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

D1 Overview of information collected during the interview stage

Table D.1 summarises the information collected during the interviewer stage of Year 4 fieldwork. Some of the information collected by interviewers was limited to a particular age group, as described.

<table>
<thead>
<tr>
<th>CAPI questionnaire</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household information</td>
<td>Main Food Provider (MFP)/aged 19 years and over</td>
</tr>
<tr>
<td>Information on the circumstances/ habits that could affect dietary intake</td>
<td>All ages</td>
</tr>
<tr>
<td>Employment status, educational background, household income</td>
<td>Aged 16 years and over</td>
</tr>
<tr>
<td>Wearing of an ActiGraph (physical activity monitor)</td>
<td></td>
</tr>
<tr>
<td>ActiGraph</td>
<td>Aged 4-15 years</td>
</tr>
<tr>
<td>Physical measurements</td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>Aged 2 years and over</td>
</tr>
<tr>
<td>Weight</td>
<td>All ages</td>
</tr>
<tr>
<td>Collection of dietary data</td>
<td></td>
</tr>
<tr>
<td>Four day food and drink diary</td>
<td>All ages</td>
</tr>
<tr>
<td>Self completion</td>
<td></td>
</tr>
<tr>
<td>Smoking and drinking</td>
<td>Aged 8-17 years¹</td>
</tr>
<tr>
<td>Recent Physical Activity</td>
<td>Aged 16 years and over</td>
</tr>
</tbody>
</table>

Interviewer stage documents are provided later in this Appendix.

D2 Overview of Computer Assisted Personal Interview (CAPI) questionnaires

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

The MFP questionnaire was divided into the following sections:
• Cooking facilities (e.g. access to a working freezer, oven, microwave).

• Shopping for food (e.g. main type of shop used, distance from home).

• Food preparation (e.g. boil, steam, roast, fry, grill).

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

<table>
<thead>
<tr>
<th>Table D.2: Content of Part I and II of the individual questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part I sections</strong></td>
</tr>
<tr>
<td>Access to food at school</td>
</tr>
<tr>
<td>Eating habits</td>
</tr>
<tr>
<td>General health</td>
</tr>
<tr>
<td>Dental health</td>
</tr>
<tr>
<td>Drinking</td>
</tr>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Job and income</td>
</tr>
<tr>
<td>ActiGraph introduction</td>
</tr>
<tr>
<td><strong>Part II sections</strong></td>
</tr>
<tr>
<td>Dietary supplements</td>
</tr>
<tr>
<td>ActiGraph collection</td>
</tr>
<tr>
<td>Sun exposure</td>
</tr>
<tr>
<td>Nurse introduction</td>
</tr>
</tbody>
</table>

1 Participants aged 18 to 24 years were given the option of using a self-completion booklet for the questions on smoking and drinking in order to provide more privacy and to avoid disclosing their answers to other household members.
National Diet and Nutrition Survey (NDNS)

P2753 Year 4

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.

Contents:

HOUSEHOLD GRID .................................................................................................................. 2
MAIN FOOD PROVIDER QUESTIONNAIRE ........................................................................ 9
DEMOGRAPHICS ...................................................................................................................... 19
SCHOOL PROVISION ............................................................................................................ 22
EATING OUT AND OTHER PROVISION ............................................................................. 26
EATING HABITS .......................................................................................................................... 28
FOOD AVOIDANCE .................................................................................................................. 32
GENERAL HEALTH .................................................................................................................. 36
ORAL HEALTH ........................................................................................................................... 38
SELF-COMPLETIONS .............................................................................................................. 41
SMOKING ................................................................................................................................ 42
DRINKING .................................................................................................................................. 44
ACTIGRAPH PLACEMENT ......................................................................................................... 50
HEIGHT & WEIGHT MEASUREMENTS .................................................................................... 54
DIETARY SUPPLEMENTS ........................................................................................................ 59
SUN EXPOSURE MODULE .................................................................................................... 61
DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT .......... 68
NHS CENTRAL REGISTER & CANCER REGISTRY CONSENT FORM .................................. 73
RECONTACT QUESTIONS ......................................................................................................... 74
ACTIGRAPH COLLECTION ..................................................................................................... 76
NURSE INTRODUCTION .......................................................................................................... 79
**HOUSEHOLD GRID**

**Name**

RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR EACH MEMBER OF THE CATERING UNIT. WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn.

**SHGInt**

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

INTERVIEWER: Press ‘1’ to continue and record (adult respondent / child’s parent and/or MFP) as first person in household

PRESS <ENTER> TO CONTINUE

1 continue

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

**Sex**

INTERVIEWER: Ask or record sex of X

1 Male

2 Female

**DoB**

What is your / X’s date of birth?

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

If month not given....enter 6 for month.

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

**Age**

What was your / X’s age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

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

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

Range: 0..97

**DVAge**

Age, computed

**DvAgeM**

Age in months, computed

**IF (DVAge ≥ 16) THEN**

**MarSt2**

ASK OR RECORD MARITAL STATUS.

CODE FIRST THAT APPLIES.

Are you / is X ...

INTERVIEWER The aim is to obtain legal marital status, irrespective of any de facto arrangement. The only qualification to this aim is that you should not probe the answer ‘separated’.
Should a 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. Civil "civil partner in a legally recognised Civil Partnership"
4. Separated "married and separated from your husband/wife"
5. Divorced "divorced"
6. Widowed "or widowed?"
7. CivilSep "Spontaneous only - formerly in a legally recognised civil partnership and separated from civil partner"
8. CivilDis "Spontaneous only - formerly in a legally recognised civil partnership and civil partnership is now legally dissolved"
9. CivWid "Spontaneous only - a surviving civil partner (his/her partner has since died)"

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

LiveW2
May I just check, are you / is X living with someone in the household as a couple? ASK OR RECORD.

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

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

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

DVMarDF
Defacto marital status, computed
1. Married "Married"
2. DFCivil "Civil partnered"
3. Cohab "Cohabiting"
4. DSSingle "Single"
5. DFSepar "Separated"
6. DFDivor "Divorced"
7. DFWidow "Widowed"
8. DFCivDis "Formerly in same-sex civil partnership, now legally dissolved"
9. DFCivWid "A surviving civil partner"

IF (DvAge ≥ 16) THEN

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

INTERVIEWER: CODE FIRST TO APPLY.
1. FTEduc "...going to school or college full-time (including on vacation)"
2. Working "...in full or part-time employment, or"
3. NWork "...not working at present?"
IF (WrkStat = FTEduc) THEN
PTWork
Does X / Do you do any paid or voluntary work as well as studying?
1 Yes
2 No

IF (WrkStat = FTEduc OR NWork) AND (PTWork = No) THEN
IF (WrkStat = NWork) THEN
EverWk
Has X / Have you ever had a paid job, apart from casual or holiday work?
1 Yes
2 No

NatiID
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 (NatiID = Other) THEN
NatOth
How would you describe your / X’s national identity?
1 Mixed "Mixed British - SPECIFY AT NEXT QUESTION"
2 Describe "Other - SPECIFY AT NEXT QUESTION"

IF (NatOth = Describe) THEN
XNatOth
INTERVIEWER: ENTER DESCRIPTION OF NATIONAL IDENTITY.
: STRING [100]

EthGrp
SHOW CARD B
To which of these ethnic groups do you consider you / X belong(s)?
INTERVIEWER: 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 Bngldesh "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)"
IF (EthGrp = 2, 6, 10, 13 OR 15) THEN
EthOth
Please can you describe your / X’s ethnic group?
INTERVIEWER: ENTER DESCRIPTION OF ETHNIC GROUP.
: STRING [100]

IF (Person > 1) THEN
Rel
SHOW CARD C
INTERVIEWER: CODE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE OTHERS - X is Y’S…
SOME CODES MAY NOT BE VISIBLE ON THE SCREEN.
INTERVIEWER YOU MAY WISH TO INTRODUCE THIS SECTION. ONE POSSIBLE INTRODUCTION IS: ‘There are a lot of changes taking place in the make-up of households/families and this section is to help find out what those changes are. I’d like you to tell me the relationship of each member of the household to every other member.’
INTERVIEWER: THIS SECTION MUST BE ASKED FOR ALL HOUSEHOLDS CONSISTING OF MORE THAN ONE PERSON. PLEASE ASK IN EVERY CASE. YOU SHOULD NOT MAKE ASSUMPTIONS ABOUT ANY RELATIONSHIP.
TREAT RELATIVES OF COHABITING MEMBERS OF THE HOUSEHOLD AS THOUGH THE COHABITING COUPLE WERE MARRIED, UNLESS THE COUPLE ARE A SAME SEX COUPLE.
HALF-BROTHERS/SISTERS SHOULD BE CODED WITH STEP-BROTHERS/SISTERS.
ASK RESPONDENT TO GIVE THE CODE NUMBER ON THE CARD RATHER THAN THE RELATIONSHIP.

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

HHldr
In whose name is the accommodation owned or rented?
INTERVIEWER: IF THE RENT OR MORTGAGE FOR THIS ACCOMMODATION IS PAID
FOR BY SOMEONE OUTSIDE THE HOUSEHOLD, CODE THE PERSON IN THE
HOUSEHOLD WHO IS RESPONSIBLE FOR THE ACCOMMODATION.
ANYONE ELSE? CODE ALL THAT APPLY.

IF (more than one person coded as being the householder at HHldr) THEN
HiHNum
You have told me that X and X jointly own or rent the accommodation. Who has the highest
income (from earnings, benefits, pensions and any other sources)?
INTERVIEWER: THESE ARE THE JOINT HOUSEHOLDERS:
(Names of joint householders)
Enter person number. If two or more have same income, enter 11.
If respondent asks for period to average over - one year.
Prompt as necessary for joint householders: Is one of them the sole
-person with paid work or occupational pension.
Range: 1..11

IF (HiHNum=11) THEN
JntEldA
Enter person number of the eldest joint householder from those
with the same highest income.
Ask or record.

IF (HiHNum=DONTKNOW OR REFUSAL) THEN
JntEldB
Enter person number of the eldest joint householder.
Ask or record.

HRPNum (Computed from responses above)
Person number of household reference person:

AdNum1
Enter person number of adult respondent (name recorded on first
page of the ARF)
Range: 1..11

IF (Female adult aged ≤ 49) THEN
AdChk
INTERVIEWER: When doing the selection you should have checked to ensure that (Name
of selected adult respondent) is not currently pregnant or breastfeeding. Please type '1' to
confirm that this is the case
1 NotP "X not pregnant or breastfeeding"
2 Preg "X is pregnant or breastfeeding"

ChNum
Enter the person number of 'respondent 2' aged 18 months to 18 years.
(name recorded on first page of the ARF)
Range: 1..11
Par1
Which of the people in this household are (Name of selected child respondent)’s parents or have legal parental responsibility for him/her on a permanent basis?
INTERVIEWER: Code first person at this question.
Range: 1..11

IF (Par1 = 1..10) THEN
Par2
Which other person in this household is (Name of selected child respondent)’s parent or has legal parental responsibility for him/her on a permanent basis?
INTERVIEWER: Code second person at this question.
Range: 1..11

IF (Female child and aged 13-18) THEN
ChChk
INTERVIEWER: When doing the selection you should have checked to ensure that (Name of selected child respondent) is not currently pregnant or breastfeeding. Please type ‘1’ to confirm that this is the case
1   NotP  "X not pregnant or breastfeeding"
2    Preg  "X is pregnant or breastfeeding"

ChResp
SOME OF THE QUESTIONS ABOUT (Name of selected child respondent) WILL NEED TO BE ASKED OF AN ADULT.
Enter person number of adult who will answer questions on behalf of (Name of selected child respondent)
INTERVIEWER: Only an adult household member can act as a proxy when collecting information about children.
Range: 1..10

MFPNum
Enter the person number of the MAIN FOOD PROVIDER (NAME RECORDED ON ARF).
Range: 1..10

TENURE

Ten1
SHOW CARD D
In which of these ways do you/does your household occupy this accommodation?
INTERVIEWER: CODE FIRST THAT APPLIES.
NOTE: QUESTIONS ABOUT TENURE ARE ASKED ABOUT THE HOUSEHOLD REFERENCE PERSON
1   Own   "Own outright"
2    Morg "Buying it with the help of a mortgage or loan"
3    Share "Pay part rent and part mortgage (shared ownership)"
4    Rent  "Rent it"
5    RentF "Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)"
6    Squat "Squatting"

IF (Ten1 = Rent OR RentF) THEN
LLord
Who is your landlord?
INTERVIEWER: IF PROPERTY IS LET THROUGH AN AGENT, THE QUESTION REFERS TO THE OWNER NOT THE AGENT.
CODE 1 (LOCAL AUTHORITY) INCLUDES PEOPLE RENTING FROM HOUSING ACTION TRUSTS.
CODE 2 (HOUSING ASSOCIATION) INCLUDES REGISTERED SOCIAL LANDLORDS AND LOCAL HOUSING COMPANIES.
USE CODE 5 ONLY IF THE 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 EmpIndiv "Employer (individual) of a household member"
7 OthIndiv "Another individual private landlord"

IF (Ten1 = Rent OR RentF) THEN
Furn
Is the accommodation provided…
...RUNNING PROMPT...

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

THIS IS A HOUSEHOLD LEVEL QUESTIONNAIRE ASKED ONCE AT ALL ELIGIBLE HOUSEHOLDS. EITHER THE MAIN FOOD PROVIDER / MFP (AGED 16 YEARS OR OVER), IDENTIFIED IN THE HOUSEHOLD COMPOSITION QUESTIONNAIRE, ANSWERS THE FOLLOWING QUESTIONS OR A PROXY MFP INTERVIEW IS CONDUCTED WITH 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?
INTERVIEWER: '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?
INTERVIEWER: INDIVIDUAL PROMPT. Do you have (access to) ...
CODE ALL THAT APPLY
'YOU' REFERS TO THE CATERING UNIT.
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?
INTERVIEWER: 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?
INTERVIEWER: RECORD RELATIONSHIP TO MFP OF OTHER HOUSEHOLD MEMBER(S).
DO NOT INCLUDE MEMBERS OF THIS CATERING UNIT.
1   Family    "Family/relatives"
2   Friend    "Friend"
3   Flatmate  "Flat mate/House mate"
4   Lodger    "Lodger"
5   Other     "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

ASK ALL
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?
INTERVIEWER: 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    "Other"

IF (StoreOK = No) THEN
StoreOK3
Does the fact that your storage facilities are inadequate influence your food shopping?
1   Yes
No

IF (StoreOK3 = Yes) THEN

StoreOK4
How does this influence your food shopping?
INTERVIEWER: CODE ALL THAT APPLY
'YOUR' REFERS TO SHOPPING FOR THE CATERING UNIT.
1 NoBulk  "Cannot buy in bulk"
2 ShopOf  "Have to shop more often"
3 StorFres  "Inadequate storage space for FRESH food"
4 StorFroz  "Inadequate storage space for FROZEN food"
5 Other  "Other"

ASK ALL

StoreShr
Do you share your food storage facilities with anyone who does not cook or eat with you?
INTERVIEWER: DO NOT INCLUDE MEMBERS OF THE CATERING UNIT.
'YOU' REFERS TO THE CATERING UNIT.
1 Yes
2 No

IF (StoreShr = Yes) THEN

SShrInf
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

ShopIntr
Now I would like to ask you about shopping.
INTERVIEWER: 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.
INTERVIEWER: CODE ALL THAT APPLY.
INTERVIEWER: 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"

NumShop
Number of different types of shop used
Range: 1..12

IF (MainShp = LSuper..Farm OR Other) OR (Shop = ONLY LSuper OR SSuper) THEN

MainShp
Which of these is used for your 'main' shopping trip?
INTERVIEWER: ENCOURAGE RESPONDENT TO SELECT ONE TRIP EVEN IF SEVERAL ARE CONSIDERED 'MAIN'.
IF MAIN SHOPPING ORDERED FROM SUPERMARKET OVER INTERNET AND DELIVERED CODE AS 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  Butler "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"
13 Several "Use more than one of these for main shop (SPONTANEOUS ONLY)"

IF (MainShp IN [LSuper..Farm, Other] OR Shop = ONLY Large supermarket or ONLY Mini supermarket) THEN

ShopOft
SHOW CARD G
How often do you/ does your household go there to do a main shop?
INTERVIEWER: 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  "Weekly"
5  TThMth "2 or 3 times a month"
6  Monthly "Monthly"
7  TwoMths "Every 2 months"
8  LTTwoMths "Less often than every 2 months"

ASK ALL
ShopFV
Where do you/ does your household mainly buy fresh fruit and vegetables from?
INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE, CODE WHERE MOST FRUIT AND VEGETABLES ARE GROWN BY THE RESPONDENT. SUCH FOOD SHOULD BE INCLUDED UNDER THE FOLLOWING QUESTIONS ABOUT FREE FOOD.
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"
13 Several "Use more than one of these for main shop (SPONTANEOUS ONLY)"

**FVOft**
SHOW CARD G
How often do you buy fresh fruit and vegetables?
INTERVIEWER: CODE FIRST THAT APPLIES
1 MOnceD "More than once a day"
2 OnceD "Once a day"
3 TThWk "2 or 3 times a week"
4 Weekly "Weekly"
5 TThMth "2 or 3 times a month"
6 Monthly "Monthly"
7 TwoMths "Every 2 months"
8 LTtwoMths "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?
INTERVIEWER: 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?
INTERVIEWER: 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"
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?
INTERVIEWER: 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 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.
PRESS <ENTER> TO CONTINUE
1 Continue

ASK ALL
MincF1
When you buy mince, do you choose mince with fat or mince without much fat?
INTERVIEWER: PROMPT IF NECESSARY, 'MINCE' MEANS ANY GROUND ANIMAL PRODUCT (BEEF, CHICKEN, PORK ETC.)
1 MinFat   "Mince with fat"
2 MinNoFat "Mince without much fat"
3 NoEat    "Do not prepare/eat this food"

IF (MinceF1 = MinFat OR MinNoFat) THEN
MincF2
When you are cooking mince, do you strain off the fat or do you not strain off the fat?
1 Strain   "Strain off the fat"
2 NoStrain "Do not strain off the fat"

ASK ALL
ChipHow
SHOW CARD I
Please describe how you usually prepare chips, that is if you or anyone in your household eat(s) them?
INTERVIEWER: IF 'VARIES', CODE HOW PREPARED MOST OFTEN. DO NOT INCLUDE CHIPS PURCHASED FROM TAKEAWAY OUTLET.
1 FrOld "Freshly made from old potatoes"
2 FrNew "Freshly made from new potatoes"
3 Frozen "Frozen, fried"
4 OvenC "Oven ready chips"
5 MicroC "Microwave chips (eg McCain Microchips)"
6 Other "Make chips another way"
7 NoEat "Do not prepare/eat this food"

SaltChk
Do you add salt or salt substitute to your food during cooking, such as salt in water for cooking potatoes?
INTERVIEWER: IF USE BOTH SALT AND SALT SUBSTITUTE, CODE WHICH USED MOST OFTEN.
1 Salt "Salt"
2 Subst "Salt substitute"
3 Neither "Neither"

IF (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"

ASK ALL
Ingred
SHOW CARD J
Which of the following 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"

EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON

IF (HRP = respondent) THEN questions asked in person, ELSE questions asked of MFP about HRP:

JHRPIntr
Now I would like to ask a few questions about the job that you do/ HRP does.
IF ASKED SAY 'because the accommodation is in your/ HRP’s name'.
PRESS <ENTER> TO CONTINUE
1  Continue

IndD
CURRENT/ MOST RECENT JOB OF HRP
What does/did the firm or organisation you/HRP work(s)/worked for mainly make or do (at
the place where you/HRP work(s)/worked)?
INTERVIEWER: DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or
DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE
or RETAIL ETC.
: STRING [80]

OccT
JOB TITLE OF CURRENT / MOST RECENT JOB
What is/was your/ HRP main job?"
: STRING [30]

OccD
CURRENT / MOST RECENT JOB OF HRP
What do/does/did you/HRP mainly do in this job?
INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE
JOB
: STRING [80]

Stat
Are/does/did you/HRP working as an employee or are/does/did you/HRP self-employed?
1  Employee  "Employed"
2  SelfEmp   "Self-employed"

Manage
In this job, do/did you/HRP have any formal responsibility for supervising the work of other
employees?
INTERVIEWER: CODE 1 ('YES') INCLUDES PEOPLE WHO SAY THEY ARE MANAGERS.
DO NOT INCLUDE IN CODE 1 (I.E. CODE AS 'NO'):
SUPERVISORS OF CHILDREN (E.G. TEACHERS, NANNIES, CHILDMINDERS)
SUPERVISORS OF ANIMALS
PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY (E.G. CARETAKERS,
SECURITY GUARDS)
1 Yes
2 No

**EmpNo**
How many people work(ed) for your/HRP’s employer at that place?
Are/were there ... (RUNNING PROMPT)...
1 n1_24 "1-24"
2 n25_499 "25 to 499, or"
3 n500plus "500 or more employees?"

**Solo**
Are/does/did you/HRP working alone or do/does/did you/HRP have employees?
1 OnOwn "on own/with partner(s) but no employees"
2 WithEmp "with employees"

**SENo**
How many people do/does/did you/HRP employ at the place where you/HRP work(s)?
Were there ... (RUNNING PROMPT)...
1 n1_24 "1-24"
2 n25_499 "25 to 499, or"
3 n500plus "500 or more employees?"

**BENEFITS**

**Benefits**
SHOW CARD K
Please could you tell me which of these benefits, if any, you or anyone in your household currently claim?
INTERVIEWER: CODE ALL THAT APPLY
1 WTaxCred "Working tax credit",
2 ChldCred "Child tax credit",
3 IncSupp "Income support"
4 JSA "Income-based job seekers allowance"
5 NoBen "None of these"

**INCOME**

**Income**
SHOW CARD L
Thank you for answering the questions so far. Before we move on, please could you take a look at this card and tell me the letter of the group which represents your household's total income in the last 12 months, before any deductions for tax etc. Please include income from earnings, self-employment, benefits, pensions, and interest from savings.
INTERVIEWER: CARD SHOWS ANNUAL AMOUNTS.
THIS MEANS CATERING UNIT INCOME (NOT HOUSEHOLD INCOME).
HOUSING BENEFITS AND CHILD ALLOWANCE SHOULD BE INCLUDED.
PROBE TO MAKE SURE 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"
<table>
<thead>
<tr>
<th>IncG</th>
<th>&quot;G - £20,000 - £24,999&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>IncH</td>
<td>&quot;H - £10,000 - £14,999&quot;</td>
</tr>
<tr>
<td>IncI</td>
<td>&quot;I - £75,000 - £99,999&quot;</td>
</tr>
<tr>
<td>IncJ</td>
<td>&quot;J - £35,000 - £39,999&quot;</td>
</tr>
<tr>
<td>IncK</td>
<td>&quot;K - £50,000 - £74,999&quot;</td>
</tr>
<tr>
<td>IncL</td>
<td>&quot;L - £100,000 or more&quot;</td>
</tr>
<tr>
<td>IncM</td>
<td>&quot;M - £40,000 - £44,999&quot;</td>
</tr>
</tbody>
</table>

MFPEnd
INTERVIEWER: End of Main Food Provider interview with (name of MFP) / on behalf of (name of MFP).
PRESS <ENTER> TO CONTINUE
1  Continue
DEMOGRAPHICS

EDUCATION – ASKED IF (Age ≥ 16) AND (WrkStat = Working OR NWork)

Educ
I'd now like to ask you a couple of questions about education and work-related training.
PRESS <ENTER> TO CONTINUE
1 Continue

EducFin
At what age did you / X finish your/his/her continuous full-time education at school or college?
INTERVIEWER: PLEASE NOTE THIS IS 'CONTINUOUS' FULL-TIME EDUCATION. I.E.
MATURE STUDENTS MAY CURRENTLY BE IN FULL-TIME EDUCATION BUT MAY HAVE
FINISHED THEIR CONTINUOUS EDUCATION SEVERAL YEARS AGO.
1 Notyet "Not yet finished"
2 Never "Never went to school"
3 und14 "14 or under"
4 at15 "15"
5 at16 "16"
6 at17 "17"
7 at18 "18"
8 ov19 "19 or over"

IF (EducFin IN [Never..ov19]) THEN

QualCh
Do you have any qualifications from school, college or university, or any qualifications
connected with work or from government schemes?
1 Yes
2 No

IF (QualCh = Yes) THEN

Qual
SHOW CARD CC - 2 PAGES
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 BTECAPr "BTEC Advanced Professional Diploma/Certificate"
4 Deg "First degree, e.g. BSc, BA, BEd, MA at first degree level"
5 L4NVQ "Level 4 NVQ / SVQ"
6 HNC "HNC / HND"
7 BTECHi "BTEC Higher National or Professional Diploma/Certificate"
8 RSAHi "RSA or OCR Higher"
9 Alevel "GCE 'A'-level"
10 A2 "A2"
11 AVCE "AVCE"
12 SCEAdv "SCE Advanced Higher Grades"
13 SCEHi "SCE Higher Grades (A-C)"
14 CSYS "CSYS"
15 KSkL3 "Key Skills Level 3"
16 L3NVQ "Level 3 NVQ / SVQ"
| 17 | ONC | "ONC / OND" |
| 18 | BTECA | "BTEC Advanced or National Diploma/Certificate" |
| 19 | RSAAdv | "RSA or OCR Advanced Diploma" |
| 20 | CityG3 | "City & Guilds Advanced Craft / Part 3" |
| 21 | AdvGNVQ | "Advanced GNVQ; Vocational A Level" |
| 22 | AdvMAp | "Advanced Modern Apprenticeship" |
| 23 | GCSEAC | "GCSE grade A*-C" |
| 24 | Olevel | "GCE 'O'-level passes" |
| 25 | CSE1 | "CSE grade 1" |
| 26 | SCEAC | "SCE O Grades (A-C)" |
| 27 | SCEStd13 | "SCE Standard Grades (1-3)"
| 28 | SchCert | "School Certificate / Matriculation" |
| 29 | KSkL2 | "Key Skills Level 2" |
| 30 | BTECInt | "BTEC Intermediate or First Diploma/Certificate" |
| 32 | RSA Dip | "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 | 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.
INTERVIEWER: 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?
INTERVIEWER: RECORD TYPICAL NUMBER OF HOURS.
IF 97 HOURS OR MORE THEN ENTER 97.
Range: 0..97

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

**WTypHrs**
Is this the typical number of hours you work?
1  Yes
2 Yes
2 No

IF (Typcas = No) THEN
NCashrs
INTERVIEWER: RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK IN OCCASIONAL JOB(S)
IF 97 HOURS OR MORE THEN ENTER 97.
Range: 1..97
SCHOOL PROVISION
FOR 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 (aged 18 months-15 years OR 16-18 in FT education) THEN
SchType
SHOW CARD FF
Please look at this card and tell me which of these best describes the school you/ (child’s name) attend(s).
INTERVIEWER: IF SPECIFIC TYPE OF COLLEGE (E.G. MUSIC COLLEGE), CODE AS '5, A SIXTH FORM COLLEGE/HIGHER EDUCATION COLLEGE'.
1 Nurs "a nursery school"
2 Prim "a primary school (including infant school, junior school)"
3 Sec "a secondary school (including sixth form in a school)/High school"
4 Mid "a middle school"
5 SixthF "a sixth form college/Higher Education college"
6 Other "Other"
7 HomEd "Home-educated"
8 NoSch "SPONTANEOUS ONLY: Hasn't started school yet"

IF (SchType = Nurs..Other) THEN
SchIntr
Now I would like to ask some questions about food and meals you/ (child’s name) may have whilst at school/college.
PRESS <ENTER> TO CONTINUE
1 Continue

SchProv
Does your/ (child’s name)’s school/college provide food?
INTERVIEWER: INCLUDE SANDWICHES AND SALADS.
DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.
1 Yes
2 No

IF (SchProv = Yes) THEN
SchName
Please could you tell me the name and address of your/child's name school/college. We only need this information in case we need to ask them questions about how the school/college prepares food.
Please tell me the name of the school first.
INTERVIEWER: PLEASE ENTER NAME OF SCHOOL IN FULL.
: STRING [40]

SchAdd1
And what is the first line of the address?
: STRING [30]

SchAdd2
INTERVIEWER: Enter next line of address or press the <Enter> key if no more. Do not enter postcode here
: STRING [30]
SchAdd3
INTERVIEWER: Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.
: STRING [30]

SchAdd4
INTERVIEWER: Enter next line of address or press the <Enter> key if no more to enter. Do not enter postcode here.
: STRING [30]

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

IF (SchProv = Yes) THEN
SchMeal
Does the food provided include a cooked meal?
1 Yes
2 No

IF (SchMeal = Yes) THEN
SchProv2
Do you / Does (child’s name) ever have this cooked meal?
1 Yes
2 No

IF (SchType = Prim..Other) THEN
SchLun
SHOW CARD GG
On a school/college day, what do you / does (child’s name) usually have for lunch?
INTERVIEWER: CODE ONE ONLY.
INCLUDE SANDWICHES AND SALADS.
DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.
WE ARE INTERESTED IN THE MEAL EATEN RATHER THAN THE TIME AT WHICH IT WAS EATEN.
1 HSMeal "Cooked school meal"
2 CSMeal "Cold school meal (including sandwiches, salads)"
3 PackedL "Packed lunch (from home)"
4 BuyL "Buy lunch from shop/cafe"
5 Home "Go home"
6 NoLunch "Do not eat lunch"

IF (SchType = Prim..Other) THEN
SchSn
Is there an outlet in your / (child’s name)’s school where pupils can buy snacks or drinks?
INTERVIEWER: ‘SNACKS’ INCLUDE CONFECTIONERY, CRISPS, FRUIT.
DO NOT INCLUDE SANDWICHES, SALADS AS ‘SNACKS’.
1 Yes
2 No

IF (SchSn = Yes) THEN
SchSn2
Do you / Does (child’s name) ever buy snacks or drinks from this outlet?
1 Yes
2 No
IF (SchTyp = (Prim...Other) OR (SchTyp = NoSch) THEN
SchSub
SHOW CARD HH
Do you / Does (child's name) receive any of the following?
INTERVIEWER: CODE ALL THAT APPLY.
INTERVIEWER: 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   FFrFruit    "Free fruit"
6   PreSch      "Free food BEFORE school"
7   PostSch     "Free food AFTER school"
8   Other       "Other"
9   None        "None of these - SPONTANEOUSLY ONLY"

IF (SchSub NOT = FreeMeal) THEN
School2
Are you / Is (child's name) entitled to free school meals at lunchtime?
1   Yes
2   No

IF (School2 = Yes) THEN
School2i
Why do you / does (child name) not take up your/his/her free school meals?
1   Prefhome   "Prefers to come home"
2   Nlike      "Doesn't like school meals"
3   PackedL    "Prefers packed lunch"
4   Diet       "Dietary reasons"
5   Cultural   "Cultural/religious reasons"
6   PeerP      "Peer pressure/stigma"
7   Other      "Other"

IF (SchSub = FreeMeal) THEN
SchOft
On average, how many times per week do you/does (child's name) have free school meals at lunchtime?
Range: 1..5

IF (SchOft = 1- 5) THEN
SchOft2
Why do you/ does (child's name) not take up all your/his/her free school meals at lunchtime?
INTERVIEWER: CODE MAIN REASON.
1   Prefhome   "Prefers to come home"
2   Nlike      "Doesn't like school meals"
3   PackedL    "Prefers packed lunch"
4   Diet       "Dietary reasons"
5   Cultural   "Cultural/religious reasons"
6   PeerP      "Peer pressure/stigma"
7   Other      "Other"
IF (SchSub = PreSch) THEN
PrScOft
On average, how many times per week do you/does (child’s name) have free food before school?
Range: 1..5

IF (SchSub = PostSch) THEN
PoScOft
On average, how many times per week do you/does (child’s name) have free food after school?
Range: 1..5
EATING OUT AND OTHER PROVISION

IF (Age = 65+) THEN
HeClub
Have you ever used the following services ...
INTERVIEWER: READ OUT AND CODE ALL THAT APPLY...
1 LClub "Lunch club?"
2 DCare "Day care centre?"
3 MoW "Meals on wheels?"
4 None "None of these?"

IF (Age = 65+ AND HeClub = LClub) THEN
HeLC
SHOW CARD M
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 M
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 M
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 N
On average, how often do you / does (child’s name) eat meals out in a restaurant or cafe?
INTERVIEWER: ‘MEALS’ MEANS MORE THAN A BEVERAGE OR BAG OF CHIPS.
1 Five "5 or more times per week"
2 ThrFour "3-4 times per week"
3 OneTwoW "1-2 times per week"
4 OneTwoM "1-2 times per month"
5 Rarely "Rarely or never?"

TAMeal
SHOW CARD N
On average, how often do you / does (child’s name) eat takeaway meals at home?
INTERVIEWER: ‘MEALS’ MEANS MORE THAN A BEVERAGE OR BAG OF CHIPS.
INCLUDE PIZZA, FISH AND CHIPS, INDIAN, CHINESE, BURGERS, KEBAB ETC.
INTERVIEWER: THIS QUESTION IS ABOUT TAKE AWAY MEALS IN THE 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?"

FOLLOWING QUESTIONS ARE ASKED OF ALL RESPONDENTS AGED 16+ AND IN EMPLOYMENT - (WrkStat = Working) OR (PTWork = Yes)

IF (respondent is aged 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 DKnow "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?
INTERVIEWER: INCLUDE HOT MEALS, SANDWICHES AND SALADS.
DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.
INTERVIEWER: 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 shop / cafe"
4 Other “Other”
5 NoLunch "Do not have lunch"
EATING HABITS

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

YrIntr
The next few questions are about your / (child’s name)’s eating habits over the last year
PRESS <ENTER> TO CONTINUE
1    Continue

ASK ALL
OilFish
SHOW CARD O
Other than tinned tuna, in the last 12 months how often have you/ has (child’s name) eaten tinned oily fish, such as salmon, sardines, mackerel, kippers, herrings, pilchards, anchovies? Please do not include tinned tuna.
INTERVIEWER: TINNED TUNA DOES NOT COUNT AS OILY FISH BECAUSE THE CANNING PROCESS REDUCES THE OMEGA-3 FATTY ACID CONTENT.
1    Never    “Never”
2    OneMth    “Less than once per month”
3    OneDM    “On 1-3 days per month”
4    OneDW    “On 1-2 days per week”
5    ThrDW    “On 3-4 days per week”
6    FivDW    “On 5-6 days per week”
7    Daily    “Every day in the last month”

ASK ALL
FrOFsh
SHOW CARD O
In the last 12 months how often have you/ has (child’s name) eaten fresh or frozen Oily fish (e.g. salmon, sardines, mackerel, kippers, anchovies, pilchards, trout or tuna)?
1    Never    “Never”
2    OneMth    “Less than once per month”
3    OneDM    “On 1-3 days per month”
4    OneDW    “On 1-2 days per week”
5    ThrDW    “On 3-4 days per week”
6    FivDW    “On 5-6 days per week”
7    Daily    “Every day in the last month”

ASK ALL
ShFish
SHOW CARD O
In the last 12 months how often have you/ has (child’s name) eaten Shellfish (e.g. prawns, shrimps, crab)?
1    Never    “Never”
2    OneMth    “Less than once per month”
3    OneDM    “On 1-3 days per month”
4    OneDW    “On 1-2 days per week”
5    ThrDW    “On 3-4 days per week”
6    FivDW    “On 5-6 days per week”
7    Daily    “Every day in the last month”
ASK ALL
Offal
SHOW CARD O
In the last 12 months how often have you/ has (child’s name) eaten **Offal** *(e.g. liver, kidney)*?
INTERVIEWER: INCLUDE FAGGOTS, STEAK AND KIDNEY PIE AND OTHER DISHES CONTAINING OFFAL.
1 Never “Never”
2 OneMth “Less than once per month”
3 OneDM “On 1-3 days per month”
4 OneDW “On 1-2 days per week”
5 ThrDW “On 3-4 days per week”
6 FivDW “On 5-6 days per week”
7 Daily “Every day in the last month”

ASK ALL
**RarEatX**
SHOW CARD P
In the last 12 months have you/ has (child’s name) eaten any of the foods on this card?
INTERVIEWER: DO NOT INCLUDE NUTS IN CODE 2 (SEEDS).
0 None “None of these”
1 Sprats “Sprats”
2 Seeds “Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))”
3 Cassava “Cassava chips/cassavacrisps”
4 Seaweed “Seaweed (includes hijiki, wakame)”
5 Sushi “Sushi (including purchased sushi)”
6 FrPap “Papaya (include fresh and canned)”
7 DrPap “Dried papaya”
8 Game “Game (includes venison, rabbit, pheasant, partridge, wood pigeon, hare or wild boar)”
9 NCowMilk “Non cow’s milk (includes rice milk, soya milk, sheep’s milk, goat’s Milk or Oat Milk)”
10 FishEggs “Fish eggs, for example caviar, cod’s roe”
11 SmkSaus “Smoked sausages”
12 GojiBer “Goji berries”
13 FishLiv “Fish liver (not oil)”
14 DarkChoc “Dark chocolate, i.e. 50% or higher cocoa solids”
15 Okra “Okra”

*(Ask for each response at RareEat)*

**RarOft**
SHOW CARD Q
How often have you/ has (child’s name) eaten (food from Rareat)?
1 OneMth “Less than once per month”
2 OneDM “On 1-3 days per month”
3 OneDW “On 1-2 days per week”
4 ThrDW “On 3 or more days per week”

IF (RarEatX = Game) THEN

**GameTyp**
SHOW CARD R
Please look at this card and tell me which types of game you have/ (child’s name) has eaten.
INTERVIEWER: CODE ALL THAT APPLY.
1 Pheasant "Pheasant"
2 Partridge "Partridge"
3 Quail "Quail"
4 WdPigeon "Wood pigeon"
5 Rabbit "Rabbit"
6 Venison "Venison"
7 Hare "Hare"
8 Grouse "Grouse"
9 Other "Other, please specify at next question"

IF (GameTyp = Other) THEN
GameOth
INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF GAME EATEN.
: STRING [50]

IF (RarEatX = NCowMilk) THEN
NCowMTyp
SHOW CARD S
Please look at this card and tell me which types of non-cow's milk you have / (child's name) has eaten or drunk.
INTERVIEWER: CODE ALL THAT APPLY.
1 RiceMilk "Rice milk"
2 SoyaMilk "Soya milk"
3 SheepMilk "Sheep's milk"
4 GoatMilk "Goat's milk"
5 OatMilk "Oat milk"
6 Other "Other, please specify at next question"

IF (NCowMTyp = Other) THEN
NCowMOth
INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF NON-COW’S MILK CONSUMED.
: STRING [50]

IF (RarEatX = SmkSaus) THEN
SausTyp
SHOW CARD T
Please look at this card and tell me which types of smoked sausages you have / (child’s name) has eaten.
INTERVIEWER: CODE ALL THAT APPLY.
1 Kabanos "Kabanos"
2 Kielbasa "Kielbasa"
3 BrtWurst "Bratwurst"
4 SummSaus "Cervelat or Summer Sausage"
5 Andouil "Andouille"
6 KnkWurst "Knackwurst"
7 Linguica "Linuica"
8 Chorizo "Chorizo"
9 Mrtadella "Mortadella"
10 HotDog "Hot Dogs"
11 Bologna "Bologna"
12 Other "Other, please specify at next question"
IF (SausTyp = Other) THEN
SausOth
INTERVIEWER: PLEASE ASK OR RECORD OTHER TYPE OF SMOKED SAUSAGE EATEN.
: STRING [50]
FOOD AVOIDANCE

ASK ALL
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

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

ASK ALL (WHERE RESPONDENT 10 OR YOUNGER ASK THROUGH PARENT / GUARDIAN)
Appet
How would you describe your/ (child’s name) appetite? Do you /Does he or she have ...
INTERVIEWER: 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?"

ASK ALL
AvoidYN
Are there any types of foods that you/ (child’s name) never eat(s)?
1 Yes
2 No

IF (AvoidYN = Yes) THEN
Avoid
SHOW CARD U
Can you tell me what types of foods you/ (child’s name) never eat(s)?
INTERVIEWER: CODE ALL THAT APPLY
1 Meat "Meat or meat products (not including poultry)"
2 Poultry "Chicken or other poultry and dishes containing them"
3 Fish "Fish or seafood and fish and seafood dishes"
4 Eggs “Eggs”
5 Milk "Milk (including yoghurt)"
6 Cheese “Cheese”
7 Salad "Salad vegetables (e.g. lettuce, cucumber, tomato)"
8 Green "Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)"
9 RootV "Root vegetables (e.g. carrots, parsnips)"
10 Fruit "Fresh fruit"
11 Nuts “Nuts”
12 Offal “Offal”
13 Other “Other”

IF (P2Age ≥ 10) THEN
DietWL
Are you / Is (child’s name) currently dieting to lose weight?
ASK ALL
Veg
Can I just check, would you describe yourself / (child’s name) as vegetarian or vegan?
1  Veggie "Vegetarian"
2  Vegan  “Vegan”
3  Neither “Neither”

IF (Veg = Veggie) THEN
VegeChk
Can I just check, do you / does (child’s name) eat any meat, fish, poultry or dishes that contain these?
1  Yes
2  No

IF (Veg = Vegan) THEN
VeganChk
Can I just check, do you / does (child’s name) eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?
1  Yes
2  No

IF (Resp aged < 16) THEN
Fuss
How would you describe the variety of foods that you / (child’s name) generally eat(s)?
Do you/ Does he or 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?
INTERVIEWER: IF ‘YES’ PROMPT WHETHER ALWAYS, USUALLY OR SOMETIMES.
1  Always  "Yes, ALWAYS eat the skin/peel"
2  Usual   "Yes, USUALLY eat the skin/peel"
3  STimes  "Yes, SOMETIMES eat the skin/peel"
4  Never   "No, NEVER eat the skin/peel"
5  NoEat  "Don’t eat this type of fruit/veg at all"

ASK ALL
WshPot
And do you / does (child’s name) eat other potatoes cooked in any way with the skins on?
INTERVIEWER: IF ‘YES’ PROMPT WHETHER ALWAYS, USUALLY OR SOMETIMES.
1  Always  "Yes, ALWAYS eat the skin/peel"
2 Usual  "Yes, USUALLY eat the skin/peel"
3 STimes "Yes, SOMETIMES eat the skin/peel"
4 Never  "No, NEVER eat the skin/peel"
5 NoEat  "Don't eat this type of fruit/veg at all"

ASK ALL
EatPeel
SHOW CARD V
Do you / does (child's name) eat the peel or skin of any of the fruits listed on this card in...
INTERVIEWER: CODE ALL THAT APPLY
1 Marm  "... marmalade, jams or chutneys?"
2 Cake   "... cakes, biscuits etc?"
3 HMade "... home made food/drink e.g. purees, soups, blended drinks etc?"
4 None   "SPONTANEOUS ONLY - None of these"

ASK ALL
Peel
SHOW CARD V
Do you / does (child's name) ever eat the peel or skin (outer layer) of the following fruits?
INTERVIEWER: INCLUDES EATING THE WHOLE FRUIT INCLUDING THE PEEL OR BLENDING THE PEEL/SKIN TO MAKE A SMOOTHIE. EXCLUDES EATING PEEL/SKIN IN FRUIT CAKES, MARMALADE, CHUTNEYS ETC.
0 None  "None of these"
1 Orange "Orange"
2 Lemon  "Lemon"
3 Kiwi  "Kiwi fruit"
4 Grapef "Grapefruit"
5 Mango  "Mango"
6 Banana  "Banana"
7 Lime  "Lime"
8 Papple  "Pineapple"
9 SoftCit "Soft citrus fruit (satsumas/mandarins/clementines)"
10 Melon  "Melon"

(Asked for each response at Peel)
PeelOft
SHOW CARD W
How often do you / does (child's name) eat(s) the peel or skin of (fruit from Peel)?
1 Daily  "Every day/most days"
2 Week1 "Once or twice a week"
3 Month1 "Once or twice a month"
4 Less  "Less than once a month"

(Asked for each response at Peel)
PeelAmt
SHOW CARD X
When you / (child's name) eat(s) the peel or skin of (fruit from Peel), how much of it do you / does (child's name) usually eat?
1 All  "All of the peel or skin"
2 Most  "Most of the peel or skin"
3 Half  "Around half of the peel or skin"
4 Quart  "Around a quarter of the peel or skin"
5 Less  "Less than a quarter of the peel or skin"
**ASK ALL**

**WashFru**
If you / (child’s name) eat(s) your/his/her fruit with the skin or peel on do you / does he or she wash it before eating/cooking?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
<td>&quot;Yes, ALWAYS wash&quot;</td>
</tr>
<tr>
<td>2</td>
<td>Usual</td>
<td>&quot;Yes, USUALLY wash&quot;</td>
</tr>
<tr>
<td>3</td>
<td>STimes</td>
<td>&quot;Yes, SOMETIMES wash&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>&quot;No, NEVER washes&quot;</td>
</tr>
<tr>
<td>5</td>
<td>NoEat</td>
<td>&quot;Does not eat with peel on/raw&quot;</td>
</tr>
</tbody>
</table>

**WashVeg**
If you/ (child’s name) eat(s) raw vegetables (e.g. tomatoes, carrots, cucumbers), do you /does he or she wash them before eating?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
<td>&quot;Yes, ALWAYS wash&quot;</td>
</tr>
<tr>
<td>2</td>
<td>Usual</td>
<td>&quot;Yes, USUALLY wash&quot;</td>
</tr>
<tr>
<td>3</td>
<td>STimes</td>
<td>&quot;Yes, SOMETIMES wash&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>&quot;No, NEVER washes&quot;</td>
</tr>
<tr>
<td>5</td>
<td>NoEat</td>
<td>&quot;Does not eat with peel on/raw&quot;</td>
</tr>
</tbody>
</table>
GENERAL HEALTH

ASK ALL

HealIntr
I'd now like to ask you some questions about your (child's) 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 (child’s name) 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) AND (Age ≥ 16) THEN

LShpHow
Can you tell me how you are limited/prevented from shopping?
INTERVIEWER: CODE ALL THAT APPLY
1 DiffWalk "Difficulties with walking"
2 Sight "Problems with sight"
3 Ncarry "Cannot carry (heavy) shopping"
4 Tire "Gets tired easily"
5 Other "Other difficulties"
IF (Limit = Yes) AND (Age ≥ 16) THEN

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) AND (Age ≥ 16) THEN

LPrepHow

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

INTERVIEWER: CODE ALL THAT APPLY

1 DiffHand "Difficulties with hands (e.g. chopping, peeling, lifting)"
2 DiffWalk "Difficulties with walking"
3 DiffStand "Difficulties with standing"
4 Sight "Problems with sight"
5 IllHlth "Chronic ill-health (e.g. MS, depression)"
6 Tire "Gets tired easily"
7 Other "Other difficulties"

ASK ALL

CutDown

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

1 Yes
2 No

IF (CutDown = Yes) THEN

NDayCutD

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

Range: 1..14

IF (CutDown = Yes) THEN

CutMatt

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

: STRING [80]
ORAL HEALTH
FOR RESPONDENTS AGED 16 AND OVER

IF (Age ≥ 16) THEN
OralIntr
INTERVIEWER: YOU ARE ABOUT TO ENTER THE ORAL/DENTAL HEALTH SECTION.
The next questions are about your oral and dental health.
PRESS <ENTER> TO CONTINUE
1 Continue

AnyOwn
INTERVIEWER: ASK OR RECORD
Do you have any of your own, natural, teeth?
1 Yes
2 No

DentUse
Do you use a denture at all?
1 Yes
2 No

Chew
SHOW CARD Y
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 wears dentures) THEN
CardL
SHOW CARD Z
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.
INTERVIEWER: '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 Z
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 Z
(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 Z
(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 Z
(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 Z
(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 Z
(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 Z
(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 Z
(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 Z
(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 Z
(And how well could you eat) ...apples?
1   EatEas    "Could eat easily"
2   EatDif    "Could eat with some difficulty"
3   NotEat    "Could not eat at all"

Orange
SHOW CARD Z
(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 Z
(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 (Age ≥ 45 OR wears dentures) AND (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
INTERVIEWER: SMOKING AND DRINKING SELF-COMPLETION BOOKLET.
The next set of questions are about smoking cigarettes and drinking alcohol. We can either continue using the laptop to answer the questions, or you can fill in your answers in this booklet. Which would you prefer to do?
IS THE YOUNG PERSON TO CONTINUE WITH QUESTIONS IN CAPI OR ARE THEY TO BE GIVEN A BOOKLET (PEACH COVER)?
1  Asked       "Continue with questions in CAPI"
2  Given       "Given self completion booklet"

IF (Age = 11-24) THEN
SCIntro
Check that you have the correct person number.
Name············Point··Address··Check letter··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?
INTERVIEWER: If asked, show green booklet to (Respondent's name).
If agrees, prepare green booklet.
Name············Point··Address··Check letter··Person number
INTERVIEWER: Explain to child how to complete and show example in booklet.
1  Continue

SComp2
I would now like you to answer some questions by completing this booklet on your own. The questions cover smoking and drinking.
INTERVIEWER: Explain how to complete booklet and show example in booklet.
1  Continue

IntDemog
INTERVIEWER: Wait until (respondent's name) has completed the self-completion booklet, then thank them for completing it and ask them to return it to you.
Press <1> and <Enter> to continue.
SMOKING
FOR RESPONDENTS AGED 18 AND OVER

IF (no self completion AND Age = 16-24) OR (Age ≥ 25) THEN
SmokIntr
INTERVIEWER: YOU ARE ENTERING THE SMOKING SECTION
This next section is about smoking.
1     Continue

SmokEver
Have you ever smoked a cigarette, cigar, pipe or anything with tobacco in it?
1     Yes
2     No

IF (SmokEver = Yes) THEN
CigEver
Have you ever smoked a cigarette?
1     Yes
2     No

IF (CigEver = Yes) THEN
CigAge
How old were you when you first tried smoking a cigarette, even if it was only a puff or two?
Range: 3..97

SmokNow
Do you smoke cigarettes at all nowadays?
1     Yes
2     No

IF (SmokNow = Yes) THEN
CigWDay
About how many cigarettes a day do you usually smoke on a weekday?
INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.
IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF 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?
INTERVIEWER: 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?
INTERVIEWER: ...READ OUT...

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reg</td>
</tr>
<tr>
<td>2</td>
<td>Occ</td>
</tr>
<tr>
<td>3</td>
<td>Never</td>
</tr>
</tbody>
</table>

**IF (CigReg = Reg) THEN**

**CigUsed**
About how many cigarettes did you smoke IN A DAY when you smoked them regularly?
INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.
IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF 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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LessSix</td>
</tr>
<tr>
<td>2</td>
<td>SixMth</td>
</tr>
<tr>
<td>3</td>
<td>OneTwo</td>
</tr>
<tr>
<td>4</td>
<td>TwoFve</td>
</tr>
<tr>
<td>5</td>
<td>FivTen</td>
</tr>
<tr>
<td>6</td>
<td>MoreTen</td>
</tr>
</tbody>
</table>
IF (no self completion AND Age = 16-24) OR (Age ≥ 25) THEN

Drink
I am now going to ask you a few questions about what you drink - that is if you drink.
Do you ever drink alcohol nowadays, including drinks you brew or make at home?
1   Yes
2   No

IF (Drink = No) THEN

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

IF (DrinkAny = Never) THEN

AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
1   Alwys  "Always a non-drinker"
2   Stopped "Used to drink but stopped"

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

DrinAge
How old were you the first time you ever had a proper alcoholic drink?
Range: 3..97

DrinkOft
SHOW CARD AA
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind
during the last 12 months?
1   AED  "Almost every day"
2   Five  "Five or six days a week"
3   Three  "Three or four days a week"
4   OneWk  "Once or twice a week"
5   OneMth  "Once or twice a month"
6   CupMth  "Once every couple of months"
7   OneYr  "Once or twice a year"
8   NotYr  "Not at all in the last 12 months"

IF (DrinkOft <> NotYr) THEN

DrinkL7
Did you have an alcoholic drink in the last seven days, that is since (date 7 days ago) until
yesterday?
1   Yes
2   No

IF (DrinkL7 = Yes) THEN

DrnkDay
On how many days out of the last seven did you have an alcoholic drink?
Range: 1..7
IF (DrnkDay = 2 to 7 days) THEN

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

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

IF (DrinkL7 = Yes) THEN

WhichDay
Which day (last week) did you last have an alcoholic drink (have the most to drink)?
1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday

DrnkType
SHOW CARD BB
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 SBeers "Strong beer/lager/cider"
3 Spirits "Spirits or liqueurs"
4 Sherry "Sherry or martini"
5 Wine "Wine"
6 Pops "Alcopops/pre-mixed alcoholic drink"
7 Other "Other alcoholic drinks"
8 Low "Low alcohol drinks only"

NBrL7
Still thinking about last (day from WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
INTERVIEWER: Code measures that you are going to use.

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

IF (NBRL7 = HPints) THEN

NBrl7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97

IF (NBRL7 = SmCans) THEN

NBrl7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97
IF (NBRL7 = LgCans) THEN
NBrL7Q(3)
ASK OR CODE: How many large cans of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97

IF (NBRL7 = Bottles) THEN
NBrL7Q(4)
ASK OR CODE: How many bottles of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97

IF (NBRL7 = Bottles) THEN
NBotL7
ASK OR CODE: What make of **normal strength beer, lager, stout or cider** did you drink from bottles on that day?
INTERVIEWER: If 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?
INTERVIEWER: Code measures that you are going to use
1  HPints  "Half pints"
2  SmCans  "Small cans"
3  LgCans  "Large cans"
4  Bottles  "Bottles"

IF (SBRL7 = Hpints) THEN
SBrL7Q(1)
How many half pints of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

IF (SBRL7 = SmCans) THEN
SBrL7Q(2)
How many small cans of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

IF (SBRL7 = LgCans) THEN
SBrL7Q(3)
How many large cans of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

IF (SBRL7 = Bottles) THEN
SBrL7Q(4)
How many bottles of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

IF (SBRL7 = Bottles) THEN
SBotL7
ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day?
INTERVIEWER: If 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?
INTERVIEWER: Code the number of singles - count doubles as two singles
Range: 1..97

IF (DrnkType = Sherry) THEN
ShryL7
Still thinking about last (day from WhichDay), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?
INTERVIEWER: Code the number of glasses
Range: 1..97

IF (DrnkType = Wine) THEN
WineL7
Still thinking about last (day from WhichDay), how much wine, including Babycham and champagne, did you drink on that day?
INTERVIEWER: Code the measure the 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
INTERVIEWER: 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

IF (WineL7 = Glasses) THEN
WL7Gl
INTERVIEWER: Code the number of glasses (drunk as glasses).
Range: 1.0..97.9

WL7Glz
Were you drinking from a large, standard, or small glass?
INTERVIEWER: 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

IF (WL7Glz = 2) THEN
Ml175Glz
How many standard glasses (175ml) did you drink?
Range: 1.0..97.9

IF (WL7Glz = 3) THEN
Ml125Glz
How many small glasses (125ml) did you drink?
Range: 1.0..97.9

IF (DrnkType = Pops) THEN
PopsL7
Still thinking about last (day from WhichDay), how much alcoholic soft drink ('alcopop') did you drink on that day?
INTERVIEWER: Code measures that you are going to use.
1 SmCans "Small cans"
2 Bottles "Bottles"

PopsL7Q
ASK OR CODE: How many (answer from PopsL7) of alcoholic soft drink ('alcopop') did you drink on that day?
Range: 1..97

IF (DrnkType = Other) THEN
OthL7TA
Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?
INTERVIEWER: Code first mentioned only.
: STRING [30]

OthL7QA
How much (answer from OthL7TA) did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
: STRING [30]

OthL7B
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

IF (OthL7B = Yes) THEN
OthL7TB
Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?
INTERVIEWER: Code first mentioned only.
OthL7QB
How much (answer from OthL7TB) did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
: STRING [30]

OthL7C
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

IF (OthL7C = Yes) THEN
OthL7TC
Still thinking about last (day from WhichDay), what other type of alcoholic drink did you drink on that day?
INTERVIEWER: Code first mentioned only.
: STRING [30]

OthL7QC
How much (answer from OthL7TC) did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
: STRING [30]

IF (current age is 5 or more years greater than age first had alcoholic drink) THEN
DrAmount
Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?
1 More "More nowadays"
2 Same "About the same"
3 Less "Less nowadays"
ACTIGRAPH PLACEMENT
FOR RESPONDENTS AGED 4-15

AGIntro
As part of this study, we are asking children aged 4 to 15 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 you / X would be able to take part.
PRESS <ENTER> TO CONTINUE
1 Continue

Abdom
Have you / has X recently had abdominal surgery, or do you / does he/she have any health problems which mean that you/he/she could not wear a belt round your/his/her waist?
INTERVIEWER: 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 "No"

IF (Abdom = No, Refused or Don't know) THEN
Latex
Do you / does X have an allergy to latex?
1 Yes
2 No

Bed
INTERVIEWER: Are you / is X confined to bed or wheelchair?
1 Yes
2 No

IF (Abdom = Yes) OR (Latex = Yes) OR (Bed = Yes) THEN
NoPart
INTERVIEWER: Thank the respondent and explain that they will not be able to participate in this part of the survey.
INTERVIEWER: PRESS <ENTER> TO CONTINUE
1 continue

IF (Abdom = No) AND (Latex = No) AND (Bed = No) THEN
Intro2
We would like you / X to wear the actigraph for 7 days. As a thank you for participating, you/X will receive a £10 voucher.
Please read this leaflet, it explains more about what's involved.
PRESS <ENTER> TO CONTINUE
1 Continue

AGCons
Are you willing (for X) 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 you/ X so that you/he/she can see how it feels.
PRESS <ENTER> TO CONTINUE
1 Continue

Fit
INTERVIEWER: Fit the actigraph and suggest to the respondent that it is worn for the remainder of the day to allow you / X to get used to it. Remember to note down the Actigraph serial number on the actigraph record card 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.
- You / X 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 X when you/he/she wake(s) up and taken off before you/he/she go(es) to bed on each day.
- Please remove the monitor before you / X shower(s), bathe(s) or go(es) swimming, as if it is wet it may be damaged.
- (If you/he/she forget(s) to take the monitor off before bathing or swimming, you/he/she will not be harmed.)
INTERVIEWER: PRESS <ENTER> TO CONTINUE
1 continue

ActFit
INTERVIEWER: 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
INTERVIEWER: Record the serial number of the actigraph, e.g. for ACT9999T, enter 9999T for ACT9048K, enter 9048K
: STRING [5]

ActSDate
Suggested start of actigraph wear (day after interview).
: DATETYPE

ActEDate
Suggested end of actigraph wear (interview + 7 days).
: DATETYPE

Act7D
You / X should start wearing the actigraph when you/he/she get up tomorrow morning and wear it every day until you/he/she go to bed on (date in 7 days).
PRESS <ENTER> TO CONTINUE
1 Continue

SlpWkC
Over the last seven days, that is since last (seven days), how long did you / X usually sleep for on week nights. 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 ‘:’. Examples:
7:30 - 7 hours and 30 minutes
0:55 - 55 minutes
6:5 - 6 hours and 5 minutes

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: TIMETYPE

SlpWkCH
Over the last seven days, that is since last (seven days), how long did you / X usually sleep for on week nights. That is Sunday to Thursday nights?
INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkCM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: 0..24

SlpWkCM
... and enter minutes
: 0..59

SlpWkEC
And over the last seven days, how long did you/ X usually sleep for on weekend nights. 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 ‘:’. Examples:
7:30 - 7 hours and 30 minutes
0:55 - 55 minutes
6:5 - 6 hours and 5 minutes

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.

: TIMETYPE

SlpWkECH
And over the last seven days, how long did you / X usually sleep for on weekend nights. That is Friday and Saturday nights?
INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkECM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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’.

52 of 79
IF RESPONDENT WORKED ON NIGHT SHIFTS DURING THE LAST TWO WEEKS
ENTER AVERAGE TIME SLEPT DURING THE DAY.
: 0..24

If the respondent worked on night shifts during the last two weeks,
enter the average time slept during the day:

**SlpWkECM**
... and enter minutes
: 0..59

**RecSht**

INTERVIEWER: Give X the violet actigraph record card.
Explain that the record card will remind the respondent when they should start and finish
wearing the actigraph.
If X cannot begin wearing the actigraph the next day, then write in the **actual start and finish date**
on the record card.
Remind the respondent that if they forget to start wearing the actigraph on the recorded date
then they should make a note of this on the actigraph record card.

- **Serial number:** ^IndSer
- **Date of birth:** ^DOB[2]
- **Actigraph serial number:** ^ActNo
- **Date from:** ^LDateFrom
- **Date to:** ^LDateTo

INTERVIEWER: PRESS <ENTER> TO CONTINUE
1 continue

**ActPlcd**

INTERVIEWER: Did you place the actigraph and actigraph record card with X?
1 Yes
2 No

IF (ActPlcd = No) THEN

**WhyActNo**

INTERVIEWER: Please record why the actigraph and actigraph record card were not placed.
: STRING [60]

**ActInt**

INTERVIEWER ASK X: ‘Please start wearing the actigraph when you get up tomorrow morning and wear it every day until you go to bed on (the seventh day).’
PLEASE ASK ALL: ‘Please could I arrange a convenient time to come back to collect the actigraph and actigraph record card?’
INTERVIEWER: Ask the actigraph respondent(s) to keep the actigraph and actigraph record card in a safe place until you come to collect it.

Make an appointment to collect the actigraph.

INTERVIEWER: PRESS <ENTER> TO CONTINUE
1 continue
HEIGHT & WEIGHT MEASUREMENTS
ALL RESPONDENTS

Intro
INTERVIEWER: CODE AS 'Later' IF YOU DO NOT WISH TO DO THE MEASUREMENTS FOR (respondent’s name) NOW.
PREAMBLE: I would now like to measure your / (child’s name)’s height and weight. There is interest in how people’s weight, given their height, is associated with their health.
INTERVIEWER: MAKE OUT MRC FOR (respondent’s name), IF MEASUREMENTS WILL BE TAKEN.
1       Continue

IF (Sex = Female) AND (Age = 16 – 49) THEN
PregNowB
MEASUREMENTS FOR (respondent’s name)
May I check, are you pregnant or breastfeeding now?
1       Yes
2       No

IF (Age >= 2) AND (PregNowB <> Yes) THEN
RespHts
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: MEASURE HEIGHT AND CODE.
INCLUDE ‘DISGUISED’ REFUSALS SUCH AS ‘IT WILL TAKE TOO LONG’, ‘I HAVE TO GO OUT’ ETC. AT CODE 2: HEIGHT REFUSED.
1       Meas       "Height measured"
2       Ref        "Height refused"
3       Attmpt     "Height attempted, not obtained"
4       NotAt      "Height not attempted"

Height1
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.
: 60.0..244.0

Height2
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES.
: 60.0..244.0

IF (difference between height1 and height2 is greater than 0.5 centimetres) THEN
Height3
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: THE PREVIOUS HEIGHTS DIFFER BY MORE THAN .5cm. PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES
: 60.0..244.0

IF (RespHts = Meas) THEN
Height
MEASUREMENTS FOR (respondent’s name)
HEIGHT IN CENTIMETRES
: 60.0..244.0
StadNo
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE STADIOMETER USED FOR THIS INTERVIEW.
THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:
CST+digits   e.g. CST123
NS+digits+L  e.g. NS123L
NS+digits+NC  e.g. NS123NC
LST+digits   e.g. LST123
EST+digits   e.g. EST123

RelHite
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CODE ONE ONLY.
1 NoProb "No problems experienced, reliable height measurement obtained"
2 Rel  "Problems experienced, measurement likely to be: Reliable"
3 UnRel "Problems experienced, measurement likely to be: Unreliable"

IF (RelHite = UnRel) THEN
HiNRel
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
1 Hair "Hairstyle or wig"
2 Hat  "Turban or other religious headgear"
3 Stoop "Respondent stooped"
4 Stretch "Child respondent refused stretching"
5 Fidgit "Respondent would not stand still"
6 Shoes "Respondent wore shoes"
7 Other "Other, please specify"

IF (HiNRel = Other) THEN
OHiNRel
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
: STRING [60]

IF (RespHts = Meas) THEN
MBookHt
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.
HEIGHT: ^Height cm OR ^Foot feet ^Inch inches.
PRESS <ENTER> TO CONTINUE
1 Continue

IF (RespHts = Ref) THEN
ResNHi
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: GIVE REASONS FOR REFUSAL.
1 NoPoint "Cannot see point/Height already known/Doctor has measurement"
2 Busy  "Too busy/Taken too long already/ No time"
3 Tooill "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 "Other"

IF (RespHts = Atmt..NotAt) THEN
NoHtBC
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
CODE ALL THAT APPLY.
1 Away "Child: away from home during fieldwork period (specify in a Note)"
2 Unsted "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 ASleep "Stadiometer faulty or not available"
10 Other "Other - specify"

IF (NoHtBC = Other) THEN
NoHitCO
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: Please specify other reason.
: STRING [60]

IF (Age >= 2) AND (PregNowB <> Yes) THEN
RespWts
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: MEASURE WEIGHT AND CODE.
INCLUDE ‘DISGUISED’ REFUSALS SUCH AS ‘IT WILL TAKE TOO LONG’, ‘I HAVE TO GO OUT’ ETC. AT CODE 2: WEIGHT REFUSED.
0 Held "Weight obtained - Child held" (only use if child 5 or under)
1 Meas "Weight obtained"
2 Ref "Weight refused"
3 Atmtpt "Weight attempted, not obtained"
4 NotAt "Weight not attempted"

IF (RespWts = Meas) THEN
XWt1
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.
Range: 5.0..130.0

IF (RespWts = Held) THEN
WtAd1
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: ENTER WEIGHT OF ADULT ON HIS/HER OWN AND ENTER WEIGHT IN KILOGRAMS.
Range: 30.0..130.0

WtChA1
MEASUREMENTS FOR (respondent’s name)
**INTERVIEWER:** ENTER WEIGHT OF ADULT HOLDING CHILD AND ENTER WEIGHT IN KILOGRAMS.
Range: 30.0..130.0

**Wght**
MEASUREMENTS FOR (respondent's name)
Weight in Kilograms. Computed
Range: 0.0..130.0

**IF (Weight obtained) THEN**

**FloorC**
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER CODE: SCALES PLACED ON?”
1 Uneven "Uneven floor"
2 Carpet “Carpet”
3 Neither “Neither”

**IF (weight measurement taken) THEN**

**RelWaitB**
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CODE ONE ONLY
1 NoProb "No problems experienced, reliable weight measurement obtained”
2 Rel "Problems experienced, measurement likely to be: Reliable”
3 UnRel "Problems experienced, measurement likely to be: Unreliable”

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

**BMI**
MEASUREMENTS FOR (respondent's name)
Measured Body Mass Index (BMI).
Range: 5.0..50.0

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

**MBookWt**
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.
Weight: ^Wght kg OR ^Stone stones ^Pound pounds.
BMI : ^BMI
If weight looks wrong, go back to ‘XWt1’ or ‘WtAd1’ and reweigh.
PRESS <ENTER> TO CONTINUE
1 Continue

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

**SclNo**
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE SCALES USED FOR THIS INTERVIEW.
THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:
CSC+digits e.g. CSC123
SC+digits+TA e.g. SC123TA
SC+digits+TL e.g. SC123TL
SC+digits+NC e.g. SC123NC
LSC+digits e.g. LSC123
ESC+digits e.g. ESC123
IF (RespWts = ref) THEN
ResNWt
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: GIVE REASONS FOR REFUSAL.
1   NoPoint  "Cannot see point/Weight already known/Doctor has measurement"
2   Busy     "Too busy/Taken long enough already/No time"
3   TooIll    "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     "Other"

IF (RespWts = Attmpt OR NotAt) THEN
NoWtBC
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.
CODE ALL THAT APPLY.
1   Away     "Child: away from home during fieldwork period (specify in a Note)"
2   Unsted   "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   Ill      "Ill or in pain"
9   NotWrk   "Scales not working"
10  NoHold   "Parent unable to hold child"
11  ASleep   "Child asleep"
12  Other    "Other - specify"

IF (NoWtBC = Other) THEN
NoWatCO
MEASUREMENTS FOR (respondent’s name)
INTERVIEWER: Please specify other reason.
: STRING [60]

MoveOK
INTERVIEWER: 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).
INTERVIEWER: YOU HAVE NOW COMPLETED ALL THE MEASUREMENTS FOR
(respondent’s name).
1   Continue
DIETARY SUPPLEMENTS
ALL RESPONDENTS

SuppInt
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 / (child’s name) provided for the days already recorded when you completed the food diary. PRESS <ENTER> TO CONTINUE
1 Continue

SuppYr
SHOW CARD DD
Have you / Has (child’s name) taken any vitamins, minerals, fish oil, fibre or other dietary supplements of the type listed on this card in the past year, including prescription and non-prescription supplements?
INTERVIEWER: GIVE FURTHER EXAMPLES - VITAMIN C, IRON, FOLIC ACID, GLUCOSAMINE, EVENING PRIMROSE, GARLIC, GINSENG, OMEGA 3, COMPLAN, HEALTHY START VITAMINS ETC.
1 Yes
2 No

IF (SuppYr = Yes) THEN
SDet
Now I would like to collect some details about the vitamins, minerals and other dietary supplements that you / (child’s name) have / has taken in the past year. It will be easiest if you show me the bottles or containers and I can copy down the information. PRESS <ENTER> TO CONTINUE
1 Continue

{Following questions asked as a loop}

SRec
INTERVIEWER: CODE WHETHER (First/Next) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.
1 Inte “Checked by myself”
2 Resp “Checked by respondent”
3 NoCon “Not checked”

SName
INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH. INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THE NAME, BRAND AND STRENGTH ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT SUPPLEMENT.
: STRING [60]

SForm
INTERVIEWER: RECORD FORM.
1 Tablets “Tablets”
2 Capsules “Capsules”
Drops
Liqu
Powder

SDose
INTERVIEWER: 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 EE
How often did you / (child’s name) take this supplement?
INTERVIEWER: Use <CTRL K> if does not know.
1 LessMth "Less than once a month"
2 OneThMth "1-3 times a month"
3 OnceWk "Once a week"
4 TwoFrWk "2-4 times a week"
5 OnceDay "Once a day"
6 TwoThDay "2-3 times a day"
7 FrMrDay "4 or more times a day"

SPres
Was the supplement prescribed by your / (child’s name) GP/other healthcare professional?
1 Yes
2 No

SMore
INTERVIEWER: RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.
1 Yes
2 No

IF (P2Age ≥ 4) THEN
 HSVits
Have you ever given Healthy Start vitamins to (Child’s name)?
1 Yes
2 No
3 NoneAv "SPONTANEOUS ONLY: Tried to claim, but none available"

IF (HSVits=Yes) THEN
 HSVOft
And how often do you give these vitamins to (Child’s name)?
1 Daily
2 Occ "...Occasionally"
3 VRare "Very rarely"
4 Never
5 UsedTo "Used to give, but now don’t"
SUN EXPOSURE MODULE

ALL RESPONDENTS

SunInt
Now I'd like to ask you some questions about some of the things you / (child’s name) have/has done in the last seven days, that is since (day / date) up until yesterday, that involve exposure to sunlight.
Exposure to sunlight could mean working outdoors, doing some kind of physical activity outside or sunbathing.
Unless otherwise stated, please think of the last seven days only when answering these questions.
PRESS <ENTER> TO CONTINUE
1 Continue

{Ask all children aged < 16}

Sch7D
Can I just check, in the last seven days, that is since last (day / date), did you/ X go to school?
1 Yes “Yes"
2 NoHol "No, I was on holiday"
3 NoSick "No, I was sick"
4 NoHome "No, I don't go to school (home-educated)"
5 NoOth "No, any other reason"

IF (Sch7D = Yes) THEN
SchDays
In the last seven days, that is since (day / date), how many days have you / X been to school?
INTERVIEWER: ENTER NUMBER OF DAYS
Range: 1..6

WalkDay
In the last seven days, that is from last (day / date) to yesterday, on how many days did you/he/she walk to school?
Range: 0..6

WalkSch
In terms of walking to and from school in the last seven days, would you say that you/he/she...
...READ OUT AND CODE ONE ONLY...
1 Same "Walked the same number of days as usual"
2 Less "Walked less days than usual"
3 More "Walked more days than usual"
4 NoWalk "Or do/does you/he/she never walk to school"

IF (WalkSch > 0) THEN
WearSch
SHOW CARD II
When you/he/she go/goes to school, what do/does you/he/she usually wear this time of year while on the way there or back?
… READ OUT AND CODE ALL THAT APPLY...
1 Trous  "Trousers?"
2 Shorts "Shorts?"
3 ShSISh "Short sleeved shirt or long sleeves rolled up?"
4 LSISh "Long sleeved shirt / jumper / blazer?"

{ASK GIRLS ONLY}:
5 LSkirt "WearSkl"
6 SSkirt "WearSks"
7 Tights "WearTig"

IF (Sch7D = Yes) THEN
MBreakO
On the days when you/he/she was/were at school in the last seven days, did you/he/she usually spend the morning break outside?
1 Yes
2 No

LBreakO
On the days when you/he/she were at school in the last seven days, for how much of your/ X’s lunch break was/were you/he/she usually outside?
...READ OUT AND CODE ONE ONLY...
1 All "All or most of it"
2 Half "About half of it"
3 None "Or, very little or none of it?"

IF (SchDays>0) THEN
PEDay
In the last seven days, that is from (day / date) to yesterday, on how many days did you/ X go to P.E. classes?
Range: 0..6

IF (PEDay > 0) THEN
PEOutS
Thinking of the physical education classes you/he/she had in school in the last seven days. In how many of these classes was/were you/he/she outdoors at all?
Range: 0..12

IF (PEOutS > 0) THEN
PEOutST
For how long was/were you/he/she outdoors each time? Would you say...
1 All "All or most of the class except when changing clothes"
2 Half "About half the class"
3 Less "Or less than half the class?"

PEOUnc
When you/he/she was/were outside during these classes, were the following parts of your/ X 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?"
IF (PEDay > 0) THEN
PEOTyp
How typical were the last seven days in terms of the number of PE classes you/he/she had outside for this time of year?
Would you say the number of classes outside was
...READ OUT...
1 Same "The same as usual"
2 Less "Less classes than usual"
3 More "Or, more classes than usual?"

{End of specific questions for children aged < 16}

ASK ALL
OutS
In the last seven days, on how many days have/has you/he/she spent time sitting, standing or lying outside (for example at a sports event)?
INTERVIEWER: IF NONE CODE ZERO
EXCLUDE ANY OUTDOOR PHYSICAL ACTIVITIES, SPORTS, WALKING AND CYCLING
Range: 0..7

IF (OutS > 0) THEN
TimeOH
Approximately how many hours did you/he/she usually spend on each one of those days sitting, standing or lying outside?
INTERVIEWER. Enter hours in this question followed by minutes in the next question (TimeOM)
Range: 0..24

TimeOM
... and enter minutes
Range: 0..59

TOUnc
When you/he/she was/were sitting, standing or lying outside, were the following parts of your/ X's 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"

ASK ALL ≥16
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/has you/he/she used sun cream?
1 Yes
2 No

IF (SunC = Yes) THEN
SPF
What SPF factor was this sun cream?
INTERVIEWER: IF NECESSARY, READ OUT...
CODE ALL THAT APPLY.
1 SPF17 "1-7"
2 SPF815 "8-15"
3 SPF1625 "16-25"
4 SPF2630 "26-30"
5 SPF31MO "31+"

IF (SunC = Yes) Them
SunCD
On how many days in the last seven days did you/he/she apply sun cream?
Range: 1..7

IF (SunCD > 0) THEN
SCAp
And how many times each day did you/he/she apply it.
Was it...READ OUT...
INTERVIEWER: 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 (respondent is FEMALE) THEN
Mois
In the last seven days, have you/ has she used moisturiser containing SPF factor?
1 Yes
2 No

IF (respondent is FEMALE) AND (Mois = Yes) THEN
MoSPF
What SPF factor did this moisturiser contain?
INTERVIEWER: IF NECESSARY, READ OUT...
1 SPF17 "1-7"
2 SPF815 "8-15"
3 SPF1625 "16-25"
4 SPF2630 "26-30"
5 SPF31plus "31+"
6 Don'tK "Don't Know"

IF (MoSPF = Don'tK) THEN
MoName
What is the name of the moisturiser?
EDMoCode
Moisturiser code - EDIT
Range: 1..99

EDMoName
Moisturiser name: MoName
EDITOR: Press Spacebar to start computer-assisted coding of moisturiser.

EDMoProd
Moisturiser name - EDIT

EDMoBrnd
Moisturiser brand - EDIT

EDMoSPF
Moisturiser SPF - EDIT

IF (respondent is FEMALE) AND (Mois = Yes) THEN
MoDs
On how many days in the last seven days did you/she use this moisturiser?
Range: 1..7

IF (MoDs > 0) THEN
MoAp
And how many times each day did you/he/she apply it. Was it...

INTERVIEWER: For young children, a parent/guardian may have applied the moisturiser. 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?"

ASK ALL
CovSk
Do/does you/he/she ever cover your/his/her skin for religious reasons?
1 Yes
2 No

IF (CovSk = Yes) THEN
HMCov
To what extent do/does you/he/she cover your/his/her body. Do/does you/he/she cover your/his/her ...

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?"
ASK ALL

Hair
What is your/his/her natural (undyed) hair colour?
INTERVIEWER: IF RESPONDENT ANSWERS 'GREY', ASK 'What was it before becoming grey?'
IF RESPONDENT ANSWERS 'BALD', ASK 'What was it before becoming bald?'
INTERVIEWER: IF ASKED, WE ARE INTERESTED IN HAIR AND SKIN COLOUR BECAUSE WE GET MOST OF OUR VITAMIN D THROUGH EXPOSURE TO SUNLIGHT (ONLY SOME COMES FROM OUR DIET). BY KNOWING HAIR AND SKIN COLOUR, THE AMOUNT OF TIME SPENT OUTSIDE, AND ALSO DIETARY DETAILS, WE CAN WORK OUT HOW MUCH VITAMIN D IS FORMED IN THE SKIN.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Black</td>
<td>&quot;Black&quot;</td>
</tr>
<tr>
<td>2</td>
<td>Red</td>
<td>&quot;Red / Ginger&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Blond</td>
<td>&quot;Blond / Fair&quot;</td>
</tr>
<tr>
<td>4</td>
<td>LBrown</td>
<td>&quot;Light brown / Mouse&quot;</td>
</tr>
<tr>
<td>5</td>
<td>DBrown</td>
<td>&quot;Dark brown&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Auburn</td>
<td>&quot;Auburn&quot;</td>
</tr>
<tr>
<td>7</td>
<td>None</td>
<td>&quot;None of these&quot;</td>
</tr>
</tbody>
</table>

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

Is it...READ OUT...

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>White</td>
<td>&quot;White&quot;</td>
</tr>
<tr>
<td>2</td>
<td>Brown</td>
<td>&quot;Brown&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Black</td>
<td>&quot;Black&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Olive</td>
<td>&quot;Or, olive?&quot;</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td>&quot;Other&quot;</td>
</tr>
</tbody>
</table>

IF (Skin = White OR Olive) THEN

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

...READ OUT...

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NeverT</td>
<td>&quot;Never tans&quot;</td>
</tr>
<tr>
<td>2</td>
<td>DiffT</td>
<td>&quot;Tans with difficulty&quot;</td>
</tr>
<tr>
<td>3</td>
<td>EasyT</td>
<td>&quot;Or tans easily?&quot;</td>
</tr>
<tr>
<td>4</td>
<td>NotKno</td>
<td>&quot;DO NOT READ OUT - Not known&quot;</td>
</tr>
</tbody>
</table>

ASK ALL

Holi12m
In the past year, have / has you / (child's name) been on a sun holiday or trip to a sunny place for two days or more? This could be a sun holiday abroad or in the UK.
INTERVIEWER: IT NEEDS TO HAVE BEEN SUNNY FOR TWO DAYS OR MORE WHILE RESPONDENT WAS AWAY.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
IF (Respondent 2 within ‘Core Address’) THEN

SameHolS

Were any of these holidays the same as the ones *(Respondent one’s name)* has already told me about? That is to the same place at the same time as *(Respondent one’s name)*.
INTERVIEWER: IF YES: PROBE AND CODE ALL THAT APPLY FROM LIST BELOW

IF (Holi12m = Yes) THEN

SunHM

Thinking of the {first/second/third/ fourth} sun holiday you/he/she took in the last year, in which month was this holiday?
INTERVIEWER: IF HOLIDAY SPANS MORE THAN ONE MONTH, RECORD THE MONTH IN WHICH THE HOLIDAY BEGAN.
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 Sept "September"
10 October
11 November
12 December

HolC

What country did you/he/she visit on this trip?
INTERVIEWER: IF UK / GREAT BRITAIN, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.
INTERVIEWER: RECORD NAME OF COUNTRY.
INTERVIEWER: IF MORE THAN ONE, CODE THE COUNTRY WHERE RESPONDENT SPENT THE MOST TIME.
INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.
: STRING [30]

AnyMore

INTERVIEWER: ARE THERE ANY MORE SUN HOLIDAYS TO RECORD?
1 Yes
2 No
DIARY COLLECTION
& PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT

DIARY COLLECTION: ALL RESPONDENTS
RPAQ PLACEMENT: RESPONDENTS AGED 16 AND OVER

IF (Age≥16) AND (Respondent number = 1) THEN
DiaryDA
INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY
DIARY DAYS (respondent one’s name) COMPLETED AND RECORD NUMBER OF DIARY
DAYS COMPLETED HERE.
IF RESPONDENT HAS COMPLETED 3 OR 4 DIARY DAYS THEN GIVE THEM £30 IN
HIGH STREET VOUCHERS AND ASK THEM TO SIGN THE RECEIPT.
ENTER '0' IF NONE.
INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY
DAYS (respondent one’s name) COMPLETED.
RECORD NUMBER OF DIARY DAYS COMPLETED HERE.
ENTER '0' IF NO DIARY DAYS WERE COMPLETED.
Range: 0..4

IF (Respondent number = 1) AND (DiaryDA < 3) THEN
NoCAPI2A
INTERVIEWER: (Respondent one’s) Name has not completed at least 3 days of the food
diary so the physical activity self-completion, the rest of CAPI2 and introduction to the Nurse
visit are not necessary for this respondent.
PRESS <ENTER> TO CONTINUE
1  Continue

IF (Age≥16) AND (Respondent number = 2) THEN
DiaryDC
INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY
DIARY DAYS (respondent two’s name) COMPLETED AND RECORD NUMBER OF DIARY
DAYS COMPLETED HERE.
IF RESPONDENT HAS COMPLETED 3 OR 4 DIARY DAYS THEN GIVE THEM £30 IN
HIGH STREET VOUCHERS AND ASK THEM TO SIGN THE RECEIPT.
ENTER '0' IF NONE.
INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY
DAYS (respondent two’s name) COMPLETED.
RECORD NUMBER OF DIARY DAYS COMPLETED HERE.
ENTER '0' IF NO DIARY DAYS WERE COMPLETED.
Range: 0..4

IF (IF (Person Respondent = 2) AND (DiaryDA < 3) THEN
NoCAPI2C
INTERVIEWER: (respondent two’s) Name has not completed at least 3 days of the food
diary so the rest of CAPI2 and introduction to the Nurse visit are not necessary for this
respondent.
PRESS <ENTER> TO CONTINUE
1  Continue
IF (Age ≥ 16) AND (Respondent number = 1) THEN

DiarChkA
(Respondent one’s name), I would like you to answer some questions by completing this booklet. The questions cover physical activity in your everyday life in the last 4 weeks.

INTERVIEWER: Complete the front page of the booklet for (respondent one’s name).

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

PRESS <ENTER> TO CONTINUE
1  Continue

IF (Age ≥ 16) AND (Respondent Number = 2) THEN

DiarChkC
(Respondent two’s name), I would like you to answer some questions by completing this booklet. The questions cover physical activity in your everyday life in the last 4 weeks.

INTERVIEWER: Complete the front page of the booklet for (Respondent two’s name).

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

PRESS <ENTER> TO CONTINUE
1  Continue

IF (Respondent number = 1) AND (DiaryDA ≥ 3) THEN

RPAQChkA
INTERVIEWER: RECORD WHETHER (respondent one’s name) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

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

1  Yes
2  No
3  Missing

IF (Respondent number = 1) THEN

SlpWkAH
Over the last seven days, that is since (date), how long did you usually sleep for on week nights. That is Sunday to Thursday nights?

INTERVIEWER: Enter hours in this question followed by minutes in the next question (SlpWkAM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.
Range: 0..24

SlpWkAM
... and enter minutes
Range: 0..59

SlpWkEAH
And over the last seven days, how long did you **usually** sleep for on weekend nights? That is Friday and Saturday nights?

INTERVIEWER: Enter hours in this question followed by minutes in the next question (SlpWkEAM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.
Range: 0..24

SlpWkEAM
... and enter minutes
Range: 0..59

**IF (Respondent number = 2) AND (DiaryDA ≥ 3) THEN**

RPAQChkC
INTERVIEWER: RECORD WHETHER (Respondent two) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

INTERVIEWER: IF COMPLETED THEN GO THROUGH THE COMPLETED PHYSICAL ACTIVITY SELF-COMPLETION WITH (Respondent two) AND PROBE FOR ANY MISSING INFORMATION.
1 Yes
2 No
3 Missing

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

SlpWkCH
Over the last seven days, that is since (date), how long did you (Respondent two) **usually** sleep for on week nights. That is **Sunday to Thursday** nights?

INTERVIEWER: Enter hours in this question followed by minutes in the next question (SlpWkCM)

INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEKS ENTER AVERAGE TIME SLEPT DURING THE DAY.
Range: 0..24

SlpWkCM
... and enter minutes
Range: 0..59

SlpWkECH
And over the last seven days, how long did you (Respondent two) **usually** sleep for on weekend nights? That is Friday and Saturday nights?
INTERVIEWER. Enter hours in this question followed by minutes in the next question (SlpWkCM)
INTERVIEWER: ONLY INCLUDE TIME RESPONDENT IS ASLEEP. 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 TWO WEEK ENDS ENTER AVERAGE TIME SLEPT DURING THE DAY.
: 0..24

SlpWkECM
... and enter minutes
Range: 0..59

IF (AGE <16 and DiaryDC ≥ 3) THEN DiarChk2
INTERVIEWER: Now go through the diary with (Respondent two) and probe for any missing information
PRESS <ENTER> TO CONTINUE
1 Continue

DietFBA
(Respondent one), would you like to be sent some information about some of the major foods and nutrients in your diet based on the information you have provided during the interviews? The information will tell you how you compare with current consumption in the UK and how your intake of nutrients fits with UK recommendations for a healthy diet. It will also provide some useful resources for finding out more about eating a healthy diet.
INTERVIEWER: INFORMATION WILL BE SENT FROM THE OFFICE WITHIN 6 MONTHS.
1 Yes "Yes, feedback required"
2 No "No, feedback not required"

AddrChkA
We have this name for you ...
Title:
Forename:
Surname:
Is this correct?
INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.
1 Yes
2 No

TtlA
Firstly, what is your / X’s title?
1 Mr
2 Mrs
3 Ms
4 Miss
5 Other "Other title"

TtlTxtA
INTERVIEWER: Enter the other title
: STRING [15]
ForNameA
And your / X's first name?
: STRING [20]

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

DietFBC
(Respondent two), would you like to be sent some information about some of the major foods and nutrients in your / X's diet based on the information you have provided during the interviews? The information will tell you how your / X's compare(s) with current consumption in the UK and how your / X's intake of nutrients fits with UK recommendations for a healthy diet. It will also provide some useful resources for finding out more about eating a healthy diet.
INTERVIEWER: INFORMATION WILL BE SENT FROM THE OFFICE WITHIN 6 MONTHS.
1   Yes   "Yes, feedback required"
2   No    "No, feedback not required"

AddrChkC
We have this name for you ...
Title:
Forename:
Surname:
Is this correct?
INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.
1   Yes
2   No

TtIC
Firstly, what is your / X's title?
1   Mr
2   Mrs
3   Ms
4   Miss
5   Other  "Other title"

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

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

SurNameC
And your / X's surname?
: STRING [20]
NHS CENTRAL REGISTER
& CANCER REGISTRY CONSENT FORM
FOR 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.
INTERVIEWER: 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.
INTERVIEWER: Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.
Serial: Check Letter: Person Number: 1
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.
INTERVIEWER: 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.
INTERVIEWER: Enter the respondent's serial number, check letter, and respondent number on the top of the consent form.
Serial: Check Letter: Person Number: 2
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
FOR ALL RESPONDENTS

IF (Age ≥ 19) THEN
ReConA
If at some future date the FSA or Department of Health wanted to conduct a further study from the results of this survey, would you be willing to be recontacted to help again?
INTERVIEWER: IF ASKED, THERE ARE NO CURRENT PLANS FOR FURTHER STUDIES, BUT THERE MAY BE IN THE FUTURE.
1   Yes
2   No

IF (ReconA = Yes) THEN
StabAdd
ASK ADULT
Just in case we have difficulty in getting in touch with you - could you give us the name and/or phone number of someone who knows you well?
INTERVIEWER: IF NECESSARY, PROMPT: Perhaps a relative or friend who is unlikely to move?
COLLECT ADDRESS DETAILS IF POSSIBLE AND RECORD IN THE FOLLOWING QUESTIONS.
1   Agreed   "Agreed to provide stable contact"
2   Refused  "Refused to provide stable contact"

StName
INTERVIEWER: Please enter the name of the contact person.
: STRING [30]

StRel
INTERVIEWER: Please enter the relationship to the respondent.
PROBE FULLY.
: STRING [30]

StTelNum
INTERVIEWER: Please enter the stable/contact address.
Telephone Number
Include standard code.
: STRING [20]

StAdd
Could we also take down an address for them?
1   Yes
2   No

StAdd1
INTERVIEWER: Please enter the stable/contact address.
Address line 1:
: STRING [30]

StAdd2
INTERVIEWER: Please enter the stable/contact address.
Address line 2:
INTERVIEWER: Please enter the stable/contact address. Address line 3:

StAdd4
INTERVIEWER: Please enter the stable/contact address. Address line 4:

StAdd5
INTERVIEWER: Please enter the stable/contact address. Address line 5:

StAddPC
INTERVIEWER: Please enter the stable/contact address. Postcode:

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

ConSt
INTERVIEWER: Please read the stable contact below, and confirm whether correct. Name: StName Relationship: StRel Address: StAdd1 Postcode: tAddPc Telephone: StTelNum Other info:

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

StabDisp
INTERVIEWER: Give the respondent the Stage 1 survey leaflet and read out: If we needed to contact this person in order to find your new contact details, it would be helpful if they knew about the National Diet and Nutrition Survey. Please could you pass this leaflet onto them, and let them know that you have given permission for us to contact them, and for them to pass your new contact details on to us. PRESS <ENTER> TO CONTINUE

1 Continue
ACTIGRAPH COLLECTION
FOR RESPONDENTS AGED 4-15 WHO AGREED TO WEAR THE ACTIGRAPH

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 (your / X's)
experiences of wearing it.
PRESS <ENTER> TO CONTINUE
1 Continue

Wear
Firstly, can I check, did you/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"
5 NotWorn "Actigraph not worn at all"

IF (Wear <> Day7) THEN
NoWear
Why was/were you / X 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
INTERVIEWER: Record why respondent did not wear the actigraph for all 7 days.
: STRING [100]

IF (Wear = Day7) THEN
AGSDate
INTERVIEWER: Record from the actigraph record sheet the actual start date of wearing the
actigraph.
INTERVIEWER: IF THE RESPONDENT DID NOT START WEARING THE ACTIGRAPH ON PROPOSED DATE, PLEASE RECORD HERE THE DATE THEY ACTUALLY STARTED WEARING THE ACTIGRAPH.
: DATETYPE

AGEDate
INTERVIEWER: Record from the actigraph record sheet the actual end date of wearing the
actigraph.
INTERVIEWER: IF THE RESPONDENT DID NOT FINISH WEARING THE ACTIGRAPH ON PROPOSED DATE, PLEASE RECORD HERE THE DATE THEY ACTUALLY FINISHED WEARING THE ACTIGRAPH.
: DATETYPE

ASK ALL
Collect
INTERVIEWER: Did you collect the actigraph?
1 Yes
IF (Collect = No) THEN  

YNoAct
INTERVIEWER: Why did you not collect the actigraph?
1   Lost   "Actigraph lost/stolen"
2   Other  "Other"

IF (YNoAct = Other) THEN  

NOActOth
INTERVIEWER: Record why you didn't collect the actigraph.
: STRING [100]

AGDesp
INTERVIEWER: 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:
Actigraph serial number:
PRESS <ENTER> TO CONTINUE
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 £10 in High Street vouchers as a token of our appreciation.
INTERVIEWER: Hand over the pale violet £10 voucher promissory note.
PRESS <ENTER> TO CONTINUE
1   Continue

AddrChk
We have this name for you ...
Title:
Forename:
Surname:
Is this correct?
INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS HIGH STREET VOUCHERS), ARE SENT TO THE CORRECT RESPONDENTS.
1   Yes
2   No

IF (AddrChk = No) THEN  

Ttl
Firstly, what is your / X’s title?
1   Mr
2   Mrs
3   Ms
4   Miss
5   Other  "Other title"

TtlTxt
INTERVIEWER: Enter the other title
: STRING [15]
**ForName**
And your / X’s **first name**?
: STRING [20]

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

**IF (Wear = Day2) THEN**

**NoVouch**
Thank you for taking part in this stage of the study.
INTERVIEWER: For your information, this respondent is not eligible for a voucher.
PRESS <ENTER> TO CONTINUE
1  Continue

**CollEnd**
INTERVIEWER: The actigraph collection for X has now been completed.
NOTE: You have to press <1> and <Enter> here, otherwise this section will not be counted as complete and you will not be paid the fee for this section.
1  Continue
ASK ALL NursInt
We would like you to help us with the second stage of this study. This is a visit by a qualified nurse to collect some medical information and, if you agree, carry out some measurements. The nurse would like to come round in a couple of months and explain some more about what is involved and answer any questions you have. May I get him/her to contact you in a couple of months?
INTERVIEWER: REMEMBER TO GIVE THE RESPONDENT THE STAGE 2 LEAFLET, APPROPRIATE FOR THEIR AGE.
INTERVIEWER: 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.
INTERVIEWER: IF ASKED: The nurse will contact the respondent within 2-4 months.
INTERVIEWER: Always mention the nurse by name (if known).
INTERVIEWER: If respondent is unsure then code ‘3 Unsure’ here. The nurse will still contact the respondent but will be aware that the respondent was unsure about the nurse visit.
Press <F9> for help explaining about the nurse visit.
1 Agree "Agreed nurse could contact"
2 Refuse "Refused nurse contact"
3 Unsure "Unsure"

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

NsRefO
INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.
: STRING [30]
NATIONAL DIET AND NUTRITION SURVEY

PROMPT CARDS
<table>
<thead>
<tr>
<th></th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
</tr>
<tr>
<td>2</td>
<td>Scottish</td>
</tr>
<tr>
<td>3</td>
<td>Welsh</td>
</tr>
<tr>
<td>4</td>
<td>Irish</td>
</tr>
<tr>
<td>5</td>
<td>British</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
</tr>
<tr>
<td>1</td>
<td>White – British</td>
</tr>
<tr>
<td>2</td>
<td>Any other white background</td>
</tr>
<tr>
<td>3</td>
<td>Mixed – White and Black Caribbean</td>
</tr>
<tr>
<td>4</td>
<td>Mixed – White and Black African</td>
</tr>
<tr>
<td>5</td>
<td>Mixed – White and Asian</td>
</tr>
<tr>
<td>6</td>
<td>Any other mixed background</td>
</tr>
<tr>
<td>7</td>
<td>Asian or Asian British – Indian</td>
</tr>
<tr>
<td>8</td>
<td>Asian or Asian British – Pakistani</td>
</tr>
<tr>
<td>9</td>
<td>Asian or Asian British – Bangladeshi</td>
</tr>
<tr>
<td>10</td>
<td>Any other Asian/Asian British background</td>
</tr>
<tr>
<td>11</td>
<td>Black or Black British – Caribbean</td>
</tr>
<tr>
<td>12</td>
<td>Black or Black British – African</td>
</tr>
<tr>
<td>13</td>
<td>Any other Black/Black British background</td>
</tr>
<tr>
<td>14</td>
<td>Chinese</td>
</tr>
<tr>
<td>15</td>
<td>Any other</td>
</tr>
</tbody>
</table>
1  Husband/Wife
2  Civil partner
3  Partner/Cohabitee
4  Natural son/daughter
5  Adopted son/daughter
6  Foster child
7  Stepson/stepdaughter
8  Son-in-law/daughter-in-law
9  Natural parent
10  Adoptive parent
11  Foster parent
12  Step-parent
13  Parent-in-law
14  Natural brother/sister
15  Half-brother/sister
16  Step-brother/sister
17  Adopted brother/sister
18  Foster brother/sister
19  Brother/sister-in-law
20  Grand-child
21  Grand-parent
22  Other relative
23  Other non-relative
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Own outright</td>
</tr>
<tr>
<td>2</td>
<td>Buying it with the help of a mortgage or loan</td>
</tr>
<tr>
<td>3</td>
<td>Pay part rent and part mortgage (shared ownership)</td>
</tr>
<tr>
<td>4</td>
<td>Rent it</td>
</tr>
<tr>
<td>5</td>
<td>Live here rent-free (including rent-free in relative’s/friend’s property)</td>
</tr>
<tr>
<td>6</td>
<td>Squatting</td>
</tr>
</tbody>
</table>
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 rodents / insects
6 Not secure
7 Other
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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>More than once a day</td>
</tr>
<tr>
<td>2</td>
<td>Once a day</td>
</tr>
<tr>
<td>3</td>
<td>Two or three times a week</td>
</tr>
<tr>
<td>4</td>
<td>Weekly</td>
</tr>
<tr>
<td>5</td>
<td>Two or three times a month</td>
</tr>
<tr>
<td>6</td>
<td>Monthly</td>
</tr>
<tr>
<td>7</td>
<td>Every two months</td>
</tr>
<tr>
<td>8</td>
<td>Less often than every two months</td>
</tr>
</tbody>
</table>
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
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
<table>
<thead>
<tr>
<th></th>
<th>Item Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flour (Self-raising / plain / bread)</td>
</tr>
<tr>
<td>2</td>
<td>Sugar (Caster / Granulated / Brown)</td>
</tr>
<tr>
<td>3</td>
<td>Cornflour</td>
</tr>
<tr>
<td>4</td>
<td>Dried pasta (Spaghetti, Noodles)</td>
</tr>
<tr>
<td>5</td>
<td>Rice (Long grain, Basmati)</td>
</tr>
<tr>
<td>6</td>
<td>Tomatoes in tins or cartons</td>
</tr>
<tr>
<td>7</td>
<td>Tomato paste / puree</td>
</tr>
<tr>
<td>8</td>
<td>Olive oil or other vegetable oil</td>
</tr>
<tr>
<td>9</td>
<td>Vinegar (Wine, Balsamic)</td>
</tr>
<tr>
<td>10</td>
<td>Dried or tinned pulses (Canellini or Borlotti beans, Chickpeas etc.)</td>
</tr>
<tr>
<td>11</td>
<td>Baked beans</td>
</tr>
<tr>
<td>12</td>
<td>Dried herbs, spices or curry powder</td>
</tr>
<tr>
<td>13</td>
<td>Stock cubes</td>
</tr>
<tr>
<td>14</td>
<td>Soy sauce</td>
</tr>
<tr>
<td>15</td>
<td>Tinned fish (Sardines, Anchovies)</td>
</tr>
<tr>
<td>16</td>
<td>None of these</td>
</tr>
<tr>
<td></td>
<td>Allowance</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Working Tax Credit</td>
</tr>
<tr>
<td>2</td>
<td>Child Tax Credit</td>
</tr>
<tr>
<td>3</td>
<td>Income Support</td>
</tr>
<tr>
<td>4</td>
<td>Income-based Jobseekers Allowance</td>
</tr>
<tr>
<td>5</td>
<td>None of these</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A</td>
<td>£15,000 - £19,999</td>
</tr>
<tr>
<td>B</td>
<td>£30,000 - £34,999</td>
</tr>
<tr>
<td>C</td>
<td>Under £5,000</td>
</tr>
<tr>
<td>D</td>
<td>£45,000 - £49,999</td>
</tr>
<tr>
<td>E</td>
<td>£25,000 - £29,999</td>
</tr>
<tr>
<td>F</td>
<td>£5,000 - £9,999</td>
</tr>
<tr>
<td>G</td>
<td>£20,000 - £24,999</td>
</tr>
<tr>
<td>H</td>
<td>£10,000 - £14,999</td>
</tr>
<tr>
<td>I</td>
<td>£75,000 - £99,999</td>
</tr>
<tr>
<td>J</td>
<td>£35,000 - £39,999</td>
</tr>
<tr>
<td>K</td>
<td>£50,000 - £74,999</td>
</tr>
<tr>
<td>L</td>
<td>£100,000 or more</td>
</tr>
<tr>
<td>M</td>
<td>£40,000 - £44,999</td>
</tr>
</tbody>
</table>
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 N

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
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
</tr>
<tr>
<td>2</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>3</td>
<td>On one to three days per month</td>
</tr>
<tr>
<td>4</td>
<td>On one to two days per week</td>
</tr>
<tr>
<td>5</td>
<td>On three to four days per week</td>
</tr>
<tr>
<td>6</td>
<td>On five to six days per week</td>
</tr>
<tr>
<td>7</td>
<td>Every day in the last month</td>
</tr>
</tbody>
</table>
1 Sprats
2 Seeds as a snack (e.g. sunflower seeds, pumpkin seeds, sesame seeds, melon seeds (also known as egusi))
3 Cassava chips/Cassava crisps
4 Seaweed (includes hijiki, wakame)
5 Sushi (includes purchased sushi)
6 Papaya (includes fresh and canned)
7 Dried papaya
8 Game (includes venison, rabbit, pheasant, partridge, wood pigeon, hare or wild boar)
9 Non cow's milk (includes rice milk, soya milk, sheep's milk, goat's milk or oat milk)
10 Fish eggs (e.g. caviar, cod's roe)
11 Smoked sausages
12 Goji berries
13 Fish liver (not oil)
14 Dark chocolate i.e. 50% or higher cocoa solids
15 Okra
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>2</td>
<td>On one to three days per month</td>
</tr>
<tr>
<td>3</td>
<td>On one to two days per week</td>
</tr>
<tr>
<td>4</td>
<td>On three or more days per week</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>Pheasant</td>
</tr>
<tr>
<td>2</td>
<td>Partridge</td>
</tr>
<tr>
<td>3</td>
<td>Quail</td>
</tr>
<tr>
<td>4</td>
<td>Wood pigeon</td>
</tr>
<tr>
<td>5</td>
<td>Rabbit</td>
</tr>
<tr>
<td>6</td>
<td>Venison</td>
</tr>
<tr>
<td>7</td>
<td>Hare</td>
</tr>
<tr>
<td>8</td>
<td>Grouse</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Milk Type</td>
</tr>
<tr>
<td>---</td>
<td>--------------</td>
</tr>
<tr>
<td>1</td>
<td>Rice milk</td>
</tr>
<tr>
<td>2</td>
<td>Soya milk</td>
</tr>
<tr>
<td>3</td>
<td>Sheep’s milk</td>
</tr>
<tr>
<td>4</td>
<td>Goat’s milk</td>
</tr>
<tr>
<td>5</td>
<td>Oat milk</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>Kabanos</td>
</tr>
<tr>
<td>2</td>
<td>Kielbasa</td>
</tr>
<tr>
<td>3</td>
<td>Bratwurst</td>
</tr>
<tr>
<td>4</td>
<td>Cervelat or Summer Sausage</td>
</tr>
<tr>
<td>5</td>
<td>Andouille</td>
</tr>
<tr>
<td>6</td>
<td>Knackwurst</td>
</tr>
<tr>
<td>7</td>
<td>Linguica</td>
</tr>
<tr>
<td>8</td>
<td>Chorizo</td>
</tr>
<tr>
<td>9</td>
<td>Mortadella</td>
</tr>
<tr>
<td>10</td>
<td>Hot Dogs</td>
</tr>
<tr>
<td>11</td>
<td>Bologna</td>
</tr>
<tr>
<td>12</td>
<td>Other</td>
</tr>
</tbody>
</table>
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
1 Orange
2 Lemon
3 Kiwi fruit
4 Grapefruit
5 Mango
6 Banana
7 Lime
8 Pineapple
9 Soft citrus fruit (satsumas / mandarins / clementines)
10 Melon
1 Every day / most days
2 Once or twice a week
3 Once or twice a month
4 Less than once a month
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
1 No difficulty
2 A little difficulty
3 A fair amount of difficulty
4 A great amount of difficulty
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Could eat easily</td>
</tr>
<tr>
<td>2</td>
<td>Could eat with some difficulty</td>
</tr>
<tr>
<td>3</td>
<td>Could not eat at all</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Almost every day</td>
</tr>
<tr>
<td>2</td>
<td>Five or six days a week</td>
</tr>
<tr>
<td>3</td>
<td>Three or four days a week</td>
</tr>
<tr>
<td>4</td>
<td>Once or twice a week</td>
</tr>
<tr>
<td>5</td>
<td>Once or twice a month</td>
</tr>
<tr>
<td>6</td>
<td>Once every couple of months</td>
</tr>
<tr>
<td>7</td>
<td>Once or twice a year</td>
</tr>
<tr>
<td>8</td>
<td>Not at all in the last 12 months</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Normal strength beer / lager / cider / shandy</td>
</tr>
<tr>
<td>2</td>
<td>Strong beer / lager / cider</td>
</tr>
<tr>
<td>3</td>
<td>Spirits or liqueurs</td>
</tr>
<tr>
<td>4</td>
<td>Sherry or martini</td>
</tr>
<tr>
<td>5</td>
<td>Wine</td>
</tr>
<tr>
<td>6</td>
<td>Alcopops / pre-mixed alcoholic drink</td>
</tr>
<tr>
<td>7</td>
<td>Other alcoholic drinks</td>
</tr>
<tr>
<td>8</td>
<td>Low alcohol drinks only</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>No.</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>GCE 'O'-level passes</td>
</tr>
<tr>
<td>25</td>
<td>CSE grade 1</td>
</tr>
<tr>
<td>26</td>
<td>SCE O Grades (A-C)</td>
</tr>
<tr>
<td>27</td>
<td>SCE Standard Grades (1-3)</td>
</tr>
<tr>
<td>28</td>
<td>School Certificate / Matriculation</td>
</tr>
<tr>
<td>29</td>
<td>Key Skills Level 2</td>
</tr>
<tr>
<td>30</td>
<td>Level 2 NVQ / SVQ</td>
</tr>
<tr>
<td>31</td>
<td>BTEC Intermediate or First Diploma/Certificate</td>
</tr>
<tr>
<td>32</td>
<td>RSA Diploma</td>
</tr>
<tr>
<td>33</td>
<td>City &amp; Guilds Craft / Part 2</td>
</tr>
<tr>
<td>34</td>
<td>Intermediate GNVQ</td>
</tr>
<tr>
<td>35</td>
<td>Foundation Modern Apprenticeship</td>
</tr>
<tr>
<td>36</td>
<td>GCSE grade D-G</td>
</tr>
<tr>
<td>37</td>
<td>CSE grade 2-5</td>
</tr>
<tr>
<td>38</td>
<td>SCE O Grades (D-E)</td>
</tr>
<tr>
<td>39</td>
<td>SCE Standard Grades (4-7)</td>
</tr>
<tr>
<td>40</td>
<td>SCOTVEC National Certificate Modules</td>
</tr>
<tr>
<td>41</td>
<td>Key Skills Level 1</td>
</tr>
<tr>
<td>42</td>
<td>Level 1 NVQ / SVQ</td>
</tr>
<tr>
<td>43</td>
<td>BTEC Foundation or Introductory Diploma/Certificate</td>
</tr>
<tr>
<td>44</td>
<td>RSA Stage 1-3</td>
</tr>
<tr>
<td>45</td>
<td>City &amp; Guilds Part 1</td>
</tr>
<tr>
<td>46</td>
<td>Foundation GNVQ; Foundation VCE</td>
</tr>
<tr>
<td>47</td>
<td>Other qualifications</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than once a month</td>
</tr>
<tr>
<td>2</td>
<td>One to three times a month</td>
</tr>
<tr>
<td>3</td>
<td>Once a week</td>
</tr>
<tr>
<td>4</td>
<td>Two to four times a week</td>
</tr>
<tr>
<td>5</td>
<td>Once a day</td>
</tr>
<tr>
<td>6</td>
<td>Two to three times a day</td>
</tr>
<tr>
<td>7</td>
<td>Four or more times a day</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>A nursery school</td>
</tr>
<tr>
<td>2</td>
<td>A primary school (including infant school, junior school)</td>
</tr>
<tr>
<td>3</td>
<td>A secondary school (including sixth form in a school) / High school</td>
</tr>
<tr>
<td>4</td>
<td>A middle school</td>
</tr>
<tr>
<td>5</td>
<td>A sixth form college / Higher Education college</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
</tr>
<tr>
<td>7</td>
<td>Home-educated</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Free school meal (at lunchtime)</td>
</tr>
<tr>
<td>2</td>
<td>Reduced price or subsidised school meal (at lunchtime)</td>
</tr>
<tr>
<td>3</td>
<td>Free school milk</td>
</tr>
<tr>
<td>4</td>
<td>Subsidised school milk</td>
</tr>
<tr>
<td>5</td>
<td>Free fruit</td>
</tr>
<tr>
<td>6</td>
<td>Free food BEFORE school</td>
</tr>
<tr>
<td>7</td>
<td>Free food AFTER school</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
</tr>
</tbody>
</table>
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