

NDNS

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence

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

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

Thank you for taking part in this survey

GREEN

How to answer these questions

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

Yes ₁

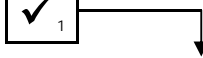
No ₂

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

I was years old
write in

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

No ₂ Go to question 4

Yes ₁ 
I was years old
write in

Cigarette Smoking

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

Tick one box

No ¹⁰⁵¹₂ → Go to question 2

Yes ₁ ↓

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

I was ^{1052 - 1053} years old
Write in

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

Tick one box

I have never smoked

¹⁰⁵⁴₁ → Go to question 4

I have only smoked once or twice

₂

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

₃

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

₄

I smoke between one and six cigarettes a week

₅

I smoke more than six cigarettes a week

₆ → Go to question 3

Q3 Did you smoke any cigarettes last week?

Tick one box

No ¹⁰⁵⁵₂ → Go to question 4

Yes ₁ ↓

How many cigarettes did you smoke last week?

I smoked ^{1056 - 1058} cigarettes
Write in

Drinking

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

Tick one box
1075

Yes ₁ → Go to question 6

No ₂ → Go to question 5

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

Tick one box
1076

Yes ₁ → Go to question 6

No ₂ → END

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

1077 - 1078

I was years old

write in

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

Tick one box
1079

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄ → Go to question 8

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

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

Tick one box

1080

Today 1

Yesterday 2

Some other time during the last week 3

1 week, but less than 2 weeks ago 4

2 weeks, but less than 4 weeks ago 5

1 month, but less than 6 months ago 6

6 months ago or more 7

Spare 1081 - 1099

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for 13-15 year olds

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Person no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026
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- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

BLUE

How to answer these questions

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

Yes ₁

No ₂

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

I was years old
write in

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

No ₂ → Go to Q4

Yes ₁
I was years old
write in

Cigarette Smoking

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

Tick one box

Yes 1051
No 2

→ Go to question 2

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

Tick one box

I have never smoked 1052
I have only smoked once or twice 2
I used to smoke sometimes, but I never smoke a cigarette now 3
I sometimes smoke, but I don't smoke every week 4
I smoke between one and six cigarettes a week 5
I smoke more than six cigarettes a week 6

→ Go to question 5
→ Go to question 3

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

I was 1053 - 1054 years old
write in → Go to question 4

Q4 Did you smoke any cigarettes last week?

Tick one box

No 1055
Yes 1

→ Go to question 5

How many cigarettes did you smoke last week?

I smoked 1056 - 1058 cigarettes
Write in Spare 1059 - 1074

Drinking

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

Tick one box

1075

Yes ₁ → Go to question 7

No ₂ → Go to question 6

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

Tick one box

1076

Yes ₁ → Go to question 7

No ₂ → END

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

1077 - 1078

I was years old Go to question 8

write in

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

Tick one box

1079

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄ → Go to question 9

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

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

Tick one box

1080

Today	1	→ Go to question 10
Yesterday	2	
Some other time during the last week	3	
1 week, but less than 2 weeks ago	4	→ END
2 weeks, but less than 4 weeks ago	5	
1 month, but less than 6 months ago	6	
6 months ago or more	7	

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

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

Have you drunk this in the last 7 days?

Tick one box

1081

No	2	→ Go to question 11
Yes	1	↓

How much did you drink in the last 7 days?

Write in:

	Spare 1082	
1083 - 1086	Pints (if half a pint, write in ½)	
	Spare 1087	
AND/OR	1088 - 1089	Large cans or bottles
		Spare 1090
AND/OR	1091 - 1092	Small cans or bottles

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

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹³₂ → Go to question 12

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Spare 1094

^{1095 - 1096} Glasses (count doubles as two glasses)

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

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹⁷₂ → Go to question 13

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Spare 1098

^{1099 - 1100} Glasses (count doubles as two glasses)

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No ¹¹⁰¹₂ → Go to question 14

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

Spare 1102

^{1103 - 1104} Glasses

Spare 1105-1115

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

Have you drunk this in the last 7 days?

Tick one box

No ¹¹¹⁶₂ → Go to question 15

Yes ₁ ↓

How much did you drink in the last 7 days?

Write in:

^{1118 - 1119} Large cans or bottles Spare 1117

AND/OR ^{1121- 1122} Small cans or bottles Spare 1120

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No ¹¹²³₂ → END

Yes ₁ → Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

¹¹²⁴



^{1125 - 1134}

¹¹³⁵



^{1136 - 1145}

¹¹⁴⁶



^{1147 -1156}

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Person no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026
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Example Questions: How to fill in this questionnaire

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

Tick one box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

Example 1: Do you feel that you lead ^a

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

Example 2: Write in no.

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

Tick one box

Example 3: Would you like to lead a healthier life than you do now?	Yes	<input checked="" type="checkbox"/>	Go to question 4
	No	<input type="checkbox"/>	Go to question 5
		1	
		2	

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

PEACH

SMOKING

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

Tick one box

1051

Yes ₁ → Go to question 2

No ₂ → Go to question 11 on page 3

Q2 Have you ever smoked a cigarette?

Tick one box

1052

Yes ₁ → Go to question 3

No ₂ → Go to question 11 on page 3

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

1053 - 1054

Write in how old you were then → Go to question 4

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

1055

Yes ₁ → Go to question 6

No ₂ → Go to question 5

Q5 Did you smoke cigarettes regularly or occasionally?

Tick one box

1056

Regularly, that is at least one cigarette a day ₁ → Go to question 9 on page 2

Occasionally ₂ → Go to question 11 on page 3

I never really smoked cigarettes, just tried them once or twice ₃

CURRENT SMOKERS

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

Write in number smoked a day

1057 - 1059

→ Go to question 7

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

Write in number smoked a day

1060 - 1062

→ Go to question 8 on page 2

Q8 Do you mainly smoke ...

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

Tick one box

1063

1

2

3

→ Go to question 11

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

Write in number smoked a day

1064 - 1066

→ Go to question 10

Q10 How long ago did you stop smoking cigarettes regularly? Was it...

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

Tick one box

1067

1

2

3

4

5

6

→ Go to question 11

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

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

Tick one box
1075

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

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

Tick one box
1076

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

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

Tick one box
1077

- Always a non-drinker 1
- Used to drink but stopped 2
- END

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

1078 - 1079

Write in how old you were then → Go to question 15

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

Tick one box
1080-1081

Almost every day	<input type="checkbox"/>	}	→ Go to question 16
Five or six days a week	<input type="checkbox"/>		
Three or four days a week	<input type="checkbox"/>		
Once or twice a week	<input type="checkbox"/>		
Once or twice a month	<input type="checkbox"/>		
Once every couple of months	<input type="checkbox"/>		
Once or twice a year	<input type="checkbox"/>		
Not at all in the last 12 months	<input type="checkbox"/>		

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

Tick one box
1082

Yes	<input type="checkbox"/>	→ Go to question 17
No	<input type="checkbox"/>	→ END

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

Tick one box
1083

One	<input type="checkbox"/>	}	→ Go to question 18
Two	<input type="checkbox"/>		
Three	<input type="checkbox"/>		
Four	<input type="checkbox"/>		
Five	<input type="checkbox"/>		
Six	<input type="checkbox"/>		
Seven	<input type="checkbox"/>		

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

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

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

Spare 1151 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for 13-15 year olds

In Confidence

Point <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	Address <input type="text"/> <input type="text"/> 1006 - 1007	CKL <input type="text"/> 1008	Person no <input type="text"/> 1011	First name: <input type="text"/> 1012 - 1026
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- **We will not tell anyone what your answers are.**
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Thank you for taking part in this survey

BLUE

How to answer these questions

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

Yes ₁

No ₂

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

I was years old
write in

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

No ₂ → **Go to Q4**

Yes ₁ —————

I was years old
write in

Cigarette Smoking

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

Tick one box

Yes ¹⁰⁵¹₁

No ₂

→ Go to question 2

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

Tick one box

I have never smoked ¹⁰⁵²₁ → Go to question 5

I have only smoked once or twice ₂

I used to smoke sometimes, but I never smoke a cigarette now ₃

I sometimes smoke, but I don't smoke every week ₄ → Go to question 3

I smoke between one and six cigarettes a week ₅

I smoke more than six cigarettes a week ₆

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

I was ^{1053 - 1054} years old → Go to question 4

write in

Q4 Did you smoke any cigarettes last week?

Tick one box

No ¹⁰⁵⁵₂ → Go to question 5

Yes ₁

How many cigarettes did you smoke last week?

I smoked ^{1056 - 1058} cigarettes

Write in Spare 1059 - 1074

Drinking

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

Tick one box

1075

Yes ₁ → **Go to question 7**

No ₂ → **Go to question 6**

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

Tick one box

1076

Yes ₁ → **Go to question 7**

No ₂ → **END**

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

1077 - 1078

I was years old **Go to question 8**

write in

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

Tick one box

1079

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol now ₇

→ **Go to question 9**

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

Tick one box

1080

Today	<input type="checkbox"/>	1	} → Go to question 10
Yesterday	<input type="checkbox"/>	2	
Some other time during the last week	<input type="checkbox"/>	3	
1 week, but less than 2 weeks ago	<input type="checkbox"/>	4	} → END
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	5	
1 month, but less than 6 months ago	<input type="checkbox"/>	6	
6 months ago or more	<input type="checkbox"/>	7	

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

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

Have you drunk this in the last 7 days?

Tick one box

1081

No	<input type="checkbox"/>	2	→ Go to question 11
Yes	<input type="checkbox"/>	1	↓

How much did you drink in the last 7 days?
Write in:

	1083 - 1086	<input type="text"/>	Pints (if half a pint, write in ½)	Spare 1082
AND/OR	1088 - 1089	<input type="text"/>	Large cans or bottles	Spare 1087
AND/OR	1091 - 1092	<input type="text"/>	Small cans or bottles	Spare 1090

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

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹³₂ → **Go to question 12**

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

^{1095 - 1096}

Glasses (count doubles as two glasses)

Spare 1094

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

Have you drunk this in the last 7 days?

Tick one box

No ¹⁰⁹⁷₂ → **Go to question 13**

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

^{1099 - 1100}

Glasses (count doubles as two glasses)

Spare 1098

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No ¹¹⁰¹₂ → **Go to question 14**

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

^{1103 - 1104}

Glasses

Spare 1102

Spare 1105-1115

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

Have you drunk this in the last 7 days?

Tick one box

No ¹¹¹⁶₂ → **Go to question 15**

Yes ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1117

^{1118 - 1119} **Large cans or bottles**

Spare 1120

AND/OR ^{1121- 1122} **Small cans or bottles**

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No ¹¹²³₂ → **END**

Yes ₁ → **Complete details below**

Write in name of drink

¹¹²⁴

¹¹³⁵

¹¹⁴⁶

How much did you drink in the last 7 days?

Write in:

^{1125 - 1134}

^{1136 - 1145}

^{1147 -1156}

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

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Example Questions: How to fill in this questionnaire

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

Tick **one** box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Example 1: Do you feel that you lead a ...	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Example 2: Write in no.

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

Tick **one** box

Example 3: Would you like to lead a healthier life than you do now?	Yes	<input checked="" type="checkbox"/> 1	Go to question 4
	No	<input type="checkbox"/> 2	Go to question 5

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

SMOKING

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

Tick one box

1051

Yes ₁ → Go to question 2

No ₂ → Go to question 11 on page 3

Q2 Have you ever smoked a cigarette?

Tick one box

1052

Yes ₁ → Go to question 3

No ₂ → Go to question 11 on page 3

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

1053 - 1054

Write in how old you were then → Go to question 4

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

1055

Yes ₁ → Go to question 6

No ₂ → Go to question 5

Q5 Did you smoke cigarettes regularly or occasionally?

Tick one box

1056

Regularly, that is at least one cigarette a day

₁ → Go to question 9 on page 2

Occasionally

₂ → Go to question 11 on page 3

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

₃

CURRENT SMOKERS

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

1057 - 1059

Write in number smoked a day → Go to question 7

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

1060 - 1062

Write in number smoked a day → Go to question 8 on page 2

Q8 Do you mainly smoke ...

Tick one box

1063

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

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

→ **Go to question 11**

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

1064 - 1066

Write in number smoked a day

<input type="text"/>

→ **Go to question 10**

Q10 How long ago did you stop smoking cigarettes regularly?
Was it...

Tick one box

1067

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

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6

→ **Go to question 11**

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

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

Tick one box

1075

Yes

→ Go to question 14

No

→ Go to question 12

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

Tick one box

1076

Very occasionally

→ Go to question 14

Never

→ Go to question 13

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

Tick one box

1077

Always a non-drinker

→ END

Used to drink but stopped

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

1078 - 1079

Write in how old you were then

→ Go to question 15

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

Tick one box

1080-1081

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

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

Tick one box

1082

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

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

Tick one box

1083

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

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

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

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

Spare 1151 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS(I)

National Diet and Nutrition Survey

Recent Physical Activity Questionnaire¹ self-completion booklet

In Confidence

Point	Address	CKL	Person no	First name:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Interviewer no.
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This questionnaire is designed to find out about your physical activity in your everyday life in the last 4 weeks ending yesterday.

Date from __/__/__ to __/__/__

This questionnaire is divided into 3 sections

Please try to answer every question.

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

Section A: Home Activities

Q1 Getting about

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

Please tick (✓) one box only.

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

Q2 TV, DVD or Video Viewing

Please put a tick (✓) on every line

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

Q3 Computer use at home *but not at work* (e.g. internet, email, Playstation, Xbox, Gameboy etc)

Please put a tick (✓) on every line.

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

Q4 Stair climbing at home

Please put a tick (✓) on every line.

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

Section B: Activity at work / school or college

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

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

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

Q5 Have you been in employment, done unpaid work or attended school or college during the last 4 weeks ending yesterday?

Tick one box

No → **Go to page 7**

Yes → **Go to Q6**

Q6 During the last 4 weeks ending yesterday, how many hours of work, unpaid work or school/college did you do per week?

	In the last week	2 weeks ago	3 weeks ago	4 weeks ago
Work hours (excluding travel)				

Type of work while at work or school/college

Q7 We would like to know the type and amount of physical activity involved in your work or at school/college. **Please tick** (✓) the box next to the one that **best corresponds** with your **main** occupation(s) or school/college in the last 4 weeks ending yesterday:

Tick one box

Sedentary occupation

You spend most of your time sitting (such as in an office)

Standing occupation

You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

Manual work

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

Heavy manual work

This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

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

Q8 What proportion of your time at work or school/college was spent outside while you were at work or school/college during the last 4 weeks ending yesterday? This **does not** include travelling to/from work or school/college.

Tick one box

None	<input type="checkbox"/>	→	Go to Q10
Less than half	<input type="checkbox"/>	}	→ Go to Q9
About half	<input type="checkbox"/>		
More than half	<input type="checkbox"/>		
All	<input type="checkbox"/>		

Q9 When you were outside at work or school/college, what parts of your body were usually **UNCOVERED**?

Tick (✓) all that apply.

Face	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>
Head	<input type="checkbox"/>	Legs	<input type="checkbox"/>
Hands	<input type="checkbox"/>	Most upper body	<input type="checkbox"/>
Arms	<input type="checkbox"/>		

Travel to and from your main place of work or school/college in the last 4 weeks

Q10 What is the approximate distance from your home to your main place of work or school/college?

Miles OR Kilometres

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

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

Q12 How did you normally travel to work or school/college during the last 4 weeks ending yesterday?
Tick (✓) one box only per line

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

Q13 What is the postcode for your main place of work or school/college during the last 4 weeks ending yesterday?

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

If not known please give your work or school/college address

Work address - _____

Please turn to page 7

Section C: Leisure time activities

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

Please indicate **how often** you did each activity on average **over the last 4 weeks ending yesterday**.

Please indicate the **average length of time** that you spent doing the activity on each occasion.

Example 1

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

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

Example 2

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

	Number of times you did the activity in the last 4 weeks							Average time per episode	
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Golf	✓								

Now complete the table on pages 8 and 9

Section C cont'd: Leisure time activities

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

Please complete each line

	Number of times you did the activity in the last 4 weeks ending yesterday							Average time per episode	
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Swimming - competitive									
Swimming leisurely	indoor								
	outdoor								
Backpacking or mountain climbing									
Walking for pleasure <i>(not as a means of transport)</i>									
Racing or rough terrain cycling									
Cycling for pleasure <i>(not as a means of transport)</i>									
Mowing the lawn									
Watering the lawn or garden									
Digging, shovelling or chopping wood									
Weeding or pruning									
DIY e.g. carpentry, home or car maintenance									
High impact aerobics or step aerobics									
Other types of aerobics									
Exercise with weights									
Conditioning exercises e.g. using a bike or rowing machine									
Floor exercises e.g. stretching, bending, keep fit or yoga									
Dancing e.g. ballroom or disco									
Competitive running									

Section C cont'd: Leisure time activities

		Number of times you did the activity in the last 4 weeks ending yesterday						Average time per episode	
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours
Jogging									
Bowling	Indoor								
	Outdoor								
Tennis	Indoor								
	Outdoor								
Badminton									
Squash									
Table tennis									
Golf									
Football, rugby or hockey	Indoor								
	Outdoor								
Cricket									
Rowing									
Netball, volleyball or basketball	Indoor								
	Outdoor								
Fishing									
Horse-riding									
Snooker, billiards or darts									
Musical instrument playing or singing									
Ice skating									
Sailing, wind-surfing or boating									
Martial arts, boxing or wrestling									

Q15 We assume for outdoor activities (except swimming, tennis, football, rugby and hockey) that you had your legs covered. If you did not, please indicate the activities for which your legs were exposed: _____

Now turn to page 10

Q16 Other than the activities you have already recorded, have you done anything else that involves physical activity during the last 4 weeks ending yesterday?

Tick one box

No → **End of questionnaire**

Yes → **Go to Q17**

Q17 Please record here any other physical activities that you have done (and how often you have done them), **other than those already recorded**, over the last 4 weeks ending yesterday:

Thank you for answering these questions.

Please give the booklet back to the interviewer.