9 Asian or Asian British – Indian
- 10 Asian or Asian British – Pakistani
- 11 Asian or Asian British – Bangladeshi
- 12 Any other Asian/Asian British background (Please describe...)

Black/African/Caribbean/Black British:

- 13 Black or Black British – Caribbean
- 14 Black or Black British – African
- 15 Any other Black/Black British background (Please describe...)

Other ethnic group:

- 16 Chinese
- 17 Arab
- 18 Any other (Please describe...)

CARD C

- 1 Husband/Wife
- 2 Civil partner
- 3 Partner/Cohabitee
- 4 Natural son/daughter
- 5 Adopted son/daughter
- 6 Foster child
- 7 Stepson/stepdaughter
- 8 Son-in-law/daughter-in-law
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent
- 13 Parent-in-law
- 14 Natural brother/sister
- 15 Half-brother/sister
- 16 Step-brother/sister
- 17 Adopted brother/sister
- 18 Foster brother/sister
- 19 Brother/sister-in-law
- 20 Grand-child
- 21 Grand-parent
- 22 Other relative
- 23 Other non-relative

CARD D

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's or friend's property)
- 6 Squatting

CARD E

- 1 Large supermarket
- 2 Mini supermarket, e.g. Tesco Metro
- 3 Local/Corner shop (including newsagents)
- 4 Garage forecourt
- 5 Independent greengrocer
- 6 Independent butcher
- 7 Independent baker
- 8 Independent fishmonger
- 9 Market (including stalls)
- 10 Farm
- 11 Home delivery (including co-operatives, community schemes/ local initiatives)
- 12 Other shop

CARD F

- 1 More than once a day
- 2 Once a day
- 3 2 or 3 times a week
- 4 Weekly
- 5 2 or 3 times a month
- 6 Monthly
- 7 Every 2 months
- 8 Less often than every 2 months

CARD G

- 1 Freshly made from old potatoes
- 2 Freshly made from new potatoes
- 3 Frozen, fried
- 4 Oven ready chips
- 5 Microwave chips (e.g. McCain Microchips)
- 6 Make chips another way
- 7 Do not prepare/eat chips

CARD H

- 1 Higher degree, e.g. MSc, MA, MBA, PGCE, PhD
- 2 Level 5 NVQ / SVQ
- 3 BTEC Advanced Professional Diploma/Certificate
- 4 First degree, e.g. BSc, BA, BEd, MA at first degree level
- 5 Level 4 NVQ / SVQ
- 6 HNC / HND
- 7 BTEC Higher National or Professional Diploma/Certificate
- 8 RSA or OCR Higher
- 9 GCE 'A'-level
- 10 A2
- 11 AVCE
- 12 SCE Advanced Higher Grades
- 13 SCE Higher Grades (A-C)
- 14 CSYS
- 15 Key Skills Level 3
- 16 Level 3 NVQ / SVQ
- 17 ONC / OND
- 18 BTEC Advanced or National Diploma/Certificate
- 19 RSA or OCR Advanced Diploma
- 20 City & Guilds Advanced Craft / Part 3
- 21 Advanced GNVQ; Vocational A Level
- 22 Advanced Modern Apprenticeship
- 23 GCSE grade A*-C

see over for more codes

CARD H continued....

CARD H

- 24 GCE 'O'-level passes
- 25 CSE grade 1
- 26 SCE O Grades (A-C)
- 27 SCE Standard Grades (1-3)
- 28 School Certificate / Matriculation
- 29 Key Skills Level 2
- 30 Level 2 NVQ / SVQ
- 31 Level 2 Essential Skills Qualifications
- 32 BTEC Intermediate or First Diploma/Certificate
- 33 RSA Diploma
- 34 City & Guilds Craft / Part 2
- 35 Intermediate GNVQ
- 36 Foundation Modern Apprenticeship
- 37 GCSE grade D-G
- 38 CSE grade 2-5
- 39 SCE O Grades (D-E)
- 40 SCE Standard Grades (4-7)
- 41 SCOTVEC National Certificate Modules
- 42 Key Skills Level 1
- 43 Level 1 NVQ / SVQ
- 44 Level 1 Essential Skills Qualifications
- 45 BTEC Foundation or Introductory Diploma/Certificate
- 46 RSA Stage 1-3
- 47 City & Guilds Part 1
- 48 Foundation GNVQ; Foundation VCE
- 49 Entry level Essential Skills Qualifications
- 97 Other qualifications

CARD I

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

CARD J

- A £15,000 - £19,999
- B £30,000 - £34,999
- C Under £5,000
- D £45,000 - £49,999
- E £25,000 - £29,999
- F £5,000 - £9,999
- G £20,000 - £24,999
- H £10,000 - £14,999
- I £75,000 - £99,999
- J £35,000 - £39,999
- K £50,000 - £74,999
- L £100,000 or more
- M £40,000 - £44,999

CARD K

- 1 Every day or nearly every day
- 2 2 or 3 times a week
- 3 Once a week
- 4 2 or 3 times a month
- 5 Once a month or less

CARD L

- 1 5 or more times per week
- 2 3 to 4 times per week
- 3 1 to 2 times per week
- 4 1 to 2 times per month
- 5 Rarely or never

CARD M

- 1 Never
- 2 Less than once per month
- 3 On 1 to 3 days per month
- 4 On 1 to 2 days per week
- 5 On 3 to 4 days per week
- 6 On 5 to 6 days per week
- 7 Every day in the last month

CARD N

- 1 Sprats
- 2 Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))
- 3 Cassava chips/Cassava crisps
- 4 Seaweed (includes hijiki, wakame)
- 5 Sushi (includes purchased sushi)
- 6 Papaya (includes fresh and canned)
- 7 Dried papaya
- 8 Game (includes venison, rabbit, pheasant, partridge, wood pigeon, hare or wild boar)
- 9 Non cow's milk (includes rice milk, soya milk, sheep's milk, goat's milk, oat milk or almond milk)
- 10 Fish eggs (e.g. caviar, cod's roe)
- 11 Smoked sausages
- 12 Goji berries
- 13 Fish liver (not oil)
- 14 Dark chocolate i.e. 50% or higher cocoa solids
- 15 Okra
- 16 Brown crab meat

CARD O

- 1 Less than once per month
- 2 On 1 to 3 days per month
- 3 On 1 to 2 days per week
- 4 On 3 or more days per week

CARD P

- 1 Pheasant
- 2 Partridge
- 3 Quail
- 4 Wood pigeon
- 5 Rabbit
- 6 Venison
- 7 Hare
- 8 Grouse
- 9 Other

CARD Q

- 1 Rice milk
- 2 Soya milk
- 3 Sheep's milk
- 4 Goat's milk
- 5 Oat milk
- 6 Almond Milk
- 7 Other

CARD R

- 1 Kabanos
- 2 Kielbasa
- 3 Bratwurst
- 4 Cervelat or Summer Sausage
- 5 Andouille
- 6 Knackwurst
- 7 Linguica
- 8 Chorizo
- 9 Mortadella
- 10 Hot Dogs
- 11 Bologna
- 12 Other

CARD S

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

CARD T1

- 1 Marmalade, jams or chutneys?
- 2 Cakes, biscuits?
- 3 Home made food/drink e.g. purees, soups, blended drinks

CARD T2

- 1 Orange
- 2 Lemon
- 3 Kiwi fruit
- 4 Grapefruit
- 5 Mango
- 6 Banana
- 7 Lime
- 8 Pineapple
- 9 Soft citrus fruit (satsumas / mandarins / clementines)
- 10 Melon

CARD U

- 1 Every day / most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month

CARD V

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

CARD W

- 1 Vision (e.g. due to blindness or partial sight).
- 2 Hearing (e.g. due to deafness or partial hearing).
- 3 Mobility, such as difficulty walking short distances, climbing stairs, lifting & carrying objects.
- 4 Learning or concentrating or remembering.
- 5 Mental health
- 6 Stamina or breathing difficulty
- 7 Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome)
- 8 Other impairment

CARD X

- 1 No difficulty
- 2 A little difficulty
- 3 A fair amount of difficulty
- 4 A great amount of difficulty

CARD Y

- 1 Sliced bread
- 2 Crusty bread
- 3 Cheese
- 4 Tomatoes
- 5 Raw carrots
- 6 Cooked green vegetables
- 7 Lettuce
- 8 Sliced cooked meats
- 9 Well-cooked steaks
- 10 Apples
- 11 Oranges
- 12 Nuts

CARD Z

- 1 Almost every day
- 2 5 or 6 days a week
- 3 3 or 4 days a week
- 4 1 or 2 times a week
- 5 1 or 2 times a month
- 6 Once every couple of months
- 7 1 or 2 times a year
- 8 Not at all in the last 12 months

CARD AA

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

CARD CC

- 1 A nursery school
- 2 A primary school (including infant school, junior school)
- 3 A secondary school (including sixth form in a school) /
High school
- 4 A middle school
- 5 A sixth form college / Higher Education college
- 6 Other
- 7 Home-educated

CARD DD

- 1 Cooked school meal
- 2 Cold school meal (including sandwiches, salads)
- 3 Packed lunch (from home)
- 4 Buy lunch from shop / café
- 5 Go home
- 6 Do not eat lunch

CARD EE

- 1 Free school meal (at lunchtime)
- 2 Reduced price or subsidised school meal (at lunchtime)
- 3 Free school milk
- 4 Subsidised school milk
- 5 Free fruit
- 6 Free food BEFORE school
- 7 Free food AFTER school
- 8 Other

CARD FF

- Vitamin D (single or with other vitamins or minerals
e.g. calcium and vitamin D)
- Folic acid (single or with other vitamins or minerals)
- Multivitamins containing vitamin D and/or folic acid

CARD GG

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 2 to 4 times a week
- 5 Once a day
- 6 2 to 3 times a day
- 7 4 or more times a day

Supplement examples

- Multivitamins with/without Iron or other Minerals
- Vitamin C
- Vitamin B complex
- Selenium
- Calcium
- Cod liver oil
- Omega 3 fish oil
- Flaxseed oil
- Oil of Evening Primrose
- Menopause formulas
- Echinacea
- L – Arginine capsules
- Glucosamine with/without chondroitin
- Garlic
- Ginkgo Biloba

CARD II

- 1 No time
- 2 Less than 15 mins
- 3 15 to 30 mins
- 4 30 mins to 1 hour
- 5 1 to 2 hours
- 6 3 to 4 hours
- 7 More than 4 hours

CARD JJ

- 1 Sitting down
- 2 Hanging around
- 3 Walking
- 4 Running around or playing games for example skipping, hide and seek, football or netball

CARD KK

Informal activities

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

Sports, games and other organised activities

- 1 Football / Rugby / Hockey / Lacrosse
- 2 Netball / Basketball / Handball
- 3 Cricket / Rounders
- 4 Running / jogging / athletics
- 5 Swimming laps / lengths
- 6 Swimming (splashing about)
- 7 Gymnastics
- 8 Workout with gym machines / Weight training
- 9 Aerobics
- 10 Tennis / Badminton / Squash

CARD MM

PLEASE ANSWER YES OR NO

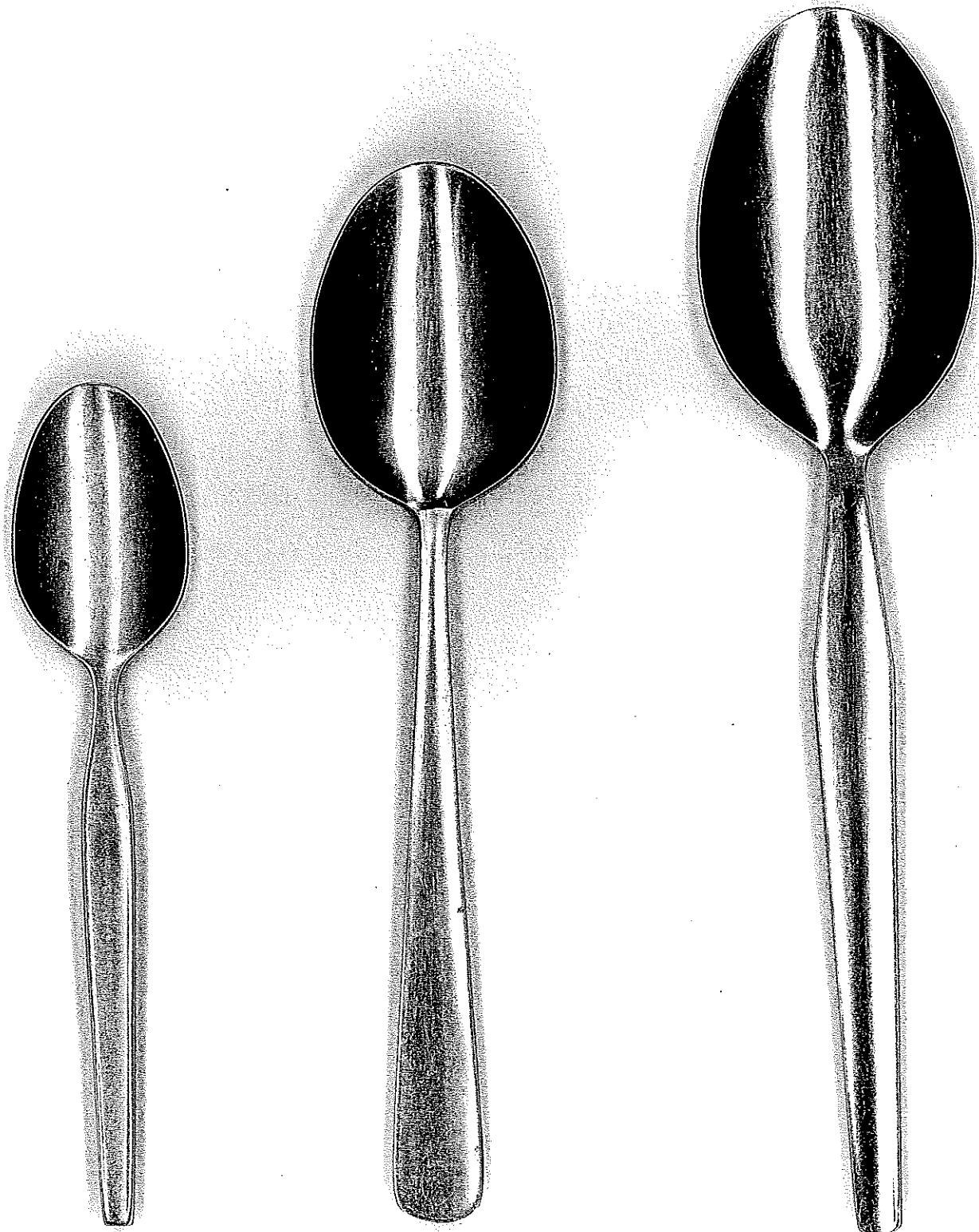
YOU DO NOT NEED TO PROVIDE ANY FURTHER DETAILS

I am on a period day

I use a urinary catheter

I am pregnant

I am breastfeeding



Teaspoon
(tsp)

Dessertspoon
(dsp)

Tablespoon
(tbsp)

National Diet and Nutrition Survey – Consent Booklet: Office Copy

Please use capital letters and write in ink

ADDRESS

INDIVIDUAL SERIAL NUMBER:
Affix label **NCON** here for this person:

**STICK
NCON (1)
LABEL HERE**

1. Nurse number: 2. Date schedule completed (all visits complete): DAY: MONTH: YEAR:

3. Full name (of person tested)

Name by which GP knows person (if different)

4.	Sex	Male	1				
		Female	2	5. Date of birth:	DAY:	MONTH:	YEAR:

6. Full name of parent/guardian (*if person under 16*)

GP NAME AND ADDRESS
Dr:
Practice Name:
Address:
.....
Town:
County:
Postcode:
Telephone no:

NURSE USE ONLY	
GP Address complete	1
GP Address not complete	2
No GP	3

SUMMARY OF CONSENTS—RING CODE FOR EACH ITEM		YES	NO
a)	Read and understood nurse visit information sheet	01	02
b)	Understand right to withdraw	03	04
c)	Blood pressure to GP	05	06
d)	Body Mass Index (BMI) to GP	07	08
e)	Sample of blood to be taken	09	10
f)	Blood sample for storage	11	12
g)	Blood sample result to participant	13	14
h)	Blood sample result to GP	15	16
i)	Does not wish to receive results or have them sent to GP	17	18
j)	Agrees survey doctor can contact to discuss results if necessary – Children aged 1.5-15 years	19	20

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 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 9.0 mL	White	SEN 1 (4)	Field Lab
3	Li Hep TM 7.5 mL	Orange	LHN1 (5)	Field Lab
4	Li Hep TM 7.5 mL	Orange	LHN2 (6)	Field Lab
5	Fluoride 1.2 mL	Yellow	FN1 (7)	Field Lab
6	Li Hep 4.5 mL	Orange	LHN3 (8)	Field Lab
7	EDTA 2.6 mL	Red	EN2 (9)	Field Lab

PARTICIPANTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 7.5 mL	White	SEN1 (4)	Field Lab
3	Li Hep TM 7.5 mL	Orange	LHN1 (5)	Field Lab
4	Li Hep 2.7 mL	Orange	LHN2 (6)	Field Lab
5	Fluoride 1.2 mL	Yellow	FN1 (7)	Field Lab

PARTICIPANTS AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 4.5 mL	White	SEN1 (4)	Field Lab
3	Li Hep 4.5 mL	Orange	LHN1 (5)	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
boxes

1. I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 05.02.2014 (version 2) 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.

MEASUREMENTS

3. I agree for my blood pressure results to be sent to my GP.
4. I agree for my body mass index (BMI) measurement to be sent to my GP.

BLOOD SAMPLE

5. I agree to have a blood sample taken as part of the study.
6. 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
7. I would like to receive my blood results which are clinically relevant.
8. I consent to my GP being notified of my blood results which are clinically relevant.

9. 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 (4-15 YEARS)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER

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

CHECK LETTER

RESPONDENT No.

Please initial
boxes

Name of Child _____

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 05.02.2014 (version 2) 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 medical care or legal rights being affected.

MEASUREMENTS

3. I agree for my child's blood pressure results to be sent to his/her GP.

BLOOD SAMPLE

4. I agree to my child having a blood sample taken as part of the study.
5. 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
6. I would like to receive my child's blood results which are clinically relevant.
7. I consent to my child's GP being notified of his/her blood results which are clinically relevant.

8. 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**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

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
boxes

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 05.02.2014 (version 2) 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.

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

Nurses - fill in YELLOW section only**Volunteer Details**

Surname: HNR _____
(use 9 digit ID at top of label)

First name: P952

External ID: EN1 _____
(use 7 digit no. at bottom of EN1 label)

DOB / / dd/mm/yyyy
Male 1
Female 2
 circle as appropriate

Affix serial number label
 Adx1(10)
 or
 Adx2 (11)
 or
 Adx3 (12)

Study Details

Consultant Dr Sumantra Ray

Location Project 952

Title NDNS

Contact HNR Switchboard
01223 426356
Sonja Nicholson
Karen Chamberlain
Kate Guberg
Contact OOH Dr Sumantra Ray
0799 062 6671

Sample Details

Date	/ /	dd/mm/yyyy	Volunteer Fasted	Yes	1	circle as appropriate
Time	:	24hr clock		No	2	

Sample Tube		Tests	Lab order	Lab barcode	Lab processing
EDTA EN1 red	Circle as appropriate Full tube Partial tube	HbA1C - print 2 labels	LAB90	ENDO BARCODE	Label primary tube with FBC label and pass to Lab Staff for splitting of EDTA - instructions below
		Folate Store - print 3 labels	LAB6108 Database search box will appear, click database lookup tab and select	BIOCHEM BARCODE	
		FBC -print 2 labels	LAB294	HAEM BARCODE	

EDTA separation

Depending on sample volume split the whole blood in the following priority

FBC

Minimum volume required is 1ml – there will be three options:

- Volume less than 1ml (e.g. partial sample) proceed to folate aliquoting and cancel FBC adding comment: Insufficient sample for Haem in the cancellation comments and white box req comments field.
- Volume very close to 1ml send primary tube to Haem with the pink duplicate request form, cancel the **HbA1c TEST** adding the comment: Insufficient sample for HbA1c in the cancellation comments and white box req comments field.
- Volume more than ~1.5ml proceed to aliquoting whole blood for folate.

Folate

Take 2x 2ml tubes of ascorbic acid from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid – check it has not expired.

Label 2x defrosted 2ml ascorbic acid tubes with HNR barcode labels (FOL1 & FOL2) supplied in the delivery pack, Only label with patient biochem barcodes if there have been no HNR labels (FOL1 & FOL2) sent.

Invert the primary EDTA tube a few times to re-suspend the contents

Transfer exactly 100µl from primary EDTA tube into each tube containing 1ml ascorbic acid and invert to mix
Store in the -80°C Protect freezer

If there is sufficient volume proceed to aliquoting whole blood for HbA1C then primary tube to Haem with the pink duplicate request form

If there is insufficient volume left for HbA1C, cancel adding the comment: Insufficient sample for HbA1C in the cancellation comments and white box req comments field.

HbA1C

Label 1x 2ml secondary tube with Endo HbA1C barcode

Invert the primary EDTA tube a few times to re-suspend the contents

Transfer 0.5ml from primary EDTA tube into secondary tube

Place secondary tube in HbA1C skip in office

National Diet and Nutrition Survey (NDNS) ADULT FIELD LAB DESPATCH NOTE – 16+ YEARS

Nurse Section

Participant details

Affix label FL1 (13) here
Affix label FL2 (14) on reverse

Sex:	Male / Female	Checklist
Fasted sample:	Yes / No	
Sample collection date:	DD / MM / YY	
Sample collection time:	HH : MM 24 hr clock	
Have you delivered all the items on the checklist to the field lab?		
Yes / No		
Time samples delivered to field lab: HH : MM 24 hr clock		

Field Lab Section

Date sample arrived: **DD / MM / YY**

Time sample arrived: **HH : MM** 24 hr clock

	Blood Monovette Tubes					
	SEN1	LHN1	LHN2	LHN3	FN1	EN2
Sample received?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is tube full or partial?	Full / Partial	Full / Partial	Full / Partial	Full / Partial	Full / Partial	Full / Partial
Is tube damaged?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Take 1300µl whole blood from well mixed LHN3 tube. Use 2ml microtube. Label with LHWB (15).				µl	Volume aliquotted	
				HH:MM	Time aliquotted	
				HH:MM	Time in freezer	
Centrifuge tubes for 20mins at 4°C and 2000g						
Time tubes placed in the centrifuge	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Did you use a refrigerated centrifuge? **Yes / No**

If **NO**, explain here what you did to keep samples cool:

Describe here any problems or deviations from protocol:

Affix label
FL2 (14)
here

	Blood Monovette Tubes					
	SEN1	LHN1	LHN2	LHN3	FN1	EN2
Is sample normal?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)						

Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells

Microtube size	5ml	5ml	5ml	5ml	2ml	2ml	
Attach label	SERUM	LIHEP1	LIHEP2	LIHEP3	FLOX	EDTA	
Time aliquotted:	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).	µl	Volume aliquotted					
	HH:MM	Time aliquotted					
	HH:MM	Time in freezer					
Time aliquots in freezer:	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	
Wash red blood cells in monovettes LHN1, LHN2 and LHN3 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original monovettes in the freezer.							
Time monovettes in freezer:		HH:MM	HH:MM	HH:MM	HH:MM		

Storage Freezer temperature: _____ °C

Have you completed all relevant fields? Yes / No

Print name: _____ Signature: _____

Field lab name: _____

Please fax/ email both sides of this despatch form after sample processing to HNR

FAX: 01223 437546
EMAIL: ndns.fieldlab@mrc-hnr.cam.ac.uk

HNR will arrange for the collection of samples and these forms via courier

National Diet and Nutrition Survey (NDNS) FIELD LAB DESPATCH NOTE – 7 to 15 YEARS

Nurse Section

Participant details

Affix label FL1 (13) here
Affix label FL2 (14) on reverse

Sex: **Male / Female**

Fasted sample: **Yes / No**

Sample collection date: **DD / MM / YY**

Sample collection time: **HH : MM** 24 hr clock

Have you delivered all the items on the checklist to the field lab?

Yes / No

Time samples delivered to field lab: **HH : MM** 24 hr clock

Checklist

Samples

Labels

Microtubes

Despatch note

Field Lab Section

Date sample arrived: **DD / MM / YY**

Time sample arrived: **HH : MM** 24 hr clock

	Blood Monovette Tubes			
	SEN1	LHN1	LHN2	FN1
Sample received?	Yes / No	Yes / No	Yes / No	Yes / No
Is tube full or partial?	Full / Partial	Full / Partial	Full / Partial	Full / Partial
Is tube damaged?	Yes / No	Yes / No	Yes / No	Yes / No
Centrifuge tubes for 20mins at 4°C and 2000g				
Time tubes placed in the centrifuge	HH : MM	HH : MM	HH : MM	HH : MM

Did you use a refrigerated centrifuge? **Yes / No**

If **NO**, explain here what you did to keep samples cool:

Describe here any problems or deviations from protocol:

Affix label
FL2 (14)
here

	Blood Monovette Tubes			
	SEN1	LHN1	LHN2	FN1
Is sample normal?	Yes / No	Yes / No	Yes / No	Yes / No
If NO , describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)				

Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells

Microtube size	5ml	5ml	5ml	2ml
Attach label	SERUM	LIHEP1	LIHEP2	FLOX
Time aliquotted:	HH : MM	HH : MM	HH : MM	HH : MM
	µl	Volume aliquotted		
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).	HH : MM	Time aliquotted		
	HH : MM	Time in freezer		
Time aliquots in freezer:	HH : MM	HH : MM	HH : MM	HH : MM

Wash red blood cells in monovettes 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 monovettes in the freezer.

Time monovettes in freezer:		HH : MM	HH : MM	
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Storage Freezer temperature: _____ °C

Have you completed all relevant fields? **Yes / No**

Print name: _____ Signature: _____

Field lab name: _____

**Please fax/ email both sides of this despatch form after sample processing to HNR
FAX: 01223 437546
EMAIL: ndns.fieldlab@mrc-hnr.cam.ac.uk
HNR will arrange for the collection of samples and these forms via courier**

National Diet and Nutrition Survey (NDNS) FIELD LAB DESPATCH NOTE – 1.5 to 6 YEARS

Nurse Section

Participant details

<p>Affix label FL1 (13) here</p> <p>Affix label FL2 (14) on reverse</p>	<p>Sex: Male / Female</p> <p>Fasted sample: Yes / No</p> <p>Sample collection date: DD / MM / YY</p> <p>Sample collection time: HH : MM 24 hr clock</p> <p>Have you delivered all the items on the checklist to the field lab?</p> <p>Time samples delivered to field lab: HH : MM 24 hr clock</p>	<p>Checklist</p> <p>Samples</p> <p>Labels</p> <p>Microtubes</p> <p>Despatch note</p>
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Field Lab Section

Date sample arrived: **DD / MM / YY**

Time sample arrived: **HH : MM** 24 hr clock

Blood Monovette Tubes		
	SEN1	LHN1
Sample received?	Yes / No	Yes / No
Is tube full or partial?	Full / Partial	Full / Partial
Is tube damaged?	Yes / No	Yes / No
Centrifuge tubes for 20mins at 4°C and 2000g		
Time tubes placed in the centrifuge	HH : MM	HH : MM

Did you use a refrigerated centrifuge? **Yes / No**

If **NO**, explain here what you did to keep samples cool:

Describe here any problems or deviations from protocol:

Affix label
FL2 (14)
here

Blood Monovette Tubes			
	SEN1	LHN1	
Is sample normal?	Yes / No	Yes / No	
If NO , describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)			
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells			
Microtube size	5ml	5ml	
Attach label	SERUM	LIHEP1	
Time aliquotted:	HH : MM	HH : MM	
Take EXACTLY 300μl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).		μ l	Volume aliquotted
		HH : MM	Time aliquotted
		HH : MM	Time in freezer
Time aliquots in freezer:	HH : MM	HH : MM	
Wash red blood cells in monovette LHN1 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original monovette in the freezer.			
Time monovette in freezer:		HH : MM	

Storage Freezer temperature: _____ °C

Have you completed all relevant fields? **Yes / No**

Print name: _____ Signature: _____

Field lab name: _____

Please fax/ email both sides of this despatch form after sample processing to HNR

FAX: 01223 437546
EMAIL: ndns.fieldlab@mrc-hnr.cam.ac.uk

HNR will arrange for the collection of samples and these forms via courier

1. Participant details

Please affix
OFFDESP (2)
label here

2. Age group:

16+

EDTA

Serum

Li Hep TM

Li Hep TM

Fluoride

Li Hep

EDTA

7-15

EDTA

Serum

Li Hep TM

Li Hep

Fluoride

18mths – 6 yrs

EDTA

Serum

Li Hep

DAY:

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MONTH:

--	--

YEAR:

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3. Date blood sample taken:

TIME

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4. Time blood sample taken:

DAY:

--	--

MONTH:

--	--

YEAR:

--	--	--	--	--

5. Date blood despatched to Addenbrookes:

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)