



Questionnaire No:

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# Food and Things



## Section A: All about eating

A1. For your lunch in term time how many times in a week do you:

a) Have a school dinner or buy from the school canteen

Never 1 Once 2 Twice 3 3 times 4

4 times 5 5 times 6 More than 5 times 7 Varies 8

b) Have a packed lunch

Never 1 Once 2 Twice 3 3 times 4

4 times 5 5 times 6 More than 5 times 7 Varies 8

c) Buy food from outside school for lunch

Never 1 Once 2 Twice 3 3 times 4

4 times 5 5 times 6 More than 5 times 7 Varies 8

If you never have a packed lunch go now to A4 on page 5

A2. If you do have a packed lunch:

a) Do you eat everything you have been given?

Yes 1 Sometimes 2 No 3

b) Do you ever swap some of the food you brought for lunch?

Yes 1 Sometimes 2 No 3 → If you answered No, go straight to A3 on page 3

A2. c) If you swap food do you then end up with more or less to eat than when you had started?

More

Same

Less

A3. How often do you **eat** the following things for your packed lunch:

	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
a) Sandwich with meat or ham	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Sandwich with cheese or egg	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Sandwich with tuna or other fish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Sandwich with marmite, peanut butter or cheese spread	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Sandwich with jam, honey or chocolate spread	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Lunchables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Cheese strings/ Baby Bel etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Pepperami	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A3. continued

	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
i) Crisps and corn snacks, Wotsits etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
j) Chocolate or chocolate bars	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
k) Yoghurt or fromage frais	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
l) Fruit	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
m) Salad (tomato, lettuce, cucumber etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
n) Pies or pasties	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
o) Cake	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

p) Please write down what you had in your last packed lunch.

.....

q) Did you eat all of this?

Yes 1

No 2  → If **no**, what didn't you eat?

(i) .....

A4. If you never have a school dinner (and never buy from the school canteen), go now to A6 on page 7

If you do eat a school dinner or buy from the school canteen, how often do you eat each of the following kinds of things for your main course:

	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
a) Meat burgers or sausages	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b) Meat pies or sausage rolls	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c) Vegetarian pies and sausages, samosas	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d) Stews, curries, bolognaise etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e) Roast meat	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
f) Eggs or quiche	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
g) Fish or fish fingers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
h) Baked beans or tinned spaghetti	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
i) Pizza, lasagne, or pasta bake	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
j) Sandwiches	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

A4. cont.	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
k) Salad, coleslaw, raw vegetables	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
l) Chips, roast potatoes or croquettes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
m) Other potatoes or rice	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
n) Other cooked vegetables	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

A5. If you have a **school dinner** or buy from the **school canteen**, how often do you eat the following kinds of puddings?

	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
a) Hot puddings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b) Yoghurt or fromage frais	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c) Fresh fruit	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d) Cakes, buns, biscuits or cookies	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e) Mousses, mousse pots or trifles	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

A6. On school days, how many times a week do you miss lunch completely? (We mean eat nothing at all)

Once  Twice  3 times  4 times   
 5 times  Varies  Never

A7. If you **ever** buy food yourself from outside school, or from school vending machines, how often do you buy and eat each of the following things (**include after school and weekends**):

	Never ↓	Once a month or less	Once in 2 weeks ↓	Once a week ↓	2-3 times a week	4-5 times a week
a) Chips	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
b) Burgers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
c) Sandwiches	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
d) Pies or pasties	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
e) Pizza	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
f) Chocolate or sweets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
g) Crisps	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
h) Fruit	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
i) Other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

Think about all the food you normally eat in total (including weekends).

A8. How often do you eat each of the following:

	Never ↓	Once a month or less	Once in 2 weeks ↓	1-3 times a week	4-7 times a week	More than once a day
a) Crisps, corn snacks (Wotsits Quavers, Tortilla chips etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b) Full-coated chocolate biscuits (Club, Kit Kat, Penguin, Breakaway etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c) Other biscuits (Rich tea, shortcake, digestive or chocolate digestive, Hob Nobs etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d) Chocolate bars, buttons (milk, plain or white), Smarties, Mars bars, Milky Way, Crème Eggs Rolos etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e) Sweets ↓ (individual packets or bars, Cola bottles, penny mix-ups, chews, jelly sweets, flumps, liquorice, sherbert dips, polos, fruit pastilles, refreshers etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>



A9. On days when you have biscuits, how many biscuits do you usually eat in that day? (Write 00 if you never eat biscuits)

A10. On days when you have sweets, how many individual sweets do you usually eat in that day? Count a chew or a jelly sweet as one sweet. (Tick one box only)

1-2  
sweets ☐

3-5  
sweets ☐

6-10  
sweets ☐

11-20  
sweets ☐

more than  
20 sweets ☐

Never have  
sweets ☐

A11. On days when you have chocolate or chocolate bars (e.g. Mars Bar, Crème Egg):

a) What size bar/packet do you usually have? (Tick one box only)

Funsized ☐

Snack  
size ☐

Regular ☐

Kingsize ☐

Never have  
chocolate ☐

b) How many bars or packets of **this** size do you usually eat in that day?

bars/packets



A12. How often do you drink the following:

	Never ↓	Once a month or less	Once in 2 weeks ↓	1-3 times a week	4-7 times a week	More than once a day
a) Pure fruit juice from a carton or freshly squeezed	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b) Squash, Sunny Delight, fruit drinks or Ribena	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c) Cola drinks (Coca Cola, Pepsi etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d) Other fizzy drink (lemonade, fizzy orange etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e) Water or fizzy water on its own	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
f) Flavoured milk drinks (e.g. milkshake, Horlicks, hot chocolate or yoghurt drinks)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

A13. When you have soft drinks (lemonade, cola, squash etc.) how often are they calorie, diet or low sugar drinks?

All the time  Most of the time  Sometimes   
Not at all  I don't have soft drinks

A14. If you have cola drinks (for example Coca Cola, Pepsi) how often are they decaffeinated?

Usually  Sometimes  Not at all   
Don't know  Don't drink cola

A15. How many cans or small bottles (up to 500ml) of soft drink do you usually have a week in total?

cans/bottles

(Write 00 if you never have soft drinks)

A16. a) In total, how many pieces of fresh fruit do you usually eat in a week? (for example apple, pear, banana, orange, satsuma, peach. For small fruit like grapes, strawberries etc. don't count them separately, count a handful as 1).

fruit

(Write 00 if you never eat fruit)

b) How many of the following fruits do you usually eat in a week in total:

i) Citrus fruit (oranges, satsumas, tangerines, grapefruit)   
ii) Bananas   
iii) Apples

## Section B: Memories of real events

We are interested in your memory for events that have happened in your life. For each of the following words we would like you to think of an event that happened to you which the word reminds you of. The event could have happened recently (e.g. yesterday, last week) or a long time ago. It might be an important event, or a trivial event.

The memory you write down should be for a real event. So if we said “good” – it would not be OK to say “I always enjoy a good party” because this does not mention a specific event. But it would be OK to say “I had a good time at Jane’s party” because that is a real event.

	<b>Please write the real event you remember in this column. If you can’t think of an event, just leave that space blank.</b>
a) Happy	
b) Bored	
c) Relieved	
d) Hopeless	
e) Excited	
f) Failure	
g) Lonely	
h) Sad	
i) Lucky	
j) Relaxed	

## Section C: Aches and pains and tiredness

C1. Do you often have aches and pains in your arms or legs? (tick one box)

yes arm(s) ☐ 1      yes leg(s) ☐ 2      yes both ☐ 3

no, not often ☐ 4 → **If no, go to C2 below**

**If yes,**

a) Does this happen especially when you are tired?

Yes ☐ 1      No ☐ 2

b) What do you think is the cause ?

.....

c) Do you find any particular treatment, or doing anything in particular helps?

Yes ☐ 1      No ☐ 2  
↓

i) **If yes,** please describe.....

C2. Thinking back over the last month, have you been feeling tired or felt you had no energy?

Yes ☐ 1      No ☐ 2 → **If no, go to C6 on page 15**

**If yes,**

a) Do you know why you have been feeling like this?

Yes ☐ 1      No ☐ 2 → **If no, go to C3 on page 14**

If yes,

C2. b) What are the main reasons you have been feeling tired or felt you had no energy?  
(You can tick more than one answer)

- |   |                          |         |
|---|--------------------------|---------|
| i) Illness  | <input type="checkbox"/> | 1       |
| ii) Problems with sleep                                     | <input type="checkbox"/> | 1       |
| iii) Playing a lot of sport<br>(or other physical exercise) | <input type="checkbox"/> | 1       |
| iv) Stress or worry   | <input type="checkbox"/> | 1       |
| v) Other reason (please give details)                       | <input type="checkbox"/> | 1 ..... |
| .....   |                          |         |

C3. How long have you been feeling tired or felt you had no energy? (Tick one only)

- |                              |                          |   |
|------------------------------|--------------------------|---|
| Less than 3 months           | <input type="checkbox"/> | 1 |
| Between 3 and 5 months       | <input type="checkbox"/> | 2 |
| Between 6 months and 5 years | <input type="checkbox"/> | 3 |
| More than 5 years            | <input type="checkbox"/> | 4 |

C4. Do you feel better after resting?

Not at all	<input type="checkbox"/>	1	Only a bit	<input type="checkbox"/>	2	Definitely better	<input type="checkbox"/>	3
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C5. During the last month, has this tiredness or lack of energy stopped you from playing, taking part in hobbies, sports or other leisure activities?

Not at all	<input type="checkbox"/>	1	Only a little	<input type="checkbox"/>	2	Quite a lot	<input type="checkbox"/>	3	A great deal	<input type="checkbox"/>	4
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C6. During the past year, have you been off school because of tiredness or lack of energy?

Yes

No

C7. Have you seen your family doctor (GP) in the past year because of tiredness or lack of energy?

Yes

No



## Section D:

D1. I am a boy

I am a girl

D2. Did you have any help to fill this in?

No

Yes



If **yes**, please say who helped .....



D3. When were you born?

Day

--	--

Month

--

Year

1	9	9	
---	---	---	--

D4. What is today's date?

Day

--	--

Month

--

Year

2	0	0	
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Thank you VERY much for your help

Please remember we can't reply to comments in this space unless you sign your full name.

When completed, please send this back to:

**Professor Jean Golding**  
**Children of the Nineties - ALSPAC**  
**24 Tyndall Avenue**  
**Bristol**  
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coder

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