

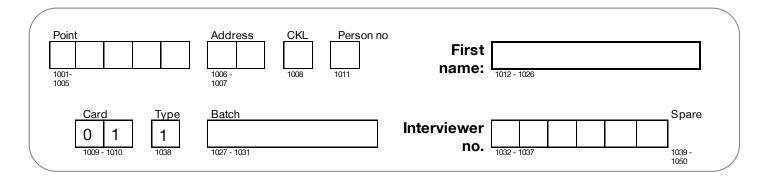


NDNS

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence



- 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

• 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.

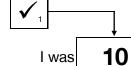
 If there are no special instructions, just answer the next question.

No

2

Go to question 4

Yes

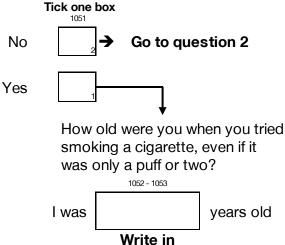


0 years old

write in

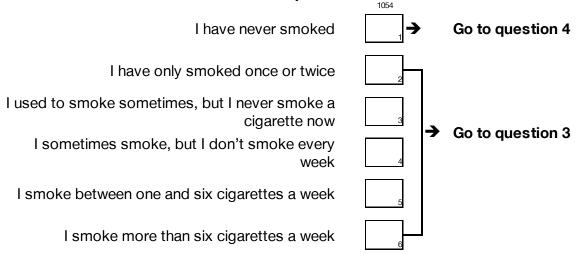
Cigarette Smoking

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

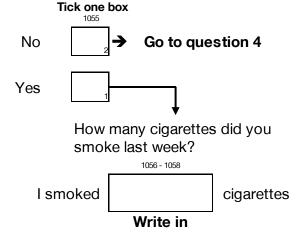


Tick one box

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



Q3 Did you smoke any cigarettes last week?



Spare 1059 - 1074

Drinking

Q4 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labelled low alcohol. Tick one box Yes Go to question 6 Go to question 5 No **Q5** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)? Tick one box Yes Go to question 6 **END** No Q6 How old were you the first time you had a proper alcoholic drink or alcopop? 1077 - 1078 years old I was write in Q7 How often do you usually have an alcoholic drink or alcopop? Tick one box 1079 Almost every day About twice a week About once a week About once a fortnight Go to question 8 About once a month Only a few times a year

I never drink alcohol now

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

	Tick one box
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 - 1000

Spare 1081 - 1099

Thank you for answering these questions.

Please return the booklet to the interviewer.

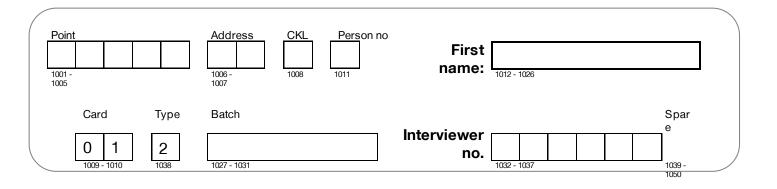




NDNS

National Diet and Nutrition Survey Booklet for 13-15 year olds

In Confidence



- 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 🗸

No

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 I was 13 years old

write in

Cigarette Smoking

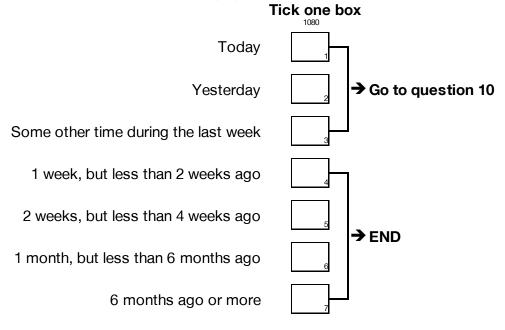
Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two? Tick one box Yes → Go to question 2 No Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you. Tick one box I have never smoked Go to question 5 I have only smoked once or twice I used to smoke sometimes, but I never smoke a cigarette now I sometimes smoke, but I don't smoke every Go to guestion 3 week I smoke between one and six cigarettes a week I smoke more than six cigarettes a week Q3 How old were you when you tried smoking a cigarette, even if it was only a puff or two? 1053 - 1054 → Go to question 4 I was years old write in Q4 Did you smoke any cigarettes last week? Tick one box Go to question 5 No Yes How many cigarettes did you smoke last week? 1056 - 1058 I smoked cigarettes Spare 1059 - 1074

Write in

Drinking

Q5	Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labelled low alcohol.	Tick one box
		Yes Go to question 7
		No
Q6	Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?	Tick one box
		Yes Go to question 7
		No 2 ► END
Q7	I was	years old Go to question 8
Q 8	How often do you usually have an alcoholic drink or alcopop?	Tick one box
	Almost every	
	About twice a w	reek 2
	About once a w	reek 3
	About once a fortn	ight → Go to question 9
	About once a mo	onth 5
	Only a few times a y	/ear g
	I never drink alcohol r	now 7

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

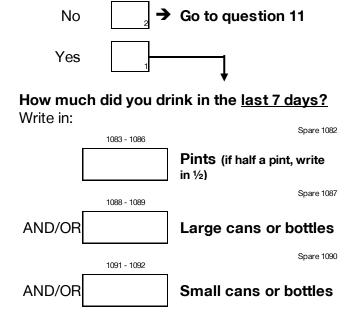


Q10 Which, if any, of the drinks shown below, have you drunk in the last 7 days?Please (✓) either yes or no for each kind of drink.For each kind of drink, write in the box how much you drank in the last 7

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

days.

Have you drunk this in the last 7 days?



Tick one box

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

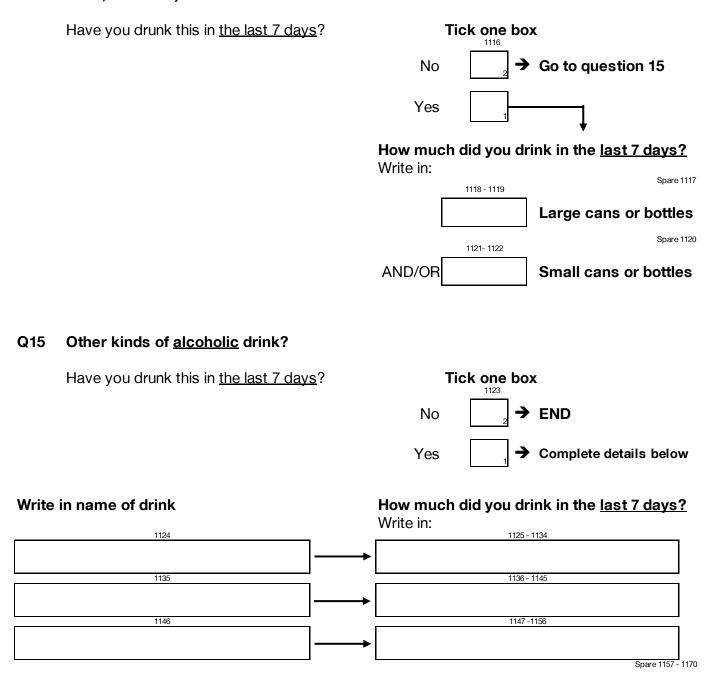
Q12

Q13

brandy or cocktails	
Have you drunk this in the last 7 days?	Tick one box
	No
	Yes
	How much did you drink in the <u>last 7 days?</u> Write in: Spare 1094
	Glasses (count doubles as two glasses)
Sherry or martini (including port, vermoutl cinzano, dubonnet)	1,
Have you drunk this in the last 7 days?	Tick one box
	No → Go to question 13
	Yes
	How much did you drink in the <u>last 7 days?</u> Write in:
	Glasses (count doubles as two glasses)
Wine (including babycham and champagn	e)
Have you drunk this in the last 7 days?	Tick one box
	No → Go to question 14
	Yes
	How much did you drink in the <u>last 7 days?</u> Write in: Spare 1102
	Glasses

Spare 1105-1115

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



Thank you for answering these questions.

Please return the booklet to the interviewer.





NDNS

Point

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

First

Person no

Card Type	Batch					Spar e
0 1 3		Interv	iewer r no.			
1009 - 1038 1010	1027 - 1031		_	1032 - 1037		1039 - 1050
	Example Question	 ns: How to fill in 1	this que	estionnaire		
Most of the question alongside the answe	ns on the following p	pages can be answe	_			elow or
				Tick o	ne box	
		he	Very althy life	Fairly healthy life	Not very healthy life	An unhealti life
Example 1: Do you	u feel that you lead a			√ ₂		
,		L	1		3	4
Sometimes you are a		number or the answ	er in you	ur own word	s. Please en	ter
Sometimes you are a			ver in you	ur own word	s. Please en	ter
Sometimes you are a numbers as figures i	rather than words. hould answer ALL the	Writ	e in no. etimes ye	6		
Sometimes you are a numbers as figures in Example 2: On most pages you shas an arrow next to in	rather than words. hould answer ALL the it with an instruction to	Write questions but some to go to another questions	e in no. etimes yestion.	6	e box you ha	
Sometimes you are a numbers as figures in Example 2: On most pages you shas an arrow next to in	rather than words. hould answer ALL the	Write questions but some to go to another questions	e in no. etimes yestion.	6 ou will find the	e box you ha oox	



SMOKING

Q1	Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?	Tick one box
	Yes	→ Go to question 2
	No	Go to question 11 on page 3
Q2	Have you ever smoked a cigarette?	Tick one box
	Yes	→ Go to question 3
	No	Go to question 11 on page 3
Q3	How old were you when you first tried smoking a cigarette, even if it was only a puff or two?	1053 - 1054
	Write in how old you were then	→ Go to question 4
Q4	Do you smoke cigarettes at all nowadays?	Tick one box
	Yes	→ Go to question 6
	No	→ Go to question 5
Q5	Did you smoke cigarettes regularly or occasionally?	Tick one box
	Regularly, that is at least one cigarette a day	Go to question 9 on page 2
	Occasionally	Go to question 11 on
	I never really smoked cigarettes, just tried them once or twice	page 3
CURRI	ENT SMOKERS	
Q6	About how many cigarettes a day do you usually smoke on weekdays?	1057 - 1059
	Write in number smoked a day	→ Go to question 7
Q7	And about how many cigarettes a day do you usually smoke at weekends?	1060 - 1062
	Write in number smoked a day	Go to question 8 on page 2

Q8 Do you mainly smoke ... Tick one box filter-tipped cigarettes, plain or untipped cigarettes, Go to question 11 or hand-rolled cigarettes? About how many cigarettes did you smoke IN A DAY when Q9 you smoked them regularly? 1064 - 1066 → Go to question 10 Write in number smoked a day How long ago did you stop smoking cigarettes regularly? Q10 Was it... Tick one box 1067 ...less than 6 months ago, ...6 months to 1 year ago, ...1 to 2 years ago, Go to question 11 ...2 to 5 years ago, ...5 to 10 years ago, ...or more than 10 years ago,

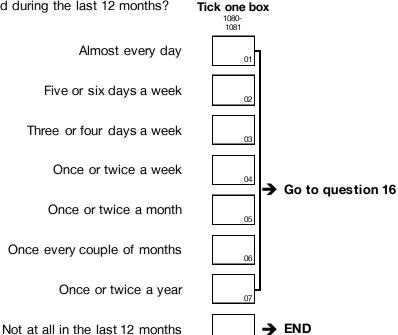
Spare 1068 - 1074

DRINKING

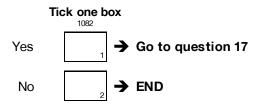
EVERYONE PLEASE ANSWER

Q11	Do you ever drink alcohol nowadays, including drinks you brew or make at home?	Tick one box
	Yes	→ Go to question 14
	No	→ Go to question 12
Q12	Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?	Tick one box
	Very occasionally	→ Go to question 14
	Never	→ Go to question 13
Q13	Have you always been a non-drinker or did you stop drinking for some reason?	Tick one box
	Always a non-drinker	→ END
	Used to drink but stopped	2 END
Q14	How old were you the first time you ever had a proper alcoholic drink?	1078 - 1079
	Write in how old you were then	→ Go to question 15

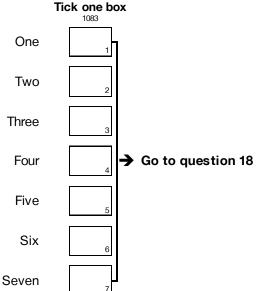
Q15 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?



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



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



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.

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

Spare 1151 - 1170

Thank you for answering these questions.

Please return the booklet to the interviewer.





NDNS(I)

National Diet and Nutrition Survey

Recent Physical Activity Questionnaire¹ self-completion booklet

In Confidence

Point	Address CKL	Person no	First name:	
		In	terviewer no.	
This question activity in you Date from		ife in the la	st 4 week	

This questionnaire is divided into 3 sections

Please try to answer every question.

- Section A asks about your physical activity patterns in and around the house.
- Section B is about travel to work, school or college and your activity at work, school or college.
- Section C asks about activities during your leisure time that you may have engaged in during the last 4 weeks.



¹Based on the Recent Physical Activity Questionnaire developed by the MRC Epidemiology unit, Cambridge.

Section A: Home Activities

Q1 Getting about

Which form of transport have you used **most often** in the last 4 weeks ending yesterday, apart from your journey to and from work?

Please tick (✓) one box only.

Usual mode of travel						
Car / motor vehicle	Walk	Public transport	Cycle			

Q2 TV, DVD or Video Viewing Please put a tick (✓) on every line

Hours of TV, DVD or video watched	Average over the last 4 weeks ending yesterday						
per day	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day	
On a weekday before 6 pm			•				
On a weekday after 6 pm							
On a weekend day before 6 pm							
On a weekend day after 6 pm							

Q3 Computer use at home *but not at work* (e.g. internet, email, Playstation, Xbox, Gameboy etc, Please don't include computers requiring movement such as Nintendo wii and Xbox Kinect Please put a tick (\checkmark) on every line.

House of homo computer use per	Average over the last 4 weeks ending yesterday						
Hours of home computer use per day	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day	
On a weekday before 6 pm			•		-		
On a weekday after 6 pm							
On a weekend day before 6 pm							
On a weekend day after 6 pm							

Q4 Stair climbing at home Please put a tick (✓) on every line.

Number of times you climbed up a flight of stairs (approx 10	Average over the last 4 weeks ending yesterday					
steps) each day at home	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
On a weekday (Mon-Fri)		-				
On a weekend day (Sat & Sun)						

Section B: Activity at work / school or college

This section asks about activities **at work, school or college and travel to work, school or college**. This includes office jobs, farming, working for yourself, volunteer work, any other paid or unpaid work you did and school/college.

If you have more than one job, please choose what you consider to be your **main job** over the past four weeks ending yesterday, and answer the following questions about that job.

If you are at school or college and also work part-time, please choose what you consider to be your **main activity**, and answer the following questions about that activity.

Q5 Have you been in employment, done unpaid work or attended school or college during the last 4 weeks									
	ending yesterday?		No	Tick one box → G	o to page 7				
			Yes	→ G	o to Q6				
Q6	During the last 4 w school/college did	U 5	day, how many hou	urs of work, unpa	id work or				
		In the last week	2 weeks ago	3 weeks ago	4 weeks ago				
	k hours luding travel)								
<u>Type</u> Q7	of work while at work We would like to knochool/college. Pleadoccupation(s) or school	ow the type and ar ase tick (✓) the box	nount of physical a x next to the one th	at best correspo	your work or at onds with your main				
	edentary occupation ou spend most of you		as in an office)		Tick one box				
Y	Standing occupation You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)								
Т	fanual work his involves some phy f tools (e.g. plumber, e			/ objects and use					
	leavy manual work his implies very vigoro	ous physical activity	vincluding handling	of very heavy					

objects (e.g. dock worker, miner, bricklayer, construction worker)

Section B cont'd: Activity at work / school or college

What proportion of your time at work or school/college was spent outside while you were at work

Q8

	or school/college during the last 4 weeks ending yester to/from work or school/college.	day? This does not include travelling
	9	Tick one box
	None	→ Go to Q10
	Less than half	
	About half	
	More than half	Go to Q9
	All	
Q9	When you were outside at work or school/college, what UNCOVERED? Tick () all that apply.	parts of your body were usually
	Face Shoulde	ers
	Head Legs	
	Hands Most upper body	
	Arms	
Travel	to and from your main place of work or school/c	college in the last 4 weeks
Q10	What is the approximate distance from your home to you Record 0 if you work/study from home.	our main place of work or school/college?
	Miles OR Kilon	netre S S
Q11	How many times a week did you travel from home to yo Count outward journeys only.	our main place of work or school/college?

Section B cont'd: Activity at work / school or college

Q12 How did you normally travel to work or school/college during the last 4 weeks ending yesterday?

Tick (✓) one box only per line

	Always	Usually	Occasionally	Never or rarely
By car/motor vehicle				
By works or public transport				
By bicycle				
Walking				

Q13	What is yesterda	•	ode for	your main	place of	work or	school/co	ollege d	uring the	last 4 we	eks ending
	<i>known pl</i> e address -	_	e your	work or sc	hool/col	llege ad	Idress				

Please turn to page 7

Section C: Leisure time activities

The following questions ask about how you spent your leisure time.

Please indicate how often you did each activity on average over the last 4 weeks ending yesterday. Please indicate the average length of time that you spent doing the activity on each occasion.

Example 1

If you went walking for pleasure for 40 minutes once a week during the last four weeks, and you also had done weeding or pruning every fortnight during the last four weeks and took 1 hour and 10 minutes on average for each occasion, you would complete the table below as follows:

		Numb activ	Average time per episode						
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times week	4 to 5 times a week	Every day	Hours	Minutes
Walking for pleasure				✓					40
Weeding and pruning			✓					1	10

Example 2

If you did not play golf during the last four weeks, you would complete the table below as follows:

	Number o	Average time per episode					
None	Once in the last 4 weeks week	es a week 4	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Golf							

Section C cont'd: Leisure time activities

Q14 Please give an answer for the average time you spent on each activity and the number of times you did that activity in the last 4 weeks ending yesterday

Please complete each line

Please co			N Ctivity in	Average time per episode						
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Swimming -										
competitive										
Swimming leisurely	indoor									
	outdoor									
Backpacking mountain cli										
Walking for particle (not as a meastransport)	eans of									
Racing or ro terrain cyclin	ng									
Cycling for p (not as a me transport)										
Mowing the	lawn									
Watering the garden	e lawn or									
Digging, sho										
Weeding or	pruning									
DIY e.g. carp home or car maintenance	e									
High impact aerobics or saerobics	step									
Other types aerobics										
Exercise with weights										
Conditioning exercises e.g a bike or row machine	g. using									
Floor exercis stretching, b keep fit or yo	ending, oga									
Dancing e.g.	disco									
Competitive	running									

Section C cont'd: Leisure time activities

		act	Number of times you did the activity in the last 4 weeks ending yesterday							
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Jogging										
Bowling	Indoor									
	Outdoor									
Tennis	Indoor									
	Outdoor									
Badminton										
Squash										
Table tenni	S									
Golf										
Football, rugby or	Indoor									
hockey	Outdoor									
Cricket	•									
Rowing										
Netball, volleyball	Indoor									
or basketball	Outdoor									
Fishing										
Horse-ridin	g									
Snooker, bi	illiards or									
Musical instrument playing or singing										
Ice skating										
Sailing, wind- surfing or boating										
Martial arts, boxing or wrestling										
Active gam Nintendo w										

	do wii)						
Q15	We assume for had your legs exposed:						
			9	Now tu	ırn to paç	ge 10	

Q16	you done anything else that involves physical activity during the last 4 weeks ending yesterday?	Tick one box	
	No	 →	End of questionnaire
	Yes	 →	Go to Q17
Q17	Please record here any other physical activities that you hat them), other than those already recorded , over the last 4 housework):	•	•

Thank you for answering these questions.

Please return the booklet to the interviewer.