

# National Diet and Nutrition Survey (NDNS)

## Program Documentation

### Interviewer Schedule

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

### PART 1: Interviewer Schedule

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

#### HOUSEHOLD GRID

##### Name

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

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

##### SHGInt

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

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

1 Continue

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

##### Sex

Ask or record sex of NAME.

1 Male  
2 Female

##### DOB

What is your / X's date of birth?

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

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

**AgeIf**

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

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

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

:0..97

**DVAge**

Age, computed

**DvAgeM**

Age in months, computed

**IF DVAge >= 16 THEN**

**MarStat**

ASK OR RECORD. CODE FIRST THAT APPLIES.

Is X / Are you...

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

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

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

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

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

**LiveWith**

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

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

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

- |   |         |  |
|---|---------|--|
| 1 | Yes     |  |
| 2 | No      |  |
| 3 | SameSex | <b>"Spontaneous only:</b> Same sex couple" |

**DVMarDF**

De facto marital status, computed

**IF DvAge>=16 THEN**

**WrkStat**

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

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

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

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

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

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

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

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

**NatID**

SHOW CARD A

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

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

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

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

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

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

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

ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

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

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

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

**EthGrp**

SHOW CARD B

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

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

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

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

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

ENTER DESCRIPTION OF ETHNIC GROUP.

:STRING [100]

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

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

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

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

**IF Person > 1 THEN****R**

SHOW CARD C

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

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

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

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

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

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

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

***HRP*****HHldr**

"In whose name is the accommodation owned or rented?

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

Anyone Else? CODE ALL THAT APPLY."

(Codeframe of all household members)

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

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

**HiHNum**

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

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

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

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

**IF HiHNum=11 THEN**

**JntEldA**

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

ASK OR RECORD.

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

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

**JntEldB**

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

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

**HRPNum (Computed from responses above)**

Person number of household reference person

**Par1**

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

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

Range 1..11

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

**Par2**

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

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

Range 1..11

**TENURE****Ten1**

SHOW CARD D

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

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

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

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

Who is your landlord?

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

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

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

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

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

## DEMOGRAPHICS

### **EDUCATION**

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

#### **Educ**

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

1      Continue

#### **EducFin**

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

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

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

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

#### **QualCh**

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

1      Yes  
2      No

**IF (QualCh = Yes) THEN**

#### **Qual**

SHOW CARD EE

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

1	HiDeg	"Higher degree, e.g. MSc, MA, MBA, PGCE, PhD"
2	L5NVQ	"Level 5 NVQ / SVQ"
3	BTECPr	"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	BTECInt	"BTEC Intermediate or First Diploma/Certificate"
32	RSADip	"RSA Diploma"
33	CityG2	"City & Guilds Craft / Part 2"
34	IntGNVQ	"Intermediate GNVQ"
35	FounMAP	"Foundation Modern Apprenticeship"
36	GCSEDG	"GCSE grade D-G"
37	CSE25	"CSE grade 2-5"
38	SCEDE	"SCE O Grades (D-E)"
39	SCEStd47	"SCE Standard Grades (4-7)"
40	SCOTVEC	"SCOTVEC National Certificate Modules"
41	KSkL1	"Key Skills Level 1"
42	L1NVQ	"Level 1 NVQ / SVQ"
43	BTECFoun	"BTEC Foundation or Introductory Diploma/Certificate"
44	RSA13	"RSA Stage 1-3"
45	CityG1	"City & Guilds Part 1"
46	FounGNVQ	"Foundation GNVQ; Foundation VCE"
47	Other	"Other qualifications"

## **EMPLOYMENT**

### **IF (respondent is in employment) THEN**

#### **JobInt**

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

PRESS <ENTER> TO CONTINUE

1 Continue

#### **RegCas**

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

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

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

#### **RegHrs**

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

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

Range 0..97

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

**WTypHrs**

Is this the typical number of hours you work?

- 1 Yes
- 2 No

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

RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK.

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

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

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

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

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

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

- 1 Yes
- 2 No

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

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

IF 97 HOURS OR MORE THEN ENTER 97.

Range 1..97

**EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON**

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

**JHRPIintr**

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

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

PRESS <ENTER> TO CONTINUE.

- 1 Continue

**IndD**

CURRENT/MOST RECENT JOB OF HRP.

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

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

**OccT**

JOB TITLE OF CURRENT/MOST RECENT JOB OF HRP

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

STRING [30]

**OccD**

CURRENT/MOST RECENT JOB OF HRP.

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

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

STRING [80]

**Stat**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## MAIN FOOD PROVIDER QUESTIONNAIRE

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

**MFPProx**

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

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

**IF (MFPProx = WithProx) THEN****MProxWho**

ENTER THE PERSON NUMBER OF PROXY RESPONDENT.

*list of household members*

ENTER CODE 11 IF NON-HOUSEHOLD MEMBER.

Range:1..11

## COOKING AND STORAGE FACILITIES

**KitchInt**

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

PRESS <ENTER> TO CONTINUE

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

**Kitch**

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

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

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

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

'YOU' REFERS TO THE CATERING UNIT.

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

**IF (Kitch = Yes OR No) THEN****Equip**

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

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

CODE ALL THAT APPLY

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

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

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

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

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

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

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

Who do you share the kitchen with?

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

DO NOT INCLUDE MEMBERS OF THIS CATERING UNIT.

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

**ASK ALL****DinTab**

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

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

**StoreOK**

Thinking now about food storage...

Do you feel that your food storage facilities are adequate?

'YOUR' REFERS TO THE CATERING UNIT.

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

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

SHOW CARD E

In what way are they not adequate?

CODE ALL THAT APPLY.

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

**IF (StoreOK = No) THEN**

**StoreOK3**

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

- 1 Yes
- 2 No

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

How does this influence your food shopping?

CODE ALL THAT APPLY.

'YOUR' REFERS TO SHOPPING FOR THE CATERING UNIT.

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

**ASK ALL****StoreShr**

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

DO NOT INCLUDE MEMBERS OF THE CATERING UNIT.

'YOU' REFERS TO THE CATERING UNIT.

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

Now I would like to ask you about shopping.

PROMPT WHENEVER NECESSARY.

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

**Shop****SHOW CARD F**

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

CODE ALL THAT APPLY.

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

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

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

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

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

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

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

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

**IF (MainShp = LSUPER..Farm OR Other) OR (Shop = ONLY LSUPER OR Ssuper) THEN****ShopOf**

SHOW CARD G

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

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

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

**ASK ALL****ShopFV**

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

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

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

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

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

**FVOft**

SHOW CARD G

How often do you buy fresh fruit and vegetables?

CODE FIRST THAT APPLIES.

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

**FruitAv**

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

Would you say...

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

**OrgBuy**

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

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

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

- 1 Yes  
2 No

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

SHOW CARD H

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

CODE ALL THAT APPLY.

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

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

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

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

**ASK ALL****MoreOrg**

Would you like to eat (more) organic foods?

- 1 Yes
- 2 No

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

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

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

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

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

- 1 Continue

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

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

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

Sunflower Oil."

: STRING [80]

**ASK ALL****MincF1**

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

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

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

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

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

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

**ASK ALL****ChipHow**

SHOW CARD I

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

IF 'VARIES', CODE HOW PREPARED MOST OFTEN.

DO NOT INCLUDE CHIPS PURCHASED FROM TAKEAWAY OUTLET.

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

**SaltChk**

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

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

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

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

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

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

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

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

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

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

SHOW CARD J

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

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

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

**CTech**

SHOW CARD K

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

CODE ALL THAT APPLY.

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

**CFood**

SHOW CARD L

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

CODE ALL THAT APPLY.

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

**SkillCk**

SHOW CARD M

Now please look at this card.

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

PRESS &lt;ENTER&gt; TO CONTINUE

1 Continue

**SkLow**

SHOW CARD M

(Would you be able to...)

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

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

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

4      CantHlp      "No, not at all"

**SkMed**

SHOW CARD M

(Would you be able to...)

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

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

**SkAdv**

SHOW CARD M

(Would you be able to...)

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

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

**SkBake**

SHOW CARD M

(Would you be able to...)

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

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

**Cook**

SHOW CARD N

How did you learn to cook?

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

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

CODE ALL THAT APPLY.

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

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

## SHOW CARD O

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

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

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

## SHOW CARD P

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

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

**Ingred**

## SHOW CARD Q

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

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

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

**INCOME****Income**

SHOW CARD FF

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

CARD SHOWS ANNUAL AMOUNTS.

THIS MEANS CATERING UNIT INCOME (NOT HOUSEHOLD INCOME).

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

1	IncA	"A - £15,000 - £19,999"
2	IncB	"B - £30,000 - £34,999"
3	IncC	"C - Under £5,000"
4	IncD	"D - £45,000 - £49,999"
5	IncE	"E - £25,000 - £29,999"
6	IncF	"F - £5,000 - £9,999"
7	IncG	"G - £20,000 - £24,999"
8	IncH	"H - £10,000 - £14,999"
9	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**

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

PRESS &lt;ENTER&gt; TO CONTINUE

1 Continue

## INDIVIDUAL INTERVIEWS

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

### COOKING SKILLS

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

#### **PrepMM**

SHOW CARD J

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

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

#### **CTech**

SHOW CARD K

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

CODE ALL THAT APPLY.

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

#### **CFood**

SHOW CARD L

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

CODE ALL THAT APPLY.

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

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

**SkillCk**

SHOW CARD M

Now please look at this card.

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

PRESS &lt;ENTER&gt; TO CONTINUE"

1 continue

**SkLow**

SHOW CARD M

(Would you be able to...)

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

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

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

**SkMed**

SHOW CARD M

(Would you be able to...)

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

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

**SkAdv**

SHOW CARD M

(Would you be able to...)

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

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

**SkBake**

SHOW CARD M

(Would you be able to...)

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

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

**Cook**

SHOW CARD N

How did you learn to cook?

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

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

CODE ALL THAT APPLY.

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

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

SHOW CARD O

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

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

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

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

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

- 1      Continue

**CookCh**

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

- 1      Yes  
 2      No

**IF (CookCh = Yes) THEN****CkLesson**

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

- 1      Yes  
 2      No

**IF (CkLesson = Yes) THEN****CkWtSc1**

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

- 1      Yes  
 2      No

**CkWtSc2**

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

- 1      Yes  
 2      No

**CkWtSc3**

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

- 1      Yes  
 2      No

**CkWtSc4**

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

- 1      Yes  
 2      No

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

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

- 1      Yes  
 2      No

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

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

- 1      Alone            "Alone"  
 2      WSoE            "With Someone Else"

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

Who is this?

PROBE FOR RELATIONSHIP TO RESPONDENT.

CODE FIRST THAT APPLIES.

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

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

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

RUNNING PROMPT.

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

**WhyCk**

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

CODE MAIN REASON.

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

**CkWHom1**

SHOW CARD M

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

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

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

**CkWHom2**

SHOW CARD M

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

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

**CkWHom3**

SHOW CARD M

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

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

**CkWHom4**

SHOW CARD M

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

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

**CkWHom5**

SHOW CARD M

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

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

**CkWHom6**

SHOW CARD M

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

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

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

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

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

**SchType**

SHOW CARD MM

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

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

**IF (SchType = Nurs..Other) THEN**

**SchIntr**

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

**SchProv**

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

**INCLUDE SANDWICHES AND SALADS.**

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

- 1 Yes  
2 No

**IF (SchProv = Yes) THEN**

**SchName**

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

Please tell me the name of the school first.

PLEASE ENTER NAME OF SCHOOL IN FULL.

: STRING [40]

**SchAdd1**

And what is the first line of the address?

: STRING [30]

**SchAdd2**

Enter next line of address or press the <Enter> key if no more. Do not enter postcode here.  
 : STRING [30]

**SchAdd3**

Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.  
 : STRING [30]

**SchAdd4**

Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.  
 : STRING [30]

**SchPCode**

Enter postcode here if known. Use <CTRL K> if not known.  
 : STRING [8]

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

Does the food provided include a cooked meal?  
 1 Yes  
 2 No

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

Do/Does you/(child's name) ever have this cooked meal?  
 1 Yes  
 2 No

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

On a school/college day, what do you (does your child) usually have for lunch?  
 CODE ONE ONLY.  
 INCLUDE SANDWICHES AND SALADS.  
 DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.  
 WE ARE INTERESTED IN THE MEAL EATEN RATHER THAN THE TIME AT WHICH IT WAS EATEN.

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

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

Is there an outlet in your (child's name)'s school where pupils can buy snacks or drinks?  
 'SNACKS' INCLUDE CONFECTIONERY, CRISPS, FRUIT.  
 DO NOT INCLUDE SANDWICHES, SALADS AS 'SNACKS'.  
 1 Yes  
 2 No

**IF (SchSn = Yes) THEN**

**SchSn2**

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

- 1 Yes
- 2 No

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

SHOW CARD OO

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

CODE ALL THAT APPLY.

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

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

Range :1..5

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

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

CODE MAIN REASON.

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

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

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

Range :1..5

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

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

Range :1..5

## EATING OUT AND OTHER PROVISION

**IF (respondent is aged 65+) THEN**

**HeClub**

Have you ever used the following services

...READ OUT AND CODE ALL THAT APPLY.

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

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

**HeLC**

SHOW CARD R

How often do you attend a lunch club?

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

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

**HeDCC**

SHOW CARD R

How often do you attend a day care centre?

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

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

**HeMW**

SHOW CARD R

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

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

**IF (HeMW = Every) THEN**

**MWHow**

How do you receive your meals on wheels?

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

**ASK ALL****MealOut**

SHOW CARD S

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

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

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

**TAMeal**

SHOW CARD S

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

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

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

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

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

Does your place of work have a staff canteen?

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

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

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

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

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

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

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

THIS QUESTION IS STILL RELEVANT EVEN IF RESPONDENT WORKS NIGHT SHIFTS. WE WANT TO KNOW ABOUT ANYTHING THEY EAT, REGARDLESS OF WHETHER IT IS BREAKFAST, LUNCH OR DINNER.

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

## EATING HABITS

**ASK ALL****YrlIntr**

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

1 Continue

**OilFish****SHOW CARD T**

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

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

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

**ASK ALL****FrOFsh****SHOW CARD T**

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

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

**ASK ALL****ShFish****SHOW CARD T**

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

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

**ASK ALL****Offal**

## SHOW CARD T

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

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

**ASK ALL****RarEat**

## SHOW CARD U

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

DO NOT INCLUDE NUTS IN CODE 4 (SEEDS).

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

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

**RarOft**

## SHOW CARD V

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

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

## FOOD AVOIDANCE

**ASK ALL****AvIntr**

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

**QUESTIONS ABOUT FOOD ALLERGIES/AVOIDANCES.**

PRESS <ENTER> TO CONTINUE

- 1      Continue

**Appet**

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

**RUNNING PROMPT...**

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

**AvoidYN**

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

- 1      Yes  
2      No

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

SHOW CARD W

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

INTERVIEWER: CODE ALL THAT APPLY.

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

**ASK ALL****Diet**

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

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

- 1      Yes  
2      No

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

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

DO NOT PROMPT.

CODE ALL THAT APPLY.

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

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

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

IF ANY PART OF DIET PRESCRIBED, CODE YES.

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

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

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

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

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

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

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

STRING [30]

**ASK ALL****Veg**

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

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

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

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

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

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

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

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

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

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

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

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

**ASK ALL****WashIntr**

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

PRESS <ENTER> TO CONTINUE

- 1 Continue

**ASK ALL****WshNPot**

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

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

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

**ASK ALL****WshPot**

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

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

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

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

**ASK ALL****Peel**

SHOW CARD X

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

**INCLUDES BLENDING THE PEEL/SKIN TO MAKE A SMOOTHIE.**

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

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

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

SHOW CARD Y

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

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

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

SHOW CARD Z

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

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

**ASK ALL****MarmP**

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

INCLUDE HOMEMADE MARMALADE.

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

**ASK ALL****WashFru**

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

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

**WashVeg**

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

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

## GENERAL HEALTH

**ASK ALL****Heallntr**

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

PRESS <ENTER> TO CONTINUE

1 Continue

**GenHelf**

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

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

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

**Heal**

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

- 1 Yes  
2 No

**IF (Heal = Yes) THEN****HealT**

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

: STRING [80]

**IF (Heal = Yes) THEN****Limit**

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

- 1 Yes  
2 No

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

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

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

**IF (LimitShp = Limits OR Prevents) THEN****LShpHow**

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

CODE ALL THAT APPLY

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

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

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

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

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

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

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

**CODE ALL THAT APPLY**

- |   |          |  |
|---|----------|--|
| 1 | DiffHand | "Difficulties with hands (eg. chopping, peeling, lifting)" |
| 2 | DiffWalk | "Difficulties with walking"                                |
| 3 | DifStand | "Difficulties with standing"                               |
| 4 | Sight    | "Problems with sight"                                      |
| 5 | 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 usually do (he/she usually does) about the house, (or at work/college) or in your (his/her) free time because of (a condition you have just told me about or any other) illness or injury?"

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

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

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

Range 1..14

**CutMatt**

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

: STRING [80]

**ASK ALL****Accid**

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

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

**Operat**

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

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

**Hospit**

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

EXCLUDE GOING TO HOSPITAL TO GIVE BIRTH.

- 1 Yes
- 2 No

## ORAL HEALTH

*(For respondents aged 16 and over)*

**IF Age >=16 THEN**

**OrallIntr**

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

PRESS <ENTER> TO CONTINUE"

1 Continue

**AnyOwn**

**ASK OR RECORD**

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

- 1 Yes
- 2 No

**DentUse**

Do you use a denture at all?

- 1 Yes
- 2 No

**Cheat**

**SHOW CARD AA**

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

- |   |          |                                |
|---|----------|--------------------------------|
| 1 | NoDiff   | "No difficulty"                |
| 2 | LitDiff  | "A little difficulty"          |
| 3 | FairDiff | "A fair amount of difficulty"  |
| 4 | GreDiff  | "A great amount of difficulty" |

**IF (Age>= 45) OR (Dentuse=Yes) THEN**

**CardL**

**SHOW CARD BB**

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

It doesn't matter whether or not you like the types of food or ever choose to eat it nowadays. We are interested in how well you could eat it if you wanted to.

'EAT' MEANS BITE, CHEW AND SWALLOW.

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

PRESS <ENTER> TO CONTINUE

1 Continue

**SliceB**

**SHOW CARD BB**

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

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

**CrustyB**

SHOW CARD BB

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

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

**Cheese**

SHOW CARD BB

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

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

**Tomat**

SHOW CARD BB

And how well could you eat...tomatoes?

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

**Carrot**

SHOW CARD BB

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

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

**Greens**

SHOW CARD BB

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

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

**Letuce**

SHOW CARD BB

And how well could you eat...lettuce?

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

**Meats**

SHOW CARD BB

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

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

**Steak**

SHOW CARD BB

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

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

**Apples**

SHOW CARD BB

And how well could you eat...?

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

**Orange**

SHOW CARD BB

And how well could you eat...oranges?

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

**Nuts**

SHOW CARD BB

And how well could you eat...nuts?

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

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

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

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

## SELF-COMPLETIONS

*(For respondents aged 8-24)*

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

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

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

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

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

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

Check that you have the correct person number.

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

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

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

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

If agrees, prepare RED booklet.

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

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

**SComp2**

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

Explain how to complete booklet and show example in booklet.

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

**IntDemog**

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

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

**SMOKING**  
*(For respondents aged 18 and over)*

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

**SmokIntr**

YOU ARE ENTERING THE SMOKING SECTION

This next section is about smoking.

1      Continue

**SmokEver**

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

1      Yes

2      No

**IF (SmokEver = Yes) THEN**

**CigEver**

Have you ever smoked a cigarette?

1      Yes

2      No

**IF (CigEver = Yes) THEN**

**CigAge**

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

Range 3..97

**SmokNow**

Do you smoke cigarettes at all nowadays?

1      Yes

2      No

**IF (SmokNow = Yes) THEN**

**CigWDay**

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

IF LESS THAN ONE A DAY, CODE 0.

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

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

Range 0..97

**CigWEnd**

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

IF LESS THAN ONE A DAY, CODE 0.

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

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

Range 0..97

**CigType**

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

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

**IF (SmokNow = No) THEN**

**CigReg**

Have you ever smoked cigarettes regularly?

...READ OUT...

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

**IF (CigReg = Reg) THEN**

**CigUsed**

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

IF LESS THAN ONE A DAY, CODE 0.

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

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

Range 0..97

**CigStop**

How long ago did you stop smoking cigarettes regularly?

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

## DRINKING

*(For respondents aged 18 and over)*

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

I am now going to ask you a few questions about what you drink - that is if you drink.

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

- 1 Yes
- 2 No

**IF (Drink = No) THEN****DrinkAny**

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

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

**IF (DrinkAny = Never) THEN****AlwaysTT**

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

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

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

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

Range 3..97

**DrinkOft****SHOW CARD CC**

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

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

**IF (DrinkOft <> NotYr) THEN****DrinkL7**

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

- 1 Yes
- 2 No

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

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

Range 1..7

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

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

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

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

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

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

**DrnkType**

## SHOW CARD DD

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

CODE ALL THAT APPLY.

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

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

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

Code measures that you are going to use.

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

**IF (NBRl7 = HPints) THEN****NBrL7Q(1)**

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

Range 1..97

**IF (NBRl7 = SmCans) THEN****NBrL7Q(2)**

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

Range 1..97

**IF (NBRL7 = LgCans) THEN**

**NBrL7Q(3)**

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

Range 1..97

**IF (NBRL7 = Bottles) THEN**

**NBrL7Q(4)**

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

Range 1..97

**NBotL7**

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

If respondent drank different makes code which they drank most.

: STRING [21]

**IF (DrnkType = SBeer) THEN**

**SBrL7**

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

Code measures that you are going to use.

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

**IF (SBRL7 = Hpints) THEN**

**SBrL7Q(1)**

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

Range 1..97

**IF (SBRL7 = SmCans) THEN**

**SBrL7Q(2)**

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

Range 1..97

**IF (SBRL7 = LgCans) THEN**

**SBrL7Q(3)**

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

Range 1..97

**IF (SBRL7 = Bottles) THEN**

**SBrL7Q(4)**

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

Range 1..97

**SBotL7**

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

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

**IF (DrnkType = Spirits) THEN**

**SpirL7**

Still thinking about last (day from WhichDay), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?  
 Code the number of singles - count doubles as two singles.

Range 1..97

**IF (DrnkType = Sherry) THEN**

**ShryL7**

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

Range 1..97

**IF (DrnkType = Wine) THEN**

**WineL7**

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

INTERVIEWER Code the measure the respondent used.

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

Please code the relevant option.

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

**IF (WineL7 = Bottle) THEN**

**WL7Bt**

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

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

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

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

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

Range 1.0..97.9 (allow fractions)

**IF (WineL7 = Glasses) THEN**

**WL7GI**

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

Range 1.0..97.9 (allow fractions)

**WL7G1z**

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

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

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

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

**IF (WL7Glz=1) THEN**

**ml250Glz**

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

Range 1.0..97.9 (allow fractions)

**IF (WL7Glz=2) THEN**

**ml175Glz**

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

Range 1.0..97.9 (allow fractions)

**IF( WL7Glz=3) THEN**

**ml125Glz**

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

Range 1.0..97.9 (allow fractions)

**IF (DrnkType = Pops) THEN**

**PopsL7**

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

Code measures that you are going to use.

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

**IF (PopsL7 = SmCans) THEN**

**PopsL7Q(1)**

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

Range 1..97

**IF (PopsL7 = Bottles) THEN**

**PopsL7Q(2)**

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

Range 1..97

**IF (DrnkType = Other) THEN**

**OthL7TA**

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

Code first mentioned only.

: STRING [30]

**OthL7QA**

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

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

: STRING [30]

**OthL7B**

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

- |   |     |
|---|-----|
| 1 | Yes |
|---|-----|

2 No

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

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

Code first mentioned only.

: STRING [30]

**OthL7QB**

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

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

: STRING [30]

**OthL7C**

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

1 Yes

2 No

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

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

Code first mentioned only.

: STRING [30]

**OthL7QC**

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

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

: STRING [30]

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

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

1 More "More nowadays"

2 Same "About the same"

3 Less "Less nowadays"

## ACTIGRAPH PLACEMENT

*(For respondents aged 4-10)*

**IF (AGE 4-10) THEN****AGIntro**

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

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

1      Continue

**Abdom**

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

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

1      Yes      "Had abdominal surgery or health problems"  
 2      No

**IF (Abdom <> Yes) THEN****Latex**

Does he/she have an allergy to latex?

1      Yes  
 2      No

**Bed**

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

1      Yes  
 2      No

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

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

1      Continue

**IF (Abdom = No) AND (Latex = No) AND (Bed = No) THEN****Intro2**

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

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

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

1      Continue

**AGCons**

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

1      Yes      "Agreed to take part and consent given"  
 2      No      "No, not willing to take part"

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

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

1 Continue

**Fit**

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

Demonstrate and explain:

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

1 Continue

**ActFit**

How was the fit of the actigraph against the body?

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

**ActNo**

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

: STRING[5], NODK, NORF

**ActSDate**

Suggested start of actigraph wear (day after interview).

: DATETYPE

**ActEDate**

Suggested end of actigraph wear (interview + 7).

: DATETYPE

**Act7D**

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

1 Continue

**Log**

Give the respondent the white activity booklet.

Write the serial number on the front of the booklet.

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

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

Explain to the respondent how to fill it in.

1 Continue, NODK, NORF

**ActPlcd**

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

- 1 Yes
- 2 No

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

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

: STRING[60]

**ACTInt**

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

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

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

- 1 Continue, NODK, NORF

## HEIGHT & WEIGHT MEASUREMENTS

*(All respondents)*

**Intro**

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

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

1      Continue

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

May I check, are you pregnant or breastfeeding now?

- 1      Yes
- 2      No

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

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

- |   |       |                                  |
|---|-------|----------------------------------|
| 1 | Meas  | "Height measured"                |
| 2 | Ref   | "Height refused"                 |
| 3 | Atmpt | "Height attempted, not obtained" |
| 4 | NotAt | "Height not attempted"           |

**Height1**

ENTER HEIGHT, IN CENTIMETERS.

Range 60.0..244.0

**Height2**

PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETERS.

Range 60.0..244.0

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

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

Range 60.0..244.0

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

HEIGHT IN CENTIMETERS.

Range 60.0..244.0

**StadNo**

PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW.

STRING[7]

**RelHite**

CODE ONE ONLY.

- 1      NoProb      "No problems experienced, reliable height measurement obtained"
- 2      Rel            "Problems experienced, measurement likely to be: Reliable"

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

**IF (RelHite = UnRel) THEN**

**HiNRel**

WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

**IF (HiNRel = Other) THEN**

**OHinRel**

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

STRING [60]

**IF (RespHts = Meas) THEN**

**MBookHt**

CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

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

1 Continue

**IF (RespHts = Ref) THEN**

**ResNHi**

GIVE REASONS FOR REFUSAL.

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

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

**NoHtBC**

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

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

**IF (NoHtBC = Other) THEN**

**NoHitCO**

Please specify other reason.

STRING[60]

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

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

**RespWts**

MEASURE WEIGHT AND CODE.

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

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

**IF (RespWts = Meas Or ChHeld) THEN**

**IF (RespWts = Meas) THEN**

**XWt1**

RECORD WEIGHT IN KILOGRAMS.

5.0..130.0

**ELSEIF (ResapWts = ChHeld) THEN**

**WtAd1**

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

: 30.0..130.0, NODK, NORF

**WtChA1**

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

30.0..130.0

**Weight**

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

0.0..130.0

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

**FloorC**

INTERVIEWER CODE: SCALES PLACED ON?

1	Uneven	"Uneven floor"
2	Carpet	
3	Neither	

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

**RelWaitB**

CODE ONE ONLY.

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

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

**BMI**

*Measured Body Mass Index (BMI). Computed*

5.0..50.0

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

MEASUREMENTS FOR (Respondent's name).

CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

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

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

1 Continue

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

MEASUREMENTS FOR (Respondent's name).

PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.

STRING[7]

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

MEASUREMENTS FOR (Respondent's name).

GIVE REASONS FOR REFUSAL.

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

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

MEASUREMENTS FOR (Respondent's name).

CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

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

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

MEASUREMENTS FOR (Respondent's name).

Please specify other reason.

STRING[60]

**MoveOK**

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

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

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

**EndOfM**

MEASUREMENTS FOR (Respondent's name).

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

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

## DIETARY SUPPLEMENTS (Asked of all respondents)

**Supplnt**

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

1 Continue

**SuppYr**

SHOW CARD GG

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

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

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

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

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

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

1 Continue

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

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

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

**SName**

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

: STRING [60]

**SForm**

RECORD FORM.

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

**SDose**

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

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

: 1..20

**SFreq**

SHOW CARD HH

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

Use <CTRL K> if does not know.

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

**SPres**

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

- 1 Yes
- 2 No

**SMore**

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

- 1 Yes
- 2 No

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

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

SHOW CARD II.

Now I would like to ask you a few questions about the physical activities you do and also whether they involve exposure to sunlight. Looking at this card, could you tell me which best describes your MAIN activity in the last seven days, that is since (date) up until yesterday? CODE ONE ONLY. IF RESPONDENT SAYS THEY WERE A FULL TIME HOUSEWIFE/HOUSEHUSBAND, WERE UNABLE TO WORK, WERE ON HOLIDAY FOR THE ENTIRE PERIOD OR WERE UNEMPLOYED OR RETIRED, CHECK THAT THEY HAD NOT DONE ANY WORK, STUDY OR VOLUNTARY WORK. INCLUDE OPEN UNIVERSITY COURSES/STUDYING AT HOME IN CODE 3 'At college/school'.

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

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

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

- 1 Yes
- 2 No

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

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

Range: 1..7

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

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

- 1 Continue

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

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

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

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

- 1 Yes
- 2 No

**IF (WlkWrk = Yes) THEN**

**WlkWrkD**

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

INCLUDE ALL JOBS.

Range: 1..7

**IF (WlkWrkD > 0) THEN**

**WlkWrkT**

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

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

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

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

**IF (WlkWrkT > 0) THEN**

**WWTChk**

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

- 1 Yes
- 2 No

**IF (WlkWrkT = Don't know) THEN**

**WWTTot**

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

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

**IF (WlkWrk = Yes) THEN**

**WrkWlkPa**

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

...READ OUT...

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

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

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

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

- 1 Yes
- 2 No

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

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

Range: 1..7

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

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

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

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

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

- 1 Continue

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

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

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

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

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

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

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

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

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

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

WORK INCLUDES PAID AND UNPAID WORK AS WELL AS VOLUNTEER WORK.  
INCLUDE ALL JOBS. IT DOES NOT INCLUDE HOUSEHOLD CHORES, GARDENING, DIY, OR WALKING.

Range: 1..7

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

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

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

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

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

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

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

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

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

- 1 Yes
- 2 No

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

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

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

Range: 1..7

**IF (ModActD >0****ModActT**

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

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

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

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

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

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

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

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

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

- 1 Continue

**LtDom**

SHOW CARDS JJ and KK

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

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

- 1 Yes
- 2 No

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

SHOW CARD JJ

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

Range: 1..7

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

SHOW CARD JJ

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

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

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

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

SHOW CARD JJ

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

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

**ASK ALL AGED 16+****HvDom**

SHOW CARD KK

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

- 1 Yes
- 2 No

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

SHOW CARD KK

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

Range: 1..7

**IF (HvDomD >0)****HvDomT**

SHOW CARD KK

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

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

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

SHOW CARD KK

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

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

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

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

- 1 Yes
- 2 No

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

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

Range: 1..7

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

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

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

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

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

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

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

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

Which of the following best describes your usual walking pace while walking from place to place, walking for recreation or during lunchtime or walking your dog, etc...?

READ OUT SLOWLY...

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

## **SPORTS AND LEISURE**

### **ASK ALL AGED 16+**

#### **IntroSp**

Now I'd like to ask you about sports, this could be team sports or sports you do alone, exercise classes, exercises you do on your own, or anything that you do in your free time and involves movement.

- 1 Continue

#### **Sport1**

##### **SHOW CARD LL**

Can you tell me if you have done any sport or leisure-time activities of the type listed on this card during the last seven days, that is since (date)? Please include teaching and coaching sessions.

- 1 Yes  
2 No

#### **IF (Sport1 = Yes) THEN**

#### **SpoWh1**

##### **SHOW CARD LL**

Which have you done in the last seven days?

TYPE IN FIRST FEW LETTERS OF THE SPORT TO ENTER CODING FRAME, THEN SELECT SPECIFIED ACTIVITY.

TYPE 'OTHER' IF THE SPORT IS NOT LISTED

TYPE 'XXX' (FOR NOT LISTED/DON'T KNOW) IF UNABLE TO CODE  
ON EXITING CODING FRAME PRESS ENTER TO MOVE TO NEXT QUESTION.

Range: 1..999

#### **SpMore**

##### **SHOW CARD LL**

Have you done any other sports in the last seven days? Please include only activities that lasted at least 5 continuous minutes?

PROBE FOR ANY OTHER SPORTS

- 1 Yes "Yes - did other sports in last 7 days"  
2 No "No - no other sports after interview prompts"

{FOR EACH ACTIVITY RECORDED AT SpoWh1 ASK SportOcc – SportHB}:

#### **SpOcc**

Can you tell me **on how many occasions** did you do/go/play (*name of activity*) for at least five minutes at a time during the past seven days, that is since (date)?

Range: 1..50

#### **SpTim**

**How much time** did you usually spend doing/going/playing (*name of activity*) on each occasion? (Only count times you did it for more than five minutes).

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

**IF (SportT = Don't know) THEN****SpTTot**

What is the **total** amount of time you spent doing/going/playing (*name of activity*) in the last seven days?

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

**XSpTot**

Total time (in minutes) doing this sport in last seven days, computed.

**SpHB**

Does the effort of (*name of activity*) **usually** raise your heartbeat or make you out of breath or sweaty? Would you say...

READ OUT...

- |   |         |                     |
|---|---------|---------------------|
| 1 | Never   | "No, never..."      |
| 2 | NotVOft | "Not very often..." |
| 3 | QOft    | "Quite often..."    |
| 4 | MostT   | "Most times..."     |
| 5 | Always  | "Or, yes, always?"  |

**SpoO**

Was this activity done outside?

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

**IF (SpoO = Yes) THEN****SpoUnc**

When you did this activity, were the following parts of your body usually exposed?

READ OUT AND CODE ALL THAT APPLY...

- |   |        |                              |
|---|--------|------------------------------|
| 1 | Face   | "Face?"                      |
| 2 | Head   | "Head?"                      |
| 3 | Hands  | "Hands?"                     |
| 4 | Arms   | "Arms?"                      |
| 5 | Should | "Shoulders?"                 |
| 6 | Legs   | "Legs?"                      |
| 7 | Upper  | "Most or all of upper body?" |

**TotTimSp**

**TOTAL TIME (IN MINUTES) DOING ALL SPORT IN LAST SEVEN DAYS  
(COMPUTED TOTAL).**

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

**AllActiv**

Check with respondent total time spent doing any physical activity in the last seven days.

In total, you have recorded (**number**) hours and (**number**) minutes of physical activity since last (*day*). Can I just check does this sound right?

Return to questions and identify any errors if possible, otherwise make a note, and continue.

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

**IF (TotTimSp > 40 hours) THEN****ProfAth**

Can I just check, are you a professional athlete?

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

**ASK ALL AGED 16+****SipWkA**

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

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

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

IF RESPONDENT WORKED ON NIGHT SHIFTS DURING THE LAST SEVEN DAYS / TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

**SipWkEA**

And over the last seven days, how long did you usually sleep for on weekends, that is Friday and Saturday nights?

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

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

IF RESPONDENT WORKED ON NIGHT SHIFTS DURING THE LAST SEVEN DAYS / TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.

## **CHILD PHYSICAL ACTIVITY (11-15 year olds)**

### **SCHOOL TIME-RELATED ACTIVITIES**

#### **ASK ALL AGED 11-15**

##### **Sch7D**

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

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

#### **IF (Sch7D = Yes) THEN**

##### **SchDays**

In the last seven days, that is since last (*day*), how many days have you been to school?

Range: 1..6

### **SCHOOL BREAKS**

#### **IF (Sch7D = Yes) THEN**

##### **MornBr**

I would like you to think about your school breaks in the last seven days, that is from last (*day / date*) to yesterday.

How did you **usually** spend your morning school break?

READ OUT AND CODE ALL THAT APPLY.

- |   |         |  |
|---|---------|--|
| 1 | RelHang | "Relaxing/, hanging around with friends or alone?"                               |
| 2 | Games   | "Playing games such as skipping, catch, hide and seek or kicking a ball around?" |
| 3 | Study   | "Studying or using a computer?"  |
| 4 | NA      | "DO NOT READ OUT - Not Applicable (Home-educated)"                               |

#### **IF (Sch7D = Yes) THEN**

##### **LunBr**

How did you usually spend your lunch break, apart from eating your lunch?

READ OUT AND CODE ALL THAT APPLY.

- |   |        |  |
|---|--------|--|
| 1 | Relax  | "Relaxing, hanging around with friends or alone"                                       |
| 2 | Sports | "Playing sports such as football, netball, rugby or anything similar?"                 |
| 3 | Games  | "Playing other games such as skipping, catch, hide and seek or kicking a ball around?" |
| 4 | Study  | "Studying or using a computer?"  |
| 5 | Walk   | "Or, going for a walk (either within or outside the school grounds)?"                  |
| 6 | NA     | "DO NOT READ OUT – Not Applicable (Home-educated)"                                     |

### **PHYSICAL EDUCATION**

#### **IF (Sch7D = Yes) THEN**

##### **PEDay**

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

Range: 0..6

**IF (PEDay > 0) THEN**

**PETime**

During **each** of these P.E. classes **how many minutes** did you spend actually doing sports such as swimming, football, netball, rugby, hockey, cricket, athletics, gymnastics or anything similar? Do not count time spent on changing clothes, showering or talking to your PE teacher or classmates.

IF EACH LESSON OF DIFFERENT LENGTH, RECORD AVERAGE.

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

**IF (PETime >0) THEN**

**PETChk**

Can I just check, is (*answer from PETime*) the amount of time you spent doing P.E. in any one lesson?

- 1 Yes
- 2 No

**ACTIVE TRANSPORTATION TO SCHOOL**

**IF (Sch7D = Yes) THEN**

**JrnyWlk**

During the last seven days, that is that is from *(day)* to yesterday, has your journey to or from school included walking for at least five minutes continuously?

INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

- 1 Yes
- 2 No

**IF (JrnyWlk = Yes) THEN**

**JWalkD**

During the last seven days (that is from *(day)* to yesterday), **on how many days** did you walk for five minutes or more without stopping on your way to or from school?

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

DO NOT INCLUDE WALKING AROUND OR INSIDE THE SHOP.

Range: 1..6

**IF (JWalkD = 1..5) THEN**

**JWalkT**

**How much time** did you usually spend on each one of those days walking **to** your school?

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

IF RESPONDENT DOES NOT WALK **TO** SCHOOL ENTER 0.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

**IF (JWalkD = 1..5) THEN**

**JWalkF**

And **how much time** did you usually spend on each one of these days walking **from** your school?

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

IF RESPONDENT DOES NOT WALK **FROM** SCHOOL ENTER 0.

DO NOT INCLUDE TIME SPENT WALKING ON PAPER ROUNDS.

**IF (Sch7D = Yes) THEN****JrnyCyc**

Now I would like to ask you about cycling to or from school. In the last seven days, that is from last (*day*) to yesterday, did you cycle to or from school?

- 1 Yes
- 2 No

**IF (JrnyCyc = Yes) THEN****JCycD**

In the last seven days (that is from last (*day*) to yesterday), **on how many days** did you cycle to or from school?

Range: 1..6

**IF (JCycD > 0) THEN****JCycT**

**How much time** did you usually spend on each one of those days cycling to and from your school?

AN AVERAGE TIME PER DAY IS BEING SOUGHT.

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

**IF (JWalkD + JCycD > SchDays) THEN****JDayCh**

NUMBER OF DAYS WALKED AND CYCLED IS GREATER THAN NUMBER OF DAYS AT SCHOOL.

Can I just check, did you walk **and** cycle to or from school on any days in the last seven days?

- 1 Yes                   *(Change previous answers to JWalkD and/or JcycD)*
- 2 No

**WALKING****ASK ALL AGED 11-15****IntroW**

I would like you to think about walking you have done in the last seven days that is from last (*day*) to yesterday. This could be walking to your friends' house, walking your dog, walking to the shops, walking for recreation or walking from place to place. Do not count walking to or from school or during school breaks, we have already talked about this.

- 1 Continue

**WalkWk**

**On how many days** in the last seven days, that is from last (*day*) to yesterday did you walk without stopping for at least five minutes? Do not count walking to or from school or during school breaks.

Range: 0..7

**IF (WalkWk = 1) THEN****WalkWkT**

SHOW CARD II

**How long** did you spend walking altogether on this day? Please give an answer from this card.

- |   |        |                                    |
|---|--------|------------------------------------|
| 1 | Time01 | "5 minutes, less than 10 minutes"  |
| 2 | Time02 | "10 minutes, less than 20 minutes" |
| 3 | Time03 | "20 minutes, less than 30 minutes" |
| 4 | Time04 | "30 minutes, less than 45 minutes" |

5	Time05	"45 minutes, less than 1 hour"
6	Time06	"1 hours, less than 1½ hours"
7	Time07	"1½ hours, less than 2 hours"
8	Time08	"2 hours, less than 2½ hours"
9	Time09	"2½ hours, less than 3 hours"
10	Time10	"3 hours or more"

**IF (WalkWk > 1) THEN****WalkWkTT**

**How long** did you spend walking in total during the last seven days, not including walking to or from school?

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

**ACTIVE PLAYING AND OTHER NON-SPORTING ACTIVITIES (OUTSIDE SCHOOL HOURS)**

**ASK ALL AGED 11-15**

**IntPlay**

Now I'd like to ask you about other active things you may have done in the last seven days like running about, riding a bike, kicking a ball around and things like that. This could be after school or in the weekends/holidays. For the following questions please do not include any activities done as part of school lessons or during school breaks.

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1 Continue

**APlayWk****SHOW CARD QQ**

In the last seven days, that is from (*day*) up to yesterday, have you done any activities listed on this card?

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1 Yes  
2 No

**IF (APlayWk = Yes) THEN****APlayWh****SHOW CARD QQ**

Which have you done in the last seven days?:

CODE ALL THAT APPLY.

NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.

1	Hopsco	"Playing, skipping, catch, hide and seek"
2	KckBll	"Kicking a ball around, running about or jumping around"
3	Garden	"Garden work, like mowing grass or sweeping up leaves"
4	HouseW	"Housework, like tidying up, cleaning, hoovering, washing clothes, cleaning a car"
5	PprRnd	"Paper rounds"

{Ask APlayD – SpExUnc for each activity recorded at APlayWh}:

**APlayD**

**On how many days** in the last seven days did you do (*answer from APlayWh*)? Please remember not to count things done as part of school lessons or during school breaks?  
**NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.**

Range: 1..7

**APlayT**

SHOW CARD PP

On each day that you did (*answer from APlayWh*), **how long** did you **usually** spend? Please give an answer from this card?

**NOTE THAT THESE QUESTIONS SHOULD NOT INCLUDE SPORTS OR EXERCISE ACTIVITIES - YOU WILL BE ASKING ABOUT THOSE LATER.**

- |    |        |                                    |
|----|--------|------------------------------------|
| 1  | Time01 | "5 minutes, less than 10 minutes"  |
| 2  | Time02 | "10 minutes, less than 20 minutes" |
| 3  | Time03 | "20 minutes, less than 30 minutes" |
| 4  | Time04 | "30 minutes, less than 45 minutes" |
| 5  | Time05 | "45 minutes, less than 1 hour"     |
| 6  | Time06 | "1 hours, less than 1½ hours"      |
| 7  | Time07 | "1½ hours, less than 2 hours"      |
| 8  | Time08 | "2 hours, less than 2½ hours"      |
| 9  | Time09 | "2½ hours, less than 3 hours"      |
| 10 | Time10 | "3 hours or more"                  |

**APlayHB**

When you did (*answer from APlayWh*) was it hard enough to make your heart beat fast or make you breathe hard or make you sweat?

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

**SpExO**

Was this activity outside?

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

**IF (SpExO = Yes) THEN****SpExUnc**

When you did this activity, were the following parts of your body **usually** exposed?

READ OUT AND CODE ALL THAT APPLY...

- |   |        |                              |
|---|--------|------------------------------|
| 1 | Face   | "Face?"                      |
| 2 | Head   | "Head?"                      |
| 3 | Hands  | "Hands?"                     |
| 4 | Arms   | "Arms?"                      |
| 5 | Should | "Shoulders?"                 |
| 6 | Legs   | "Legs?"                      |
| 7 | Upper  | "Most or all of upper body?" |

**SPORTS AND EXERCISES****ASK ALL AGED 11-15****IntroA**

Now I would like to ask about any sports or exercise activities, apart from other active things, PE lessons, school sports activities and sports during school hours, that you have done since (*day*).

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

**SportC**

SHOW CARD RR

Can you tell me if you have done any sport or exercise activities of the type listed on this card during the last seven days, that is since (day). Please include teaching and coaching sessions?

- 1 Yes
- 2 No

**IF (SportC = Yes) THEN****SpoWh1**

SHOW CARD RR

Which have you done in the last seven days?

TYPE IN FIRST FEW LETTERS OF THE SPORT TO ENTER CODING FRAME.

TYPE 'OTHER' IF THE SPORT IS NOT LISTED

TYPE 'XXX' (FOR NOT LISTED/DON'T KNOW) IF UNABLE TO CODE  
ON EXITING CODING FRAME PRESS ENTER TO MOVE TO NEXT QUESTION.

Range: 1..999

**SpMore**

SHOW CARD RR

Have you done and other sports in the last seven days? Please include only activities that lasted at least 5 continuous minutes?

PROBE FOR ANY OTHER SPORTS.

- 1 Yes "Yes - did other sports in last 7 days"
- 2 No "No - no other sports after interview prompts"

{Ask SpExD – SpExHB for each sport recorded at SpoWh1}:

**SpExD**

On how many of the last seven days, that is from last (day) to yesterday, did you do/play/go (name of sport or exercise activity)? Please remember not to count things done as part of school lessons.

Range: 1..7

**SpExT**

SHOW CARD PP

On each day that you did/played/went (name of sport or exercise activity), how long did you usually spend? Please give an answer from this card.

- |    |        |                                    |
|----|--------|------------------------------------|
| 1  | Time01 | "5 minutes, less than 10 minutes"  |
| 2  | Time02 | "10 minutes, less than 20 minutes" |
| 3  | Time03 | "20 minutes, less than 30 minutes" |
| 4  | Time04 | "30 minutes, less than 45 minutes" |
| 5  | Time05 | "45 minutes, less than 1 hour"     |
| 6  | Time06 | "1 hours, less than 1½ hours"      |
| 7  | Time07 | "1½ hours, less than 2 hours"      |
| 8  | Time08 | "2 hours, less than 2½ hours"      |
| 9  | Time09 | "2½ hours, less than 3 hours"      |
| 10 | Time10 | "3 hours or more"                  |

**SpExHB**

When you did/played/went (name of sport or exercise activity) was it hard enough to make your heart beat fast or make you breathe hard or make you sweat?

- 1 Yes
- 2 No

**SpExO**

Was this activity outside?

- 1 Yes
- 2 No

**IF (SpExO = Yes) THEN****SpExUnc**

When you did this activity, were the following parts of your body usually exposed?

READ OUT AND CODE ALL THAT APPLY...

- |   |        |                              |
|---|--------|------------------------------|
| 1 | Face   | "Face?"                      |
| 2 | Head   | "Head?"                      |
| 3 | Hands  | "Hands?"                     |
| 4 | Arms   | "Arms?"                      |
| 5 | Should | "Shoulders?"                 |
| 6 | Legs   | "Legs?"                      |
| 7 | Upper  | "Most or all of upper body?" |

**ASK ALL AGED 11-15****SIpWkC**

Over the last seven days, that is since last (*day*), how long did you usually sleep for on weeknights, that is, Sunday to Thursday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW.'

**SIpWkEC**

And over the last seven days how long did you usually sleep for on weekends, that is Friday and Saturday nights?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.

AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF RESPONDENT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW.'

## SUN EXPOSURE *(All respondents)*

**IF (Age >= 16) THEN****SunIntA**

Now I'd like to ask you some more questions about some of the things you have done in the last seven days, that is since from last (*day / date*) up until yesterday, that involve exposure to sunlight.

Exposure to sunlight could mean working outdoors, doing some kind of physical activity outside or sunbathing.

Unless otherwise stated, please continue to think of the last seven days only when answering these questions.

1 Continue

**IF (Work = EmpOff, EmpHome OR Vol) OR (SchJob = Yes) THEN****HrsWrk**

In the last seven days, how many hours were you at work?

IF NOT ACTUALLY AT WORK IN LAST SEVEN DAYS CODE 0.

GIVE TOTAL FOR THE WHOLE PERIOD OF SEVEN DAYS

Range: 0..100

**IF (HrsWrk > 0) THEN****WrkO**

What proportion of your work time was spent outside. Would you say...

...READ OUT...

- |   |       |                  |
|---|-------|------------------|
| 1 | None  | "None"           |
| 2 | LHalf | "Less than half" |
| 3 | Half  | "About half"     |
| 4 | Mhalf | "More than half" |
| 5 | All   | "Or, all of it?" |

**IF (WrkO = LHalf..All) THEN****WOUnc**

When you were working outside, were the following parts of your body usually uncovered?

...READ OUT AND CODE ALL THAT APPLY...

- |   |        |                              |
|---|--------|------------------------------|
| 1 | Face   | "Face?"                      |
| 2 | Head   | "Head?"                      |
| 3 | Hands  | "Hands?"                     |
| 4 | Arms   | "Arms?"                      |
| 5 | Should | "Shoulders?"                 |
| 6 | Legs   | "legs?"                      |
| 7 | UppBod | "Most or all of upper body?" |

**IF ((Age = 11-15) AND (SchType = Nurs..Other) AND (Sch7D = Yes)) OR (Age <11) AND (Sch7D = Yes) THEN****SunIntC**

I now have a few (more) questions about spending time outside and exposure to sunlight.

1 Continue

**WalkSch**

In terms of walking to or from school in the last seven days, would you say that you...

...READ OUT AND CODE ONE ONLY..

- 1      walked the same number of days as usual..
- 2      walked less days than usual..
- 3      walked more days than usual?
- 4      never walk to school

**WearSch**

When you go to school, what do you usually wear this time of year while on the way there or back?

...READ OUT AND CODE ALL THAT APPLY...

- 1      trousers?
- 2      shorts?
- 3      short sleeved shirt or long sleeves rolled up
- 4      long sleeved shirt/jumper/blazer?

**{ASK GIRLS ONLY}:**

- 5      long skirt (below the knee)?
- 6      short skirt (above knee)?
- 7      tights?

**IF (respondent went to school in the last 7 days) THEN****MBreakO**

On the days when you were at school in the last seven days, did you usually spend the morning break outside?

- 1      Yes
- 2      No

**LBreakO**

On the days when you were at school in the last seven days, for how much of your lunch break were you usually outside?

...READ OUT AND CODE ONE ONLY...

- 1      all or most of it...
- 2      about half of it...
- 3      Or, very little or none of it?

**IF (respondent had PE classes in last 7 days) THEN****PEOutS**

Thinking of the physical education classes you had in school in the last seven days. In how many of these classes were you outdoors at all?

Range:0..12

**IF (PEOutS > 0) THEN****PEOutST**

For how long were you outdoors each time?

Would you say...

- 1      ...all or most of the class except when changing clothes...
- 2      ...about half the class...
- 3      ...OR less than half the class?

**PEOUnc**

When you were outside during these classes, were the following parts of your body usually uncovered?

...READ OUT AND CODE ALL THAT APPLY...

- 1      Face?

- 2 Head?
- 3 Hands?
- 4 Arms?
- 5 Shoulders?
- 6 Legs?

**IF (respondent had PE classes in last 7 days) THEN****PEOTyp**

How typical were the last seven days in terms of the number of PE classes you had outside for this time of year? Would you say the number of classes outside was

...READ OUT...

- 1 the same as usual...
- 2 less classes than usual...
- 3 or more classes than usual?

**ASK ALL****OutS**

In the last seven days, on how many days have you spent time sitting, standing or lying outside (for example at a sports event)?

IF NONE CODE ZERO

EXCLUDE ANY OUTDOOR PHYSICAL ACTIVITIES, SPORTS AND WALKING AND CYCLING

Range: 0..7

**IF (OutS > 0) THEN****TimeO**

Approximately how many hours did you usually spend on each one of those days sitting, standing or lying outside?

INTERVIEWER. Enter hours and minutes

**TOUnc**

When you were sitting, standing or lying outside, were the following parts of your body uncovered?

READ OUT AND CODE ALL THAT APPLY

- |   |        |                                   |
|---|--------|-----------------------------------|
| 1 | Face   | "Face?"                           |
| 2 | Head   | "Head?"                           |
| 3 | Hands  | "Hands?"                          |
| 4 | Arms   | "Arms?"                           |
| 5 | Should | "Shoulders?"                      |
| 6 | Legs   | "Legs?"                           |
| 7 | UppBod | "Most or all of upper body?"      |
| 8 | None   | "DO NOT READ OUT - None of these" |

**If (Age >= 16) THEN****TOTyp**

In terms of the amount of time you spent outside, either at work, while doing physical activities or sitting, standing or lying outside, were the last seven days typical for this time of year?

- 1 Yes
- 2 No

**IF (ToTyp = No) THEN****TOTypW**

Why not?

: STRING [50]

**ASK ALL****SunC**

In the last seven days, have you used sun cream?

- 1 Yes
- 2 No

**IF (SunC = Yes) THEN****SPF**

What SPF factor was this sun cream?

**CODE ALL THAT APPLY**

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31MO "31+"

**SunCD**

On how many days in the last seven days did you apply sun cream?

Range: 1..7

**IF (SunCD > 0) THEN****SCAp**

And how many times each day did you apply it.

Was it...READ OUT...

FOR YOUNG CHILDREN, A PARENT/GUARDIAN MAY HAVE APPLIED THE SUN CREAM. THIS SHOULD BE INCLUDED IN THE ANSWER.

- 1 Morn "Morning only"
- 2 Once "Once at another time of day"
- 3 Sev "Or, twice or more times during the day?"

**IF (Sex = female) THEN****Mois**

In the last seven days, have you used moisturiser containing SPF factor?

- 1 Yes
- 2 No

**IF (Mois = Yes) THEN****MoSPF**

What SPF factor did this moisturiser contain?

- 1 SPF17 "1-7"
- 2 SPF815 "8-15"
- 3 SPF1625 "16-25"
- 4 SPF2630 "26-30"
- 5 SPF31MO "31+"
- 6 DontK "Dont Know"

**IF (MoSPF = Don't know) THEN****MoName**

What is the name of the moisturiser?

: STRING [30]

**IF (Mois = Yes) THEN****MoDs**

On how many days in the last seven days did you use this moisturiser?

Range: 1..7

**IF (MoDs > 0) THEN**

**MoAp**

And how many times each day did you apply it. Was it...

...READ OUT..

- |   |      |   |
|---|------|---|
| 1 | Morn | "Morning only"                            |
| 2 | Once | "Once at another time of day"             |
| 3 | Sev  | "Or, twice or more times during the day?" |

**ASK ALL**

**CovSk (adults + children)**

Do you ever cover your skin for religious reasons?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**IF (CovSk = Yes) THEN**

**HMCov**

To what extent do you cover your body?

Do you cover your...

READ OUT AND CODE ALL THAT APPLY...

- |   |        |                              |
|---|--------|------------------------------|
| 1 | Face   | "Face?"                      |
| 2 | Head   | "Head?"                      |
| 3 | Hands  | "Hands?"                     |
| 4 | Arms   | "Arms?"                      |
| 5 | Should | "Shoulders?"                 |
| 6 | Legs   | "Legs?"                      |
| 7 | UppBod | "Most or all of upper body?" |

**ASK ALL**

**Hair**

What is your / (his/her) natural (undyed) hair colour?

IF RESPONDENT ANSWERS 'GREY', ASK 'What was it before becoming grey?'

IF RESPONDENT ANSWERS 'BALD', ASK 'What was it before becoming bald?'

IF ASKED, WE ARE INTERESTED IN HAIR AND SKIN COLOUR BECAUSE WE GET MOST OF OUR VITAMIN D THROUGH EXPOSURE TO SUNLIGHT (ONLY SOME COMES FROM OUR DIET). BY KNOWING HAIR AND SKIN COLOUR, THE AMOUNT OF TIME SPENT OUTSIDE, AND ALSO DIETARY DETAILS, WE CAN WORK OUT HOW MUCH VITAMIN D IS FORMED IN THE SKIN.

- |   |        |                       |
|---|--------|-----------------------|
| 1 | Black  | "Black"               |
| 2 | Red    | "Red / Ginger"        |
| 3 | Blond  | "Blond / Fair"        |
| 4 | LBrown | "Light brown / Mouse" |
| 5 | DBrown | "Dark brown"          |
| 6 | Auburn | "Auburn"              |
| 7 | None   | "None of these"       |

**Skin**

Which of the following best describes your / (his/her) natural skin colour. By natural colour I mean before exposure to the sun. Is it...

...READ OUT...

- |   |       |              |
|---|-------|--------------|
| 1 | White |              |
| 2 | Brown |              |
| 3 | Black |              |
| 4 | Olive | "Or, olive?" |
| 5 | Other |              |

**IF (Skin = White OR Olive) THEN****SkTyp**

Would you say your type of skin...

...READ OUT...

- |   |        |                               |
|---|--------|-------------------------------|
| 1 | NeverT | "Never tans"                  |
| 2 | DiffT  | "Tans with difficulty"        |
| 3 | EasyT  | "Or, tans easily?"            |
| 4 | NotKno | "DO NOT READ OUT - Not known" |

**ASK ALL****HolS**

In the most recent summer, that is from the **beginning of April to the end of September**, have / (has) you / (he/she) been away from home on holiday or other trips of two days or more? Please include any holidays or trips in the UK or abroad?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**IF (HolS = Yes) THEN****HolSN**

How many holidays or trips of two days or more did you / (he/she) take between the start of April and the end of September?

Please include holidays in the UK and abroad of 2 days or more.

Range:1..10

**IF (Respondent 2 within 'Core Address') THEN****SameHolS**

Were any of these holidays the same as the ones (*Respondent 1's name*) has already told me about? That is to the same place at the same time as (*Respondent 1's name*).

IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW.

(*HolM to HolO asked for each holiday/trip*)

**HolM**

Thinking of the {first/second/third/ fourth} holiday you took between April and September 2007, in which month was this holiday?

IF MORE THAN ONE HOLIDAY, ASK ABOUT EACH TRIP.

- |   |           |
|---|-----------|
| 1 | April     |
| 2 | May       |
| 3 | June      |
| 4 | July      |
| 5 | August    |
| 6 | September |

**HolC**

What country did you visit on this trip?

IF UK, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

RECORD NAME OF COUNTRY.

:STRING [30]

**HolR**

And could you give me the name of the city or region where you / (he/she) spent most of your time on this trip?

RECORD NAME OF CITY/REGION.

:STRING [30]

**HolD**

How many days was this trip for?  
Range:2..30

**HolO**

While on this trip, on average, how many hours each day were / (was) you / (he/she) outside?  
Range:0..15

**ASK ALL****HolW**

And have / (has) you / (he/she) been on any holidays **abroad** between **the start of October now?** Please include any holidays or other trips abroad of two days or more.

- 1 Yes
- 2 No

**IF (HolW = Yes) THEN****HolWN**

How many holidays **abroad** have / (has) you / (he/she) been on **the start of October and March?** Please include any holidays or other trips **abroad** of two days or more.  
Range:1..10

**IF (Respondent 2 within 'Core Address') THEN****SameHolW**

Were any of these holidays the same as the ones (*Respondent 1's name*) has already told me about? That is to the same place at the same time as (*Respondent 1's name*).

IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW.

*(HolM to HolO asked for each holiday/trip)*

**HolM**

Thinking of the {first/second/third/ fourth} holiday you took between October and March, in which month was this holiday?

IF MORE THAN ONE HOLIDAY, ASK ABOUT EACH TRIP.

- 1 October
- 2 November
- 3 December
- 4 January
- 5 February
- 6 March

**HolC**

What country did you visit on this trip?

IF UK, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

RECORD NAME OF COUNTRY.

:STRING [30]

**HolR**

And could you give me the name of the city or region where you / (he/she) spent most of your time on this trip?

RECORD NAME OF CITY/REGION.

:STRING [30]

**HoID**

How many days was this trip for?

Range:2..30

**HoIO**

While on this trip, on average, how many hours each day were / (was) you / (he/she) outside?

:0..15

## **NHS CENTRAL REGISTAR & CANCER REGISTRY CONSENT FORM**

***(Respondents aged 16 and over)***

**IF (Age = 19+) THEN****NHSCanA**

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

Please read this form, it explains more about what is involved.

GIVE THE RESPONDENT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1      Con    "Consent given"
- 2      NoCon "Consent not given"

**IF (NHSCanA = Con) THEN****NHSSigA**

Before I can pass on your details, I have to obtain written consent from you. Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Ask the respondent to sign and date the form.

Give the **bottom** copy of the form to the respondent.

Code whether signed consents obtained.

- 1      Central"NHS Central Register and Cancer Registry consent obtained"
- 2      None "No signed consents"

**IF (Age = 16-18) THEN****NHSCanC**

We would like your consent for us to send your name, address and date of birth to two National Health Service registers. These are the NHS Central Register and the NHS Cancer Registry.

Please read this form, it explains more about what is involved.

GIVE THE RESPONDENT THE NHSCR CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1      Con    "Consent given",
- 2      NoCon "Consent not given"

**IF (NHSCanC = Con) THEN****NHSSigC**

Before I can pass on your details, I have to obtain written consent from you.

Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.

Ask the respondent to sign and date the form.

Give the **bottom** copy of the form to the respondent.

Code whether signed consents obtained.

- 1      Central"NHS Central Register and Cancer Registry consent obtained"
- 2      None "No signed consents"

## RECONTACT QUESTIONS *(All respondents)*

**IF (Age >= 19) THEN****ReContA**

If at some future date we wanted to talk to you for a further study, may we contact you to see if you are willing to help us again?

IF ASKED, THERE ARE NO **CURRENT** PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

**IF (Age <19) THEN****ReContC**

If at some future date we wanted to talk to you for a further study, may we contact you to see if you are willing to help us again?

IF ASKED, THERE ARE NO **CURRENT** PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

## NURSE INTRODUCTION *(All respondents)*

**ASK ALL****NursInt**

We would like you to help us with the second stage of this study.

This is a visit by a qualified nurse to collect some medical information and, if you agree, carry out some measurements. The nurse would like to come round and explain some more about what is involved and answer any questions you have. May I get him/her to contact you?

**REMEMBER TO GIVE THE RESPONDENT THE STAGE 2 LEAFLET,  
APPROPRIATE FOR THEIR AGE.**

**IF ASKED FOR DETAILS:** For example, the nurse, with your agreement, will take some general measurements such as blood pressure, ask about prescribed medications and so on. The information the nurse collects is information we can not get from any other source.

- 1 Agree "Agreed nurse could contact",
- 2 Refuse "Refused nurse contact", NODK, NORF

**NurseRef**

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT.

- |   |         |   |
|---|---------|---|
| 0 | Avail   | "Own doctor already has information"  |
| 2 | Time    | "Given enough time already to this survey/expecting too much"                   |
| 3 | Busy    | "Too busy, cannot spare the time (if Code 1 does not apply)"                    |
| 4 | Enough  | "Had enough of medical tests/medical profession"                                |
| 5 | Worried | "Worried about what nurse may find out/might tempt fate"                        |
| 6 | Scared  | "Scared/of medical profession/ particular medical procedures (eg blood sample)" |
| 7 | NoReas  | "Not interested/Can't be bothered/No particular reason"                         |
| 8 | Other   | "Other reason (specify)"  |

**IF (NurseRef = Other) THEN**

**NsRefO**

PLEASE SPECIFY OTHER REASON FOR REFUSAL.

Need to print this out and check it

## ACTIGRAPH COLLECTION

*(For respondents aged 4-10 who agreed to wear the ActiGraph)*

### **Intro**

Now follows the actigraph collection from (adult's name) on behalf of (child's name)."

1 Continue

### **AGIntro**

Thank you for taking part in this stage of the study.

During this visit, I would like to collect the actigraph and ask you about (child's name)'s experiences of wearing it."

1 Continue

### **Wear**

Firstly, can I check, did he/she wear it for all seven days?

- 1 Day7 "Actigraph worn for 7 days"
- 2 Day56 "Actigraph worn for 5 or 6 days"
- 3 Day34 "Actigraph worn for 3 or 4 days"
- 4 Day2 "Actigraph worn for 2 days or less"), NODK, NORF

### **IF (Wear <> Day7) THEN**

#### **NoWear**

Why was (child's name) unable to wear the actigraph for all 7 days?

- 1 Lost "Actigraph lost/stolen"
- 2 Broken "Actigraph broken"
- 3 Ill "Respondent ill"
- 4 Forgot "Respondent forgot"
- 5 Other "Other "

### **IF (NoWear=other) THEN**

#### **NWearoth**

Record why respondent did not wear the actigraph for all 7 days.

: STRING[100]

### **UseLog**

Collect the 'Activity Booklet'.

- 1 Full "Log collected and completed in full"
- 2 Part "Log collected and partially completed"
- 3 NotC "Log collected - not completed"
- 4 Lost "Log not collected - lost"

### **IF (UseLog = Full..NotC) THEN**

#### **AGSDate**

Record from the activity log (front page) the *start* date of wearing the actigraph.

: DATETYPE

#### **AGEDate**

Record from the activity log (front page) the *end* date of wearing the actigraph.

: DATETYPE

### **AGNum**

Record from the activity log how many days the actigraph was worn.  
Range: 0..7

**Collect**

Did you collect the actigraph?

- 1 Yes
- 2 No

**IF (Collect = No) THEN****YNoAct**

Why did you not collect the actigraph?

- 1 Lost "Actigraph lost/stolen"
- 2 Other "Other"

**IF (YNoAct = Other) THEN****NOActOth**

Record why you didn't collect the actigraph.

: STRING[100]

**AGDesp**

Prepare the despatch note for the respondent.

Wrap the despatch note around the actigraph and send back to Brentwood *one* actigraph per jiffy bag.

Serial number:

Date of birth:

Actigraph serial number:

- 1 Continue

**IF (Wear = Day7..Day34) OR (NoWear = Lost..Broken) THEN****Voucher**

Thank you for taking part in this stage of the study. Here is a promissory note saying that NatCen will send you £20 in High Street vouchers as a token of our appreciation.

Hand over the £20 voucher promissory note.

- 1 Given "Promissory note given",
- 2 NotGiv "Promissory note not given"

**IF (Wear = Day2) THEN****NoVouch**

Thank you for taking part in this stage of the study.

For your information, this respondent is not eligible for a voucher."

- 1 Continue

**CollEnd**

The actigraph collection for (child's name) has now been completed.

- 1 Continue

**DOUBLY LABELLED WATER (DLW)**  
**(All respondents in required age/sex cells with valid height & weight measurements)**

**DispDLW**

This is the point where a decision is made about whether respondents are eligible for the DLW follow ups. To be eligible for DLW we must have reliable height and weight measurements and still need people in the right age and sex groups to fill our quotas  
 Press 1 and <ENTER> to continue.

1      Press 1 and ENTER to decide eligibility now

**NeedFUp**

THE FOLLOWING RESPONDENTS ARE CURRENTLY ELIGIBLE FOR THE DLW FOLLOW UP STUDY:

(Names of respondents)

EXPLAIN THE DLW FOLLOW-UP STUDY TO ALL ELIGIBLE RESPONDENTS AND HAND THEM THE APPROPRIATE LEAFLETS. ALLOW THEM TIME TO READ THE LEAFLETS.  
 Note that eligibilty may change when updates of the numbers needed are received from the office. Eligibility at the time when DLW first introduced is what matters so don't worry if it looks different if you happen to return to this section later.

1      Continue

**P1DLWAg**

IS (*respondent 1's name*) WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE DLW CONSENT FORM WHEN YOU RETURN TO ADMINISTER THE DOSE.

YOU WILL NEED TO LEAVE THE BOTTOM COPY WITH THE RESPONDENT AND *KEEP THE TOP COPY TO SEND TO BRENTWOOD.*

- 1      Yes  
 2      No

**P2DLWAg**

IS (*respondent 2's name*) WILLING TO TAKE PART IN THE DLW FOLLOW-UP?

IF 'YES' THEN RESPONDENT MUST SIGN THE CONSENT FORM WHEN YOU RETURN TO ADMINISTER THE DOSE.

YOU WILL NEED TO LEAVE THE BOTTOM COPY WITH THE RESPONDENT AND *KEEP THE TOP COPY@I TO SEND TO BRENTWOOD."*

- 1      Yes  
 2      No

**FUpReview**

MAKE A PROVISIONAL APPOINTMENT TO RETURN FOR THE FOLLOW UP.

REMEMBER TO LEAVE AT LEAST 3 WORKING DAYS FOR DELIVERY OF DLW DOSES.

YOU WILL NEED TO CALL HNR AS SOON AS POSSIBLE, TO CONFIRM THAT THE RESPONDENTS ARE STILL NEEDED FOR THE DLW FOLLOW-UP.

1      Continue

**NATIONAL DIET AND NUTRITION SURVEY**  
***Food and Drink Diary***

**DIARY START DATE:** \_\_\_\_\_

--	--	--	--	--	--

SERIAL NUMBER

--

CKL

--

RESPONDENT No

--	--	--	--	--	--

FIRST NAME

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

INTERVIEWER NUMBER:


INTERVIEWER NAME:

--	--	--	--	--	--



## NATIONAL DIET AND NUTRITION SURVEY

# *Food and Drink Diary*

Instructions.....	2-3
Diary examples.....	4-15
Examples and advice on food descriptions.....	16-21
Pictures for food portion size guidance.....	22-25
<i>Breakfast cereals</i>	
<i>Rice</i>	
<i>Spaghetti</i>	
<i>Chips</i>	
<i>Broccoli or cauliflower</i>	
<i>Stew or curry</i>	
<i>Battered fish</i>	
<i>Quiche/Pie</i>	
<i>Cheese</i>	
<i>Sponge cake</i>	
Drink volume guidance.....	26-27
“The 4-day diary”.....	29-60
General questions about your diet during the recording period.....	61-66

If you have any queries about how to complete the diary please contact a member of the NDNS Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm.

## **PLEASE READ THROUGH THESE PAGES BEFORE STARTING YOUR DIARY**

We would like you to keep this diary of **everything you eat and drink** over 4 days. Please include all food consumed at home and outside the home e.g. work, college or restaurants. It is very important that you do not change what you normally eat and drink just because you are keeping this record. Please keep to your usual food habits.

### **Day and Date**

Please write down the day and date at the top of the page each time you start a new day of recording.

### **Time Slots**

Please note the time of each eating occasion into the space provided. For easy use each day is divided into sections, from the first thing in the morning to late evening and through the night.

### **Where and with whom?**

Please tell us what **room or part of the house** you were in when you ate, e.g. kitchen, living room, and tell us **whether you ate at a table or not** and **whether you were watching television**. If you ate at your work canteen, a restaurant, fast food chain or your car, write that location down.

We would also like to know **who you share your meals with**, e.g. whether you eat alone, with your partner, children, colleagues, or friends.

### **What do you eat?**

Please describe the food you eat in as much detail as possible. Be as specific as you can. Pages 16 - 21 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces, pepper etc).

#### **Homemade dishes**

If you have eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe serves, and the cooking method. Write this down in the recipe section at the end of the record day. Record how much of the whole recipe you have eaten in the portion size column (see examples on pages 4 - 15).

#### **Take-aways and eating out**

If you have eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. vegetable curry containing chickpeas, aubergine, onion and tomato.

### **Brand name**

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Bird's eye, Hovis, or Supermarket own brands.

#### **Labels/Wrappers**

Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready meals**, labels from **foods of lesser known brands** and also from any **supplements** you take.

## **Portion sizes**

Examples for how to describe the **quantity** or **portion size** you had of a particular food or drink are shown on pages 16 - 21.

For foods, quantity can be described using:

- **household measures**, e.g. one teaspoon (tsp) of sugar, two thick slices of bread, 4 tablespoons (tbsp) of peas,  $\frac{1}{2}$  cup of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size pictures at the back of this diary.
- **weights from labels**, e.g. 4oz steak, 420g tin of baked beans, 125g pot of yoghurt
- **number of items**, e.g. 4 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut
- **picture examples** for specific foods on pages 22-24.

For drinks, quantity can be described using:

- the **size of glass, cup etc** (e.g. large glass) or the **volume** (e.g. 300ml). Examples of typical drinks containers are on pages 26-27.
- **volumes from labels** (e.g. 330ml can of fizzy drink).

We would like to know the **amount that was actually eaten** which means taking **leftovers** into account. You can do this in two ways:

1. Record what was served and make notes of what was not eaten e.g. 3 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.

## **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 <u>quantity eaten</u>	
<b>6am to 9am</b>					
6.30 am	Kitchen Alone No TV Standing	Filter coffee, decaffeinated milk (fresh, semi-skimmed) Sugar white	Douwe Egberts Silverspoon	Mug A little 1 level tsp	
7.30 am	Kitchen Partner TV on At table	Filter coffee with milk and sugar Cornflakes Milk (fresh, semi-skimmed) Toast, granary medium sliced Light spread Marmalade	As above Tesco's own  Hovis Flora Hartleys	As above 1b drowned 1 slice med spread 1 heaped tsp	
<b>9am to 12 noon</b>					
10.15 am	Office desk Alone	Instant coffee, not decaffeinated Milk (fresh, whole) Sugar brown	Kenco	Mug A little 1 level tsp	
11 am	Office desk Alone	Digestive biscuit – chocolate coated on one side	McVities	2	

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b><i>12 noon to 2pm</i></b>				
12.30 pm	Tea room at work Colleagues	<i>Ham salad sandwich from home</i> <i>Bread, wholemeal, thick sliced</i> <i>Light spread</i>  <i>Low fat Mayonnaise</i> <i>Smoked ham thinly sliced</i> <i>Lettuce, iceberg</i> <i>Cucumber with skin</i>  <i>Unsweetened orange juice from canteen</i>  <i>Apple with skin from home, Braeburn</i>	<i>Tesco's own Flora</i>  <i>Hellmans</i> <i>Tesco's own</i>  <i>Tropicana</i>	<i>2 slices thin spread on 1 slice</i> <i>2 teaspoons</i> <i>2 slices</i> <i>1 leaf</i> <i>4 thin slices</i>  <i>250ml carton</i>  <i>medium size, core left</i>
<b><i>2pm to 5pm</i></b>				
3 pm	Meeting room at work With supervisor	<i>Tea, decaffeinated</i> <i>Milk (fresh, whole)</i> <i>Jaffa cake – mini variety</i>	<i>Twinings</i> <i>Tesco's own</i> <i>McVities</i>	<i>Mug</i> <i>Some</i> <i>6</i>

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
6.30 pm	Pub Partner	Gin Tonic water diet Lager Salted peanuts	Gordon's Schweppes Draught KP	Single measure 1/2 small glass 1 pint 1 handful
8 pm	Dining room Family No TV At table	Spaghetti, wholemeal Bolognese sauce (see recipe) Courgettes (fried in butter) Tinned peaches in juice (juice drained) Single cream UHT  Orange squash No Added Sugar	Tesco's own  Prince's  Sainsbury's own	3b 6 tablespoons 4 tablespoons 3 halves 1 tablespoon  200ml glass, 1 part squash, 3 parts tap water
<b>8pm to 10pm</b>				
9 pm	Sitting room Alone TV on Not at table	Grapes, green, seedless Chocolates, chocolate creams Potato crisps, Prawn Cocktail	Bendicks Walkers	15 2 25g bag (from multipack)
<b>10pm to 6am</b>				
10.30 pm	Bed room Partner No TV Not at table	Camomile tea (no milk or sugar)	Twinings	1 mug

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

Went to pub after work

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Healthspan	<i>Omega3 fish oil with vitamin A, C, D &amp; E</i>	<i>2 capsules</i>
Boots	<i>Calcium (1000mg) with vitamin D</i>	<i>1 tablet</i>
Holland & Barrett	<i>Vitamin C 60mg</i>	<i>1 tablet</i>

**Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.**

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH** Bolognese sauce

**SERVES:** 4

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<i>Co-op low fat beef mince</i>	<i>500g</i>	<i>Lea &amp; Perrins worcester sauce</i>	<i>dash</i>
<i>garlic</i>	<i>3 cloves</i>		
<i>onion</i>	<i>1 medium</i>		
<i>sweet red pepper</i>	<i>1 medium</i>		
<i>Napoli chopped tomatoes</i>	<i>400g tin</i>		
<i>Tesco tomato puree</i>	<i>1 tablespoon</i>		
<i>Tesco olive oil</i>	<i>1 tablespoon</i>		
<i>mixed herbs</i>	<i>1 dessertspoon</i>		

**Brief description of cooking method**

*Fry onion & garlic in oil, add mince and fry till brown.*

*Add pepper, tomatoes, puree, Worcester sauce & herbs. Simmer for 30 mins*

Day Friday		Date 28.09.2007			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>	
<b>6am to 9am</b>					
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	Tap water		300 ml glass	
<b>9am to 12 noon</b>					
10 am	Office desk Alone	Banana  Black tea semi-skimmed milk, no sugar	Typhoo Asda	One, medium size  Large Mug A lot	

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b><i>12 noon to 2pm</i></b>				
1 pm	Work tea room With colleague	<p><i>Crayfish sandwich</i>  <i>multiseed bread, wholemeal, medium cut,</i>  <i>crayfish in lemon mayonnaise, no other spread</i>  <i>rocket leaves</i></p> <p><i>Apple &amp; Raspberry fruit drink</i></p>	<p><i>M&amp;S pre-packed</i>  <i>Sandwich</i></p> <p><i>J2O</i></p>	<p><i>2 slices</i>  <i>Medium filling</i>  <i>6 to 8</i></p> <p><i>1 bottle, 275ml</i></p>
<b><i>2pm to 5pm</i></b>				
4.30 pm	Friends House Lounge With Friend Not at table TV on	<p><i>Coffee, instant</i>  <i>Semi-skimmed milk</i></p> <p><i>Fairy Cake, homemade, see recipe</i></p>	<i>Kenco</i>	<p><i>Medium mug</i>  <i>A lot</i></p> <p><i>1 cake</i></p>

Time slot	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
<b>5pm to 8pm</b>				
7.30 pm	Kitchen/Diner With boyfriend At table No TV	<i>Chicken in creamy mushroom and white wine sauce for 2, oven</i>  <i>White rice, boiled</i>  <i>Wine</i>	<i>Sainsbury's, 370g (wrapper collected)</i>  <i>Easy cook, Italian, Sainsbury's</i>  <i>Sauvignon Blanc, New Zealand</i>	<i>½ pack</i>  <i>2C</i>  <i>1 small glass, 125ml</i>
<b>8pm to 10pm</b>				
9.15 pm	Sitting Room With boyfriend Not at table TV on	<i>Squash, apple &amp; blackcurrant, no added sugar,</i>  <i>Crisps</i>	<i>Sainsbury's</i>  <i>Pringles, sour cream and chives</i>	<i>1 average glass, 200ml</i>  <i>5</i>
<b>10pm to 6am</b>				
11.30 pm	Bedroom Alone Not at table TV on	<i>Water</i>	<i>tap</i>	<i>1 medium glass</i>

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

Felt unwell

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

Felt unwell

*Please tell us why you had more than usual*

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please describe the supplements you took below

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Holland & Barrett	Evening Primrose Oil – 1000mg	1 capsule
Holland & Barrett	Super EPA fish oil – 1000mg	1 capsule

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH** Fairy Cakes

**SERVES:** makes 20 cakes

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

**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

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Tablespoons, weight of beans marked on tin label (e.g. 420g)
Beefburger (hamburger)	Home-made (ingredients), from a packet (brand name) or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	Number, large or small, ounces or in grams if info on package
Beer	What sort e.g. stout, bitter, lager; draught, canned, bottled; low-alcohol or home-made	Number of pints or half pints, size of can or bottle
Biscuits	What sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	Number of slices; thick, medium or thin slices
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort and brand e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – added sugar and/or fruit	Tablespoons or picture 1
Bun	Iced, currant or plain, homemade or bought (brand name)	Large or small, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; spoons

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Cake	Individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	Number, slices, packet weight, see picture 10 for sponge cake
Cheese	Name, brand and type e.g. cheddar, cream, cottage, soft; low fat	picture 9, or number of slices, thick or thin cut, number of spoons
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking give brand name	picture 4, as A, B, or C or 2 x B, etc
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	Number, weight/size of bar
Coffee	With milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated; give brand name	Cups or mugs
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Tablespoons
Crisps	What sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips, Walker's Sensations	Packet weight
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free, brand	Tablespoons
Doughnut	Plain, jam, cream or iced; round or ring, where bought/brand name	Number, size e.g. mini, large
Egg	Boiled, fried (type of oil/fat), scrambled (type of fat used, with or without added milk), poached, omelette (with or without filling, type of oil/fat used), etc	Number of eggs, large, medium or small eggs
Fish (including canned)	What sort and brand e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	Size of can or spoons (for canned fish) or picture 7 for battered fish

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Fish cakes & fish fingers	Type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	Size, number, packet weight
Fruit - fresh	What sort; eaten with or without skin	Size, number
Fruit - stewed/canned	What sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	Tablespoons Size of can or weight on can
Fruit – juice (pure)	What sort and brand e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3?	Glass (size or volume) or carton size
Ice cream	Flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	Number of tablespoons/scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Teaspoons, heaped or level, or thin or thick spread
Marmalade	Type and brand; low-sugar; thick cut; shop bought/brand or homemade	Teaspoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, tablespoons, or picture 6 for stew portion
Milk	Brand and type (whole, semi-skimmed, skimmed); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals	Pints, glass (size or volume) or cup. For milk on cereal: <i>damp/normal/drowned.</i> For milk in tea/coffee: <i>a little/some/a lot</i>

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Nuts	What sort and brand; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort and brand; individual or helping; one pastry crust or two; type of pastry	Individual or slice, or picture 8
Pizza	Thin base or deep pan or French bread; topping; brand name and type	Individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	Brand name; made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	Bowls
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	Mash – tablespoons, number of half or whole potatoes, small or large potatoes, or picture 4 for chips portion
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Tablespoons, picture 10 for slice of sponge
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat); brand name	Tablespoons or picture 2
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise); brand name of dressing	Amount of each component; e.g. number of tomatoes, slices of cucumber, leaves; tablespoons of dressing

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat; brand name	Teaspoons, tablespoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy; brand name	Large or small, number
Sausage rolls	Type of pastry; brand name	Number, size e.g. jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; bought/brand or homemade	Number, small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	Size (standard or mini variety), packet weight, number
Soft drinks – squash/concentrate/cordial	Give brand name & flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	Glass (size or volume)
Soft drinks – carbonated/fizzy	Give brand & flavour; diet/low-calorie; canned or bottled; cola – caffeine free	Glass, can or bottle (size or volume)
Soft drinks – ready to drink	Give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	Glass, carton or bottle (size or volume)
Soup	What sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	Tablespoons, bowl or mug
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Tablespoons (or how much dry pasta used per portion in grams/packet size) or picture 3

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Spirits	What sort: e.g. whisky, gin, vodka, rum	Measures as in pub
Sugar	Added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	Heaped or level teaspoons
Sweets	What sort: e.g. toffees, boiled sweets, diabetic; give brand name	Number, packet weight
Tea	With/without milk (see section on milk); decaffeinated, herb	Mugs or cups
Vegetables (not including potatoes)	What sort; how cooked or raw; additions e.g. butter, other fat or sauce	Tablespoons, number of florets or sprouts, weight from tins or packet as guidance
Water	Tap, filtered, bottled: give brand name	Glass or bottle (size or volume)
Wine, sherry, port	White, red; sweet, dry; low-alcohol; give brand name	Glass (size or volume)
Yoghurt, fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals; brand name	Pot size or tablespoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many persons it serves	Tablespoons – heaped or level, number, size
Ready-made meals	Please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; was it chilled or frozen; microwaved, oven cooked, boil-in-the-bag; was it low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	Packet weight, if not whole packet describe portion consumed
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	Tablespoons, portion size e.g. small/medium/large

**Use the pictures to help you indicate the size of the portion you have eaten.  
Write on the food record the picture number and size A, B or C nearest to your own helping.**

**Remember that the pictures are much smaller than life size.  
The actual size of the dinner plate is 10 inches (25cm), the side plate, 7 inches (18cm), and the bowl, 6.3 inches (16cm).**

**The tables on pages 16-21 also give examples of foods that you might eat and how much information is required about them.**

**1. Breakfast cereals**



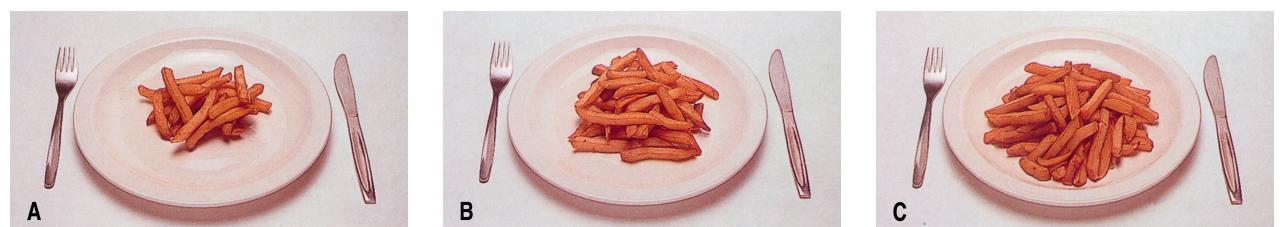
## 2. Rice



## 3. Spaghetti



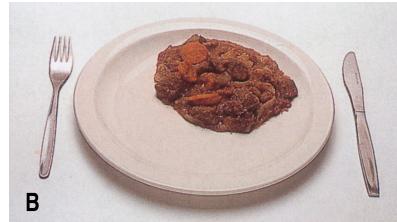
## 4. Chips



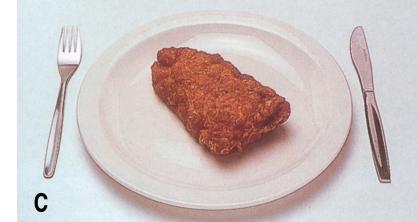
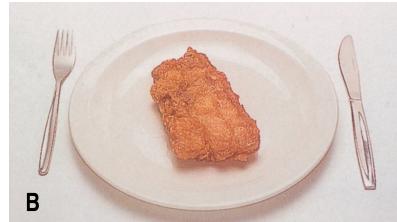
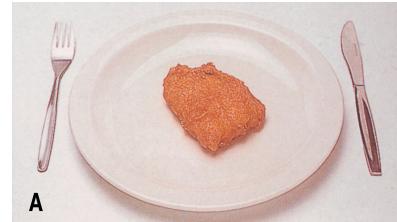
**5. Broccoli/ cauliflower**



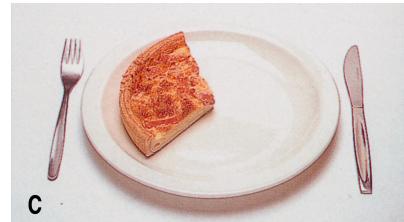
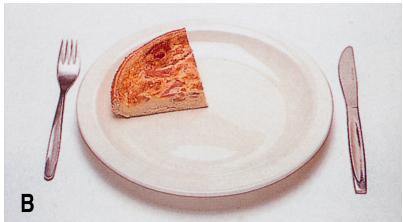
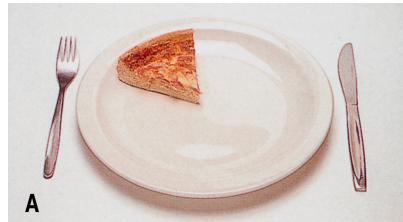
**6. Stew /curry**



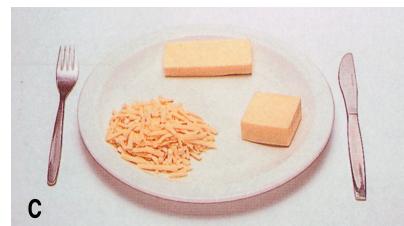
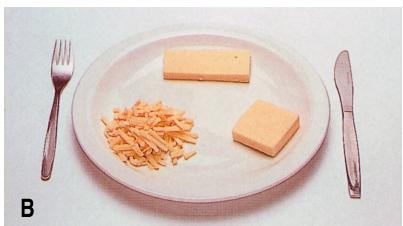
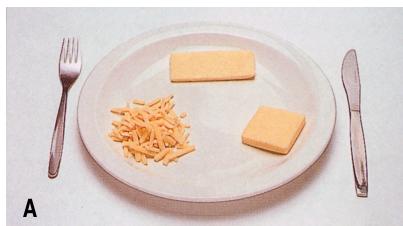
**7. Battered fish**



**8. Quiche / Pie**



**9. Cheese**



**10. Sponge cake**

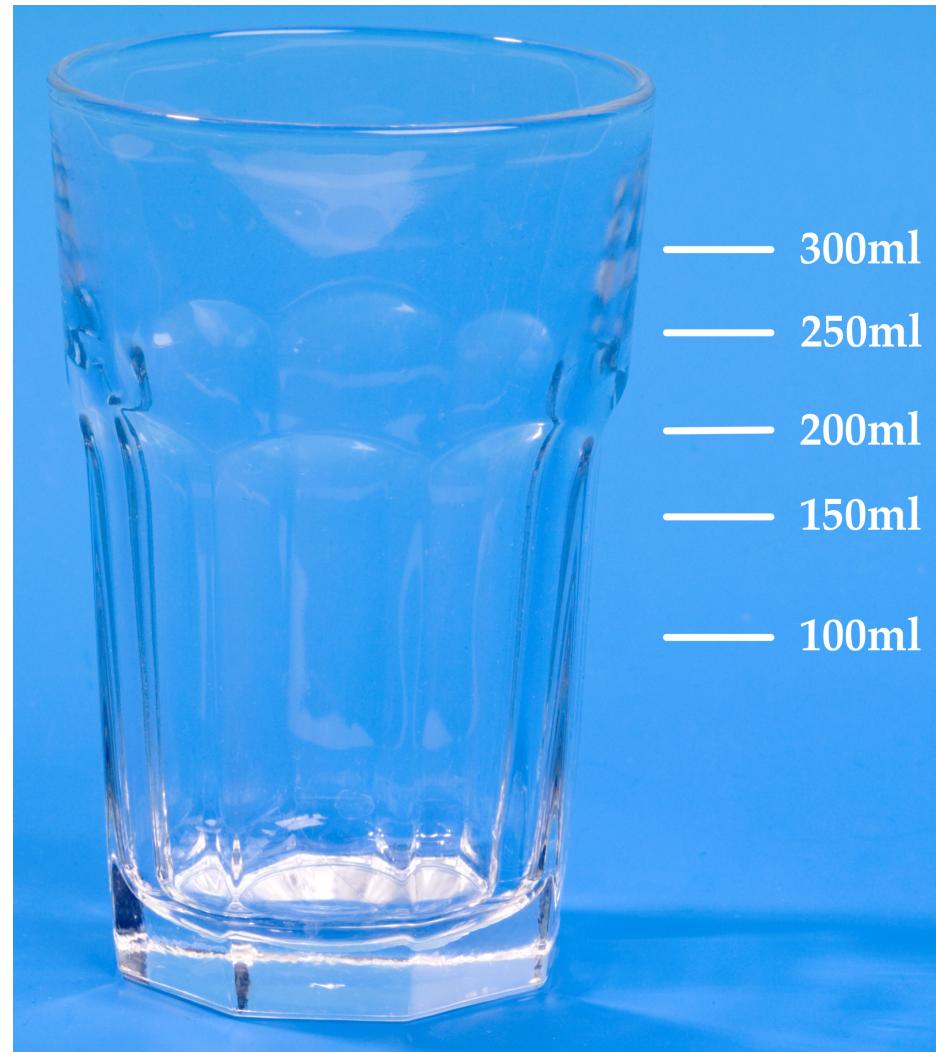


**Typical quantities of drinks in various containers measured in millilitres (ml)**

	<b>Small glass</b>	<b>Average glass</b>	<b>Large glass</b>	<b>Vending cup</b>	<b>Cup</b>	<b>Mug</b>
<b>Soft drinks</b>	150	200	300			
<b>Wine</b>	125	175	250			
<b>Hot drinks</b>				170	190	260

Glasses come in different shapes and sized. On the next page is a life size glass showing approximate volumes. You can use this picture as a guide for estimating how much volume of drink the glass holds you are drinking from.

## Life Size Glass





# **DAY 1**

Day 1		Date			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please describe the supplements you took below

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

**Write in recipes or ingredients of made up dishes or take-away dishes**

# **DAY 2**

Day 2		Date			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please describe the supplements you took below

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

# **DAY 3**

Day 3		Date			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please describe the supplements you took below

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

# **DAY 4**

Day 4		Date			
Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With Whom? At table? TV on?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  usual

No, **less**  than usual

No, **more**  than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>Serves:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>	<b>Serves:</b>		
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**Now please complete the questions on the next few pages**

## **General questions about your food/ drink in the last 4 days.**

### **Special diet**

1. Did you follow a special diet in the last 4 days e.g. vegetarian, cholesterol lowering, weight reducing?

Yes

*Please specify*

No

### **Milk**

2. Which type of milk did you use most often in the last 4 days?

Whole, fresh,  
pasteurised

Semi-skimmed fresh,  
pasteurised

Skimmed (fat free) fresh,  
pasteurised

Dried

Type

Soya

Type

Other

Type

Did not  
use

## **Tea and coffee**

3. How much milk did you usually have in coffee/ tea?

Coffee    A lot  Some  A little  None/did not drink

Tea       A lot  Some  A little  None/did not drink

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee       Yes  How many teaspoons in a mug/cup?  No/did not drink

Tea           Yes  How many teaspoons in a mug/cup?  No/did not drink

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee       Yes  How many tablets or teaspoons in a mug/cup?  No/did not drink

Tea           Yes  How many tablets or teaspoons in a mug/cup?  No/did not drink

6. Did you drink decaffeinated coffee/ tea in the last 4 days?

Coffee       Always  Sometimes  Never

Tea           Always  Sometimes  Never

## **Breakfast cereals**

7. How much milk did you usually have on breakfast cereal?

Drowned  Average  Damp  None/did not eat

8. How did you usually make your porridge?

With all water  With all milk  With milk and water  Did not eat

9. Did you usually sweeten or salt your porridge?

With sugar  With honey  With salt  Neither/did not eat

10. How did you usually make your instant oat cereal?

With all water  With all milk  With milk and water  Did not eat

11. Did you usually sweeten or salt your instant oat cereal?

With sugar  With honey  With salt  Neither/did not eat

## Fats for spreading and cooking

12. Which type of fat spread did you use most often in the last 4 days? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

---

---

13. How thickly did you spread butter, margarine on bread, crackers etc?

Thick  Medium  Thin  None

14. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

---

## Bread

15. Which type of bread did you eat most often in the last 4 days?

White  Granary  Wholemeal  Brown

50/50 bread e.g.   
Hovis Best of Both

Other

Type

---

Did not eat

16. Was it a large loaf or a small loaf?

Large  Small

17. If the bread was shop bought, how was it sliced?

Thick  Medium  Thin  Unsliced

### **Meat**

18. If you ate meat in the last 4 days, what did you do with the visible fat?

Ate all  Ate most  Ate some  Ate none of the fat  Did not eat

19. If you ate poultry in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

### **Fruit and vegetables**

20. If you ate apples in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

21. If you ate pears in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

22. If you ate new potatoes in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

23. If you ate baked/jacket potatoes in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

### Salt

24. Do you add salt to your food at the table?

Always  Sometimes  Never

25. Do you add salt substitute to your food at the table? e.g. *LoSalt*

Always  Sometimes  Never

### Water

26. Which type of water did you drink most often in the last 4 days?

Tap  Filtered  Bottled  brand

***Thank you for completing this diary.***

## Acknowledgements

Thanks for permission to use pictures from:

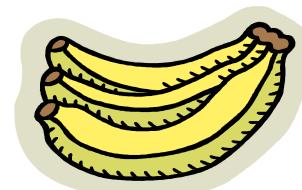
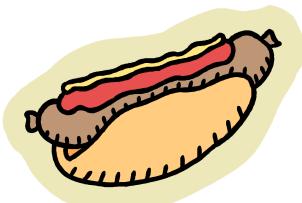
Nelson, M., Atkinson, M.  
& Meyer, J. (1997).  
*A Photographic Atlas of Food Portion Sizes.*  
London, MAFF Publications.



## NATIONAL DIET AND NUTRITION SURVEY

# *Food and Drink Diary*

DIARY START DATE: \_\_\_\_\_



<input type="text"/>					
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SERIAL NUMBER

<input type="text"/>
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CKL

<input type="text"/>
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RESPONDENT No

<input type="text"/>
----------------------

FIRST NAME

Sex: Male / Female

Date of birth:

<input type="text"/>					
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INTERVIEWER NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		

INTERVIEWER NAME:

<input type="text"/>
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## **How to fill in your diary**

It is very important that you do not change what you normally eat or drink just because you are keeping a diary. Try to write down what you are eating or drinking as soon as you can and not leave it until the end of the day. Record food and drink eaten at home and away from home, such as at school or at a friend's house.

Whenever you have something to eat or drink write down:

### **When:**

Each day is divided into time slots from first thing in the morning until late at night until the following morning. Find the appropriate time slot and record the exact time when you eat or drink something in the "time" column.

### **Where:** This could be

Home	Bedroom
	At table
	Watching television
Away	Street
	Car/Bus
	Café/ Restaurant (specify Mac Donalds, Pizza Hut etc.)
School	School canteen
	Classroom
	Playground

**With Whom:** This could be

Alone

With family

With friends

**What:**

Describe your food and drink giving as much detail as you can. Include any **extras** like sugar and milk in your tea or cereal, butter or other spreads on your bread and sauces such as ketchup and mayonnaise. **Do not forget to include drinking water.**

If you know how the food was cooked (eg. roast, baked, boiled, fried), please record this. If you're unsure about how the food was cooked, please ask the person who prepared the food if possible.

On pages 12 - 17 you will find help with the sort of detail that is useful.

If you have eaten any **homemade dishes** eg. a stew or sponge cake, please make sure the ingredients and cooking method are recorded in the space provided. You may need to ask the person who prepared the dish to help you with this. If another person at home is also keeping a diary and has recorded the recipes for the same dishes as you in their diary (the ADULT diary), you do NOT need to record these recipes again, just write in your diary "see adult diary". If you have eaten any **take-aways** or any made up dishes not prepared at home such as at a friend's house or in a restaurant, please record as much detail as you can about what was in the dish eg. vegetable curry containing chickpeas, aubergine, onion and tomato.

**Brand:**

Please make a note of the **brand name** (eg. Heinz, Walkers, Hovis) if you know it. Most packaged foods will list a brand name.

### **Amount eaten:**

You can write S (small), M (medium) or L (large) portion, or specify packet (eg. Crisps, Yogurt), or number of individual items (eg. biscuits), or slices (eg. cake, pizza, ham), or teaspoons (eg. sugar), or tablespoons (ketchup, peas). Be careful when describing amounts in spoons. Compare the spoon you are using with the life size spoons at the back of this diary so that you use the correct name. For drinks you can write glass (tell us the size of the glass or volume using page 18 as a guide), cup or mug. You can also write the **weight or volume from the labels** on the packaging.

On pages 12 - 18 you will find help with describing how much you had to eat or drink.

We would like to know the **amount that you actually ate**, so you need to think about how much you **leftover**. You can do this in 2 ways:

1. Record how much you were served and then how much you ate e.g. 3 tablespoons of peas, only 2 tablespoons eaten; 1 large sausage roll, ate only half
2. Only record how much you actually ate i.e. 2 tablespoons of peas; half a large sausage roll

### **Food labels/wrappers:**

Please keep the labels or packaging from snacks, sweets, bought sandwiches and ready meals and put them in the plastic bag provided.

### **Was it a typical day?**

After each day of recording you will be prompted to tell us whether this was a usual day (tick yes, usual) or whether there were any reasons why you ate and drank more or less than usual, e.g. I did eat less because I was sick; I drank a lot because I did sports.

### **Supplements**

At the end of each recording day you need to tell us about any supplements you took. If you didn't take any just tick NO. If yes, then please tell us the name of the supplement (e.g. vitamin C), brand (e.g. Boots), strength (it will tell you on the label - e.g. 50 mg) and how many you took (e.g. 1 tablet).

If you have any queries about how to complete the diary please contact a member of the NDNS team on freephone **0800 652 4572** between 8.30am and 5.30pm.

**On pages 4-11 of the diary we have filled in a two whole days to show you what to do.**

Day EXAMPLE	Day Thursday	Date March 31 <sup>st</sup>		
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
7.30am	Kitchen Family No TV At table	Orange juice, unsweetened, UHT Tea Milk, fresh semi skimmed Sugar white Weetabix Milk as above Sugar as above Toast wholemeal, large loaf Butter unsalted Strawberry Jam	Tesco Tesco Tesco Silverspoon  Hovis Anchor Co-op	Large glass Mug A little 2 level teaspoons 2 Drowned 2 heaped teaspoons 2 thin slices thick spread on both 1 teaspoon on one slice
<i>9am to 12 noon</i>				
11am	School playground With friends	Coca cola diet Potato crisps, Salt and Vinegar	Coca Cola Walkers	330ml can 25g packet from a multipack
12noon	School corridor Alone	Water from water cooler Mars Bar		small plastic cup 1 kingsize
<i>12 noon to 2pm</i>				
12.45pm	School canteen With friends	Sandwich, from home White bread, large loaf Spread Ham unsmoked Cheddar cheese Branston Pickle Apple with skin from home Ribena Light, Ready to Drink, Blackcurrant, from canteen Kitkat from home	Kingsmill Flora Light Tescos	2 med slices thin spread on both slices 1 slice 2 medium slices 1 teaspoon 1 (left core) 220ml carton 2 fingers
1.50pm	School corridor Alone	Chewing gum	Orbit Sugar Free	1 piece

Day EXAMPLE	Day Thursday	Date March 31 <sup>st</sup>			
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>2pm to 5pm</i>					
3.45pm	Bus Alone	Wine gums	Maynards	140g packet	
4.30pm	Home, sitting room, With family TV on Not at table	Tea (as above) Chocolate Hob Nobs	Mcvitites	mug 3	
<i>5pm to 8pm</i>					
6.30pm	Friend's kitchen With friends No TV At table	Chicken in tomato sauce made by friend's mum Tomato fresh Sweetcorn tinned Peach yoghurt low fat Lemon squash No Added Sugar	See recipe  Mullerlight Sainsbury's	3 serving spoons 3 slices 1 tablespoon 200g pot medium glass	
<i>8pm to 10pm</i>					
8pm	Home, sitting room Alone TV on, Not at table	Satsuma Cream Crackers (no spread)	Jacob's	1 4	
9.30pm	Kitchen Alone No TV, At table	Thick cut, frozen chips fried in vegetable oil Brown sauce	HP	small portion 2 teaspoons	
<i>10pm to 6am</i>					
10.30pm	Bedroom Alone TV on Not at table	Hot chocolate drink made with water	Cadbury's	Mug	
2am	Bedroom (in bed) Alone No TV	Water tap		$\frac{1}{2}$ small glass	

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, less  
than usual

No, more  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Ate dinner at friend's house

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, less  
than usual

No, more  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps
Bassetts	Soft and chewy vitamins A (800µg), C (60mg), D (5µg) and E (10 mg)	1 pastille
Haliborange	DHA Omega-3 Blackcurrant chewy caps (Each capsule contains 200mg fish oil providing 130mg omega-3)	2 capsules

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
NAME OF DISH <i>Chicken in tomato sauce</i>		Serves: 4 people	
Ingredients	Amount	Ingredients	Amount
<i>pieces of chicken</i>	<i>3 pieces</i>		
<i>sauce made with tinned tomatoes, green pepper and onions</i>	<i>2 tablespoons</i>		
Brief description of cooking method			
<i>Chicken pieces fried in olive oil, then mixed in with tomato and vegetable sauce</i>			

Day EXAMPLE	Day Thursday	Date March 31 <sup>st</sup>		
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten
<i>6am to 9am</i>				
7.45am	Dining Room Family No TV At table	Special K Bliss Strawberry and Chocolate Whole milk  Banana Smoothie, made with semi-skimmed milk	Kelloggs Tesco's  Homemade see recipe	4 tbsp Drowned  1 medium glass
<i>9am to 12 noon</i>				
11.30 am	School playground School friends	Orange Juice, unsweetened Mars Bar	Libby's Mars	200ml carton 2 fun size
<i>12 noon to 2pm</i>				
1pm	School canteen School Friends	Roast Chicken Roast Potatoes Boiled Carrots Boiled Peas Gravy  Plain sponge pudding with jam Warm chocolate custard		3 slices 2 potatoes 1 serving spoon 1 serving spoon 2 tbsp  Small portion 2 serving spoon

Day EXAMPLE	Day Thursday	Date March 31 <sup>st</sup>			
Time	where? With whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>2pm to 5pm</i>					
3.30pm	Car Family	Bottle of water Grapes, green, seedless	Evian	$\frac{1}{2}$ bottle - 500mls 10 grapes	
4.30pm	Living room Sister TV on Not at table	Ready salted Crisps	Pringles	About 15 crisps	
<i>5pm to 8pm</i>					
7pm	Dining room Family No TV At table	Cheese and tomato pizza, thin base  Green beans Broccoli Chocolate Mousse, low fat Orange High Juice Squash	Pizza Express (cook at home)  Cadburys Robinson's	$\frac{1}{2}$ pizza (500g) uncooked  2 tbsp 2 florets 55g pot 1/3 squash & 2/3 water	
<i>8pm to 10pm</i>					
9pm	Bedroom Alone TV on Not at table (in bed)	Semi-skimmed milk	Tesco's	Small glass	
<i>10pm to 6am</i>					

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

Felt unwell

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

Felt unwell

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsp

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
NAME OF DISH Banana Smoothie		Serves: 1	
Ingredients	Amount	Ingredients	Amount
Banana	1 small		
Tesco semi-skimmed milk	150ml		
Gales Honey	1 tsp		
Tesco natural unsweetened yogurt	1 tbsp		
Brief description of cooking method			
Mix all together with blender			

<i><b>Food/Drink</b></i>	<i><b>Description &amp; Preparation</b></i>	<i><b>Amount</b></i>
Bacon	back, middle, streaky; smoked or unsmoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	standard, reduced salt or reduced sugar	tablespoons, tin size e.g. 244g
Beefburger (hamburger)	home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	number, large or small
Biscuits	what sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	number, size (standard or mini variety)
Bread (see also sandwiches)	wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	number of slices; thick, medium or thin slices
Bread rolls	wholemeal, white or brown; alone or with filling; crusty or soft	size, number of rolls
Breakfast cereal (see also porridge)	what sort e.g. cornflakes; branflakes, Weetabix; any added fruit and/or nuts; give brand Muesli - added sugar and/or fruit	tablespoons
Bun	iced, currant or plain	large or small, number
Butter, margarine & fat spreads	give full product name	thick, average, thin spread on bread/crackers; spoons
Cake	individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	number, small/medium or large slices
Cheese	name and type e.g. cheddar, cream, cottage, soft; low fat	slices, tablespoons

<i><b>Food/Drink</b></i>	<i><b>Description &amp; Preparation</b></i>	<i><b>Amount</b></i>
Chips	fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	tablespoons, portion size, number if thick cut
Chocolate(s)	what sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	number, weight/size of bar
Coffee	with milk (see section on milk); half milk/half water; all milk; ground/filter, instant; decaffeinated	cups or mugs
Cream	single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	tablespoons
Crisps	what sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips; baked variety	packet weight, e.g. 30g
Custard	pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	tablespoons
Doughnut	plain, jam, cream or iced; round or ring	number, size e.g. mini, large
Egg	boiled, fried (type of oil/fat), scrambled, poached, omelette, etc	Number of eggs
Fish (including canned)	what sort e.g. cod, tuna, haddock; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	size of can (e.g. 80g or tablespoons (for canned fish)
Fish cakes/fish fingers	type of fish; fried, grilled, baked or microwaved; economy; battered or with coated in breadcrumbs	size, number
Fruit - fresh	what sort; with or without skin	size, number

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
Fruit - stewed/canned	what sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	tablespoons
Fruit - juice (pure)	what sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed	glass (size or volume) or carton size
Hot chocolate, cocoa malted drinks etc	type and brand; standard/low calorie/lite; instant; all water / half milk half water / all milk (see section on milk); any sugar added	cup or mug plus how much powder e.g. teaspoons, weight on packet
Ice cream	flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	number of tablespoons/ scoops
Jam, honey	what sort; low-sugar/diabetic; shop bought or homemade	teaspoons
Marmalade	type and brand; low-sugar; thick cut; shop bought or homemade	teaspoons
Meat (see also bacon, burgers & sausages)	what sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/medium/small, tablespoons
Milk	whole, semi-skimmed, skimmed; fresh, sterilized, UHT, dried; soya, goats', rice; flavoured; fortified with added vitamins and/or minerals	pints, glass (size or volume) or cups. For milk on cereal: <i>damp/normal/drowned.</i> For milk in tea/coffee: <i>a little/some/a lot</i>
Milkshake	what brand; powder, fresh or long life; whole, semi-skimmed, skimmed; flavour; fortified with vitamins and/or minerals	pints, glass (size or volume) , cups, or volume on bottle/carton
Nuts	what sort; dry roasted, ordinary salted, honey roasted; unsalted	packet weight, handful

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Amount</b>
Pie (sweet or savoury)	what sort; individual or helping; one pastry crust or two; type of pastry	individual pie (packet size) or slice
Pizza	thin base or deep pan or French bread; topping; brand name	individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	Tablespoons or bowl size (small, medium, large)
Potatoes (see also chips)	old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed/creamed (with butter, milk etc); fried/chips (type of oil/fat); instant; any additions e.g. butter	Tablespoons for mash, number of half or whole potatoes
Pudding	what sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	tablespoons, slices
Rice	what sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	tablespoons
Salad	ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	amount of each component; slices, leaves; tablespoons
Sandwiches and rolls	type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce - hot (for veg, meat or fish, inc gravy; puddings)	what sort; savoury or sweet; thick or thin; give brand or recipe; for gravy - made with granules, stock cube, dripping or meat juices	tablespoons
Sauce - cold (including mayonnaise)	tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat	teaspoons, tablespoons

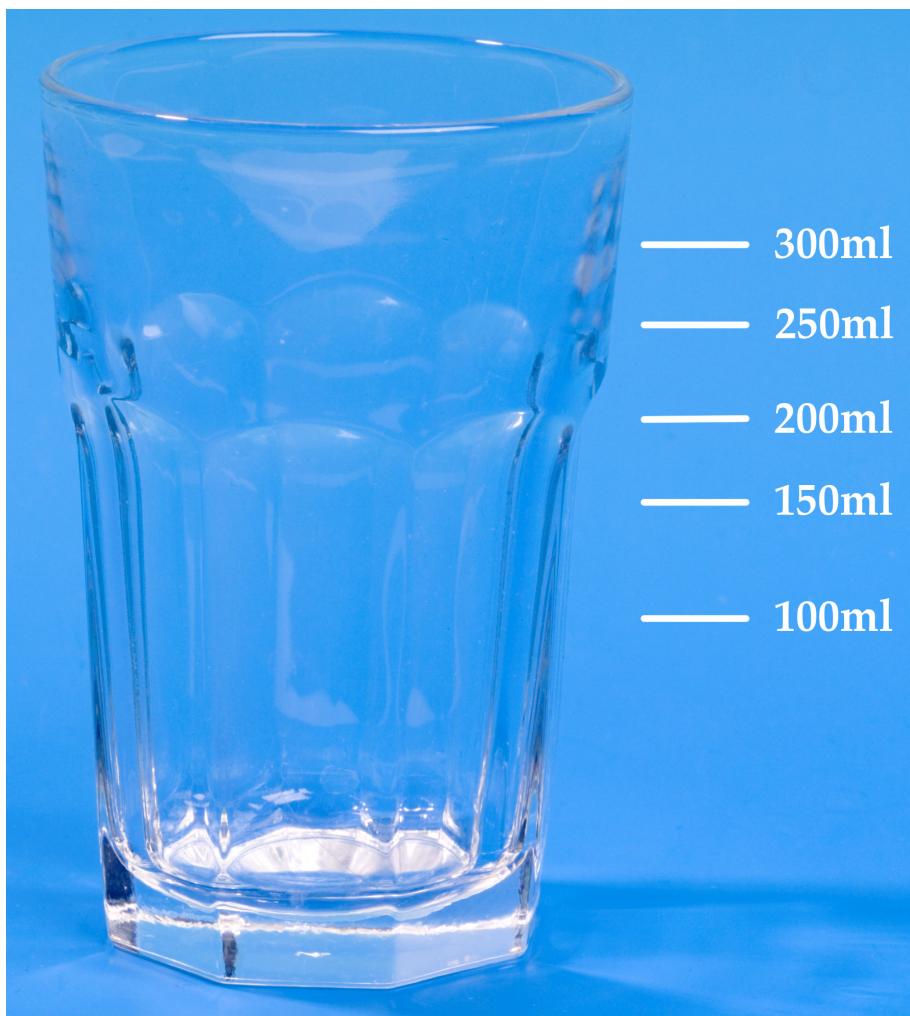
<i><b>Food/Drink</b></i>	<i><b>Description &amp; Preparation</b></i>	<i><b>Amount</b></i>
Sausages	what sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy	large or small, number
Sausage rolls	type of pastry	number, size e.g. jumbo, standard, mini
Scione	fruit, sweet, plain, cheese; type of flour	number
Savoury snacks - in packet	what sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	size (standard or mini variety), packet weight, number
Soft drinks - concentrated/squash /cordial	give brand name & flavour; no added sugar/low calorie/sugar free; "high" juice; fortified with added vitamins and/or minerals	glass (size or volume)
Soft drinks - carbonated/fizzy	give brand & flavour; diet/low-calorie; canned or bottled; cola - caffeine free	glass, can or bottle (size or volume, e.g. 330ml)
Soft drinks - ready to drink	give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	glass, carton or bottle (size or volume, e.g. 200ml)
Soup	what sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	tablespoons, bowl or mug
Spaghetti, other pasta	what sort; fresh or dried; white, wholemeal; boiled, canned in sauce; type of filling if ravioli, cannelloni etc	Servingspoons or tablespoons
Sugar	added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	heaped or level teaspoons
Sweets	what sort: e.g. toffees, boiled sweets, diabetic; give brand name	number, packet weight

<b><i>Food/Drink</i></b>	<b><i>Description &amp; Preparation</i></b>	<b><i>Amount</i></b>
Tea	with/without milk (see section on milk); decaffeinated, herb	mugs or cups
Vegetables (not including potatoes)	what sort; how cooked or raw; additions e.g. butter, other fat or sauce	tablespoons
Water	tap, filtered, bottled: give brand name	glass or bottle (size or volume)
Yoghurt, fromage frais	what sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals	pot size (e.g. 150g) or tablespoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided)	tablespoons
Ready-made meals	Please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; chilled or frozen; microwaved, oven cooked, boil-in-the-bag; low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	packet weight, portion size
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	tablespoons, portion size e.g. small/medium/large

Typical quantities of drinks in various containers measured in millilitres (ml)

	Small Glass	Average Glass	Large Glass	Vending Cup	Cup	Mug
Soft Drinks	150	200	300			
Hot Drinks				170	190	260

Here is a life size glass showing what typical quantities look like. You can use this picture as a guide for estimating how much volume of drink the glass holds you are drinking from.



Day 1	Day	Date			
Time	Where? With whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					
<i>12 noon to 2pm</i>					

Day 1	Day	Date		
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten
<i>2pm to 5pm</i>				
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
NAME OF DISH		Serves:	
Ingredients	Amount	Ingredients	Amount
<i>Brief description of cooking method</i>			

Day 2	Day	Date			
Time	Where? With whom? TV on? Table?	What	Brand Name	Amount eaten	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					
<i>12 noon to 2pm</i>					

Day 2	Day	Date			
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
		<i>2pm to 5pm</i>			
		<i>5pm to 8pm</i>			
		<i>8pm to 10pm</i>			
		<i>10pm to 6am</i>			

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsp

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
<i>NAME OF DISH</i>	<i>Serves:</i>		
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<i>Brief description of cooking method</i>			

Day 3	Day	Date			
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					
<i>12 noon to 2pm</i>					

Day 3	Day	Date			
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
		<i>2pm to 5pm</i>			
		<i>5pm to 8pm</i>			
		<i>8pm to 10pm</i>			
		<i>10pm to 6am</i>			

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,   
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsps

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
NAME OF DISH		Serves:	
Ingredients	Amount	Ingredients	Amount
<i>Brief description of cooking method</i>			

Day 4	Day	Date			
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					
<i>12 noon to 2pm</i>					

Day 4	Day	Date			
Time	where? with whom? TV on? Table?	what	Brand Name	Amount eaten	
		<i>2pm to 5pm</i>			
		<i>5pm to 8pm</i>			
		<i>8pm to 10pm</i>			
		<i>10pm to 6am</i>			

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did you take any vitamin and/or mineral supplements today?

YES

NO

If YES, please record details below (and enclose label in plastic bag if possible)

Brand	Name (in full) including strength	Number of pills/capsules/tsp

Did you finish all the food and drink that you recorded in the diary today?

Yes

No

If no, please go back to the diary and make a note of any leftovers

Write in recipe or ingredients of made up dishes or take-away dishes			
NAME OF DISH		Serves:	
Ingredients	Amount	Ingredients	Amount
<i>Brief description of cooking method</i>			

## General Questions about your food/ drink in the last 4 days.

### Special diet

1. Did you follow a special diet in the last 4 days (e.g. vegetarian, weight reducing)?

Yes

*Please tell us about it*

No

### Milk

2. Which type of milk did you use most often in the last 4 days?

Whole, fresh,  
pasteurised

Semi-skimmed fresh,  
pasteurised

Skimmed (fat free) fresh,  
pasteurised

Dried

Type

Soya

Type

Other

Type

Did not  
use

## **Tea and coffee**

3. How much milk did you usually have in coffee/ tea?

Coffee      A lot     Some     A little     None/did not drink

Tea      A lot     Some     A little     None/did not drink

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee      Yes       How many teaspoons in a mug/cup?       No/did not drink

Tea      Yes       How many teaspoons in a mug/cup?       No/did not drink

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee      Yes       How many tablets or teaspoons in a mug/cup?       No/did not drink

Tea      Yes       How many tablets or teaspoons in a mug/cup?       No/did not drink

6. Did you drink decaffeinated coffee/ tea in the last 4 days?

Coffee      Always     Sometimes     Never

Tea      Always     Sometimes     Never

## **Breakfast cereals**

7. How much milk did you usually have on breakfast cereal?

Drowned  Average  Damp  None/did not eat

8. How did you usually make your porridge?

With all water  With all milk  With milk and water  Did not eat

9. Did you usually sweeten or salt your porridge?

With sugar  With honey  With salt  Neither/did not eat

10. How did you usually make your instant oat cereal? e.g. Ready Brek

With all water  With all milk  With milk and water  Did not eat

11. Did you usually sweeten or salt your instant oat cereal?

With sugar  With honey  With salt  Neither/did not eat

## Fats for spreading and cooking

12. Which type of fat spread did you use most often in the last 4 days? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

13. How thickly did you spread butter, margarine on bread, crackers etc?

Thick  Medium  Thin  None

14. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

## Bread

15. Which type of bread did you eat most often in the last 4 days?

White  Granary  Wholemeal  Brown

50/50 bread e.g.   
Hovis Best of Both

Other  Type

Did not eat

16. Was it a large loaf or a small loaf?

Large  Small

17. If the bread was shop bought, how was it sliced?

Thick  Medium  Thin  Unsliced

## **Meat**

18. If you ate red meat in the last 4 days, what did you do with the visible fat?

Ate all  Ate most  Ate some  Ate none of the fat  Did not eat

19. If you ate poultry in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

## **Fruit and vegetables**

20. If you ate apples in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

21. If you ate pears in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

22. If you ate new potatoes in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

23. If you ate baked/jacket potatoes in the last 4 days, did you eat the skin?

Always  Sometimes  Never  Did not eat

## Salt

24. Do you add salt to your food at the table?

Always  Sometimes  Never

25. Do you add salt substitute to your food at the table? e.g. LoSalt

Always  Sometimes  Never

## Cordial/squash/diluting juice

26. Which type of squash/cordial did you drink most often in the last 4 days?

Ordinary  No added sugar /diet/low calorie  Did not drink

27. How much do you usually dilute your squash ( e.g. half squash/half water, or 1 part squash with 4 parts water)?

Please tell us: \_\_\_\_\_

## Water

28. Which type of water did you drink most often in the last 4 days?

Tap  Filtered  Bottled  brand

*Thank you for completing this diary.*



## NATIONAL DIET AND NUTRITION SURVEY

# *Food and Drink Diary*

*Children aged 1.5 to 3 years*

DIARY START DATE: \_\_\_\_\_

--	--	--	--	--	--	--

SERIAL NUMBER (7 digits)

--

CKL

--

RESPONDENT No

First name:

--

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

INTERVIEWER NUMBER:


INTERVIEWER NAME:

--	--	--	--	--	--



# NATIONAL DIET AND NUTRITION SURVEY

## *Food and Drink Diary*

### *Children aged 1.5 to 3 years*

	Pages
Instructions.....	2-3
Diary examples.....	4-15
Examples and advice on food descriptions.....	16-21
“The 4-day diary”.....	23-54
General questions about the eating frequency outside the home.....	55
General questions about your toddler’s food in the last 4 days.....	56-62

If you have any queries about how to complete the diary please contact a member of the NDNS team on freephone **0800 652 4572** between 8.30am-5.30pm.

## **PLEASE READ THROUGH THESE PAGES BEFORE STARTING THE FOOD DIARY**

We would like you to record in this diary **everything your toddler eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food consumed **at home and outside the home**.

### **Time spent in the care of other**

If your toddler spends time in the care of others during the recording period then we would very much appreciate if those carers (e.g. crèche staff, childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a pack to pass on to carers explaining about the study and asking for their support in gathering the required information.

**Please provide the following information for each day of recording:**

### **Day and Date**

Please write down the day and date at the top each time you start a new day of recording.

### **Time Slots**

Please note the time of each eating occasion into the space provided. For easy use each day is divided into sections, from first thing in the morning to late evening and through the night.

### **Where and with whom?**

Please tell us what room or **part of the house** your toddler was in when eating, e.g. kitchen, living room, and tell us whether s/he **ate at a table or not** and whether they **were watching television**. If s/he ate outside the home please write that location down. We would also like to know **who your toddler shared meals with**, e.g. whether s/he ate alone, with parents, siblings, or friends.

### **What does your toddler eat?**

Please describe the food your toddler ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 16 - 21 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces, pepper etc).

#### **Recipes/Homemade dishes**

If your toddler has eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record how much of the whole recipe your toddler ate in the portion size column (see examples on pages 9 and 15).

#### **Take-aways and eating out**

If your toddler has eaten **take-aways** or **made up dishes not prepared at home** such as at a restaurant or a friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

## **Brand name**

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Bird's eye, Hovis, or Supermarket own brands.

### **Labels/Wrappers**

Labels are an important source of information. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready meals**, from **foods of lesser known brands** and also from any **supplements** your toddler takes.

## **Portion sizes**

Examples for how to describe the **quantity** or **portion size** your toddler had of a particular food or drink are shown on pages 16 - 21.

**For foods**, quantity can be described using:

- **household measure** e.g. one level teaspoon (teasp) of sugar, two thick slices of bread, 4 heaped tablespoons (tbsp) of peas, ½ cup of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos at the back of this diary.
  - **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 125g pot of yoghurt
  - **number of items**, e.g. 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut
  - **fruit**, indicate whether the piece of fruit is small, medium or large
- For drinks**, quantity can be described using:
- the **size of glass, cup etc** (e.g. large) or the **volume** (e.g. 300ml).
  - **volumes from labels** (e.g. 330ml can of fizzy drink).

We would like to know the **amount that your toddler actually ate** which means taking **leftovers** into account. You can do this in two ways:

1. Record what was served and note what was not eaten e.g. 3 tbsp of peas, only 2 tbsp eaten; 1 weetabix, ate only ½
2. Only record the amount actually eaten i.e. 2 tbsp of peas; ½ weetabix

## **Was it a typical day?**

After each day of recording you will be prompted to tell us whether this was a typical day or whether there were any reasons why your toddler consumed more or less than usual.

## **Supplements**

At the end of each recording day there is a section for providing information about any supplements your toddler took. Brand name, full name of supplement, strength and the amount taken should be recorded.

### **When to fill in the diary**

**Please record your toddler's eating as you go, not from memory** at the end of the day. Use written notes on a pad if you forget to take the diary with you. Each diary day covers a 24hr period, so please include any food or drinks that your toddler may have had during the night. Remember to include foods and drinks between meals (snacks) including water.

**Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your toddler's food and drink, for example a meal from a jar and a homemade dish.**

**It only takes a few minutes for each eating occasion!**

**Thank you for your time – we really appreciate it!**

Day 1 Thurs		Date 31 March			
Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<b>6am to 9am</b>					
8am	Living Room Family TV on Not at table	Follow on Milk	SMA Progress	240ml bottle (as usual)	
<b>9am to 12 noon</b>					
10am	Kitchen Mother No TV At table	Weetabix Full fat milk white sugar	Weetabix Sainsbury's Tate and Lyle	1 biscuit drowned 2 teasp (about 1 tbsp milk leftover)	
11.30 am	Living Room Family TV on Not at table	bread  margarine  pure apple juice	Granary from bakers, medium cut  Flora light spread,  Sainsburys	1 slice  medium spread  200ml carton (drank ½ of it)	

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b><i>12 noon to 2pm</i></b>				
1pm	Kitchen Family No TV At table	Chunky Vegetable Risotto  Peeled apple  Strawberry and Raspberry Yoghurt	Heinz Mum's Own  Petit Filous	230g- only ate 2/3 of jar  3 slices  4 heaped teasp
<b><i>2pm to 5pm</i></b>				
4pm	Lounge Grandfather No TV Not at table	Very weak black tea (in plastic trainer cup with lid) Semi-skimmed milk  Fairy cake (see recipe)	PG tips  Sainsburys	$\frac{3}{4}$ cup mixed with  $\frac{1}{4}$ cup (1/2 leftover)  $\frac{3}{4}$ of one cake eaten

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b><i>5pm to 8pm</i></b>				
6.15 pm	Kitchen Family No TV At table	<i>Broccoli, Pear and Peas Puree</i>  <i>Vegetables with Noodles and Chicken (12months)</i>  <i>Water</i>	<i>Ella's Kitchen</i>  <i>HIPP</i>  <i>Tap</i>	3 teasp  250g jar  about 100ml (small glass)
<b><i>8pm to 10pm</i></b>				
10.20 pm	Bedroom Father No TV	<i>Follow on Milk</i>	<i>SMA Progress</i>	<i>240ml bottle (as usual); 1/2 leftover)</i>
<b><i>10pm to 6am</i></b>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

She was feeling unwell

*Please tell us why you had more than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

She was feeling unwell

*Please tell us why you had more than usual*

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Bassets	Soft and chewy multivitamins (label in zip bag)	1 pastille

**Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.**

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH** Fairy Cakes – makes 12

**SERVES:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
Tate & Lyle caster sugar	175g	Silver Spoon icing sugar	140g
Anchor butter, unsalted	175g	Yellow food colouring	3 drops
Market eggs	3	water	2 tablespoons
Homepride self-raising flour	175g		
Baking powder	1 teaspoon		

**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>	
<b>6am to 9am</b>					
6.30 am	Bedroom Mother No TV	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 water	Kelloggs Asda Cow and Gate Heinz Tap	8 tbsp damp 1x 100g pot 60ml juice 240ml (drank most of it by lunch – about ¼ leftover)	
<b>9am to 12 noon</b>					
9.30 am	Playroom Childminder and 3 other children No TV At table	Banana Great stuff mini raisins	Asda	Medium size, ½ eaten 14g pack	

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>12 noon to 2pm</b>				
12.00 pm	Dining room Childminder and 3 other children No TV At table	<p>Prepared packed lunch:</p> <p>White bread, thick cut Butter unsalted</p> <p>Cheese triangle Ham, honey roast Cheese curls</p> <p>green seedless grapes Fromage frais with layer of peach puree</p> <p>Semi-skimmed milk</p> <p>Fruit tea, orange and mango sugar</p>	<p>Kingsmill Lurpak</p> <p>Dairylea Asda Quakers</p> <p>Yoplait</p> <p>Sainsburys</p> <p>Twinings Silverspoon</p>	<p>2 slices Thinly spread on one slice only Ate 1/2 1/2 slice 8 pieces</p> <p>8 grapes 60g (ate half)</p> <p>160ml (drank all)</p> <p>1/2 cup 1/2 tsp</p>
<b>2pm to 5pm</b>				
3.15 pm	Playroom Childminder and 3 other children No TV At table	<p>Apple, peeled</p> <p>Milky way</p> <p>Water</p>	<p>Granny smith,</p> <p>tap</p>	<p>Medium size, 1/4 quarter eaten</p> <p>1 fun size</p> <p>about 100ml (numerous sips)</p>

Time	Where? With whom? TV on? Table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b>5pm to 8pm</b>				
6.00 pm	Dining room Family No TV At table	Homemade sausage casserole (see recipe)  Penne pasta, boiled	Sainsburys	4 tbsp  3 tbsp (about 1 tbsp pasta leftover)
<b>8pm to 10pm</b>				
8.15 pm	Living room Mother TV on Not at table	Whole milk	Asda	250ml bottle (about 25 ml left over)
<b>10pm to 6am</b>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

She drank more milk than usual  
because she was thirsty

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons
Abidec	Multivitamin syrup with omega 3	5ml (1 teasp)

**Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.**

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH</b> Sausage casserole for 4		<b>SERVES:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
Butchers Choice pork sausages	4 sausages	Mixed herbs	About $\frac{1}{2}$ tsp
Onion	1 medium size	Sainsburys vegetable oil	1.5 tbsp
Mushrooms, Champignons	1/4 of 500g pack		
Napoli chopped tomatoes	1 x 400g tin		
Sainsburys mixed salad beans	1 x 125g tin		
Oxo gravy	1 cube in $\frac{1}{2}$ pint of water		
Heinz tomato ketchup	1 tbsp		
Cornflour	2 tsp		
<b>Brief description of cooking method</b>			
Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.			

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Bacon	back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	number
Baked beans	standard, reduced salt or reduced sugar	tablespoons, weight of beans marked on tin label (e.g. 420g)
Beefburger (hamburger)	home-made (ingredients), from a packet (brand name) or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll	number, large or small, ounces or in grams if info on package
Biscuits	what sort and brand e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	number, size (standard or mini variety)
Bread (see also sandwiches)	wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf; give brand	number of slices; thick, medium or thin slices
Bread rolls	wholemeal, white or brown; alone or with filling; crusty or soft	size, number of rolls
Breakfast cereal (see also porridge)	what sort and brand e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – added sugar and/or fruit	tablespoons
Bun	iced, currant or plain, homemade or bought (brand name)	large or small, number
Butter, margarine & fat spreads	give full product name	thick/average/thin spread; spoons
Cake	individual or piece of large; type and brand; fruit (rich), sponge, fresh cream, buttercream, iced; type of filling	number, slices, packet weight
Cheese	Name, brand and type e.g. cheddar, other hard cheese, cream, cottage, soft; low fat	number of slices, thick or thin cut, number of spoons

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Chips	fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking give brand name	tablespoons or number of chips
Chocolate(s)	what sort e.g. plain, milk, white, fancy, diabetic; type of filling; give brand name	number, weight/size of bar
Cream	single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	tablespoons
Crisps	what sort e.g. potato, corn, wheat, maize, vegetable etc; give brand; flavour; low-fat or low-salt; premium variety e.g. Kettle chips, Walker's Sensations	packet weight
Custard	pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free, brand	tablespoons
Doughnut	plain, jam, cream or iced; round or ring, where bought/brand name	number, size e.g. mini, large
Egg	boiled, fried (type of oil/fat), scrambled (type of fat used, with or without added milk), poached, omelette (with or without filling, type of oil/fat used), etc	number of eggs, large, medium or small eggs
Fish (including canned)	what sort and brand e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	size of can or spoons (for canned fish)
Fish cakes & fish fingers	type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	size, number, or packet weight
Fruit - fresh	what sort; eaten with or without skin	size, number
Fruit - stewed/canned	what sort; sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten	size of can or weight on can, tablespoons

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Fruit – juice (pure)	what sort and brand e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3?	glass (size or volume) or carton size
Hot chocolate, cocoa malted drinks etc	type and brand; standard/low calorie/lite; instant; all water / half milk half water / all milk (see section on milk); any sugar added	cup (size or volume) plus amount of powder e.g. packet weight, teaspoons
Ice cream	flavour; dairy or non-dairy; brand name; luxury/premium; added nuts, fruit	number of tablespoons/ scoops
Jam, honey	what sort; low-sugar/diabetic; shop bought/brand or homemade	teaspoons
Marmalade	type and brand; low-sugar; thick cut; shop bought/brand or homemade	teaspoons
Meat (see also bacon, burgers & sausages)	what sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	large/small/medium, tablespoons, or picture 10 for stew portion
Milk	Brand and type (whole, semi-skimmed, skimmed); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals; formula milks for toddlers	pints, glass (size or volume) or cup. For milk on cereal: <i>damp/normal/drowned or fluid ounces/ml.</i> For milk in tea/coffee: <i>a little/some/a lot</i> Formula: <i>proportion of formula to water</i>
Milkshake	what brand; powder, fresh or long life; whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	pints, glass (size or volume) , cups, or volume on bottle/carton

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Nuts	what sort and brand; dry roasted, ordinary salted, honey roasted; unsalted	packet weight, handful
Pie (sweet or savoury)	what sort and brand; individual or helping; one pastry crust or two; type of pastry	individual or slice
Pizza	thin base or deep pan or French bread; topping; brand name and type	individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	brand name; made with oats or cornmeal or instant oat cereal; made with milk and/or water; with sugar or honey; with milk or cream	bowls
Potatoes (see also chips)	old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	mash – tablespoons, number of half or whole potatoes, small or large potatoes
Pudding	what sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	tablespoons
Rice	what sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat); brand name	tablespoons or picture 1
Salad	ingredients; if with dressing what sort (oil and vinegar, mayonnaise); brand name of dressing	amount of each component; e.g. number of tomatoes, slices of cucumber, leaves; tablespoons of dressing
Sandwiches and rolls	type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from?	number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Sauce – cold (including mayonnaise)	tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat; brand name	teaspoons, tablespoons
Sausages	what sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat; economy; brand name	large or small, number
Sausage rolls	type of pastry; brand name	number, size e.g. jumbo, standard, mini
Scone	fruit, sweet, plain, cheese; type of flour; bought/brand or homemade	number, small, medium or large
Savoury snacks - in packet	what sort: e.g. Cheddars, cheese straws, Twiglets, Pretzels; give brand name	size (standard or mini variety), packet weight, number
Soft drinks – squash/concentrate/cordial	give brand name & flavour; no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals	glass (size or volume)
Soft drinks – carbonated/fizzy	give brand & flavour; diet/low-calorie; canned or bottled; cola – caffeine free	glass, can or bottle (size or volume)
Soft drinks – ready to drink	give brand & flavour; no added sugar/low calorie/sugar free; does it contain real fruit juice, if so, how much?; fortified with added vitamins and/or minerals	glass, carton or bottle (size or volume)
Soup	what sort; give brand name; cream or clear; canned, packet, instant or vending machine, home-made	tablespoons, bowl or mug
Spaghetti, other pasta	what sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	tablespoons (or how much dry pasta used per portion in grams/packet size)
Sugar	added to cereals, tea, coffee, fruit, etc; what sort; e.g. white, brown, demerara	heaped or level teaspoons
Sweets	what sort: e.g. toffees, boiled sweets, diabetic; give brand name	number, packet weight

<b>Food/Drink</b>	<b>Description &amp; Preparation</b>	<b>Portion size or quantity</b>
Tea	with/without milk (see section on milk); decaffeinated, herb	mugs or cups
Toddler foods	<u>Food in jars</u> : brand name and type of food (e.g. vegetable risotto, fruit puree); <u>Dry Foods</u> : brand name and type of food (e.g. dry powder, cereal)	jar or packet size as given on label tablespoons or teaspoons for powdered foods (volume of water/milk used to mix with cereal or powder)
Vegetables (not including potatoes)	what sort; how cooked or raw; additions e.g. butter, other fat or sauce	tablespoons, number of florets or sprouts, weight from tins or packet as guidance
Water	tap, filtered, bottled: give brand name	glass or bottle (size or volume)
Yoghurt, fromage frais	what sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or just fruit flavoured; twinpot with separate cereal/crumble; fortified with added vitamins and/or minerals; brand name	pot size or teaspoons
Home-made dishes	please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many persons it serves	tablespoons, or one of the pictures for identical foods
Ready-made meals	please give brand name and full description of product; did it contain any accompaniments e.g. rice, vegetables, sauces; was it chilled or frozen; microwaved, oven cooked, boil-in-the-bag; was it low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	packet weight, if not whole packet describe portion consumed
Take-away food or food eaten out	please say what the dish is called and give main ingredients if you can. For example, chicken breast or wings, lamb or other type of kebab, type of vegetable in dish, type of sauce, proportion of meat to vegetable etc. Give name of a chain restaurant e.g. McDonalds	tablespoons, portion size e.g. small/medium/large



# **DAY 1**

Day 1		Date			
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>5pm to 8pm</i>				
<i>8pm to 10pm</i>				
<i>10pm to 6am</i>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did your toddler **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements s/he took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>SERVES:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH</b>	<b>SERVES:</b>		
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

# **DAY 2**

Day 2		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>6am to 9am</i>				
<i>9am to 12 noon</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<b><i>5pm to 8pm</i></b>				
<b><i>8pm to 10pm</i></b>				
<b><i>10pm to 6am</i></b>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

<b>Brand</b>	<b>Name (in full) including strength</b>	<b>Number of pills, capsules, teaspoons</b>

**Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.**

**Write in recipes or ingredients of made up dishes or take-away dishes**

**NAME OF DISH**

**SERVES:**

<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>

***Brief description of cooking method***

Write in recipes or ingredients of made up dishes or take-away dishes			
<b>NAME OF DISH</b>	<b>SERVES:</b>		
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

# **DAY 3**

Day 3		Date		
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<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>
<b><i>5pm to 8pm</i></b>				
<b><i>8pm to 10pm</i></b>				
<b><i>10pm to 6am</i></b>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,  usual

No, **less** than usual

No, **more** than usual

*Please tell us why you had less than usual*

*Please tell us why you had more than usual*

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, **please describe the supplements you took below**

<b>Brand</b>	<b>Name (in full) including strength</b>	<b>Number of pills, capsules, teaspoons</b>

**Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.**

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>SERVES:</b>	
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<b><i>Brief description of cooking method</i></b>			

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>	<b>SERVES:</b>		
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<b><i>Brief description of cooking method</i></b>			

# **DAY 4**

Day 4		Date			
Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or <u>quantity eaten</u>	
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? With whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity <u>eaten</u>
<i>12 noon to 2pm</i>				
<i>2pm to 5pm</i>				

<b>Time</b>	<b>Where? With whom? TV on? At table?</b>	<b>Food/Drink description &amp; preparation</b>	<b>Brand Name</b>	<b>Portion size or quantity <u>eaten</u></b>
<b><i>5pm to 8pm</i></b>				
<b><i>8pm to 10pm</i></b>				
<b><i>10pm to 6am</i></b>				

Was the amount of **food** that your toddler had today about what s/he usually has, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

Was the amount your toddler had to **drink** today, including water, tea, coffee and soft drinks, about what s/he usually has, less than usual, or more than usual?

Yes,  
usual

No, **less**  
than usual

No, **more**  
than usual

*Please tell us why you had less than  
usual*

*Please tell us why you had more  
than usual*

Did your child **finish all the food and drink** that you recorded in the diary today?

Yes

No

If no, please **go back to the diary and make a note of any leftovers**

Did your toddler take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please describe the supplements you took below

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>		<b>SERVES:</b>	
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**Write in recipes or ingredients of made up dishes or take-away dishes**

<b>NAME OF DISH</b>	<b>SERVES:</b>		
<b>Ingredients</b>	<b>Amount</b>	<b>Ingredients</b>	<b>Amount</b>
<b><i>Brief description of cooking method</i></b>			

**PLEASE complete the questions over the page**

## **General questions about the frequency of eating outside the home**

**Is your toddler regularly cared for outside the home?**

NO

YES

If YES

**(a) How many *meals* would she/he have in 'out-of-home care' per week?**

**Please specify**

NO

YES

SOMETIMES

**Please specify**

If your nursery provides a **copy of the nursery menu** for the recording period we would appreciate if you could give this copy to the interviewer. This will help us later with the analysis of your toddler's diet.

## **General questions about your toddler's food/ drink in the last 4 days.**

### **Special diet**

1. Did your toddler follow a special diet in the last 4 days e.g. vegetarian, milk-free, other?

Yes

*Please specify*

No

2. What type of milk does your toddler usually drink? *Tick only one*

Infant formula  Follow-on formula

Soya formula  Soya milk

Whole milk (cow's milk)  Goat's milk

S/ skimmed milk (cow's milk)  Other

Skimmed milk (cow's milk)

*Please specify the brand/type if not cow's milk*

## **Breakfast cereals**

3. How much milk does your toddler usually have on breakfast cereal?

Drowned

Average

Damp

None/did not eat

4. How do you usually make porridge for your toddler?

With all water

With all milk  With milk and water

Did not eat

5. Did you usually sweeten or salt the porridge?

With sugar

With honey

With salt

Neither/did not eat

6. How did you usually make instant oat cereal for your toddler?

With all water

With all milk  With milk and water

Did not eat

7. Did you usually sweeten or salt the instant oat cereal?

With sugar

With honey

With salt

Neither/did not eat

## Fats for spreading and cooking

8. Which type of fat spread did you use most often for your toddler in the last 4 days? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated*

---

---

9. How thickly did you spread butter, margarine on bread, crackers for your toddler?

Thick  Medium  Thin  None

10. Which type of cooking fat/oil did your household use most often in the last 4 days? Please record the full product name.

e.g. *Sainsbury's sunflower oil*

---

---

## Bread

11. Which type of bread did your toddler eat most often in the last 4 days?

White  Granary  Wholemeal  Brown

50/50 bread e.g.   
Hovis Best of Both

Other

Type

---

Did not eat

12. Was it a large loaf or a small loaf?

Large  Small

13. If the bread was shop bought, how was it sliced?

Thick  Medium  Thin  Unsliced

### **Meat**

14. If your toddler ate meat in the last 4 days, did s/he eat the visible fat?

Ate all  Ate most  Ate some  Ate none of the fat  Did not eat

15. If your toddler ate poultry in the last 4 days, did s/he eat the skin?

Always  Sometimes  Never  Did not eat

### **Fruit and vegetables**

16. If your toddler ate apples in the last 4 days, did s/he eat the skin?

Always  Sometimes  Never  Did not eat

17. If your toddler ate pears in the last 4 days, did s/he eat the skin?

Always  Sometimes  Never  Did not eat

18. If your toddler ate new potatoes in the last 4 days, did s/he eat the skin?

Always  Sometimes  Never  Did not eat

19. If your toddler ate baked (jacket) potatoes in the last 4 days, did s/he eat the skin?

Always  Sometimes  Never  Did not eat

## Salt

20. Do you add salt to your toddler's food at the table?

Always  Sometimes  Never

21. Do you add salt substitute to your toddler's food at the table? e.g. LoSalt

Always  Sometimes  Never

## **Cordial/squash/diluting juice**

22. Which type of squash/cordial did your toddler drink most often in the last 4 days?

Ordinary

No added sugar /diet/low calorie

Did not drink

23. How much do you usually dilute your toddler's squash ( e.g. half squash/half water, or 1 part squash with 4 parts water)?

*Please tell us:* \_\_\_\_\_

## **Tea**

24. How much milk does your toddler usually have in tea?

A lot  Some  A little  None/did not drink

25. Do you usually sweeten your toddler's tea with sugar?

Yes  Number of teaspoons  None/did not drink

## **Water**

26. Which type of water did your toddler drink most often in the last 4 days?

Tap  Filtered  Bottled  brand

## **Drinks in general**

27. Does your toddler finish all their cup/bottle each time you make it up?

Yes  No

*If No, please tell us how much of it they usually drink e.g. half, three-quarters:*

---

***Thank you for completing this diary.***



P2709

# National Diet and Nutrition Survey

## Booklet for 8-12 year olds

In Confidence

Point

1001-	1005
1001-	1005

Address

1006 -	1007
1006 -	1007

CKL

1008
1008

Person no

1011
1011

First name:

1012 - 1026
1012 - 1026

Card

0	1
1009 -	1010

Type

1
1038

Batch

1027 - 1031
1027 - 1031

Interviewer no.

1032 - 1037
1032 - 1037

Spare

1039 -	1050
1039 -	1050

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**

## How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

Yes  1

No  2

- Sometimes you have to write a number in the box, for example

I was  8 years old

**write in**

- Next to some of the boxes are arrows and instructions  
They show or tell you which question to answer next.  
If there are no special instructions, just answer the next question.

No  2 **Go to question 4**

Yes  1

I was  10 years old

**write in**

## Cigarette Smoking

KSMOKCIG

- Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

**Tick one box**

1051

No

 2

Go to question 2

Yes

 1

How old were you when you tried smoking a cigarette, even if it was only a puff or two?

1052 - 1053

KSMOKAGE

I was

years old

**Write in**

KSMOKREG

- Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

**Tick one box**

1054

I have never smoked

 1

Go to question 4

I have only smoked once or twice

 2

I used to smoke sometimes, but I never smoke a cigarette now

 3

Go to question 3

I sometimes smoke, but I don't smoke every week

 4

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

KCIGWEEK

- Q3 Did you smoke any cigarettes last week?

**Tick one box**

1055

No

 2

Go to question 4

Yes

 1

How many cigarettes did you smoke last week?

1056 - 1058

KCIGNUM

I smoked

cigarettes

**Write in**

## Drinking

### ADRPROP

- Q4** Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

**Tick one box**

1075

Yes

1

→ Go to question 6

No

2

→ Go to question 5

### ADROPOPS

- Q5** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

**Tick one box**

1076

Yes

1

→ Go to question 6

No

2

→ END

### ADRINKAG

- Q6** How old were you the first time you had a proper alcoholic drink or alcopop?

1077 - 1078

I was

years old

write in

### ADRINKOF

- Q7** How often do you usually have an alcoholic drink or alcopop?

**Tick one box**

1079

Almost every day

1

About twice a week

2

About once a week

3

About once a fortnight

4

About once a month

5

Only a few times a year

6

I never drink alcohol now

7

→ Go to question 8

**ADRLAST**

**Q8** When did you **last** have an alcoholic drink or alcopop?

**Tick one box**

1080

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

Spare 1081 - 1099

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P2709

# National Diet and Nutrition Survey

## Booklet for 13-15 year olds

In Confidence

Point

1001	1002	1003	1004	1005
------	------	------	------	------

Address

1006	1007
------	------

CKL

1008
------

Person no

1011
------

First name:  1012 - 1026

Card

0	1
---	---

1009 -  
1010

Type

2
---

1038

Batch

1027 - 1031
-------------

Interviewer no.  Spare  
1032 - 1037  
1039 -  
1050

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- **We will not tell anyone what your answers are.**
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**

## How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes  1

No  2

- Sometimes you have to write a number in the box, for example

I was **13** years old  
**write in**

- Next to some of the boxes are arrows and instructions  
They show or tell you which question to answer next.  
If there are no special instructions, just answer the next question.

No  2 → Go to Q4

Yes  1  
I was **13** years old  
**write in**

# Cigarette Smoking

**KSMOKCIG**

- Q1** Have you ever tried smoking a cigarette, even if it was only a puff or two?

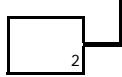
**Tick one box**

1051

Yes

 1  
 2

No

 1  
 2

**KSMOKREG**

- Q2** Now read all the following sentences very carefully and tick the box next to the one which best describes you.

**Tick one box**

1052

I have never smoked

 1

→ Go to question 5

I have only smoked once or twice

 2

I used to smoke sometimes, but I never smoke a cigarette now

 3

I sometimes smoke, but I don't smoke every week

 4

→ Go to question 3

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

**KCIGAGE**

- Q3** How old were you when you tried smoking a cigarette, even if it was only a puff or two?

1053 - 1054

I was

years old

years old

→ Go to question 4

write in

**KCIGWEEK**

- Q4** Did you smoke any cigarettes last week?

**Tick one box**

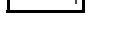
1055

No

 2

→ Go to question 5

Yes

 1

How many cigarettes did you smoke last week?

1056 - 1058

I smoked

cigarettes

Write in

Spare 1059 - 1074

**KCIGNUM**

## Drinking

### ADRPROP

**Q5** Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

**Tick one box**

1075

Yes

→ Go to question 7

No

→ Go to question 6

### ADROPOPS

**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

### ADRINKAG

**Q7** How old were you the first time you had a proper alcoholic drink or an alcopop?

1077 - 1078

I was

years old

years old

Go to question 8

write in

### ADRINKOF

**Q8** How often do you usually have an alcoholic drink or alcopop?

**Tick one box**

1079

Almost every day

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

**ADRLAST**

**Q9** When did you **last** have an alcoholic drink or alcopop?

**Tick one box**

1080

Today

1

Yesterday

2

Some other time during the last week

3

1 week, but less than 2 weeks ago

4

2 weeks, but less than 4 weeks ago

5

1 month, but less than 6 months ago

6

6 months ago or more

7

→ Go to question 10

→ END

**ABER2W**

**Q10** Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager cider or shandy  
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

**Tick one box**

1081

No

→ Go to question 11

Yes

**How much did you drink in the last 7 days?**

Write in:

1083 - 1086

Spare 1082

**Pints (if half a pint,  
write in  $\frac{1}{2}$ )**

1088 - 1089

Spare 1087

AND/OR

**Large cans or bottles**

1091 - 1092

Spare 1090

AND/OR

**Small cans or bottles**

**ABER2QPT****ABER2QLC****ABER2QSM**

*ASPIRW*

**Q11 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in the last 7 days?

**Tick one box**

1093

No

 2

→ Go to question 12

Yes

 1

**How much did you drink in the last 7 days?**

Write in:

1095 - 1096

Spare 1094

*ASPIRQGS*

**Glasses (count doubles as two glasses)**

*ASHERW*

**Q12 Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in the last 7 days?

**Tick one box**

1097

No

 2

→ Go to question 13

Yes

 1

**How much did you drink in the last 7 days?**

Write in:

1099 - 1100

Spare 1098

*ASHEROQGS*

**Glasses (count doubles as two glasses)**

*AWINNEW*

**Q13 Wine (including babycham and champagne)**

Have you drunk this in the last 7 days?

**Tick one box**

1101

No

 2

→ Go to question 14

Yes

 1

**How much did you drink in the last 7 days?**

Write in:

1103 - 1104

Spare 1102

*AWINEQGS*

**Glasses**

Spare 1105-1115

*APOPSW*

**Q14 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc.)**

Have you drunk this in the last 7 days?

**Tick one box**

1116

No

 2

→ 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**

Spare 1120

1121- 1122

AND/OR

**Small cans or bottles**

Spare 1121

*APOPSQLG*

*APOPSQS*  
M

**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:

1124



1135



1146



Spare 1157 - 1170

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P2709

# National Diet and Nutrition Survey

## Booklet for Young Adults (16-24 years)

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/>	CKL <input type="text"/>	Person no <input type="text"/>	First name: <input type="text"/> 1012 - 1026			
1001 - 1005	1006 - 1007	1008	1011				
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"/>	Spare 1032 - 1037 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.

Example 3: Would you like to lead a healthier life than you do now?

Tick one box

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.

GREY

## SMOKING

### DSMOKEVER

**Q1** Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?

**Tick one box**

1051

Yes

→ Go to question 2

No

→ Go to question 11 on page 3

### DCIGEVER

**Q2** Have you ever smoked a cigarette?

**Tick one box**

1052

Yes

→ Go to question 3

No

→ Go to question 11 on page 3

### DCIGAGE

**Q3** How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

1053 - 1054

→ Go to question 4

### DSMOKNOW

**Q4** Do you smoke cigarettes at all nowadays?

**Tick one box**

1055

Yes

→ Go to question 6

No

→ Go to question 5

### DCIGREG

**Q5** Did you smoke cigarettes regularly or occasionally?

Regularly, that is at least one cigarette a day

**Tick one box**

1056

→ 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 (Monday to Thursday)?

1057 - 1059

→ Go to question 7

**DCIGWDAY**

Write in number smoked a day

**Q7** And about how many cigarettes a day do you usually smoke at weekends (Friday to Sunday)?

1060 - 1062

→ Go to question 8 on page 2

2

***DCIGTYPE*****Q8** Do you mainly smoke ...**Tick one box**

1063

filter-tipped cigarettes,

1
2
3

plain or untipped cigarettes,

**→ Go to question 11**

or hand-rolled cigarettes?

3

***DCIGUSED*****Q9** About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

Write in number smoked a day

1064 - 1066
-------------

**→ Go to question 10*****DCIGSTOP*****Q10** How long ago did you stop smoking cigarettes regularly?

Was it...

**Tick one box**

1067

...less than 6 months ago,

1
2
3
4
5
6

...6 months to 1 year ago,

**→ Go to question 11**

...1 to 2 years ago,

...2 to 5 years ago,

...5 to 10 years ago,

...or more than 10 years ago,

Spare 1068 - 1074

## DRINKING

EVERYONE PLEASE ANSWER

### DDRINK

**Q11** Do you ever drink alcohol nowadays, including drinks you brew or make at home?

**Tick one box**

1075

Yes

→ Go to question 14

No

→ Go to question 12

### DDRINKAN

**Q12** Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

**Tick one box**

1076

Very occasionally

→ Go to question 14

Never

→ Go to question 13

### DALWAYTT

**Q13** Have you always been a non-drinker or did you stop drinking for some reason?

**Tick one box**

1077

Always a non-drinker

→ END

Used to drink but stopped

### DDRINKAG

**Q14** How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then

1078 - 1079

→ Go to question 15

***DDRINKOF***

**Q15** Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

**Tick one box**

1080-1081

Almost every day	<input type="checkbox"/> 01	→	Go to question 16
Five or six days a week	<input type="checkbox"/> 02		
Three or four days a week	<input type="checkbox"/> 03		
Once or twice a week	<input type="checkbox"/> 04		
Once or twice a month	<input type="checkbox"/> 05		
Once every couple of months	<input type="checkbox"/> 06		
Once or twice a year	<input type="checkbox"/> 07		
Not at all in the last 12 months	<input type="checkbox"/> 08		

***DDRINKL7***

**Q16** Did you have an alcoholic drink in the seven days ending yesterday?

**Tick one box**

1082

Yes	<input type="checkbox"/> 1	→	Go to question 17
No	<input type="checkbox"/> 2		

***DDRNKDAY***

**Q17** On how many days out of the last seven did you have an alcoholic drink?

**Tick one box**

1083

One	<input type="checkbox"/> 1	→	Go to question 18
Two	<input type="checkbox"/> 2		
Three	<input type="checkbox"/> 3		
Four	<input type="checkbox"/> 4		
Five	<input type="checkbox"/> 5		
Six	<input type="checkbox"/> 6		
Seven	<input type="checkbox"/> 7		

**Q18** Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

**DDKTYP01-07**

<b>TICK ALL DRINKS DRUNK ON THAT DAY</b>		<b>WRITE IN HOW MUCH DRUNK ON THAT DAY</b>				
		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		<i>NBERQPT7</i>	<i>DNBL7Q2</i>	<i>DNBL7Q3</i>	1100- 1107
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)	02		<i>SBERQPT7</i>	<i>DSBL7Q2</i>	<i>DSBL7Q3</i>	1108- 1115
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03		<i>DSPIRL7Q</i>			1116- 1117
Sherry or martini (including port, vermouth, cinzano, dubonnet)	04		<i>DSHRL7Q</i>			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 <b>WRITE IN NAME OF DRINK</b>		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 give the booklet back to the interviewer.**

# National Diet and Nutrition Survey (NDNS)

## Program Documentation

### Nurse Schedule

This 'paper version of the program' has been created to indicate the wording and content of the nurse questionnaire.

### PART 2: Nurse Schedule

- Instructions for the nurse are given in capital letters, and questions the nurse is to ask the respondent are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of respondent's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

#### HOUSEHOLD GRID

##### **Intro**

NURSE: The following information is to be taken from page 2 of the NRF.

1      Continue

##### **Name**

NURSE: Enter the name of RESPONDENT NUMBER from the NRF.

: STRING [20]

##### **Sex**

NURSE: Code the sex of RESPONDENT NUMBER from the NRF.

1      Male  
2      Female

##### **AgeOf**

NURSE: Enter the age of RESPONDENT NUMBER from the NRF.

Range: 0..120

##### **AgeOfM**

Age in months

Range: 00..1440

##### **DOB**

NURSE: Enter the date of birth of RESPONDENT NUMBER from the NRF.

**OC**

NURSE: Enter the code for RESPONDENT NUMBER from NRF.

- 1 Agreed nurse
- 2 Refused nurse
- 3 No diary data

**DemiS**

NURSE: From NRF please say whether RESPONDENT NUMBER requires a demi-span measurement.

- 1 Yes
- 2 No

**ParName1**

NURSE: Enter the name of the 1st parent giving consent for RESPONDENT NUMBER from NRF.

: STRING [20]

**ParName2**

NURSE: Enter the name of the 2nd parent giving consent for RESPONDENT NUMBER from NRF.

If only 1 parent just press <Enter>

: STRING [20]

**BMI**

NURSE: From NRF please enter BMI calculation for RESPONDENT NUMBER.

If no BMI available code 'Don't Know' <Ctrl K>

Range: 5.0..50.0

**More**

NURSE: Is there a second respondent in this household?

N.B. If there is a second respondent you should enter '1' for Yes here even if the second person refused a nurse visit.

- 1 Yes
- 2 No

## NURSE SCHEDULE

### RName

Name of respondent.

: STRING [20]

### RAge

Age of respondent.

Range: 0..120

### MonthAge

Age of infant respondent (in months).

Range: 0..97

### WeekAge

Age of infant respondent (in weeks).

Range: 0..997

### RSex

Sex of respondent.

1      Male

2      Female

### DrugClot

Any anti-coagulant drugs recorded in the drugs section?

1      Yes

2      No

### NSeqNo

Nurse Schedule number.

Range: 0..2

### Info

NURSE: You are in the Nurse Schedule for...

Person      (*Person number*)

Name      (*Respondent name*)

Age      (*Respondent age*)

Sex      (*Respondent sex*)

1      Yes      "Yes, I will do the interview now"

2      No      "No, I will not be able to do this interview"

### StrtNur

Nurse schedule for (*respondent name*).

NURSE : Enter the start time of the interview in hours and minutes using the 24-hour clock  
(e.g. 17 :30).

: TIMETYPE

### DateOK

NURSE : Today's date according to the laptop is (*Date*).

Is this the correct date?

1      Yes

2      No

**IF (DateOK = No) THEN****NurDate**

NURSE : Enter the date of this interview.

: DATETYPE

**NDoBD**

Can I just check your date of birth?

NURSE : Enter day, month and year of (respondent's name)'s date of birth separately.

Enter the **day** here.

Range: 1..31

**NDoBM**

NURSE : Enter the code for the **month** of (respondent's name)'s date of birth.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

**NDoBY**

NURSE: Enter the **year** of (respondent's name)'s date of birth.

Range: 1890..2008

**HHAge**

Age of respondent based on Nurse entered date of birth and date at time of household interview.

Range: 0..120

**DispAge**

CHECK WITH RESPONDENT: So your/(child's name)'s age is (**age**)?

- 1 Yes
- 2 No

**IF (Age <= 15) THEN****CParInt**

NURSE: A child can **only** be interviewed with the permission of, and in the presence of, their parent or a person who has (permanent) legal parental responsibility (*specify names*).

No measurements should be carried out without the agreement of both the parent **and** the child.

N.B Written child assent, where appropriate, should also be sought from children who are able to give it.

- 1 Continue

**IF (Sex = Female) AND (Age = 16-49) THEN****PregNTJ**

Can I check, are you pregnant or breastfeeding at the moment?

- 1 Yes
- 2 No

**IF (Sex = Female) AND (Age = 10-15) THEN**

**UPreg**

NURSE: Has the respondent (or her parent) told you that she is pregnant or breastfeeding?

Do **not** ask for this information - only code whether or not it has been volunteered.

- |   |          |  |
|---|----------|--|
| 1 | Pregnant | "Yes, told me she is pregnant/breastfeeding"           |
| 2 | NotTold  | "No, <b>not</b> told me she is pregnant/breastfeeding" |

**IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN**

**PregMes**

NURSE: Respondent is pregnant.

No measurements to be done.

- 1 Continue

**NoCodeB**

NURSE: NO MEASUREMENTS TO BE TAKEN.

Circle codes **02, 04, 06, 08, 10, 12, 14, 16, 18** on the front of the Consent Booklet.

- 1 Continue

**AllCheck**

**Check before leaving the respondent:**

- # That (*respondent's name*) has a Consent Booklet.
- # That full GP details are entered on front of the Office Consent Booklet.
- # The name by which GP knows respondent.
- # That all details are completed on front of the Office Consent Booklet.
- # That all necessary signatures have been collected in both consent booklets.
- # That appropriate codes have been ringed on the front of the office consent booklet. (For those who have agreed a return visit to either give a blood samples or a 24 urine sample, there will be further consents to collect at the return visit).

- 1 Continue

**NurOut**

NURSE: Why were you not able to complete the nurse schedule for person (*Person Number: Respondent Name*)?

- |     |           |   |
|-----|-----------|---|
| 800 | NotToBe   | "Refuses nurse visit - not to be interviewed"   |
| 810 | Complete  | "Nurse schedule completed"                      |
| 820 | NoContact | "No contact made"                               |
| 830 | PerRef    | "Refusal by person"                             |
| 840 | ProxRef   | "Proxy refusal"                                 |
| 850 | Broken    | "Broken appointment"                            |
| 860 | IIIHome   | "III (at home)"                                 |
| 870 | IIIHosp   | "III (in hospital)"                             |
| 880 | Away      | "Away (other reason)"                           |
| 890 | Other     | "Other reason for schedule not being completed" |

**Thank**

NURSE: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

- 1 Continue

## INFANT LENGTH

**Is there a weekage cut off i.e. 6 weeks**

**IF (Age < 2) THEN**

**LgthMod**

NURSE: Now follows the **Infant Length** module.

- 1 Continue

**LgthInt**

(As I mentioned earlier,) I would like to measure (*child's name*)'s length.

IF ASKED: This gives us information about your child's growth.

- |          |   |
|----------|---|
| 1 Agree  | "Length measurement agreed"                 |
| 2 Refuse | "Length measurement refused"                |
| 3 Unable | "Unable to measure length for other reason" |

**IF (LgthInt = Agree) THEN**

**Length**

NURSE: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

Range: 40.0..999.9

**IF (Length <> 999.9) THEN**

**LgthRel**

NURSE: Is this measurement reliable?

- 1 Yes  
2 No

**IF (Length <> 999.9) THEN**

**MbkLgth**

NURSE: Write the results of the length measurement on respondent's Measurement Record Card.

- 1 Continue

**IF (Length = 999.9) THEN**

**YNoLgth**

NURSE: Give reason for not obtaining a length measurement.

- |          |                             |
|----------|-----------------------------|
| 1 Refuse | "Measurement refused"       |
| 2 TryNot | "Attempted, not obtained"   |
| 3 NoTry  | "Measurement not attempted" |

**IF (YNoLgth = Refuse.. NoTry) OR (LgthInt = Refuse OR Unable) THEN**

**NoAttL**

NURSE: Give reason for (*refusal/not obtaining measurement/not attempting the measurement*).

- |          |                                 |
|----------|---------------------------------|
| 1 Asleep | "Child asleep"                  |
| 2 Fright | "Child too frightened or upset" |
| 3 Shy    | "Child too shy"                 |
| 4 Lie    | "Child would not lie still"     |
| 95 Other | "Other reason(s)"               |

**IF (NoAttL = Other) THEN**

**OthNLth**

NURSE: Enter details of other reason(s) for not obtaining/attempts the length measurement.

: STRING [100]

## PRESCRIBED MEDICATIONS

### ASK ALL WITH A NURSE VISIT

#### **MedCNJD**

Are/(Is) you/(child's name) taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you/(him/her) by a doctor or a nurse?

NURSE: If statins have been prescribed by a doctor please code them here. If they have been bought without a prescription code at Statins question.

NURSE: INCLUDE DIETARY SUPPLEMENTS AS LONG AS PRESCRIBED. MEDICINES SHOULD BE BEING TAKEN NOW, OR BE CURRENT PRESCRIPTIONS FOR USE 'AS REQUIRED.'

- 1 Yes
- 2 No

#### **IF (Age >= 16) AND (MedCNJD = No) THEN**

#### **Statins**

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

- 1 Yes
- 2 No

#### **IF (Statins = Yes) THEN**

#### **StatinA**

Have you taken/used any statins in the last 7 days?

- 1 Yes
- 2 No

#### **IF (MedCNJD = Yes) THEN**

#### **MedIntro**

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you/(child's name) by a doctor?

- 1 Continue

#### **DrCod1**

NURSE: To do the drug coding now, press <Ctrl Enter>, select (*DrugCode*) with the highlight bar and press <Enter>.

- 1 Continue

#### **{FOLLOWING QUESTIONS ASKED ON A LOOP}:**

#### **MedBI**

NURSE: Enter name of drug no.

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

: STRING [50]

#### **MedBIA**

Have/(Has) you/(child's name) taken/used (*text from MedBI*) in the last 7 days?

- 1 Yes
- 2 No

**MedBIC**

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

## MID-UPPER ARM CIRCUMFERENCE

**ASK ALL AGE <15 AND UPREG = NO**

**MUACInt**

(As I mentioned earlier,) I would like to measure your/(respondent's name)'s upper arm circumference.

**NURSE: IF ASKED:** This gives us information about the distribution of fat.

- |   |        |   |
|---|--------|---|
| 1 | Agree  | "Respondent agrees to have upper arm circumference measured"              |
| 2 | Refuse | "Respondent refuses to have upper arm circumference measured"             |
| 3 | Unable | "Unable to measure upper arm circumference for reason other than refusal" |

***Repeat for up to three mid upper arm circumference measurements.***

***Third measurement only taken if first two differ by more than 1.5cm.***

**IF (MUACInt = Agree) THEN**

**CUpArm**

**NURSE:** Measure circumference of left arm and record in centimetres.

If measurement not obtained, enter '99.9'

Range: 5.0..100.0

**IF (CUpArm = 5.0..99.8) THEN**

**CUpRel**

Is the (*first/second/third*) measurement reliable?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**IF (CUpArm = 99.9 (*both attempts*)) THEN**

**CRespUp**

**NURSE CHECK:**

- |   |         |                             |
|---|---------|-----------------------------|
| 1 | Refused | "Both measurements refused" |
| 2 | TryNot  | "Attempted not obtained"    |
| 3 | NoTry   | "Measurement not attempted" |

**IF (CUpArm <> 99.9 (*both attempts*)) THEN**

**CUpMeas**

**NURSE CHECK:** Arm circumference measured with respondent:

- |   |          |  |
|---|----------|--|
| 1 | Standing | "Standing"                                     |
| 2 | Sitting  | "Sitting"                                      |
| 3 | Lying    | "Lying down"                                   |
| 4 | RightArm | "Measured on right arm as left arm unsuitable" |

**IF (CRespUp = Refused OR TryNot OR NoTry) OR (CUpArm = 99.9) THEN**

**NoCUpArm**

**NURSE:** Give reason(s) for (*only obtaining one measurement/refusal/not obtaining measurement/measurement not being attempted.*)

: STRING [140]

**IF (CUpArm = 5.0..99.8) THEN**

**ArmRes**

**NURSE:** Offer to write results of arm circumference measurement on respondent's **Measurement Record Card**. Complete new card if required.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

## BLOOD PRESSURE

### ASK ALL AGED 5+ EXCEPT PREGNANT WOMEN

#### BPMod

NURSE: Now follows the **Blood Pressure** module.

1 Continue

#### IF Age of respondent is over 15 years THEN

##### BPIntro

(As I mentioned earlier) We would like to measure your/(child's name)'s blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

#### IF Age of respondent is 5 - 15 years THEN

##### BPPBlurb

NURSE:..Read out to parent (*if applicable*):

(As I mentioned earlier) we would like to measure your/(child's name)'s blood pressure. If you wish, I will write the results on your/(his/her) Measurement Record Card.

I will not, however, be able to tell you what the results mean. This has to be calculated using your/(his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that you/(he/she) have/(has) high blood pressure.

However, if you would like us to, we will send your/(his/her) results to your/(his/her) GP who is better placed to interpret them.

In the unlikely event that (respondent's name) should be found to have a high blood pressure for your/(his/her) age and height, we shall advise your/(his/her) GP (with your permission) that your/(his/her) blood pressure should be measured again.

1 Continue

##### BPConst

NURSE: Does the respondent agree to blood pressure measurement?

- 1 Agree "Yes, agrees"
- 2 Refuse "No, refuses"
- 3 Unable "Unable to measure BP for reason other than refusal"

#### IF (BPConst = Agree) AND (Age >=13) THEN

##### ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any (vigorous) exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eat "Eaten"
- 2 Smoke "Smoked"
- 3 Drink "Drunk alcohol"
- 4 Exercise "Done (vigorous) exercise"
- 5 None "(None of these)"

#### IF (BPConst = Agree) AND (Age 5 - 12) THEN

##### ConSubX2

May I just check, has (respondent's name) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eat "Eaten"

2	Exercise	"Done vigorous exercise"
3	None	"Neither"

### DINNo

NURSE: Please record the Omron serial number.

Range: 001..999

### CufSize

NURSE: Select cuff and attach to the respondent's **right** arm.

Ask the respondent to sit still for five minutes.

Record cuff size chosen.

1	Small	"Small (15-22 cm)"
2	Medium	"Medium (22-32 cm)"
3	Large	"Large (32-42 cm)"

### Sys to Pulse repeated for up to three blood pressure readings

#### Sys

NURSE: Enter the (**first/second/third**) systolic reading (mmHg).

If reading not obtained, enter 999.

Range: 001..999

#### Dias

NURSE: Enter the (**first/second/third**) diastolic reading (mmHg).

If reading not obtained, enter 999.

Range: 001..999

#### Pulse

NURSE: Enter the (**first/second/third**) pulse reading (bpm).

If reading not obtained, enter 999.

Range: 001..999

### IF (AT LEAST ONE '999' RESPONSE) THEN

#### YNoBP

NURSE: Enter reason for not recording any full BP readings.

1	Tried	"Blood pressure measurement attempted but not obtained"
2	NoTry	"Blood pressure measurement not attempted"
3	Refused	"Blood pressure measurement refused"

#### RespBPS

1	Three	"Three"
2	Two	"Two"
3	One	"One"
4	Tried	"Tried"
5	NoTry	"NoTry"
6	Refused	"Refused"

### IF (RespBPS = Two..Refused) OR (BPConst = Refuse) THEN

#### NAttBPD

NURSE: Record why (*only two readings obtained/only one reading obtained/reading not obtained/reading not attempted/reading refused/unable to take reading*).

CODE ALL THAT APPLY.

1	PC	"Problems with PC"
2	Upset	"Respondent upset/anxious/nervous"
3	Error844	"Error 844' reading"
4	Shy	"Too shy (children)"

5	Fidget	"Child would not sit still long enough ( <i>children</i> )"
6	Other	"Other reason(s) (specify at next question)"
7	Cuff	"Problems with Cuff fitting/painful"
8	Omron	"Problems with Omron readings (zeros, no readings)"
9	Laptop	"Problems with laptop"

**IF (NAttBPD = Other) THEN**

**OthNBP**

NURSE: Enter full details of other reason(s) for not obtaining/attempting three BP readings.  
: STRING [140]

**IF (RespBPS = One, Two or Three) THEN**

**DifBPC**

NURSE: Record any problems taking readings.

CODE ALL THAT APPLY.

1	NoProb	"No problems taking blood pressure"
2	LeftOnly	"Reading taken on left arm because right arm not suitable"
3	Upset	"Respondent was upset/anxious/nervous"
4	Other	"Other problems (specify at next question)"
5	Cuff	"Problems with cuff fitting/painful"
6	Omron	"Problems with Omron readings (zeros, no readings)"

**IF (DifBPC = Other) THEN**

**OthDifBP**

NURSE: Record full details of other problem(s) taking readings.  
: STRING [140]

**IF (RespBPS = One, Two or Three) THEN**

**GPRegBP**

Are/(Is) you/(child's name) registered with a GP?

- 1 Yes
- 2 No

**IF (GPRegBP = Yes) THEN**

**GPSend**

May we send your/(child's name)'s blood pressure readings to your/(his/her) GP?

- 1 Yes
- 2 No

**IF (GPSend = No) THEN**

**GPRefC**

NURSE: Specify reason(s) for refusal to allow BP readings to be sent to GP.

CODE ALL THAT APPLY.

1	NeverSee	"Hardly/Never sees GP"
2	GPKnows	"GP knows respondent's BP level"
3	Bother	"Does not want to bother GP"
4	Other	"Other (specify at next question)"

**IF (GPRefC = Other) THEN**

**OthRefC**

NURSE: Give full details of reason(s) for refusal.

: STRING [140]

**IF (GPReg <> Yes) OR (GPSend = No) THEN**

**Code02**

NURSE: Circle consent **code 02** on front of Consent Booklet.

1 Continue

**IF (GPSend = Yes) THEN**

**Code01**

NURSE:

- a) Complete 'Blood pressure to GP in both the Consent Booklet and the Respondent Copy.
- b) Ask respondent/respondent's parent) to read, sign and date the form in both the Consent Booklet and the Respondent Copy.
- c) Check that GP name, address and phone no. are recorded on the Consent Form.
- d) Check the name by which GP knows respondent.
- e) Circle consent **code 01** on front of the Consent Booklet.

1 Continue

**IF (RespBPS = One, Two or Three) THEN**

**BPOffer**

NURSE: Offer blood pressure results to respondent/respondent's parent).

*(Displays readings)*

Enter these on (respondent's name)'s **Measurement Record Card** (complete new record card if required).

1 Continue

## DEMI-SPAN

### **ASK ALL AGED 65+ OR AGED 16-64 WITH UNRELIABLE HEIGHT MEASUREMENT**

#### **SpanIntro**

NURSE: Now follows the **Measurement of Demi-span**.

- 1 Continue

#### **SpanInt**

I would now like to measure the length of your arm. Like height, it is an indicator of size.

NURSE CODE:

- |          |   |
|----------|---|
| 1 Agree  | "Respondent agrees to have demi-span measured"              |
| 2 Refuse | "Respondent refuses to have demi-span measured"             |
| 3 Unable | "Unable to measure demi-span for reason other than refusal" |

***Repeat for up to three demi-span measurements.***

***Third measurement taken only if first two measurements differ by more than 3cm.***

#### **IF (SpanInt = Agree) THEN**

##### **Span**

NURSE: Enter the (*first/second/third*) demi-span measurement in centimetres.

If measurement not obtained, enter '999.9'.

Range: 5.0..1000.0

#### **IF (Span <> 999.9) THEN**

##### **SpanRel**

NURSE: Is the (*first/second/third*) measurement reliable?

- 1 Yes  
2 No

#### **IF (Span = 999.9 (*both attempts*)) THEN**

##### **YNoSpan**

NURSE: Give reason for not obtaining at least one demi-span measurement.

- |          |                              |
|----------|------------------------------|
| 1 Refuse | "Measurement refused"        |
| 2 TryNot | "Attempted but not obtained" |
| 3 NoTry  | "Measurement not attempted"  |

#### **IF (YNoSpan = Refuse OR TryNot OR NoTry) THEN**

##### **NotAttM**

NURSE: Give reason for (*refusal/not obtaining measurement/measurement not being attempted*).

- |          |   |
|----------|---|
| 1 Bent   | "Cannot straighten arms"                      |
| 2 Bed    | "Respondent confined to bed"                  |
| 3 Stoop  | "Respondent too stooped"                      |
| 4 NotUnd | "Respondent did not understand the procedure" |
| 5 Other  | "Other"                                       |

#### **IF (NotAttM = Other) THEN**

##### **OthAttM**

NURSE: Give full details of other reason for (*refusal/not obtaining measurement/measurement not being attempted*).

: STRING [140]

**IF (Span <> 999.9) THEN**

**SpnM**

NURSE CHECK: Demi-span was measured with the respondent:

CODE ALL THAT APPLY.

- |   |         |  |
|---|---------|--|
| 1 | Wall    | "Standing against the wall"                                  |
| 2 | NoWall  | "Standing not against the wall"                              |
| 3 | Sitting |  |
| 4 | Lying   | "Lying down"   |
| 5 | LeftArm | "Demi-span measured on left arm due to unsuitable right arm" |

**DSCard**

NURSE: Write results of demi-span measurement on respondent's Measurement Record Card.

- 1 Continue

## WAIST & HIP

**ASK ALL Respondents aged 11+ AND PregNTJ = No THEN**

### **WHMod**

NURSE: Now follows the **Waist and Hip Circumference Measurement**.

1 Continue

### **WHIntro**

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

NURSE CODE:

- |   |        |   |
|---|--------|---|
| 1 | Agree  | "Respondent agrees to have waist/hip ratio measured"              |
| 2 | Refuse | "Respondent refuses to have waist/hip ratio measured"             |
| 3 | Unable | "Unable to measure waist/hip ratio for reason other than refusal" |

***Repeat for up to three waist-hip measurements.***

***Third measurement taken only if first two measurements differ by more than 3cm.***

**IF (WHIntro = Agree) THEN**

### **Waist**

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the (*first/second/third*) waist measurement in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 40.0..1000.0

**IF (WHIntro = Agree) THEN**

### **Hip**

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the (*first/second/third*) measurement of hip circumference in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 50.0..1000.0

### **RespWH**

Imputed

- |   |         |                 |
|---|---------|-----------------|
| 1 | Both    | "Both obtained" |
| 2 | One     | "One obtained"  |
| 3 | Refused | "Refused"       |
| 4 | NoTry   | "NoTry"         |

**IF (Waist = 999.9 (*either attempt*)) OR (Hip = 999.9 (*either attempt*)) THEN**

### **YNoWH**

NURSE: Enter reason for not getting both measurements.

- |   |         |                              |
|---|---------|------------------------------|
| 1 | Refused | "Both measurements refused"  |
| 2 | TryNot  | "Attempted but not obtained" |
| 3 | NoTry   | "Measurement not attempted"  |

**IF (RespWH = One OR Refused OR NoTry) OR (YNoWH = Refused) THEN  
WHPNABM**

NURSE: Give reason(s) (for refusal/why unable/for not obtaining measurement/for not attempting/why only one measurement obtained).

CODE ALL THAT APPLY.

- |   |          |   |
|---|----------|---|
| 1 | ChairBnd | "Respondent is chairbound"                    |
| 2 | Bed      | "Respondent is confined to bed"               |
| 3 | Stoop    | "Respondent is too stooped"                   |
| 4 | NotUnd   | "Respondent did not understand the procedure" |
| 5 | Other    | "Other (SPECIFY AT NEXT QUESTION)"            |

**IF (WHPNABM = OthWH) THEN**

**OthWH**

NURSE: Give full details of 'other' reason(s) for not getting full waist/hip measurement.  
: STRING [140]

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist (1<sup>st</sup>) <> 999.9 AND  
Waist (1<sup>st</sup>) <> EMPTY) OR (Waist (2<sup>nd</sup>) <> 999.9 AND Waist (2<sup>nd</sup>) <> EMPTY)) THEN**

**WJRel**

NURSE: Record any problems with **waist** measurement:

- |   |          |   |
|---|----------|---|
| 1 | NoProb   | "No problems experienced, <b>reliable</b> waist measurement"                        |
| 2 | ProbRel  | "Problems experienced - waist measurement <b>likely to be reliable</b> "            |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be <b>slightly unreliable</b> " |
| 4 | ProbUn   | "Problems experienced - waist measurement <b>likely to be unreliable</b> "          |

**IF (WJRel = ProbRel OR ProbSIUn OR ProbUn) THEN**

**ProbWJ**

NURSE: Record whether problems experienced are likely to increase or decrease the **waist** measurement.

- |   |          |                         |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED IF ((Hip (1<sup>st</sup>) <> 999.9 AND Hip (1<sup>st</sup>)  
<> EMPTY) OR (Hip (2<sup>nd</sup>) <> 999.9 AND Hip (2<sup>nd</sup>) <> EMPTY)) THEN**

**HJRel**

NURSE: Record any problems with **hip** measurement:

- |   |          |   |
|---|----------|---|
| 1 | NoProb   | "No problems experienced, <b>reliable</b> hip measurement"                        |
| 2 | ProbRel  | "Problems experienced - hip measurement likely to be <b>reliable</b> "            |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be <b>slightly unreliable</b> " |
| 4 | ProbUn   | "Problems experienced - hip measurement likely to be <b>unreliable</b> "          |

**IF (HJRel = ProbRel OR ProbSIUn OR ProbUn) THEN**

**ProbHJ**

NURSE: Record whether problems experienced are likely to increase or decrease the **hip** measurement.

- |   |          |                         |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

**IF (RespWH = Both OR One) THEN**

**WHRes**

NURSE: Offer to write results of waist and hip measurements, where applicable, onto respondent's Measurement Record Card.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

## BMI TO GP CONSENT

Not sure if we need this

**IF (GPRegBP <> Yes) THEN**

**GPRegBM**

NURSE CHECK: Is respondent registered with a GP?

- |   |     |                                     |
|---|-----|-------------------------------------|
| 1 | Yes | "Respondent registered with GP"     |
| 2 | No  | "Respondent not registered with GP" |

**ConsBMI**

During the first stage, the interviewer measured your height and weight and from this, your Body Mass Index (BMI) was calculated. BMI is a way of telling if you're a healthy weight for your height.

May we send your BMI calculation to your GP?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**IF (ConsBMI = Yes) THEN**

**Code03**

NURSE: Obtain signature in both the Consent Booklet and the Respondent Copy.

Circle consent **code 03** on front of the Consent Booklet.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

**IF (ConsBMI = No) THEN**

**Code04**

"NURSE: The respondent does **not** want their BMI calculation sent to their GP.

Circle consent **code 04** on front of the Consent Booklet.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

## URINE SAMPLE

### **IF (Age > 13) THEN**

#### **UrInt**

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of your urine over a 24 hour period. We cannot get this information from your food diary or in any other way.

1 Continue

### **IF (Age 4-12) THEN**

#### **UrIntC**

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of (child's name)'s urine over a 24 hour period. We cannot get this information from their food diary or in any other way.

1 Continue

### **IF (Age = 4-6) THEN**

#### **Nappies**

Does (child's name) wear nappies at all nowadays?

NURSE: EVEN IF CHILD JUST WEARS NAPPIES AT NIGHT, CODE AS 'Yes'.

1 Yes

2 No

### **IF (Age = 4-6) AND (Nappies = No) THEN**

#### **UrLeaf1**

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period.

Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE MEASUREMENT AND GIVE LEAFLET TO RESPONDENT

1 Continue

### **IF (Age >= 13) THEN**

#### **UrCons**

Are you willing to participate in the 24 hour urine sample?

1 Yes "Yes, willing to give 24 hour sample"

2 No "No, not willing to give 24 hour sample"

### **IF (Age = 4-12) THEN**

#### **UrPCons**

And are you willing for (child's name) to participate in the 24 hour urine sample?

1 Yes "Yes, willing to give 24 hour sample"

2 No "No, not willing to give 24 hour sample"

### **IF ((Age >= 16) AND (UrCons = Yes)) OR ((Age = 13-15) AND ((UrCons = Yes) OR (UrPCons = Yes))) OR ((Age < 13) AND (UrPCons = Yes)) THEN**

#### **UrChk1**

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE TAKING ANY OF THE FOLLOWING:

- Co-Trimoxazole BNF CODE 50108

- Septrin BNF CODE 50108

- Sulfadiazine BNF CODE 50108  
- Trimethoprim BNF CODE 50108  
- Sulfadiazine BNF CODE 50108  
- Sulfamethoxazole BNF CODE 50108  
- Monotrim BNF CODE 50108  
- Sultrin BNF CODE 70202

- 1 Yes  
2 No

**IF (UrChk1 = No) THEN**

**UrChk2**

Can I check, are/(is) you/(he/she) allergic to any of the following things:

...hair dye, sunscreen or vitamins?

- 1 Yes  
2 No

**IF (UrChk2 = No) THEN**

**UpABA**

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period. This also involves taking three tablets called PABA within the same period so we can see how complete the urine sample is. Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE PABA TABLETS AND CONTRAINDICATIONS FOR USE.  
GIVE PABA INFORMATION LEAFLET TO RESPONDENT.

- 1 Continue

**IF (UrChk2 = No) AND (Age >= 16) THEN**

**UpABCon**

IS THE RESPONDENT WILLING TO TAKE PABA TABLETS?

- 1 Yes "Yes, willing to take PABA"  
2 No "No, not willing to take PABA"

**IF (UrChk2 = No) AND (Age 4-15) THEN**

**UpABPCon**

IS THE PARENT OR LEGAL GUARDIAN WILLING FOR CHILD TO TAKE PABA TABLETS?

- 1 Yes "Yes, willing to take PABA"  
2 No "No, not willing to take PABA"

**IF (UrChk1 = Yes) OR (UrChk2 = Yes) OR (UpABCon = No) OR (UpABPCon = No) OR (UpABCon1 = No) OR (UpABCon2 = No) THEN**

**NoPABA**

THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CODE 06 ON THE FRONT OF THE CONSENT BOOKLET.  
PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

**IF (UpABCon = Yes) THEN**

**UpABCon1**

EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA.

GIVE RESPONDENT THE CONSENT FORMS AND ASK TO SIGN CONSENT FOR THE RESPONDENT TO TAKE PABA. RESPONDENT SHOULD SIGN BOTH RESPONDENT AND OFFICE COPIES

- 1 Yes "Written consent obtained for PABA"  
2 No "Written consent not obtained for PABA"

**IF (UPABPCon = Yes) THEN**

**UPABCon2**

EXPLAIN THE NEED FOR WRITTEN CONSENT.

ASK PARENT/LEGAL GUARDIAN TO READ THE CONSENT FORM AND ASK TO SIGN CONSENT FOR CHILD TO TAKE PABA

- |   |     |   |
|---|-----|---|
| 1 | Yes | "Written consent obtained for PABA"     |
| 2 | No  | "Written consent not obtained for PABA" |

**IF (Age >= 16) AND (UrCons = Yes) THEN**

**ULABCon1**

EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE.GIVE RESPONDENT THE CONSENT FORMS AND ASK TO SIGN CONSENT FOR LAB ANALYSIS.

RESPONDENT SHOULD SIGN BOTH RESPONDENT AND OFFICE COPIES.

- |   |     |   |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis"     |
| 2 | No  | "Written consent not obtained for lab analysis" |

**IF (Age = 4-15) AND ((UrCons = Yes) OR (UrPCons = Yes)) THEN**

**ULABCon2**

EXPLAIN THE NEED FOR WRITTEN CONSENT.

ASK PARENT/LEGAL GUARDIAN TO READ THE CONSENT FORM AND ASK TO SIGN CONSENT FOR CHILD TO GIVE 24 HOUR SAMPLE.

- |   |     |   |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis"     |
| 2 | No  | "Written consent not obtained for lab analysis" |

**IF (UrLABCon1 = Yes) OR (UrLABCon2 = Yes) THEN**

**UrExpl**

EXPLAIN PROCEDURES AND PROTOCOLS ABOUT WHAT IS INVOLVED FULLY TO THE RESPONDENT OR PARENT/GUARDIAN.

PRESS 1 AND ENTER TO CONTINUE.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

**IF (UrLABCon1 = Yes) OR (UrLABCon2 = Yes) THEN**

**UrAppt**

1) AGREE A DATE WITH THE RESPONDENT WHEN THEY WILL COLLECT URINE FOR 24 HRS (**STARTING COLLECTION ON ANY DAY EXCEPT A THURSDAY**) AND MAKE AN APPOINTMENT WITH THEM TO COLLECT THE SAMPLE EITHER ON THE SAME DAY WHEN THEY STOP COLLECTING URINE OR ON THE FOLLOWING DAY (i.e. the day after collection finished).

**N.B. SCHOOL AGED CHILDREN SHOULD ALWAYS BE ASKED TO COLLECT THEIR URINE ON A NON-SCHOOL DAY**

2) EXPLAIN THE COLLECTION PROTOCOL.

3) COMPLETE THE FIRST PART OF THE 24 HR URINE RECORD CARD.

4) GIVE THE RESPONDENT URINE RECORD CARD AND ASK THEM TO COMPLETE IT ON THE DAY THEY ARE COLLECTING THEIR SAMPLE.

PRESS 1 AND ENTER TO CONTINUE.

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

**IF Respondent agreed to give a urine sample THEN**

**UrCInt**

NURSE: EXPLAIN THAT YOU ARE HERE TO COLLECT THE URINE SAMPLE.  
FOLLOW PROTOCOLS TO MIX, WEIGH AND COLLECT 4 ALIQUOTS OF URINE.

1 Continue

**UrColl**

NURSE: HAS (respondent's name) PROVIDED A URINE SAMPLE?

- 1 Yes
- 2 No

**IF (UrColl = Yes) THEN**

**UrJugs**

NURSE: On collection, which containers have urine inside?

- 1 Five "5 litre container only"
- 2 Two "2 Litre container only"
- 3 Both "Both the 5 litre and 2 litre containers"

**IF (UrJugs = Five OR Both) THEN**

**UrWt1**

NURSE: WEIGH THE 5 LITRE CONTAINER.

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (UrJugs = Five OR Both) THEN**

**UrWt2**

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (UrWt1 – UrWt2 > 0.02) THEN**

**UrWt3**

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (UrJugs = Two OR Both) THEN**

**Ur2LWt1**

NURSE:WEIGH THE 2 LITRE CONTAINER.

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (UrJugs = Two OR Both) THEN**

**Ur2LWt2**

NURSE:Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (Ur2LWt1 – Ur2LWt2 > 0.02) THEN**

**Ur2LWt3**

NURSE: Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'

Range: 0.10..9.99

**IF (UrColl = Yes) THEN**

**ChkMss**

Did you/(child's name) miss collecting any samples during the 24 hour period?

NURSE: ASK RESPONDENT TO REFER TO THEIR URINE RECORD CARD.

1 Yes

2 No

**IF (ChkMss = Yes) THEN**

**HowManM**

How many did you/(child's name) miss?

Range: 1..10

**IF (ChkMss = Yes) THEN**

**DatMss**

Date of first/(second/third/fourth/fifth) missed sample.

**IF (ChkMss = Yes) THEN**

**TimMss**

Time of first/(second/third/fourth/fifth) missed sample.

**IF (UPABCOn1 = Yes OR UPABCOn2 = Yes) THEN**

**ChkPABA**

Did you/(child's name) take any of the PABA tablets?

1 Yes

2 No

**IF (ChkPABA = Yes) THEN**

**DatPAB**

Date first/(second/third) PABA tablet taken. If first/(second/third) PABA tablet not taken enter CTRL/K (don't know).

**IF (ChkPABA = Yes) THEN**

**TimPAB**

Time first/(second/third) PABA tablet taken.

**IF (UrColl = Yes) THEN**

**Diet**

Were/(was) you/(child's name) taking any dietary supplements on the same days as you collected the urine sample?

1 Yes

2 No

*(Following two questions asked as a loop)*

**IF (Diet = Yes) THEN**

**DWhat**

What did you/(he/she) take?

NURSE RECODE NAME OF SUPPLEMENT TAKEN.

: STRING [60]

**DMore**

Any others?

- 1 Yes
- 2 No

**IF (Age >= 16) THEN****StrUrA**

May we have your consent to store any remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

**IF (Age < 16) THEN****StrUrC**

May we have your consent to store any of your/(child's name)'s remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

**IF (StrUrA = Yes) OR (StrUrC = Yes) THEN****Code09**

CIRCLE CODE 09 ON THE FRONT OF THE CONSENT BOOKLET

- 1 Continue

**IF (StrUrA = No) OR (StrUrC = No) THEN****Code10**

CIRCLE CODE 10 ON THE FRONT OF THE CONSENT BOOKLET

- 1 Continue

**Thanks**

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR GIFT VOUCHERS (£15) WILL BE POSTED TO THEM FROM THE OFFICE. PRESS 1 AND ENTER TO CONTINUE.

- 1 Continue

## BLOOD SAMPLE

**IF (Age >= 4) THEN**

**BlIntro**

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

**IF (Age < 4) THEN**

**NFBBlnt**

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

**ClotB**

May I just check, do/(does) you/(child's name) have a clotting or bleeding disorder or are/(is) you/(he/she) currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

**IF (ClotB = No) THEN**

**Fit**

May I just check, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

**IF (Age >= 16) AND (ClotB = No) AND (Fit = No) THEN**

**BSWill**

Would you be willing to have a fasting blood sample taken?

NURSE: THE RESPONDENT SHOULD FAST FOR 8 HOURS. REMIND HIM/HER THAT THEY SHOULD DRINK WATER AS NORMAL.

1 Yes

2 No

**IF (Age < 16) AND (ClotB = No) AND (Fit = No) THEN**

**CBSConst**

ASK PARENT

Are you willing for your child to have a blood sample taken?

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

1 Yes

2 No

**IF (BSWill = No) OR (CBSConst = No) THEN**

**RefBSC**

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

- |    |          |   |
|----|----------|---|
| 1  | PrevDiff | "Previous difficulties with venepuncture"         |
| 2  | Fear     | "Dislike/fear of needles"                         |
| 3  | RecTest  | "Respondent recently had blood test/health check" |
| 4  | III      | "Refused because of current illness"              |
| 5  | HIV      | "Worried about HIV or AIDS"                       |
| 97 | Other    | "Other"   |

**IF (RefBSC = Other) THEN**

**OthRefBS**

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

**IF (BSWill = No) OR (CBSConst = No) THEN**

**BSStop**

NURSE: No Blood Samples should be taken from (respondent's name). Ring codes **12, 14, 16, 18** on the consent booklet..

To continue with this schedule on the first visit, press 1 and enter.

1 Continue

**IF (Age >= 4) AND (BSWill = Yes) OR (CBConst = Yes) THEN**

**Diabetes**

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE DIABETIC AND UNWILLING TO FAST?

IF RESPONDENT IS DIABETIC AND CONCERNED ABOUT FASTING, PRESS F9 FOR GUIDANCE ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING BLOOD SAMPLE.

CODE BELOW WHETHER RESPONDENT WILLING TO GIVE A FASTING BLOOD SAMPLE.

**Acceptable procedures according to medication:**

...Respondents on oral hypoglycaemic medication should be able to fast without complications.

...Respondents on a combination of nighttime insulin and daytime tablets should also be able to fast unless they are known to have low blood sugar levels first thing in the morning. If they do have low blood sugar in the morning, they could still fast but should reduce their nighttime insulin by a small amount and have breakfast as soon as possible after the blood is taken.

...Respondents on insulin alone can also provide a fasting sample, but should be given special consideration. They should omit their morning insulin and should be seen as early in the day as possible.

In every case, diabetics should have breakfast as soon as possible after blood is taken.

**Note that the option of providing a non-fasting sample is only open to diabetics and respondents under the age of 4. Blood should not be taken from respondents who are willing to provide a sample but are not prepared to fast.**

- |   |         |   |
|---|---------|---|
| 1 | NotDiab | "Not diabetic/not mentioned"                            |
| 2 | Yes     | "Diabetic and willing to give fasting blood"            |
| 3 | No      | "Diabetic and not willing to give fasting blood sample" |

**IF (Diabetes = No) THEN**

**DiabNF**

NURSE: THIS PERSON SHOULD GIVE A NON-FASTING BLOOD SAMPLE. THIS BLOOD SAMPLE SHOULD BE TAKEN AT THE SAME TIME AS A FASTING BLOOD SAMPLE FROM OTHER HOUSEHOLD MEMBERS (IF APPLICABLE).

1 Continue

**IF (Diabetes = No) OR ((Age < 11) AND (Nurse = paediatric phlebotomist)) THEN**

**NFastBl**

NURSE: THIS RESPONDENT COULD GIVE A NON-FASTING BLOOD SAMPLE NOW.  
BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IF CHILD UNDER 4: ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST? (IF NO,  
CODE 2)

Are the labs open (i.e. is it Monday - Thursday)/expecting a sample?

Is there anyone else in the household who will give blood?

If so, could you take blood from both respondents at the same time (i.e. a return visit)?

CONSIDER THESE QUESTIONS AND CODE:

1 Yes "Yes, I will take the blood sample now"

2 No "No, I will return at a later date to take the blood sample"

**IF (NFastBl = No) THEN**

**NFSAppt**

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD  
SAMPLE. THIS SHOULD BE ON A MONDAY TO THURSDAY MORNING ONLY.

1 Continue

**IF (Diabetes = NotDiab OR Yes) THEN**

**IsTime**

NURSE: IS THE TIME CURRENTLY BEFORE 10 AM?

1 Yes

2 No

**IF (IsTime = Yes) AND (Computer time = before 10am) THEN**

**Eat**

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

1 Yes

2 No

**IF (Eat = No) THEN**

**FastBl**

NURSE: THIS RESPONDENT COULD GIVE A FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IF CHILD UNDER 4: ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST? (IF NO,  
CODE 2)

Are the labs open/expecting a sample?

Is there anyone else in the household who will give blood?

If so, you should take blood from both respondents at the same time.

CONSIDER THESE QUESTIONS AND CODE:

1 Yes "Yes, I will take the fasting blood sample now"

2 No "No, I will return at a later date to take the blood sample"

**IF (FastBl = No) THEN**

**FBAppt**

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD  
SAMPLE. THIS SHOULD BE BEFORE 10AM, MONDAY TO THURSDAY ONLY.

1 Continue

**IF (Age <= 16) THEN**

**AmelInt**

NURSE: Explain that there is the option of using Ametop gel, but that a sample can be given without Ametop.

Give parent/respondent the Ametop information sheet and allow them time to read it.

Ask respondent/parent whether they think they will want to use Ametop. If they do, you need to schedule your return appointment before 9.30am.

1 Continue

**IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN**

**IntFBT**

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

1 Continue

**TClotB**

May I just check again, do/(does) you/(child's name) have a clotting or bleeding disorder or are/is you/(he/she) currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

**IF (TClotB = No) THEN**

**TFit**

May I just check also, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

**IF (TFit = No) AND (Age >=4) THEN**

**TEat**

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

1 Yes

2 No

**IF (TFit = No) AND (Age < 4) THEN**

**ChEat**

Can I check, has (respondent's name) had anything to eat or drink (excluding water) in the last 8 hours?

1 Yes

2 No

**IF (TEat = Yes) OR (ChEat = Yes) THEN**

**ReArr**

NURSE: The respondent has eaten something and cannot give a fasting blood sample today. Try to rearrange the appointment for another day.

1 Appt "Appointment rearranged to take blood"

2 NoAppt "Not able to make another appointment"

**IF (2<sup>nd</sup> visit AND ReArr = NoAppt) OR (3<sup>rd</sup> visit) THEN**

**TBSStop**

No Blood Samples should be taken from (respondent's name). Ring codes **12, 14, 16, 18** on the consent booklet

1 Continue

**IF (2<sup>nd</sup> visit AND ReArr = Appt) THEN**

**TBSNoV2**

No Blood Samples should be taken from (respondent's name) now. You will need to make another visit to take blood.

1 Continue

**IF (Age >= 16) THEN**

**TBSWill**

Would you be willing to have a fasting/(non-fasting) blood sample taken?

- 1 Yes  
2 No

**IF (Age < 16) THEN**

**TCBSConst**

**ASK PARENT**

Are you willing for your child to have a fasting/(non-fasting) blood sample taken?

NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM. ONLY TRAINED PAEDIATRIC PHLEBOTOMISTS SHOULD TAKE BLOOD FROM CHILDREN UNDER 11.

- 1 Yes  
2 No

**IF (TCBSConst = Yes) THEN**

**AmetopUse**

Do you want Ametop gel to be used?

- 1 Yes  
2 No

**IF (AmetopUse = Yes) THEN**

**Allergy**

Have/(Has) you/(he/she) ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?

- 1 Yes  
2 No

**IF (Allergy = Yes) THEN**

**NoAmetop**

NURSE: Ametop gel cannot be used. Is respondent willing to give blood sample without Ametop gel?

- 1 Yes "Yes, willing"  
2 No "No, no blood sample"

**IF (Allergy = No) THEN**

**DoAmetop**

NURSE: **Blood sample with Ametop gel.**

- Check you have all applicable signatures.
- Apply Ametop gel following instructions.
- Wait at least half an hour before attempting blood sample.

- 1 Continue

**IF (TBSWill = Yes) OR ((TCBSConst = Yes) AND (AmetopUse = No)) OR ((TCBSConst = Yes) AND (AmetopUse = Yes) AND (Allergy = No)) OR ((TCBSConst = Yes) AND (AmetopUse = Yes) AND (Allergy = Yes) AND (NoAmetop = Yes)) THEN**

**BSConsC**

NURSE: Explain need for written consent from parent:

Before I can take any blood, I have to obtain the written consent from both parent and child/(written consent from you).

- 1 Continue

**IF (Age = 18 months - 15) THEN**

**GuardCon**

NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?

- 1 Yes
- 2 No

**IF (GuardCon = No) THEN**

**Ignore**

NURSE: Record details of why consent refused.

: STRING [140]

**IF (GuardCon = Yes) THEN**

**Code11C**

NURSE:

- Fill in (child's name) and your name in both the Consent Booklet (form CF(A2)) and the Respondent Copy.
- Tick the box "With the use of Ametop"/"Without the use of Ametop".
- Ask (respondent's name) to read, sign and date the form in both the Consent Booklet and the Respondent Copy.
- Circle consent **code 11** on the front of the Consent Booklet.

1 Continue

**IF (TBSWill = Yes) THEN**

**Code11A**

NURSE:

- Fill in the respondent's name and your name at the top of form CF(A2) in the Consent Booklet.
- Ask the respondent to read, sign, date and initial the Consent Form.
- Circle consent code 11 on the front of the Consent Booklet.

1 Continue

**IF (GPRegBP <> Yes) OR (GPRegBM <> Yes) OR (Age = 18 months – 3) THEN**

**GPRegFB**

NURSE CHECK: Is respondent registered with a GP?

- 1 Yes "Respondent registered with GP"
- 2 No "Respondent not registered with GP"

**IF (GPRegFB = Yes) THEN**

**SendSam**

May we send the results of your/(child's name)'s blood sample analysis to your/(his/her) GP?

- 1 Yes
- 2 No

**IF (SendSam = Yes) THEN**

**Code13**

"NURSE:

- Obtain initials and signature in **both** the Consent Booklet and the Respondent Copy.
- Check name by which GP knows respondent.
- Check GP name, address and phone no. are recorded on front of the Consent Booklet.
- Circle consent **code 13** on front of the Consent Booklet.

1 Continue

**IF (SendSam = No) THEN**

**SenSaC**

Why do you not want your/(child's name)'s blood sample results sent to your/(his/her) GP?

- 1 NeverSee "Hardly/never sees GP"

2	RecSamp	"GP recently took blood sample"
3	Bother	"Does not want to bother GP"
4	Other	"Other"

**IF (SenSaC = Other) THEN**

**OthSam**

NURSE: Give full details of reason(s) for not wanting results sent to GP.  
: STRING [140]

**IF (SendSam = No) THEN**

**Code14**

NURSE: Circle consent **code 14** on front of the Consent Booklet.

1 Continue

**SnDrSam**

Would you like to be sent the results of your/(child's name)'s blood sample analysis?

1	Yes
2	No

**IF (SnDrSam = Yes) THEN**

**Code17**

NURSE: Circle consent **code 17** on front of the Consent Booklet.

1 Continue

**IF (SnDrSam = No) THEN**

**Code18**

NURSE: Circle consent **code 18** on front of the Consent Booklet.

1 Continue

**IF (SendSam = No) AND (SnDrSam = No) THEN**

**GPDisc**

NURSE: THIS RESPONDENT DOES NOT WANT THEIR RESULTS SENT TO THEIR GP.  
PLEASE ASK THEM TO READ AND SIGN THE DISCLAIMER IN THE RESPONDENT AND OFFICE CONSENT BOOKLETS.

1 Continue

**IF (TBSWill = Yes) THEN**

**ConStorB**

May we have your consent to store any remaining blood for future analysis?

1	Yes	"Storage consent given"
2	No	"Consent refused"

**IF (ConStorB = Yes) THEN**

**Code15**

NURSE:

- Obtain initials and signatures in **both** the Consent Booklet and the Respondent Copy.
- Circle consent **code 15** on front of the Consent Booklet.

1 Continue

**IF (ConStorB = No) THEN**

**Code16**

NURSE: Circle consent **code 16** on front of the Consent Booklet.

1 Continue

**IF (Age >= 16) THEN**

**TakeSAd**

NURSE: First check you have **all applicable signatures**, then:

**A) Take blood samples in the following order:**

- .....1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
- .....2. serum (4.5ml) tube **brown** cap, label SE N1 (5)
- .....3. serum (4.5ml) tube **white** cap, label SE N2 (6)
- .....4. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
- .....5. Lithium heparin (7.5ml) tube **orange** cap, label LH N2 (8)
- .....6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)
- .....7. Lithium/heparin (4.5ml) tube **orange** cap, label LH N3 (9)
- .....8. EDTA (2.7ml) tube **red** cap, label E N2 (4)

**B) Write 'NDNS' and date of birth onto existing tube label:**

.....Date of birth: (*displayed*)

**C) Check the date of birth again with the respondent.**

**D) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.**

**E) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.**

- Check to ensure you have used the correct barcoded labels for THIS respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (ADULT AGED 16+) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

**IF (Age >= 16) THEN**

**SampF1A**

NURSE: Code if the 1st EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- 1 YesF "Yes, FULLY filled"
- 2 YesP "Yes, PARTIALLY filled"
- 3 No "No, not filled"

**IF (Age >= 16) THEN**

**SampF2A**

NURSE: Code if the 1st serum (brown, 4.5ml) tube filled (label SE N1 (5)).

- 1 YesF "Yes, FULLY filled"
- 2 YesP "Yes, PARTIALLY filled"
- 3 No "No, not filled"

**IF (Age >= 16) THEN**

**SampF3A**

NURSE: Code if the 2nd serum (white, 4.5ml) tube filled (label SE N2 (6)).

- 1 YesF "Yes, FULLY filled"
- 2 YesP "Yes, PARTIALLY filled"
- 3 No "No, not filled"

**IF (Age >= 16) THEN**

**SampF4A**

NURSE: Code if the 1st Lithium/heparin (orange, 7.5ml) tube filled (label LH N1 (7)).

- 1 YesF "Yes, FULLY filled"
- 2 YesP "Yes, PARTIALLY filled"
- 3 No "No, not filled"

**IF (Age >= 16) THEN**

**SampF5A**

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LH N2 (8)).

- 1 YesF "Yes, FULLY filled"
- 2 YesP "Yes, PARTIALLY filled"

3 No "No, not filled"

**IF (Age >= 16) THEN**

**SampF6A**

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age >= 16) THEN**

**SampF7A**

NURSE: Code if 3rd lithium heparin (orange, 4.5 ml) tube filled (label LH N3 (9)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age >= 16) THEN**

**SampF8A**

NURSE: Code if 2nd EDTA (red, 2.6ml) tube filled (label E N2 (4)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 7 – 15) THEN**

**TakeSCO**

NURSE: First check you have **all applicable signatures**, then:

**A)** Take blood samples in the following order:

- .....1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
- .....2. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
- .....3. Serum (2.7ml) tube **brown** cap, label SE N1 (5)
- .....4. Serum (2.7ml) tube **white** cap, label SE N2 (6)
- .....5. Lithium heparin (2.7ml) tube **orange** cap, label LH N2 (8)
- .....6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)

**B)** Write 'NDNS' and date of birth onto existing label

.....Date of birth: (*displayed*)

**C)** Check the date of birth again with the respondent/parent.

**D)** Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

**E)** Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

- Check to ensure you have used the correct barcoded labels for THIS respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 7-15) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

**IF (Age = 7 – 15) THEN**

**SampF1CO**

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 7 – 15) THEN**

**SampF2CO**

NURSE: Code if the 1st lithium heparin (orange, 7.5ml) tube filled (label LH N1 (7))

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |

3 No "No, not filled"

**IF (Age = 7 – 15) THEN**

**SampF3CO**

NURSE: Code if the 1st serum (brown, 2.7ml) tube filled (label SE N1 (5)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 7 – 15) THEN**

**SampF4CO**

NURSE: Code if the 2nd serum (white, 2.7ml) tube filled (label SE N2 (6)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 7 – 15) THEN**

**SampF5CO**

NURSE: Code if the 2nd lithium heparin (orange, 7.5ml) tube filled (label LH N2 (8)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 7 – 15) THEN**

**SampF6CO**

NURSE: Code if Fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 18 months - 6) THEN**

**TakeSCY**

NURSE: First check you have **all applicable signatures**, then:

**A)** Take blood samples in the following order:

- .....1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
- .....2. Lithium/heparin (4.5ml) tube **orange** cap, label LH N1 (7)
- .....3. Serum (1.2ml) tube **brown** cap, label SE N1 (5)
- .....4. Serum (2.7ml) tube **white** cap, label SE N2 (6)

**B)** Write '**NDNS**' and **date of birth** onto existing label.

.....Date of birth: (*displayed*)

**C)** Check the date of birth again with the respondent/parent.

**D)** Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

**E)** Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

- Check to ensure you have used the correct barcoded labels for this respondent....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 18mths-6yrs) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

**IF (Age = 18 months - 6) THEN**

**SampF1CY**

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 18 months - 6) THEN**

**SampF2CY**

NURSE: Code if the Lithium heparin (orange, 4.5ml) tube filled (label LH N1 (7)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 18 months - 6) THEN**

**SampF3CY**

NURSE: Code if the 1st serum (brown, 1.2ml) tube filled (label SE N1 (5)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**IF (Age = 18 months - 6) THEN**

**SampF4CY**

NURSE: Code if the 2nd serum (white, 2.7ml) tube filled (label SE N2 (6)).

- |   |      |                         |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled"     |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No   | "No, not filled"        |

**SampTak**

Blood sample outcome (*COMPUTED*):

- |   |      |  |
|---|------|--|
| 1 | YesF | "Blood sample obtained - all full"     |
| 2 | YesP | "Blood sample obtained - not all full" |
| 3 | No   | "No blood sample obtained"             |

**IF (SampTak = YesF OR YesP) THEN**

**SamDifC**

NURSE: Record any problems in taking blood sample.

CODE ALL THAT APPLY.

- |   |         |  |
|---|---------|--|
| 1 | NoProb  | "No problem"   |
| 2 | Small   | "Incomplete sample"                                      |
| 3 | BadVein | "Collapsing/poor veins"                                  |
| 4 | TakeTwo | "Second attempt necessary"                               |
| 5 | Faint   | "Some blood obtained, but respondent felt faint/fainted" |
| 6 | NoTour  | "Unable to use tourniquet"                               |
| 7 | Other   | "Other (SPECIFY AT NEXT QUESTION)"                       |

**IF (SamDifC = Other) THEN**

**OthBDif**

NURSE: Give full details of other problem(s) in taking blood sample.

: STRING [140]

**IF (SampTak = No) THEN**

**NoBSC**

NURSE: Code reason(s) why no blood obtained.

CODE ALL THAT APPLY.

- |   |            |   |
|---|------------|---|
| 1 | NoVein     | "No suitable or no palpable vein/collapsed veins" |
| 2 | Anxious    | "Respondent was too anxious/nervous"              |
| 3 | Faint      | "Respondent felt faint/fainted"                   |
| 4 | Other (97) | "Other"   |

**IF (NoBSC = Other) THEN**

**OthNoBSM**

NURSE: Give full details of reason(s) no blood obtained.

: STRING [140]

**IF (SampTak = No) THEN**

**Code10**

**NURSE:**

- Cross out consent codes **11, 13, 15 and 17** if already circled on front of the Consent Booklet.

- Replace with consent codes **12, 14, 16 and 18** on front of the Consent Booklet.

1      Continue

# **NATIONAL DIET AND NUTRITION SURVEY**

## **PROMPT CARDS**

**P2709**

## **CARD A**

- 1 English
- 2 Scottish
- 3 Welsh
- 4 Irish
- 5 British
- 6 Other

## **CARD B**

- 1 White – British
- 2 Any other white background
- 3 Mixed – White and Black Caribbean
- 4 Mixed – White and Black African
- 5 Mixed – White and Asian
- 6 Any other mixed background
- 7 Asian or Asian British – Indian
- 8 Asian or Asian British – Pakistani
- 9 Asian or Asian British – Bangladeshi
- 10 Any other Asian/Asian British background
- 11 Black or Black British – Caribbean
- 12 Black or Black British – African
- 13 Any other Black/Black British background
- 14 Chinese
- 15 Any other

## **CARD C**

- 1 Husband/Wife
- 2 Partner/Cohabitee
- 3 Natural son/daughter
- 4 Adopted son/daughter
- 5 Foster child
- 6 Stepson/stepdaughter
- 7 Son-in-law/daughter-in-law
- 8 Natural parent
- 9 Adoptive parent
- 10 Foster parent
- 11 Step-parent
- 12 Parent-in-law
- 13 Natural brother/sister
- 14 Half-brother/sister
- 15 Step-brother/sister
- 16 Adopted brother/sister
- 17 Foster brother/sister
- 18 Brother/sister-in-law
- 19 Grand-child
- 20 Grand-parent
- 21 Other relative
- 22 Other non-relative

## **CARD D**

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's/friend's property)
- 6 Squatting

## **CARD E**

- 1 Not enough cupboard space
- 2 Fridge is too small (or no fridge available)
- 3 Freezer is too small (or no freezer available)
- 4 Damp / mouldy
- 5 Infested with insects
- 6 Not secure
- 7 Other

## CARD F

- 1 Large supermarket, including home delivery from supermarket
- 2 Mini supermarket, e.g. Tesco Metro
- 3 Local/Corner shop (including newsagents)
- 4 Garage forecourt
- 5 Independent greengrocer
- 6 Independent butcher
- 7 Independent baker
- 8 Independent fishmonger
- 9 Market (including stalls or farmer's market)
- 10 Farm
- 11 Home delivery (including vegetable boxes – not from a supermarket)
- 12 Other

## **CARD G**

- 1 More than once a day
- 2 Once a day
- 3 Two or three times a week
- 4 Weekly
- 5 Two or three times a month
- 6 Monthly
- 7 Every two months
- 8 Less often than every two months

## CARD H

- 1 Fresh fruit or fruit juice
- 2 Dried fruit
- 3 Nuts
- 4 Potatoes
- 5 Vegetables or salad (Including celery), dried beans or lentils
- 6 Breakfast cereals
- 7 Other cereal products, e.g. bread, rice and pasta
- 8 Meat (including chicken)
- 9 Eggs
- 10 Milk
- 11 Other dairy products
- 12 Crisps or savoury snacks
- 13 Biscuits and cakes (including organic cereal bars)
- 14 Confectionery
- 15 Baby / weaning foods
- 16 Other organic products
- 17 None of these

## CARD I

- 1 Freshly made from old potatoes
- 2 Freshly made from new potatoes
- 3 Frozen, fried
- 4 Oven ready chips
- 5 Microwave chips (e.g. McCain Microchips)
- 6 Make chips another way
- 7 Do not prepare chips

## **CARD J**

- 1      Every day
- 2      Most days (5 – 6)
- 3      Some days (3 – 4)
- 4      One or two days a week
- 5      Less than once a week
- 6      Only for special occasions
- 7      Never

## **CARD K**

- 1 Boiling
- 2 Steaming or Poaching
- 3 Frying
- 4 Stir-frying
- 5 Grilling
- 6 Oven-baking or Roasting
- 7 Stewing / Braising / Casseroling
- 8 Microwaving
- 9 None of these

## CARD L

- 1 Red meat
- 2 Chicken
- 3 White fish (cod, haddock, plaice)
- 4 Oily fish (herring, mackerel, salmon)
- 5 Pulses such as split peas and lentils
- 6 Dry pasta
- 7 Rice (savoury)
- 8 Potatoes (not chips)
- 9 Fresh green vegetables (cabbage, spinach, broccoli)
- 10 Root vegetables (carrots, parsnips)
- 11 None of these

## **CARD M**

- 1 Yes, with no help at all
- 2 Yes, with a little help
- 3 Yes, with a lot of help
- 4 No, not at all

## **CARD N**

- 1 At home (relative)
- 2 At school
- 3 Cookery class not at school (e.g. night class)
- 4 Self taught
- 5 From friends
- 6 At work
- 7 Television
- 8 Recipe books / magazines
- 9 Internet
- 10 Cannot cook at all
- 11 Other

## CARD O

- 1 Cleaning and chopping fruit and vegetables
- 2 Preparation of meat and fish for cooking (chopping, filleting)
- 3 Frying
- 4 Boiling
- 5 Baking or Roasting
- 6 Making a sauce
- 7 Making pastry
- 8 Following a recipe
- 9 Microwaving
- 10 Freezing and Defrosting
- 11 Preservation / Storage of foods in larder / Refrigerator / Freezer
- 12 Hygiene in the kitchen
- 13 None of these

## CARD P

- 1 Weighing scales
- 2 Set of kitchen knives
- 3 Set of saucepans
- 4 Frying pan
- 5 Colander / Sieve
- 6 Casserole dish
- 7 Roasting pan
- 8 Cake tins
- 9 Baking trays
- 10 Hand-held whisk, manual or electric
- 11 Mixing bowls
- 12 Measuring jug
- 13 Rolling pin
- 14 Grater
- 15 Food processor
- 16 None of these

## CARD Q

- 1 Flour (Self-raising / plain / bread)
- 2 Sugar (Caster / Granulated / Brown)
- 3 Cornflour
- 4 Dried pasta (Spaghetti, Noodles)
- 5 Rice (Long grain, Basmati)
- 6 Tomatoes in tins or cartons
- 7 Tomato paste / puree
- 8 Olive oil or other vegetable oil
- 9 Vinegar (Wine, Balsamic)
- 10 Dried or tinned pulses (Canellini or Borlotti beans, Chickpeas etc.)
- 11 Baked beans
- 12 Dried herbs, spices or curry powder
- 13 Stock cubes
- 14 Soy sauce
- 15 Tinned fish (Sardines, Anchovies)
- 16 None of these

## **CARD R**

- 1      Every day or nearly every day
- 2      Two or three times a week
- 3      Once a week
- 4      Two or three times a month
- 5      Once a month or less

## **CARD S**

- 1 Five or more times per week
- 2 Three to four times per week
- 3 One to two times per week
- 4 One to two times per month
- 5 Rarely or never

## **CARD T**

- 1      Never
- 2      Less than once per month
- 3      On 1 – 3 days per month
- 4      On 1 – 2 days per week
- 5      On 3 – 4 days per week
- 6      On 5 – 6 days per week
- 7      Every day in the last month

## CARD U

- 1 Fish liver (include canned cod liver; exclude fish liver oil supplements)
- 2 Venison liver
- 3 Sprats
- 4 Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))
- 5 Cassava chips/crisps
- 6 Seaweed (includes hijiki, wakame)
- 7 Sushi (including purchased sushi)
- 8 Kabanos (smoked sausage)
- 9 Papaya (include fresh and canned)
- 10 Dried papaya
- 11 Mango (include fresh and canned)
- 12 Dried mango
- 13 Kiwi Fruit

## **CARD V**

- 1      Less than once per month
- 2      On 1 – 3 days per month
- 3      On 1 – 2 days per week
- 4      On 3 or more days per week

## CARD W

- 1 Meat or meat products (not including poultry)
- 2 Chicken or other poultry and dishes containing them
- 3 Fish or seafood and fish and seafood dishes
- 4 Eggs
- 5 Milk (including yoghurt)
- 6 Cheese
- 7 Salad vegetables (e.g. lettuce, cucumber, tomato)
- 8 Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)
- 9 Root vegetables (e.g. carrots, parsnips)
- 10 Fresh fruit
- 11 Nuts
- 12 Offal
- 13 Other

## CARD X

- 1      Orange
- 2      Lemon
- 3      Kiwi fruit
- 4      Grapefruit
- 5      Mango
- 6      Banana
- 7      Lime
- 8      Pineapple
- 9      Soft citrus fruit (satsumas / mandarins / clementines)

## **CARD Y**

- 1      Every day / most days
- 2      Once or twice a week
- 3      Once or twice a month
- 4      Less than once a month

## **CARD Z**

- 1 All of the peel or skin
- 2 Most of the peel or skin
- 3 Around half of the peel or skin
- 4 Around a quarter of the peel or skin
- 5 Less than a quarter of the peel or skin

## **CARD AA**

- 1      No difficulty
- 2      A little difficulty
- 3      A fair amount of difficulty
- 4      A great amount of difficulty

## **CARD BB**

- 1 Could eat easily
- 2 Could eat with some difficulty
- 3 Could not eat at all

## **CARD CC**

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

## CARD DD

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or liqueurs
- 4 Sherry or martini
- 5 Wine
- 6 Alcopops / pre-mixed alcoholic drink
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

## CARD EE

- 1 Higher degree, e.g. MSc, MA, MBA, PGCE, PhD
- 2 Level 5 NVQ / SVQ
- 3 BTEC Advanced Professional Diploma/Certificate
- 4 First degree, e.g. BSc, BA, BEd, MA at first degree level
- 5 Level 4 NVQ / SVQ
- 6 HNC / HND
- 7 BTEC Higher National or Professional Diploma/Certificate
- 8 RSA or OCR Higher
- 9 GCE 'A'-level
- 10 A2
- 11 AVCE
- 12 SCE Advanced Higher Grades
- 13 SCE Higher Grades (A-C)
- 14 CSYS
- 15 Key Skills Level 3
- 16 Level 3 NVQ / SVQ
- 17 ONC / OND
- 18 BTEC Advanced or National Diploma/Certificate
- 19 RSA or OCR Advanced Diploma
- 20 City & Guilds Advanced Craft / Part 3
- 21 Advanced GNVQ; Vocational A Level
- 22 Advanced Modern Apprenticeship
- 23 GCSE grade A\*-C

**see over for more codes**

**card EE continued....**

- 24 GCE 'O'-level passes
- 25 CSE grade 1
- 26 SCE O Grades (A-C)
- 27 SCE Standard Grades (1-3)
- 28 School Certificate / Matriculation
- 29 Key Skills Level 2
- 30 Level 2 NVQ / SVQ
- 31 BTEC Intermediate or First Diploma/Certificate
- 32 RSA Diploma
- 33 City & Guilds Craft / Part 2
- 34 Intermediate GNVQ
- 35 Foundation Modern Apprenticeship
- 36 GCSE grade D-G
- 37 CSE grade 2-5
- 38 SCE O Grades (D-E)
- 39 SCE Standard Grades (4-7)
- 40 SCOTVEC National Certificate Modules
- 41 Key Skills Level 1
- 42 Level 1 NVQ / SVQ
- 43 BTEC Foundation or Introductory Diploma/Certificate
- 44 RSA Stage 1-3
- 45 City & Guilds Part 1
- 46 Foundation GNVQ; Foundation VCE
- 47 Other qualifications

## CARD FF

- A £15,000 - £19,999
- B £30,000 - £34,999
- C Under £5,000
- D £45,000 - £49,999
- E £25,000 - £29,999
- F £5,000 - £9,999
- G £20,000 - £24,999
- H £10,000 - £14,999
- I £75,000 - £99,999
- J £35,000 - £39,999
- K £50,000 - £74,999
- L £100,000 or more
- M £40,000 - £44,999

## **CARD GG**

### **Supplement examples**

- Multivitamins with/without Iron or other Minerals
- Vitamin C
- Vitamin B complex
- Folic Acid
- Selenium
- Calcium + Vitamin D
- Cod liver oil
- Omega 3 fish oil
- Flaxseed oil
- Oil of Evening Primrose
- Menopause formulas
- Echinacea
- L – Arginine capsules
- Glucosamine with/without chondroitin
- Garlic
- Ginkgo Biloba
- Healthy Start women's vitamin tablets

## **CARD HH**

- 1      Less than once a month
- 2      1 – 3 times a month
- 3      Once a week
- 4      2 – 4 times a week
- 5      Once a day
- 6      2 – 3 times a day
- 7      4 or more times a day

## **CARD II**

- 1 Employed or self-employed, not working at home  
(e.g. in office)
- 2 Employed or self-employed, working from home
- 3 At college / school
- 4 Doing voluntary or other unpaid work
- 5 Full time housewife / househusband
- 6 Unable to work
- 7 On holiday for the entire period
- 8 Unemployed or retired and have not done any of the  
above

## **CARD JJ**

### **Light Housework**

- 1 Vacuum cleaning (hoovering)
- 2 Dusting, Spring cleaning, Tidying up
- 3 Washing floors and paintwork
- 4 Hoeing, Weeding, Pruning
- 5 Cut the grass using a power mower
- 6 Planting flowers / seeds
- 7 Decorating
- 8 Minor household repairs
- 9 Car washing and cleaning
- 10 Any similar light housework, building or gardening  
manual work

## **CARD KK**

### **Heavy Housework**

- 1 Walking with heavy loads of shopping
- 2 Moving furniture
- 3 Scrubbing / Polishing floors by hand (on knees)
- 4 Sweeping leaves over a large area
- 5 Digging, Moving earth, Clearing rough ground
- 6 Major work on tree, or shrub planting / moving
- 7 Felling trees, Chopping wood
- 8 Moving heavy loads
- 9 Demolishing walls, Breaking up concrete
- 10 Mixing, laying concrete

## **CARD LL**

### **Sport / Exercise examples**

- Cycling (but NOT cycling to work)
- Swimming, continuous laps
- Jogging
- Rowing or Stepping machine
- Aerobics
- Martial Arts, including judo, karate, kick boxing, tae kwan do, jujitsu, boxing
- Football
- Netball
- Dancing, including taking lessons or nightclub
- Rugby

## **CARD MM**

- 1 A nursery school
- 2 A primary school (including infant school, junior school)
- 3 A secondary school (including sixth form in a school)  
/ High school
- 4 A middle school
- 5 A sixth form college / Higher Education college
- 6 Other
- 7 Home-educated

## **CARD NN**

- 1 Cooked school meal
- 2 Cold school meal (including sandwiches, salads)
- 3 Packed lunch (from home)
- 4 Buy lunch from shop / café
- 5 Go home
- 6 Do not eat lunch

## **CARD OO**

- 1 Free school meal (at lunchtime)
- 2 Reduced price or subsidised school meal (at lunchtime)
- 3 Free school milk
- 4 Subsidised school milk
- 5 Free fruit
- 6 Healthy Start children's vitamin drops (3 and under)
- 7 Healthy Start vouchers (3 and under)
- 8 Free food BEFORE school
- 9 Free food AFTER school
- 10 Other

## **CARD PP**

- 1      5 minutes, less than 10 minutes
- 2      10 minutes, less than 20 minutes
- 3      20 minutes, less than 30 minutes
- 4      30 minutes, less than 45 minutes
- 5      45 minutes, less than an hour
- 6      1 hour, less than 1½ hours
- 7      1½ hours, less than 2 hours
- 8      2 hours, less than 2½ hours
- 9      2½ hours, less than 3 hours
- 10     3 hours or more

## **CARD QQ**

- 1 Playing, skipping, catch, hide and seek
- 2 Kicking a ball around, running about or jumping around
- 3 Garden work, like mowing grass or sweeping up leaves
- 4 Housework, like tidying up, cleaning, hoovering, washing clothes, cleaning a car
- 5 Paper rounds

## **CARD RR**

### **Sport / Exercise examples**

- Cycling (but NOT cycling to or from school)
- Football
- Netball
- Cricket / Rounders
- Swimming laps
- Jogging
- Gymnastics
- Tennis
- Martial Arts
- Rugby

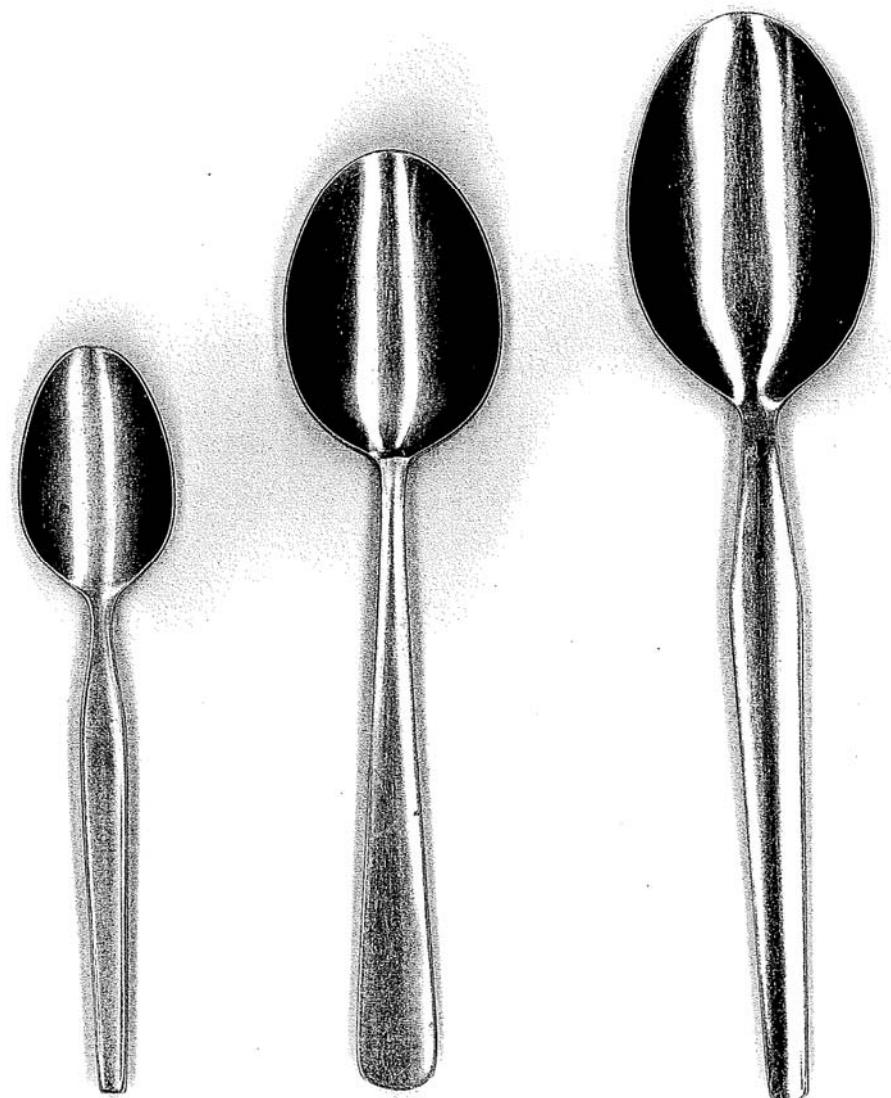
## **CARD SS**

### ***Boys and Girls:***

- 1      Trousers
- 2      Shorts
- 3      Short sleeved shirt or long sleeves rolled up
- 4      Long sleeved shirt / jumper / blazer

### ***Girls only:***

- 5      Long skirt (below the knee)
- 6      Short skirt (above the knee)
- 7      Tights



**Teaspoon**  
**(tsp)**

**Dessertspoon**  
**(dsp)**

**Tablespoon**  
**(tbsp)**

## National Diet and Nutrition Survey – Consent Booklet: Office Copy

Please use capital letters and write in ink

ADDRESS

INDIVIDUAL SERIAL NUMBER:  
Affix label **NCON** here for this person:

*STICK NCON  
(1) LABEL  
HERE*

1. Nurse number:

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2. Date schedule completed  
(all visits complete):

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

6. Full name of parent/guardian (*if person under 16*) \_\_\_\_\_

### GP NAME AND ADDRESS

7. Dr: .....  
Practice Name: .....  
Address: .....  
.....  
Town: .....  
County: .....  
Postcode: .....  
Telephone no: .....

### 8. NURSE USE ONLY

- |                         |   |
|-------------------------|---|
| GP Address complete     | 1 |
| GP Address not complete | 2 |
| No GP                   | 3 |

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM		YES	NO
a) Blood pressure to <b>GP</b>		01	02
b) Body Mass Index (BMI) to <b>GP</b>		03	04
c) Take PABA tablet		05	06
d) Lab analysis of Urine		07	08
e) Urine sample for <b>storage</b>		09	10
f) Sample of blood to be taken		11	12
g) Blood sample result to <b>GP</b>		13	14
h) Blood sample for <b>storage</b>		15	16
i) Blood sample result to <b>respondent</b>		17	18

## BLOOD SAMPLE LABORATORY REFERENCE LIST

The tables below show which blood samples should be taken (in priority order) and need to be sent to each lab for each age group:

### **ADULTS AGED 16+**

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
3	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.1
4	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.1
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.1
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.1
7	LI HEP 3	ORANGE	LH N3	Field Lab	DESP FL2.1
8	EDTA 2	RED	E N2	Field Lab	DESP FL2.1

### **CHILDREN AGED 7-15**

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.2
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.2
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.2
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.2

### **CHILDREN AGED 18 mths – 6 yrs**

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.3
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.3

# CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

**CF (A1)**

**ADULT AGED 16+**

**Respondent's name** \_\_\_\_\_ (BLOCK LETTERS)

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby consent to the following aspects of the study:

Please initial box if consent given

- The survey team sending my blood pressure measurement to my GP.
- The survey team sending my body mass index measurements to my GP.
- Taking PABA tablets to support the 24-hour urine collection.
- Laboratory analysis of my 24-hour urine collection, to help assess my diet.
- Storage of any remaining urine for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my urine at any time, without giving any reason, by asking the investigators in writing for my urine to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

Signature: ..... Date .....

# CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (A2)

## ADULT AGED 16+

Respondent's name \_\_\_\_\_ (BLOCK LETTERS)

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby consent to the following aspects of the study:

Please initial box if consent given

- Having a blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing.
- I would like / would not like (*delete as appropriate*) to receive a written report of my clinically relevant blood results\*.
- The NDNS team sending my potentially clinically relevant blood results to my GP\*.
- Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

\*Please note that if you do not want to receive a report of your blood results and do not want results to be passed on to your GP we need you to sign a disclaimer (page 8).

Signature: ..... Date .....

# CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

**CF (C1)**

## **Children aged 4 to 15 years**

### **Parent/Guardian Section**

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby agree for my child to participate in the following aspects of the survey:

Please initial box if consent given

- The survey team sending his/her blood pressure measurement to his/her GP.
- Taking PABA tablets to support the 24-hour urine collection.
- Laboratory analysis of his/her 24-hour urine collection, to help assess his/her diet.
- Storage of any remaining urine for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's urine at any time, without giving any reason, by asking the investigators in writing for his/her urine to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

Respondent's (Child's) Name:.....

Parent/Guardian Name: .....

Parent/Guardian signature: ..... Date .....

### **Child assent**

I agree to take part in the NDNS survey. I understand the measurements that will be made.

Respondent (Child) signature: ..... Date.....

# CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (C2)

## Children aged 4 to 15 years

### Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the survey:

Please initial box if consent given

Blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing. Please tick the appropriate box:

with Ametop gel       without Ametop gel

I would like / would not like (delete as appropriate) to receive a written report of my child's clinically relevant blood results\*.

The NDNS team sending potentially clinically relevant blood results to his/her GP\*.

Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's blood at any time, without giving any reason, by asking the investigators in writing for his/her blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

\*Please note that if you do not want to receive a report of your child's blood results and do not want results to be passed on to his/her GP we need you to sign a disclaimer (page 8).

Respondent's (Child's) Name:.....

Parent/Guardian Name: .....

Parent/Guardian signature: ..... Date .....

### Child assent

I agree to take part in the NDNS survey. I understand the measurements that will be made.

Respondent (Child) signature: ..... Date .....

# CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY

CF (YC1)

## Children aged 1.5 to 3 years

### Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (version P2709/P8709) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the study elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the study:

Please initial box if consent given

- Blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing. Please tick the appropriate box:  
 with Ametop gel       without Ametop gel
- I would like / would not like (*delete as appropriate*) to receive a written report of my child's clinically relevant blood results\*.
- The NDNS team sending potentially clinically relevant blood results to his/her GP\*.
- Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's blood at any time, without giving any reason, by asking the investigators in writing for his/her blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.

\*Please note that if you do not want to receive a report of his/her blood results and do not want results to be passed on to his/her GP we need you to sign a disclaimer (page 8).

Respondent's (Child's) Name: .....

Parent/Guardian Name: .....

Parent/Guardian signature: ..... Date .....

## NDNS DISCLAIMER

Date:.....

Name:..... (Block letters)

Respondent's name: ..... (Block letters)  
*(if different from above)*

This is to clarify that against the advice of the NDNS survey team I:

Please initial boxes

- Do not want to receive my / my child's (*delete as appropriate*) clinically relevant examination results
- Do not want my / my child's (*delete as appropriate*) clinically relevant examination results being sent to my / his/her (*delete as appropriate*) GP

I do understand that if there are findings outside the normal range this will not be brought to the attention of any health care provider.

By doing so, I assume all responsibility for my act.

Signed:.....

Nurse:.....

# BIOCHEMISTRY REQUEST

952

<b>Specimen Details</b>  <b>Nurses: fill in sections in bold only</b>	Surname (Nurses: do not fill in)	HNR (see label)		<p>Please affix serial number label here</p> <p>Label AddxB1 (11) OR AddxB2 (12) OR AddxB3 (13)</p>			
	First name (Nurses: do not fill in)	P952					
	<b>DOB (dd/mm/yyyy)</b>	/ /					
	<b>Date sample taken (dd/mm/yyyy)</b>	/ /					
	<b>Time sample taken (24 hour clock)</b>	:					
	<b>Please circle as appropriate</b>	Male	1	Female	2		
	<b>Please circle as appropriate</b>	Fasted	1	Non-fasted	2		
	<b>Please circle as appropriate</b>	EN1 (red)	full sample	partial sample	SE1 (brown)	full sample	partial sample
<b>Lab Processing</b>	Consultant	JMHNR					
	Location	NDNS					
	CP952	1x serum for creatinine, CRP, FLP			BIOCHEM BARCODE		
	HA952	1x EDTA for A1c, RBC Folate, FBC - will be shared between departments so label primary tube with biochem barcode <b>and</b> haem barcode			HAEM BARCODE		
	Print patient biochem barcodes (screen 66) Depending on volume split the whole blood in the following priority:						
	<i>FBC</i>	Tip the 2.7ml primary EDTA tube upside down; the minimum volume required will take the blood level 1mm above the cap If there is sufficient volume proceed to aliquoting whole blood for folate Remember to send primary tube to Haem with a duplicate request form					
	<i>Folate</i>	Take 2x ascorbic acid 2ml tubes from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid – check it has not expired Print more barcodes from the biochem barcode, these will contain the subject information Label 2x defrosted 2ml ascorbic acid tubes with patient biochem barcodes Invert the primary EDTA tube a few times to re-suspend the contents Transfer exactly 100µl from primary EDTA tube into each tube containing 1ml ascorbic acid and invert to mix Store in the -80°C Protect freezer If there is sufficient volume proceed to aliquoting whole blood for A1c					
	<i>A1c</i>	Label 1x 2ml secondary tube with patient biochem barcode and write A1c Invert the primary EDTA tube a few times to re-suspend the contents Transfer 0.5ml from primary EDTA tube into secondary tube Place secondary tube in A1c skip in office					
<b>Contacts</b>	MRC HNR	Birgit Teucher 01223 437574 Gemma Bramwell 01223 437577					
	Addenbrooke's	Nicola Matache 01223 216925 Lab 01223 257148					

**SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab****1. Respondent Details**

Please affix serial number label here

**label FL2 (14)**

**2. Record respondents sex:**

Male:	1
Female:	2

**3. Was the respondent:**

Fasted	1
Non-fasted	2

**4. Date sample taken:**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/> 24 hr clock

**5. Time sample taken:**

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

**6. Time sample delivered to lab:**

24 hr clock	<input type="text"/>	:	<input type="text"/>
-------------	----------------------	---	----------------------

**7. Nurse Number**

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY****A. Date sample arrived:** Day      Month      Year

<input type="text"/>					
24 hr clock					

**B. Time of arrival**

<input type="text"/>	:	<input type="text"/>
----------------------	---	----------------------

**C. Complete table below:**

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
EDTA (Red Top) 2.6ml (E N2)					
LiHep 1 (Orange Top) 7.5ml (LH N1)					
LiHep 2 (Orange Top) 7.5ml (LH N2)					
LiHep 3 (Orange Top) 4.5ml (LH N3)					
Plain Serum (White top) 4.5ml (SE N2)					
Fluoride (Yellow top) 1.2ml (F N1)					

**Lab technician/analyst:**

Please transfer 1300µl whole blood from the well mixed LH N3 tube to the blue capped storage tube (label: LH WB) before starting centrifugation. Place aliquot on ice if not transferred to freezer immediately.

**D. Centrifuge tubes as described in the protocol and then complete the following table:**

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
E N2	:			
LH N1	:			
LH N2	:			
LH N3	:			
SE N2	:			
F N1	:			

**Code frame for abnormal samples:**

- 1 = Haemolysed
- 2 = Turbid
- 3 = Lipemic
- 4 = Frozen
- 5 = Clot Present (EDTA/LiHep only)
- 6 = Entirely clotted (EDTA/LiHep only)
- 7 = Not Clotted (plain serum only)
- 8 = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (µl)	Actual Vol(µl)	Time of aliquoting	Time of entry into freezer
LH 1	500			
LH 2	400			
LH VITC	300			
LH 3	1000			
LH 4	200			
LH 5	800			
LH 6	800			
LH 7	800			
LH 8*	600			
LH 9*	600 - 1200			
E 1	500			
E 2	500			
SE 1	600			
SE 2*	400			
SE 3*	400			
SE 4*	400			
F 1	500			
LHWB (from LH N3)	1300			
LHN1 washed RBC's	N/A	N/A	N/A	
LHN2 washed RBC's	N/A	N/A	N/A	
LHN3 washed RBC's	N/A	N/A	N/A	

\*Please use the remaining plasma to fill LH8 and LH9. Use the remaining serum to fill SE2, SE3 and SE4. It is anticipated that there **will not always** be sufficient plasma/serum to fill to the desirable volume. If plasma from either of the LiHep tubes is haemolysed use the clear plasma to fill priority tubes, and the haemolysed plasma to fill the remaining tubes. But always use LiHep plasma from LH N1 or LH N2 (trace metal monovettes) to fill LH5 and LH6. If you have to use LH N3 plasma for LH5 and LH6 then please make a note in the table above.

F. Record temperature samples stored at: \_\_\_\_\_ °C

G. Sign form - Analyst/Technician sign form: \_\_\_\_\_ (signature)

(Print name) \_\_\_\_\_

This record must **be faxed to HNR** on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

**SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab****1. Respondent Details**

Please affix serial number label here

**Label FL2(14)**

**2. Record respondents sex:**

Male:	1
Female:	2

**3. Was the respondent:**

Fasted	1
Non-fasted	2

**4. Date sample taken:**

Day		Month		Year			
-----	--	-------	--	------	--	--	--

24 hr clock

**5. Time sample taken:**

		:		
--	--	---	--	--

**6. Time sample delivered to lab:**

--	--	--

--	--	--

**7. Nurse Number**

--	--	--	--	--	--

**SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY****A. Date sample arrived:**

Day		Month		Year			
-----	--	-------	--	------	--	--	--

24 hr clock

**B. Time of arrival**

		:		
--	--	---	--	--

**C. Complete table below:**

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
LiHep 1 (Orange Top) 7.5ml (LH N1)					
LiHep 2 (Orange Top) 2.7ml (LH N2)					
Plain Serum (White top) 2.7ml (SE N2)					
Fluoride (Yellow top) 1.2ml (F N1)					

**D. Centrifuge tubes as described in the protocol and then complete the following table:**

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
LH N1	:			
LH N2	:			
SE N2	:			
F N1	:			

**Code frame for abnormal samples:**

- 1 = Haemolysed
- 2 = Turbid
- 3 = Lipemic
- 4 = Frozen
- 5 = Clot Present (EDTA/LiHep only)
- 6 = Entirely clotted (EDTA/LiHep only)
- 7 = Not Clotted (plain serum only)
- 8 = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (µl)	Actual Vol(µl)	Time of aliquoting	Time of entry into freezer
LH 1	300			
LH 2	400			
LH VITC	300			
LH 3	800			
LH 4	600			
LH 5	600			
LH 6	300			
LH 7	200			
LH 8	400			
SE 1	600			
SE 2	400			
F 1	500			
LHN1 washed RBCs	N/A	N/A	N/A	
LH N2 washed RBCs	N/A	N/A	N/A	

If plasma from either of the LiHep tubes is haemolysed use the clear plasma to fill priority tubes, and the haemolysed plasma to fill the remaining tubes. But always use LiHep plasma from LH N1 (trace metal monovette) to fill LH4 and LH5. If you have to use LH N2 plasma for LH4 and LH5 then please make a note in the table above.

F. Record temperature samples stored at: \_\_\_\_\_ °C

G. Sign form - Analyst/Technician sign form: \_\_\_\_\_ (signature)

(Print name) \_\_\_\_\_

This record must be faxed to HNR on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

**SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab****1. Respondent Details**

Please affix serial number label here

**Label FL2(14)**

**2. Record respondents sex:**

Male:	1
Female:	2

**3. Was the respondent:**

Fasted	1
Non-fasted	2

**4. Date sample taken:**

Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
24 hr clock							

**5. Time sample taken:**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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**6. Time sample delivered to lab:**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
24 hr clock				

**7. Nurse Number**

<input type="text"/>					
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**SECTION 2: TO BE COMPLETED BY THE FIELD LABORATORY****A. Date sample arrived:**

Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
24 hr clock							

**B. Time of arrival**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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**C. Complete table below:**

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
	Yes	No	mls	Yes	No
LiHep (Orange Top) 4.5ml (LH N1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plain Serum (White top) 2.7ml (SE N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Centrifuge tubes as described in the protocol and then complete the following table:**

Sample	Time tube centrifuged (24hr clock)	Is the sample abnormal?		If abnormal, code reason (enter code from list)
		Yes	No	
LH N1	:	<input type="checkbox"/>	<input type="checkbox"/>	
SE N2	:	<input type="checkbox"/>	<input type="checkbox"/>	

**Code frame for abnormal samples:**

- 1 = Haemolysed
- 2 = Turbid
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- 6 = Entirely clotted (EDTA/LiHep only)
- 7 = Not Clotted (plain serum only)
- 8 = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (μl)	Actual Vol(μl)	Time of aliquoting	Time of entry into freezer
LH 1	200			
LH 2	400			
LH VITC	300			
LH 3	600			
LH 4	300			
SE 1	600			
SE 2	400			
LHN1 washed RBCs	N/A	N/A	N/A	

F. Record temperature samples stored at: \_\_\_\_\_ °C

G. Sign form - Analyst/Technician sign form: \_\_\_\_\_ (signature)

(Print name) \_\_\_\_\_

This record must be faxed to HNR on the day of sample processing:

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

# 24 HOUR URINE SAMPLE DESPATCH NOTE

DESP URINE

To be completed by the nurse

Nurse  
Name

Nurse  
Number

--	--	--	--	--	--

## 1. Respondent details

Please affix serial  
number label here

Label HNR U2(38)

Please complete one record for each respondent.

**Q1** Did the respondent consent to taking PABA tablets?

Yes   
No

**Q2** Did the respondent consent to the storage of any remaining urine?

Yes   
No

**Q3** Was there any urine inside the 2L bottle?

Yes  Weigh BOTH the 2L and 5L bottles separately BEFORE mixing together (if possible) to sub sample the urine. Record 5 litre weights at **Q4** and 2 litre weights at **Q5**.

No  Weigh the 5L bottle only. Record weights below (**Q4**).

**Q4** Type of container:  **5.0L jerry can**

Weigh the urine a **first time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

--	--

 kg

Weigh the urine a **second time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

--	--

 kg

If no urine in 2L bottle: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided. **If any urine in 2L bottle: go to Q5.**

**Q5. Type of container:**  **2.0L jerry can**

Weigh the urine a **first time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

--	--	--

kg

Weigh the urine a **second time** on the digital scales provided and record the weight in **kilograms** of the container containing the urine below:

--	--	--

kg

**Q6.** Can all urine in the 2L bottle be transferred into the 5L bottle?

- Yes  Go to Q7  
No  Go to Q8

**Q7.** Weigh first, then transfer urine from 2L bottle to 5L bottle. Mix urine before sub-sampling from 5L bottle **only**: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided.

**Q8.** If urine collected in 2L bottle will not fit in 5L bottle, do not transfer. Note the weight of the 2L bottle above but **only** sub-sample from 5L bottle: mix the urine and take **4 sub-samples** and discard the remaining urine and equipment as per instructions provided.

Please use the packaging provided to send the following items to HNR:

- **one copy of the respondent 24-hour urine collection sheet**
- **the completed urine volume and dispatch sheet**
- **and the urine sub-samples**

*Please post the packet of samples as soon as possible in a post-box,  
check for same day collection.*

# DESPATCH NOTE FOR ALL SAMPLES

DESP OFFICE

(OFFICE COPY)

Respondent  
1. Details

Please affix serial number  
label here

Label OFFDESP (2)

Cycle  
one  
code only

**Samples obtained:** (tick all that apply)

2. Age group: 16+ **1** EDTA  <sub>1</sub> EDTA  <sub>2</sub> Serum 1  Serum 2  Li Hep1   
 Li Hep2  Li Hep3  Fluoride  24 hr Urine

7-15 **2** EDTA  <sub>1</sub> Serum1  Serum 2  Li Hep 1  Li Hep2   
 Fluoride  24 hr Urine

4-6 **3** EDTA  <sub>1</sub> Serum1  Serum 2  Li Hep 1  24 hr Urine

18 mths – 3 yrs **4** EDTA  <sub>1</sub> Serum1  Serum 2  Li Hep 1

3. Date blood sample taken:

Day

Month

Year

24 hr clock

4. Time Blood sample taken:

:

5. Date blood despatched to  
Addenbrookes

Day

Month

Year

6. Date Urine sample taken:

Day

Month

Year

7. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)