

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 fieldwork. Where the information was limited to a particular age group, this is described.

Table D.1: Information collected during interviewer stage	
CAPI questionnaire	Participant
Household information	Main Food Provider (MFP)/aged 19 years and over
Information on the circumstances/ habits that could affect dietary intake	All ages
Employment status, educational background, household income	Aged 16 years and over
Physical measurements	
Height	Aged 2 years and over
Weight	All ages
Collection of dietary data	
Four day food and drink diary	All ages
Self completion	
Smoking and drinking	Aged 8-17 years ¹
Recent Physical Activity	Aged 16 years and over

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) (Year 5 only).
- 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 D.2: Content of Part I and II of the individual questionnaires	
Part I sections	Participant
Access to food at school	Aged under 1.5-15 years (or aged 16/17 years and in full-time education)
Eating habits	All ages
General health	All ages
Dental health	All ages
Drinking	Aged 8 years and over (those aged 8-17 years given a self-completion booklet)
Smoking	Aged 8 years and over (those aged 8-17 years given a self-completion booklet) ¹
Education	Aged 16 years and over
Job and income	Asked of MFP or selected participant about the 'Household Reference Person' (HRP)
Part II sections	Participant
Mental Health (Year 6 only)	Aged 16 years and over
Dietary supplements	All ages
Sun exposure	All ages
Nurse introduction	All ages

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)

P10041 Year 9

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 participant are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of participant'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
HRP SELECTION	8
TENURE	10
MAIN FOOD PROVIDER QUESTIONNAIRE	11
SHOPPING HABITS	11
FOOD PREPARATION	12
EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON	16
BENEFITS	17
INCOME	18
SCHOOL PROVISION	19
EATING OUT AND OTHER PROVISION	23
EATING HABITS	25
FOOD AVOIDANCE	29
GENERAL HEALTH	32
ORAL HEALTH	35
SELF-COMPLETIONS	37
SMOKING	38
DRINKING	40
FOOD DIARY PLACEMENT	46
HEIGHT & WEIGHT MEASUREMENTS	51
CONTACT DETAILS	57
SUN EXPOSURE	63
CHILD PHYSICAL ACTIVITY	67
DIARY COLLECTION	78
& PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT	78
NHS CENTRAL REGISTER	84
& CANCER REGISTRY CONSENT FORM	84
RECONTACT QUESTIONS	85
IODINE SPOT	ERROR! BOOKMARK NOT DEFINED.
NURSE INTRODUCTION	88

HOUSEHOLD GRID

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 (**participant/ MFP and/or parent(s)**) as first person in household

PRESS 1 AND <ENTER> TO CONTINUE

Name

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

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn.

(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

Agelf

What was your / X's age last birthday?

ENTER 0 FOR A CHILD UNDER 12 MONTHS.

98 or more = CODE 97

INTERVIEWER: If participant is unable to provide their age at their last birthday or their date of birth, please thank the participant and explain that if we don't have their age then we will be unable to use their data so they are not eligible to continue with the interview. Please code "599.

OFFICE APPROVAL ONLY - Other 'unproductive' at IOut in the Admin ' block and phone the office.

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.

(HELP <F9>)

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 participant 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.

Are you / is X ...

- | | | |
|---|-----------|--|
| 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 participants 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)" |

DVMarDF2

De facto marital status, computed

- | | | |
|---|----------|---|
| 1 | Married | "Married" |
| 2 | DFCivil | "Civil partnered" |
| 3 | Cohab | "Cohabiting" |
| 4 | DFSingl | "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

WrkStat

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 |

IF (Country= Northern Ireland THEN NatID=NatIDNI) ELSE (NatID=NatIDGB)

NatID

SHOW CARD A

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

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

If Country= England, Wales, Scotland THEN

NatIDGB

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. | NthIrish | "Northern Irish", |
| 5. | British, | |
| 6. | Other | "Other answer") |

If Country= Northern Ireland THEN

NatIDNI

SHOW CARD A

What do you consider ^your_names **national identity** to be? Please choose your answer from this

- | | | |
|----|----------|-------------------|
| | card." | |
| 1. | British, | |
| 2. | Irish, | |
| 3. | Ulster, | |
| 4. | NthIrish | "Northern Irish", |

5. English,
6. Scottish,
7. Welsh,
8. Other "Other answer")

NatIDUK (Derived from NatIDGB and NatIDUK)

SHOW CARD A

What do you consider ^your_names **national identity** to be? Please choose your answer from this card.

1. English,
2. Scottish,
3. Welsh,
4. NthIrish "Northern Irish",
5. British,
6. Other "Other answer")

IF (NatID = Other) THEN

NatOth

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

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

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

IF (NatOth = Describe) THEN

XNatOth

INTERVIEWER: ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

IF (Country= Northern Ireland THEN EthGrp=EthGrpNI) ELSE (EthGrp=EthGrpGB)

EthGrp

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

- 1 White "English / Welsh / Scottish / Northern Irish / British"
- 2 White -Irish "Irish"
- 3 White - Gypsy "Gypsy or Irish Traveller"
- 4 WhtOth "Any other white background (please describe)"
- 5 MixedWBC "Mixed - White and Black Caribbean"
- 6 MixedWBA "Mixed - White and Black African"
- 7 MixedWAs "Mixed - White and Asian"
- 8 MixedOth "Any other mixed background (please describe)"
- 9 Indian "Asian or Asian British - Indian"
- 10 Pakistan "Asian or Asian British - Pakistani"
- 11 Bngldesh "Asian or Asian British - Bangladeshi"
- 12 AsianOth "Any other Asian/Asian British background (please describe)"
- 13 BlackCrb "Black or Black British - Caribbean"
- 14 BlackAfr "Black or Black British - African"
- 15 BlackOth "Any other Black/Black British background (please describe)"
- 16 Chinese "Chinese"
- 17 Arab "Arab"
- 18 Other "Any other (please describe)"

EthGrpGB

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. White "White - English / Welsh / Scottish / Northern Irish / British",
2. Irish "White - Irish",
3. Gypsy "White - Gypsy or Irish Traveller",
4. WhiteOth "Any other white background (please describe)",
5. MixedWBC "Mixed - White and Black Caribbean",
6. MixedWBA "Mixed - White and Black African",
7. MixedWAs "Mixed - White and Asian",
8. MixedOth "Any other mixed background (please describe)",
9. Indian "Asian or Asian British - Indian",
10. Pakistan "Asian or Asian British - Pakistani",
11. Bngldesh "Asian or Asian British - Bangladeshi",
12. AsianOth "Any other Asian/Asian British background (please describe)",
13. BlackCrb "Black or Black British - Caribbean",
14. BlackAfr "Black or Black British - African",
15. BlackOth "Any other Black/Black British background (please describe)",
16. Chinese,
17. Arab,
18. Other "Any other (please describe)"

EthGrpNI

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. Wht,
2. IrishTrv "Irish traveller",
3. Mixed,
4. Indian,
5. Pakistan,
6. Bngldesh "Bangladeshi",
7. AsianOth "Other Asian",
8. BlackCrb "Black Caribbean",
9. BlackAfr "Black African",
10. BlackOth "Other Black",
11. Chinese,
12. Other "Other ethnic group")

EthGrpUK (*Derived from EthGrpGB and EthGrpNI*)

SHOW CARD B

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

INTERVIEWER: THIS IS A QUESTION OF PARTICIPANT'S (OR PROXY'S) OPINION.

1. White "White - English / Welsh / Scottish / Northern Irish / British",
2. Irish "White - Irish",
3. Gypsy "White - Gypsy or Irish Traveller",
4. WhiteOth "Any other white background (please describe)",
5. MixedWBC "Mixed - White and Black Caribbean",
6. MixedWBA "Mixed - White and Black African",
7. MixedWAs "Mixed - White and Asian",
8. MixedOth "Any other mixed background (please describe)",
9. Indian "Asian or Asian British - Indian",
10. Pakistan "Asian or Asian British - Pakistani",
11. Bngldesh "Asian or Asian British - Bangladeshi",

- 12. AsianOth "Any other Asian/Asian British background (please describe)",
- 13. BlackCrb "Black or Black British - Caribbean",
- 14. BlackAfr "Black or Black British - African",
- 15. BlackOth "Any other Black/Black British background (please describe)",
- 16. Chinese,
- 17. Arab,
- 18. Other "Any other (please describe)"

IF (EthGrp = 4, 8, 12, 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 VISABLE ON THE SCREEN

<SEE HELP F9>

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 PARTICIPANT TO GIVE THE CODE NUMBER ON THE CARD RATHER THAN THE RELATIONSHIP.

See interviewer instructions for further details.

- 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"

IF(Rel = 2 or 3) THEN

INTERVIEWER:

As of 29 March 2014 same sex couples can marry in **England** and **Wales**. There are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. Please check if the couple are married or are in a civil partnership, and code appropriately

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 97. .

IF PARTICIPANT 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..97

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 PARTICIPANT (NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..97

IF (Female adult aged ≤ 49) THEN

AdChk

INTERVIEWER: When doing the selection you should have checked to ensure that **(Name of selected adult participant)** 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 'PARTICIPANT 2' AGED 18 MONTHS TO 18 YEARS.
(NAME RECORDED ON FIRST PAGE OF THE ARF)

Range: 1..97

P2Mum (Derived)

Mother of selected child from HHGrid
: 0..10

P2Dad (Derived)

Mother of selected child from HHGrid
: 0..10

Par1

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

INTERVIEWER: Code first person at this question.

Range: 1..97

IF (Par1 = 1..10) THEN

Par2

Which other person in this household is **(Name of selected child participant)**'s parent or has legal parental responsibility for him/her on a permanent basis?

INTERVIEWER: Code second person at this question.

Range : 1..97

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 participant)** 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 participant)** WILL NEED TO BE ASKED OF AN ADULT.

Enter person number of adult who will answer questions on behalf of **(Name of selected child participant)**

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

RInfo

INTERVIEWER: Summary of participant info

MFP:

Adult Participant: **(Main Food Provider name)**

Child Participant: **(Adult participant name)**

Proxy Participant: **(Child participant name)**

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 PARTICIPANT 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 PARTICIPANT 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 PARTICIPANT

list of household members

ENTER CODE 11 IF NON-HOUSEHOLD MEMBER

Range: 1..11

SHOPPING HABITS

ASK ALL

ShopIntr

Now I would like to ask you about shopping.

INTERVIEWER: PROMPT WHENEVER NECESSARY.

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

PRESS <ENTER> TO CONTINUE

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

ASK ALL

ShopFV

SHOW CARD E

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 VEG BOUGHT FROM.

DO NOT INCLUDE FRUIT AND VEGETABLES THAT ARE GROWN BY THE PARTICIPANT. SUCH FOOD SHOULD BE INCLUDED UNDER THE FOLLOWING QUESTIONS ABOUT FREE FOOD.

- | | | |
|----|---------|--|
| 1 | LSuper | "Large 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)" |
| 10 | Farm | "Farm" |

- | | | |
|----|---------|--|
| 11 | HomeDel | "Home delivery (including co-operatives, community schemes/local initiatives) " |
| 12 | Other | "Other shop" |
| 13 | Several | "Use more than one of these for main shop (SPONTANEOUS ONLY)" |

FVOft

SHOW CARD F

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 | LTwoMths | "Less often than every 2 months" |

FruitAv

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

Would you say ...

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

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" |

ASK IF (MincF1 = 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 G

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 (SalChk = 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" |

Main Food Provider hours of work

IF (MFP = participant) THEN questions asked to participant, ELSE questions asked of MFP:

JobYes

Thank you for answering these questions so far. Now I would like to ask a few questions about your employment. Do you have a job?

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

IF (JobYes = 1) THEN

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 No

IF (WTypHrs = No) THEN

NTypHrs

INTERVIEWER: RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK.
INTERVIEWER: IF 97 HOURS OR MORE THEN ENTER 97.
Range: 1..97

{IF RegCas=OccasJob OR Regcas=Both}

Cashrs

How many hours did you/ MFP work in this occasional job in the seven days ending last Sunday?
INTERVIEWER: IF 97 HOURS OR MORE THEN ENTER 97"
Range: 1..97

{IF RegCas=OccasJob OR Regcas=Both}

TypCas

Is this the typical number of hours you/ MFP work/s in your/ MFPs occasional job?"
: YN

{IF Typcas=No}

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

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 H - 2 PAGES

Please look at this card and tell me whether you/ X have/ has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that you/ X have/ has 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	RSAAAdv	"RSA or OCR Advanced Diploma"
20	CityG3	"City & Guilds Advanced Craft / Part 3"
21	AdvGNVQ	"Advanced GNVQ; Vocational A Level"
22	AdvMAp	"Advanced Modern Apprenticeship"
23	GCSEAC	"GCSE grade A*-C"
24	Olevel	"GCE 'O'-level passes"
25	CSE1	"CSE grade 1"
26	SCEAC	"SCE O Grades (A-C)"
27	SCEStd13	"SCE Standard Grades (1-3)"
28	SchCert	"School Certificate / Matriculation"
29	KSkL2	"Key Skills Level 2"
30	L2NVQ	"Level 2 NVQ/SVQ"
31	ESQLV2	"Level 2 Essential Skills Qualifications"
32	BTECInt	"BTEC Intermediate or First Diploma/Certificate"
33	RSADip	"RSA Diploma"
34	CityG2	"City & Guilds Craft / Part 2"
35	IntGNVQ	"Intermediate GNVQ"
36	FounMAp	"Foundation Modern Apprenticeship"
37	GCSEdG	"GCSE grade D-G"
38	CSE25	"CSE grade 2-5"
39	SCEDE	"SCE O grades(D-E)"
40	SCEStd47	"SCE O grades(4-7)"

41	SCOTVEC	"SCOTVEC National Certificate Modules"
42	KSkL1	"Key Skills Level 1"
43	L1NVQ	"Level 1 NVQ / SVQ"
44	ESQLV1	"Level 1 Essential Skills Qualifications"
45	BTECFoun	"BTEC Foundation or Introductory Diploma/Certificate"
46	RSA13	"RSA Stage 1-3"
47	CityG1	"City & Guilds Part 1"
48	FounGNVQ	"Foundation GNVQ; Foundation VCE"
49	ESQELV	"Entry level Essential skills Qualifications"
50	Other	"Other qualifications"

EMPLOYMENT OF HOUSEHOLD REFERENCE PERSON

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

JHRPI Intr

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)

ANY SUPERVISORY/MANAGERIAL DUTIES

- 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 I

There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of income you (*and your husband/wife/partner*) receive?

INTERVIEWER: FOR ALL SOURCES. CODE ALL THAT APPLY

- | | | |
|----|----------|---|
| 1 | Emp | Earnings from employment or self-employment |
| 2 | StatPens | State retirement pension |
| 3 | EmpPens | Pension from former employer |
| 4 | PersPens | Personal Pensions |
| 5 | JSA | Job-Seekers Allowance |
| 6 | EmpAll | Employment and Support Allowance |
| 7 | IncSupp | Income Support |
| 8 | PensCred | Pension Credit |
| 9 | WTaxCred | Working Tax Credit |
| 10 | ChldCred | Child Tax Credit |
| 11 | ChildBen | Child Benefit |
| 12 | HousBen | Housing Benefit |
| 13 | CounTxBn | Council Tax Benefit |
| 14 | OthStBen | Other state benefits |
| 15 | Interest | Interest from savings and investments (e.g. stocks & shares) |
| 16 | OthOuts | Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent) |
| 17 | NoBen | No source of income |

INCOME

Income

SHOW CARD J

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 PARTICIPANT HAS INCLUDED THIS: 'Can I just check, do you receive any housing benefits and/or child allowance?'

- | | | |
|----|------|-----|
| 1 | IncA | "A" |
| 2 | IncB | "B" |
| 3 | IncC | "C" |
| 4 | IncD | "D" |
| 5 | IncE | "E" |
| 6 | IncF | "F" |
| 7 | IncG | "G" |
| 8 | IncH | "H" |
| 9 | Incl | "I" |
| 10 | IncJ | "J" |
| 11 | IncK | "K" |
| 12 | IncL | "L" |
| 13 | IncM | "M" |

MFPEnd

INTERVIEWER: End of Main Food Provider interview with (name of MFP) / on behalf of (name of MFP).

PRESS <ENTER> TO CONTINUE

- 1 Continue

INTRODUCTION TO INDIVIDUAL INTERVIEW

IntroP

INTERVIEWER: This is the start of the individual questions for NAME.

Do you want to do this interview now or later?

(NB Once set to 'Now' you will not be able to change to 'later')

Now

2. Later

IF (PAge = 1-15) THEN

FNAAdCon

INTERVIEWER: Please record the name of the parent/guardian who gave consent for PName to take part in the interview. This must be the same information recorded at D7 on the ARF.

Enter first name here and surname in next question.

: STRING

SNAdCon

INTERVIEWER: Enter surname here.

: STRING

SCHOOL PROVISION

FOR 18 MONTHS-15 YEARS & 16-18 YEARS IN FULL-TIME EDUCATION

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

IF (aged 1-15) THEN**FNAAdCon**

INTERVIEWER: Please record the name of the parent/guardian who gave consent for (name) to take part in the interview.

This must be the same information recorded at D7 on the ARF.

Enter first name here and surname in next question.

: STRING [15]

SNAdCon

INTERVIEWER: Enter surname here.

: STRING [15]

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

SHOW CARD CC

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**SchlIntr**

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 school/college provide a cooked meal?

School provides 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 DD

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 HSM meal "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 EE

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

INTERVIEWER: CODE ALL THAT APPLY.

- 1 FreeMeal "Free school meal (at lunchtime)"
- 2 RedMeal "Reduced price or subsidised school meal (at lunchtime)"
- 3 FreeMilk "Free school milk"
- 4 RedMilk "Subsidised school milk"
- 5 FreFruit "Free fruit"
- 8 PreSch "Free food BEFORE school"
- 9 PostSch "Free food AFTER school"
- 10 Other "Other"
- 11 None "None of these - SPONTANEOUSLY ONLY"

IF (SchSub NOT = FreeMeal) THEN

School2

Are you / Is (child'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 (AgeP>64) 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 (AgeP>64 AND HeClub = LClub) THEN

HeLC

SHOW CARD K

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 (AgeP>64 AND HeClub = DCare) THEN

HeDCC

SHOW CARD K

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 (AgeP>64 AND HeClub = MoW) THEN

HeMW

SHOW CARD K

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 L

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 L

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 PARTICIPANT'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 PARTICIPANTS AGED 16+ AND IN EMPLOYMENT - (WrkStat = Working) OR (PTWork = Yes)

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" |

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 PARTICIPANT 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 PARTICIPANT 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 M

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 M

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 M

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 M

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 N

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" |
| 16 | BCrab | "Brown Crab Meat" |

(Ask for each response at RareEat)

RarOf

SHOW CARD O

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 P

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 | Partridg | "Partridge" |
| 3 | Quail | "Quail" |
| 4 | WdPigeon | "Wood pigeon" |
| 5 | Rabbit | "Rabbit" |
| 6 | Venison | "Venison" |
| 7 | Hare | "Hare" |
| 8 | Grouse | "Grouse" |
| 9 | WdBoar | "Wild boar" |
| 10 | 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 Q

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 | SheepMlk | "Sheep's milk" |
| 4 | GoatMilk | "Goat's milk" |
| 5 | OatMilk | "Oat milk" |
| 6 | AlmMilk | "Almond milk" |
| 7 | CocoMilk | "Coconut milk" |
| 8 | 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 R

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 | "Linguica" |
| 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 (WHERE PARTICIPANT 10 OR YOUNGER ASK THROUGH PARENT / GUARDIAN)

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 S

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 (AgeP ≥ 10) THEN

DietWL

Are you / Is (child's name) **currently** dieting to lose weight?

1 Yes

2 No

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

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 T1

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 T2

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 U

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 V

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?

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

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?

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

GENERAL HEALTH

ASK ALL

HealIntr

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

PRESS <ENTER> TO CONTINUE

1 Continue

GenHelf

How is your / (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?" |

ASK ALL

HeaCon

Do you/ does your child have any physical or mental health condition(s) or illnesses that have

lasted, or are expected to last, for 12 months or more?

- 1 Yes
2 No

IF (HeaCon = YES) THEN

HeaAff

Does this condition(s) or illness affect you/your child in any of the following areas?

Show Card w

- | | | |
|---|---------|--|
| 1 | Vision | Vision (e.g. due to blindness or partial sight). |
| 2 | Hearing | Hearing (e.g. due to deafness of partial hearing). |
| 3 | Mobile | Mobility, such as difficulty walking short distances, climbing stairs, lifting & carrying objects. |
| 4 | Learn | Learning or concentrating or remembering. |
| 5 | Mental | Mental Health |
| 6 | Stamina | Stamina or breathing difficulty |
| 7 | Social | Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome) |
| 8 | Other | other impairment |
| 9 | None | None of these |

IF (HeaAff = Other) THEN

HeaAffO

INTERVIEWER: Which other area does your/ your child's condition or illness affect you/ your child?"

: STRING [30]

IF (HeaCon = YES) THEN

ConRed

Does your/your child's condition(s) or illness(es) reduce your/his/her ability to carry out day-to-day activities?

Running prompt

- | | | |
|---|---------|---------------|
| 1 | Yeslot | Yes, a lot |
| 2 | Yeslitt | Yes, a little |
| 3 | No | |

IF (ConRed = YESlot or YesLitt) THEN

TimeAff

For how long have your day-to-day activities been affected?

Running prompt

- | | |
|---|-----------------------|
| 1 | Less than 6 months |
| 2 | Between 6 & 12 months |
| 3 | 12 months or more |

IF (HeaCon = Yes) AND (Age ≥ 16) THEN

LimShop

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

LimShpH

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

LimPrep

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

LimPrpH

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 | DifStand | "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 PARTICIPANTS AGED 16 AND OVER

OrallIntr

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 X

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"

{ASK IF 45 yrs or over, OR wears denture - DentUse=Yes}

Diffeat

SHOW CARD Y

Looking at the foods on Show card Y. Please tell me if there are any that you would have difficulty eating.

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.

1 Sliceb "Sliced Bread"

2 CrustyB "Crusty Bread"

3 Cheese "Cheese"

4 Tomat "Tomatoes"

5 Carrot "Raw Carrots"

6 Greens "Cooked Green vegetables"

7 Lettuce "Lettuce"

8 Meat "Sliced cooked meats"

9 Steak "Well-cooked Steaks"

10 Apples "Apples"

11 Oranges "Oranges"

12 Nuts "Nuts"

13 None "None of these"

IF (Age ≥ 45 OR wears dentures) AND (DiffEat- Response)) 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 PARTICIPANTS AGED 8-24

IF (AgeP = 18-24) THEN

DrinIntro

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 (AgeP = 11-24) THEN

SCIntro

INTERVIEWER: Prepare self completion booklet for ages (8-12: GREEN cover) / (13-15: PALE BLUE cover) / (16-24: PEACH cover) by entering serial numbers.

Check that you have the correct person number.

Name.....Point..Address..Check letter..Person number

- 1 Continue

IF (AgeP = 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 (Participant'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 (participant'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 PARTICIPANTS 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 PARTICIPANT 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 PARTICIPANT 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...

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

IF (CigReg = Reg) THEN

CigUsed

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

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.

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

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

Range: 0..97

CigStop

How long ago did you stop smoking cigarettes regularly?

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

DRINKING

FOR PARTICIPANTS AGED 18 AND OVER

IF (no self completion AND Age = 16-24) OR (Age ≥ 25) THEN

Drink

I am now going to ask you a few questions about what you drink - that is if you drink.
Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

IF (Drink = No) THEN

DrinkAny

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

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

IF (DrinkAny = Never) THEN

AlwaysTT

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

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

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

DrinAge

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

Range: 3..97

DrinkOft

SHOW CARD Z

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 AA

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

CODE ALL THAT APPLY.

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

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 participant 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 participant 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 participant used.

Please note that participant 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 participant .

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

For example, if a participant 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

WL7GI

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

Range: 1.0..97.9

WL7Giz

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

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

Please note that if participant 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 (WL7G1z = 1) THEN

MI250G1z

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

Range: 1.0..97.9

IF (WL7G1z = 2) THEN

MI175G1z

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

Range: 1.0..97.9

IF (WL7G1z = 3) THEN

MI125G1z

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.

: STRING [30]

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"

FOOD DIARY PLACEMENT

ALL PARTICIPANTS

DDate1

INTERVIEWER: You will now introduce the **food diary**. The diary should be completed for the four days below:

Day1 : (date)

Day2 : (date)

Day3 : (date)

Day4 : (date)

Check that participant(s) can complete the diary for these dates and that second visit appointments can be made within three days of the last diary day. Do you accept these dates for the diary?

If yes, please remember to write the diary start date on the front of the diary and on the green reminder card."

1 Yes

2 No

DDate2

Please enter the date on which the participant(s) can start their diary.

Remember to write the diary start date on the front of the diary and on the green reminder card."

: DATETYPE

MDVis

INTERVIEWER: Please now place the diary and make an appointment for a mid-diary check up visit on @R^Day2Txt@R.

INTERVIEWER: IF THIS DATE IS NOT CONVENIENT, PLEASE ARRANGE A TELEPHONE CHECK INSTEAD.

During the placement, remember to mention the personalised dietary feedback."

1 Continue

DApp2

INTERVIEWER: Please make an appointment to collect the diary and do the next part of the interview. Enter a date up to three days after the last diary day.

Diary Dates:

Day1 : (date)

Day2 : (date)

Day3 : (date)

Day4 : (date)

Record the diary dates and diary collection date on the DIARY TASK LIST page on the ARF."

: DATETYPE

SPOT URINE PLACEMENT

DoSpUr

INTERVIEWER: **YOU WILL NOW INTRODUCE THE SPOT URINE SAMPLE FOR *NAME*.**

THE SAMPLE CAN BE COLLECTED NOW OR AT ANY POINT THE PARTICIPANT NEEDS TO PASS URINE DURING THIS VISIT.

YOU WILL BE PROMPTED TO RECORD THE SAMPLE COLLECTION OUTCOME AT THE END OF THIS VISIT.

IF THE PARTICIPANT CANNOT PROVIDE A SAMPLE TODAY THERE WILL BE ANOTHER OPPORTUNITY DURING VISIT 3.

YOU MUST NOT LEAVE THE CONTAINER WITH THE PARTICIPANT TO COLLECT THE SAMPLE BETWEEN VISITS.

THE SAMPLE CANNOT BE COLLECTED AT VISIT 2.

Press 1 and <ENTER> to continue.

IUrSt

INTERVIEWER: NOW FOLLOWS THE IODINE SPOT URINE PLACEMENT MODULE.

Press 1 and <ENTER> to continue.

IUrInt

We want to measure the levels of iodine in the body. Iodine is an important nutrient. To measure iodine we would like to collect a small sample of (your/ 'child's name') urine. We cannot get this information from (your/ their) food diary or in any other way.

Press 1 and <ENTER> to continue.

IUrEli

SEE SHOWCARD MM

Due to the way that the samples are analysed we are unable to take them from some people.

Answering yes or no: (Do/ Does) (you/ child's name) fall into any of the categories on this card?

:YN

IF Sex = Female AND IUrEli = Yes THEN

IUrTime

Would (you/ child's name) be interested in providing a sample at another visit?

:YN

IF IUrEli = No THEN

IUrLeaf

Please read this leaflet, it explains about what taking part in the spot urine sample involves.

INTERVIEWER: GIVE LEAFLET TO PARTICIPANT. ALLOW THEM TIME TO READ IT AND ANSWER ANY QUESTIONS."

IUrAgr

Are you willing (for child's name) to give a urine sample?

IF Age>=16 THEN

INTERVIEWER: YOU ARE RECORDING PARENTAL CONSENT, CHECK ALSO CHILD IS WILLING.

INTERVIEWER: IF EITHER PARENT OR CHILD NOT WILLING RECORD 2.

1. Agree " Participant agrees to give urine sample",
2. Refuse " Participant refuses to give urine sample",
3. Unable "Unable to obtain urine sample for reason other than refusal"

IF IUrAgr = Refuse OR Unable THEN

IUrYRef

INTERVIEWER: GIVE REASON(s) FOR REFUSAL

CODE ALL THAT APPLY

- | | | |
|----|------------|--|
| 1. | Sensi | "Embarrassed/sensitive about providing sample", |
| 2. | JustBeen | "Went to toilet too recently to provide sample", |
| 3. | DiffSamp | "Knows they would have difficulty providing a sample for reason other than having just been to toilet ", |
| 4. | NoTime | "No time/busy/already spent enough time on this survey", |
| 5. | Yuk | "Doesn't like the thought of doing it", |
| 6. | Concern | "Concerns about how sample will be used/store", |
| 7. | NotUnd | "Participant did not understand the procedure", |
| 8. | NotPhys | "Not physically able (e.g. in a wheelchair)", |
| 9. | Other (97) | "Other (SPECIFY AT NEXT QUESTION)" |

IF IUrYRef = Other THEN

IUrYRfO

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL

: STRING[100]

IF IUrAgr = Agree AND Age >= 16 THEN

IUrConA

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.

GIVE THE PARTICIPANT THE WHITE CONSENT FORM.

PARTICIPANT MUST READ AND INITIAL THE STATEMENTS THEY AGREE TO BEFORE SIGNING.

LEAVE THE BOTTOM COPY WITH THE PARTICIPANT; SEND THE TOP COPY TO BRENTWOOD.

INTERVIEWER: DETAILS FOR CONSENT FORM...

Serial number

Check letter

Participant number

Sex

Date of birth

Press 1 and <Entre> to continue

IF IUrAgr = Agree AND Age < 16 THEN

IUrConC

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.

GIVE THE PARTICIPANTS PARENT/ LEGAL GAURDIAN THE BLUE CONSENT FORM.

PARENT/ LEGAL GAURDIAN MUST READ AND INITIAL THE STATEMENTS THEY AGREE TO BEFORE SIGNING.

GIVE BLUE CHILD ASSENT FORM TO CHILD AND ASK THEM TO CIRCLE YES OR NO NEXT TO STATEMENTS THEN SIGN NAME IF YOU THINK THEY CAN READ AND UNDERSTAND.

LEAVE THE BOTTOM COPIES WITH THE PARTICIPANT; SEND THE TOP COPIES TO BRENTWOOD.

INTERVIEWER: DETAILS FOR CONSENT FORM...

Serial number

Check letter:

Participant number

Sex

Date of birth

Press 1 and <Entre> to continue

IUrAss

INTERVIEWER: HAS CHILD SIGNED THE BLUE ASSENT FORM?

1. Yes,
2. No,
3. NotAsked "Interviewer code only: Did not ask child to sign form"

IUrCon2

INTERVIEWER: WAS WRITTEN CONSENT GIVEN TO OBTAIN A URINE SAMPLE FOR THE MEASUREMENT OF IODINE?

:YN

IUrCon3

INTERVIEWER: WAS WRITTEN CONSENT GIVEN FOR ANY REMAINING URINE TO BE STORED AND USED IN FUTURE RESEARCH?

:YN

IF (IUrEli = No) OR (IUrAgr <> Agree) OR (IUrCon = NoCons) THEN

NoUri

INTERVIEWER: NO URINE SAMPLE TO BE TAKEN."

IUrSN

INTERVIEWER: MAKE SURE THE FOLLOWING PARTICIPANT DETAILS ARE WRITTEN ON THE LABEL ON THE TUBE AND THE CASE.

Serial number

Collection date

Date of birth

IUrInst

INTERVIEWER: EXPLAIN HOW TO PROVIDE SAMPLE:

GIVE THE SPOT URINE LEAFLET TO THE PARTICIPANT

DO NOT OPEN TUBE UNTIL IN BATHROOM

DO NOT PUT FINGERS IN TUBE

ONCE SAMPLE PROVIDED, CHECK LID IS TIGHTLYSCREWED ON

USE DRY TOILET PAPER TO WIPE SPILLAGES ON TUBE - DO NOT USE WET WIPES OR ANY OTHER CLEANING PRODUCT.

PLACE TUBE CONTAINING SAMPLE IN CASE.

PRESS 1 AND <ENTER> TO CONTINUE.

IUrInst2

INTERVIEWER: THE SAMPLE COLLECTION OUTCOME WILL BE ENTERED AT THE END OF THE VISIT.1

PRESS 1 AND <ENTER> TO CONTINUE

IUr1End

INTERVIEWER: This is the end of the spot urine placement module

SpUrCol

INTERVIEWER: Now follows the spot urine outcome module
PRESS 1 AND <ENTER> TO CONTINUE.

IUr2SDt

Spot Urine collection start date
: DATETYPE

IUr2STm

Spot Urine collection start time
: TIMETYPE

IUrSam

INTERVIEW: Has (participant name) been able to provide a urine sample at this visit?
CHECK CASE CLOSED AND PLACE BACK IN JIFFY BAG (ADDRESSED TO HNR) AND SEAL.

INTERVIEWER: POST TODAY

- | | |
|------------|-------------------------------|
| 1. Yes | "Urine sample obtained", |
| 2. Refused | "Urine sample refused", |
| 3. NoTry | "Urine sample not attempted", |
| 4. TryNot | "Attempted but not obtained" |

IUrCoID

Date urine collected
: **STRING[10]**

IUrNoOb

INTERVIEWER: GIVE REASON(s) WHY SAMPLE WAS NOT OBTAINED.
CODE ALL THAT APPLY="

- | | |
|-------------|---|
| 1. Sensi | "Embarrassed/sensitive about providing sample", |
| 2. JustBeen | "Went to toilet too recently to provide sample", |
| 3. DiffSamp | "Knows they would have difficulty providing a sample for reason other than having just been to toilet", |
| 4. NoTime | "No time/busy/already spent enough time on this survey", |
| 5. Yuk | "Doesn't like the thought of doing it", |
| 6. Concern | "Concerns about how sample will be used/store", |
| 7. NotUnd | "Participant did not understand the procedure", |
| 8. Other | "Other (SPECIFY AT NEXT QUESTION)" |

IUrYNOO

INTERVIEWER: WRITE IN OTHER REASON FOR REFUSAL.
STRING[100]

IUrThnk

INTERVIEWER: THANK PARTICIPANT FOR PROVIDING A SAMPLE.
PLEASE GIVE (PARTICIPANT/ THEIR PARENT) A £5 VOUCHER
PRESS 1 AND <ENTER> TO CONTINUE

CardSU

Spot urine gift card number for participant
STRING[30]

IUrEnd

INTERVIEWER: END OF THE IODINE SPOT URINE COLLECTION MODULE.

IF THE PARTICIPANT HAS NOT PROVIDED A SAMPLE TODAY PLEASE
REMEMBER TO TAKE THE CONTAINER WITH YOU.
YOU MUST NOT LEAVE THE CONTAINER WITH THE PARTICIPANT TO
COLLECT SAMPLE BETWEEN VISITS.
IF THEY ARE WILLING TO TRY AND PROVIDE A SAMPLE THEY WILL HAVE THE
OPPORTUNITY TO DO SO AT VISIT 3.

Press 1 and <ENTER> to continue.

IUr2EDat

Spot Urine collection end date
: DATETYPE

IUr2ETim

Spot Urine collection end time
: TIMETYPE

HEIGHT & WEIGHT MEASUREMENTS

ALL PARTICIPANTS

Intro

INTERVIEWER: CODE AS 'Later' IF YOU DO NOT WISH TO DO THE MEASUREMENTS
FOR (**participant'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 (**participant's name**), IF MEASUREMENTS WILL
BE TAKEN.

(Serial) (Check letter)

1 Continue

MeasDate

Date at start of (Measurement)
: DATETYPE

MeasTime

Time at start of (Measurement)
: TIMETYPE

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

PregNowB

MEASUREMENTS FOR (**participant'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 (**participants'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	Attmp	"Height attempted, not obtained"
4	NotAt	"Height not attempted"

Height1

MEASUREMENTS FOR (participant's name)

INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

Height2

MEASUREMENTS FOR (participant'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 (participant'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 (participant's name)

HEIGHT IN CENTIMETRES

: 60.0..244.0

StadNo

MEASUREMENTS FOR (participant'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
: STRING [7]	

RelHite

MEASUREMENTS FOR (participant'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 (participant'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	"Participant stooped"
4	Stretch	"Child participant refused stretching"
5	Fidget	"Participant would not stand still"

- | | | |
|---|-------|--------------------------|
| 6 | Shoes | "Participant wore shoes" |
| 7 | Other | "Other, please specify" |

IF (HiNRel = Other) THEN

OHiNRel

MEASUREMENTS FOR (participant's name)

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

: STRING [60]

IF (RespHts = Meas) THEN

MBookHt

MEASUREMENTS FOR (participant'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 (participant'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 | "Participant too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Participant too anxious/nervous/shy/embarrassed" |
| 6 | Refused | "Refused (no other reason given)" |
| 7 | Other | "Other" |

IF (RespHts = Attmpt..NotAt) THEN

NoHtBC

MEASUREMENTS FOR (participant'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 | "Participant is unsteady on feet" |
| 3 | CantStan | "Participant cannot stand upright/too stooped" |
| 4 | Chair | "Participant is chairbound" |
| 5 | Bed | "Confined to bed" |
| 6 | Shoes | "Participant unable to remove shoes" |
| 7 | NotStl | "Child:subject would not stand still" |
| 8 | Ill | "Ill or in pain" |
| 9 | NotWrk | "Stadiometer faulty or not available" |
| 10 | ASleep | "Child asleep" |
| 11 | Other | "Other - specify" |

IF (NoHtBC = Other) THEN

NoHitCO

MEASUREMENTS FOR (participant's name)

INTERVIEWER: Please specify other reason.

: STRING [60]

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

RespWts

MEASUREMENTS FOR (participant'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" <i>(only use if child 5 or under)</i>
1	Meas	"Weight obtained"
2	Ref	"Weight refused"
3	Attmp	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

IF (RespWts = Meas) THEN**XWt1**

MEASUREMENTS FOR (participant's name)

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

Range: 5.0.. 250.0

IF (RespWts = Held) THEN**WtAd1**

MEASUREMENTS FOR (participant's name)

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

Range: 30.0.. 250.0

WtChA1

MEASUREMENTS FOR (participant's name)

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

Range: 30.0.. 250.0

Wght

MEASUREMENTS FOR (participant's name)

Weight in Kilograms. Computed

Range: 0.0.. 250.0

IF (Weight obtained) THEN**FloorC**

MEASUREMENTS FOR (participant'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 (participant'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 (**participant's name**)

Measured Body Mass Index (BMI).

Range: 5.0..50.0

IF (RespWts = Meas OR Held) THEN

MBookWt

MEASUREMENTS FOR (**participant's name**)

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

Weight: kg OR stones pounds.

BMI : BMI measurement

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

PRESS <ENTER> TO CONTINUE

1 Continue

IF (RespWts = Meas OR Held) THEN

SciNo

MEASUREMENTS FOR (**participant'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

: STRING [7]

IF (RespWts = ref) THEN

ResNWt

MEASUREMENTS FOR (**participant'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 | "Participant too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Participant 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 (**participant'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 | "Participant is unsteady on feet" |
| 3 | CantStan | "Participant cannot stand upright" |
| 4 | Chair | "Participant is chairbound" |
| 5 | Bed | "Confined to bed" |
| 6 | Shoes | "Participant unable to remove shoes" |
| 7 | More250 | "Participant weighs more than 250kg" |

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

MMEASUREMENTS FOR (**participant's name**)

INTERVIEWER: Please specify other reason.

: STRING [60]

EndOfM

MEASUREMENTS FOR (**participant's name**)

INTERVIEWER: YOU HAVE NOW COMPLETED ALL THE MEASUREMENTS FOR (**participant's name**).

YOU NEED TO ENTER '1' HERE TO ENSURE THAT FEES ARE COMPUTED CORRECTLY.

1 Continue

CONTACT DETAILS

ALL PARTICIPANTS

Phone

We may need to contact you by telephone throughout the course of this study. Are you willing to provide your home phone number so that you can be contacted for the purposes of this study only?"

- 1 Yes
- 2 No
- 3 NoLand "No landline, but have mobile"

IF (Phone = Yes) THEN

PhoneNum

INTERVIEWER: Please record the full landline number including area code.

: STRING [15]

IF (Phone = No/NoLand) THEN

Mobile

Are you willing to provide your mobile phone number so that you can be contacted for the purposes of this study only?

- 1 Yes
- 2 No

IF (Mobile = Yes) THEN

MobNum

INTERVIEWER: Please record the full landline number including area code.

: STRING [15]

EmailCon

Are you willing to provide an email address which can be used to contact you throughout the course of this study?

- 1 Yes
- 2 No

IF (EmailCon = Yes) THEN

Email

INTERVIEWER: Please record the full email address here.

Email address can be checked at next question.

: STRING [150]

Email2

Is this correct :

(participant's email address)

PRESS 1 AND <ENTER> TO CONTINUE.

CAPI 2

IntroC2A

THIS IS THE START OF THE CAPI 2 QUESTIONS FOR KEEVA.
DO YOU WANT TO ASK THESE QUESTIONS?

1. Now
2. Later

Mental Health

FOR PARTICIPANTS AGED 16 AND OVER

IF (Age >= 16) THEN

SatLife

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'. Overall, how satisfied are you with your life nowadays?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'
: 0....10

IF (Age >= 16) THEN

LifWor

Overall, to what extent do you feel that the things you do in your life are worthwhile?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'
: 0....10

IF (Age >= 16) THEN

HapYes

Overall, how happy did you feel yesterday?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'
: 0....10

IF (Age >= 16) THEN

AnxYes

On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

INTERVIEWER: ON SCALE OF 0-10, WHERE 0 = 'NOT AT ALL' AND 10 = 'COMPLETELY'
: 0....10

DIETARY SUPPLEMENTS

ALL PARTICIPANTS

Supplnt

I would now like to ask some questions about your/ (child's name)'s use of dietary supplements over the last year.

Firstly I am going to look to see whether you have recorded taking any supplements in your diary.

INTERVIEWER: CHECK DIARY.

SUPPLEMENTS RECORDED IN DIARY?

- 1 Yes
- 2 No

IF (Supplnt = Yes) THEN

Supplnt2

Just to let you know that as you have also taken these supplements in the past year I will need to record the details again here [in CAPI]. You can also tell me about any other supplements you may have taken in the past year

PRESS <ENTER> TO CONTINUE

HSVits

(IF Sex= Female AND Age >=16) THEN

Have you ever taken NHS Healthy Start vitamins for women?

INTERVIEWER: THESE VITAMINS CONTAIN FOLIC ACID AND VITAMINS C & D. THEY ARE AVAILABLE TO WOMEN WHO ARE PREGNANT OR HAVE A BABY UNDER ONE YEAR AND WHO MEET BENEFITS CRITERIA. ONLY INCLUDE **NHS HEALTHY START VITAMINS** PROVIDED AS PART OF THE GOVERNMENT 'HEALTHY START' SCHEME ' (USING GREEN HEALTHY START VITAMIN COUPONS). DO NOT INCLUDE ANY OTHER TYPES OF VITAMINS.

(IF Age<=4) THEN

Have you ever given NHS Healthy Start Childrens' Vitamin Drops (vitamins A, C and D) to (child name)?'

INTERVIEWER: ONLY INCLUDE NHS HEALTHY START CHILDRENS' VITAMINS DROPS PROVIDED AS PART OF THE GOVERNMENT "HEALTHY START" SCHEME (USING GREEN HEALTHY START VITAMIN COUPONS). DO NOT INCLUDE ANY OTHER TYPES OF VITAMINS.

Ever taken/given Healthy Start vitamins?"

Yes,

No,

NoneAv "SPONTANEOUS ONLY: Tried to claim, but none available"

IF HSVits=Yes THEN

HSVoft

And how often do you take/ give these vitamins (" / to child name)?

Daily,

Occ "Occasionally",

VRare "Very rarely",

Never,

UsedTo "Used to give, but now don't"

Vitamin D and Folic Acid supplement

(Ask all)

SuppYr2

SHOW CARD FF

Have you / Has (child's name) taken any of the dietary supplements listed on this card in the past year, including prescription and non-prescription supplements?

1 Yes

2 No

IF (SuppYr = Yes) THEN

SDet2

Now I would like to collect some details about these 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.

: STRING

Press 1 and Enter to continue

{Following questions asked as a loop}

SRec

INTERVIEWER: CODE WHETHER first/ next BOTTLE/CONTAINER CHECKED BY YOURSELF, THE PARTICIPANT OR NOT AT ALL."

1 Inte "Checked by myself",

2 Resp "Checked by participant",

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,

2 Capsules,

3 Drops,

4 Liquid "Liquid/Syrup",

5 Powder

SDose

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

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

: 1..20

SFreq

SHOW CARD GG

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."

Yes

No

SuppYr

SHOW CARD HH

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, , GLUCOSAMINE, EVENING PRIMROSE, GARLIC, GINSENG, OMEGA 3, COMPLAN, 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 PARTICIPANT OR NOT AT ALL.

- | | | |
|---|-------|--------------------------|
| 1 | Inte | "Checked by myself" |
| 2 | Resp | "Checked by participant" |
| 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" |
| 3 | Drops | "Drops" |
| 4 | Liqu | "Liquid/Syrup" |
| 5 | Powder | "Powder" |

SDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.
CHECK WITH PARTICIPANT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT
IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.
: 1..20

SFreq

SHOW CARD GG

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

ALL PARTICIPANTS

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 means being outdoors.

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

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?" |

{End of specific questions for children aged < 16}

ASK ALL

OutS2M

Showcard II

In the last month, how much time **per day** did you/your child usually spend outdoors during the daylight hours?

Please do not include going to and from work, school, or time spent in outdoor physical activities

- | | | |
|---|---------|-------------------|
| 1 | None | No time |
| 2 | LessM15 | Less than 15 mins |
| 3 | M15to30 | 15 to 30mins |
| 4 | M30to60 | 30mins to 1 hour |

- | | | |
|---|--------|-------------------|
| 5 | H1to2 | 1 to 2 hours |
| 6 | H3to4 | 3 to 4 hours |
| 7 | MoreH4 | More than 4 hours |

OutS2S

Showcard II

How much time **per day** do you/your child usually spend outdoors during the daylight hours in summer?

Please do not include going to and from work, school, or time spent in outdoor physical activities

- | | | |
|---|---------|-------------------|
| 1 | None | No time |
| 2 | LessM15 | Less than 15 mins |
| 3 | M15to30 | 15 to 30mins |
| 4 | M30to60 | 30mins to 1 hour |
| 5 | H1to2 | 1 to 2 hours |
| 6 | H3to4 | 3 to 4 hours |
| 7 | MoreH4 | More than 4 hours |

OutS2W

Showcard II

How much time **per day** do you/ your child usually spend outdoors during the daylight hours in winter?

Please do not include going to and from work, school, or time spent in outdoor physical activities

- | | | |
|---|---------|-------------------|
| 1 | None | No time |
| 2 | LessM15 | Less than 15 mins |
| 3 | M15to30 | 15 to 30mins |
| 4 | M30to60 | 30mins to 1 hour |
| 5 | H1to2 | 1 to 2 hours |
| 6 | H3to4 | 3 to 4 hours |
| 7 | MoreH4 | More than 4 hours |

SunCrm

In sunny weather, in both the UK and abroad, do you/does your child protect your/his/her skin from the sun, for example with clothing or sunscreen?

- | | |
|---|-----------|
| 1 | Often |
| 2 | Sometimes |
| 3 | Rarely |
| 4 | Never |

SunBrn

In sunny weather, in both the UK and abroad, do you/does your child get blistering after being burned in the sun?

- | | |
|---|-----------|
| 1 | Often |
| 2 | Sometimes |
| 3 | Rarely |
| 4 | Never |

SunTn

In sunny weather, in both the UK and abroad, do you/does your child actively seek a suntan?

- | | |
|---|-----------|
| 1 | Often |
| 2 | Sometimes |
| 3 | Rarely |

4 Never

ASK ALL

Hair

What is your/his/her natural (undyed) hair colour?

INTERVIEWER: IF PARTICIPANT ANSWERS 'GREY', ASK 'What was it before becoming grey?'

IF PARTICIPANT 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.

- | | | |
|---|--------|-----------------------|
| 1 | Black | "Black" |
| 2 | Red | "Red / Ginger" |
| 3 | Blond | "Blond / Fair" |
| 4 | LBrown | "Light brown / Mouse" |
| 5 | DBrown | "Dark brown" |
| 6 | Auburn | "Auburn" |
| 7 | None | "None of these" |

Skin

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

Is it...READ OUT...

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.

- | | | |
|---|-------|--------------|
| 1 | White | "White" |
| 2 | Brown | "Brown" |
| 3 | Black | "Black" |
| 4 | Olive | "Or, olive?" |
| 5 | Other | "Other" |

IF (Skin = White OR Olive) THEN

SkTyp

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

...READ OUT...

- | | | |
|---|--------|-------------------------------|
| 1 | NeverT | "Never tans" |
| 2 | DiffT | "Tans with difficulty" |
| 3 | EasyT | "Or tans easily?" |
| 4 | NotKno | "DO NOT READ OUT - Not known" |

ASK ALL

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 PARTICIPANT WAS AWAY.

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

**IF (Participant 2 within 'Core Address') THEN
SameHols**

Were any of these holidays the same as the ones (*Participant one's name*) has already told me about? That is to the same place at the same time as (*Participant 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 PARTICIPANT 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 |

Child Physical Activity

FOR PARTICIPANT AGED 2-15

**FOR CHILDREN AGED 2-12 PARENT WILL ANSWER ON BEHALF OF CHILD.
CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.**

IF (AGE =2 – 25 years) THEN

ChIntro

Now I'd like to ask you some questions about things that (you have /name of child has) done that involve physical activity. This may be things that (you have/he has/she has) done at school, nursery, playgroup or things that (you have/he has/she has) done in the evenings and at weekends.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE.

1..1

Sch7Db

Can I just check, in the last seven days, that is from (date of interview – 7) to yesterday, did (you/name of child) go to school, nursery or playgroup?

- 1 Yes, school
- 2 Yes, nursery
- 3 Yes, playgroup
- 4 No

Note: If Sch7D = No, route straight to Sports and Activities section (WDIntro).

IF (sch7Db=1,2 or 3) THEN

SchDays

In the last seven days (that is from (date of interview - 7] to yesterday), on how many days did

(you / name of child) go to (school / nursery / playgroup)?

INTERVIEWER: ENTER NUMBER OF DAYS

INTERVIEWER: DO NOT INCLUDE WORK EXPERIENCE OR EXTRA-CURRICULAR ACTIVITIES AS GOING TO SCHOOL

Range: 1..6

IF (SchDays > 0) THEN

JWlkCyc

Still thinking about the last seven days, (that is from (date of interview – 7) to yesterday), did (you / name of child) walk or cycle all or part of the way to or from (school / nursery / playgroup)?

INTERVIEWER: INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION, OR WALKING PART OF THE WAY AFTER DRIVING ("PARK AND STRIDE") BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.

IF A CHILD USES A SCOOTER ON THEIR JOURNEY TO OR FROM SCHOOL, THIS SHOULD BE RECORDED AS WALKING.

- 1 Yes - Walking
- 2 Yes – Cycling
- 3 Yes – Both
- 4 No

IF (JWIkCyc= 1 OR 3) THEN

JWIkDT

In the last seven days on how many days did (you / name of child) walk all or part of the way to (school / nursery / playgroup)?

Range: 0..6

JWIkDF

And on how many days did (you / name of child) walk all or part of the way home from (school / nursery / playgroup)?

Range: 0..6

IF (JWIkDT > 0 or JWIkDF > 0) THEN

JWIkTim

How long does it usually take (you / name of child) to walk to (school / nursery / playgroup)?

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.

ENTER NUMBER OF **MINUTES**. IF NONE, ENTER 0

Range: 0..120

IF (JwIkCyc = 2 OR 3) THEN

JCycDT

In the last seven days, on how many days did (you / name of child) cycle all or part of the way **to** (school / nursery / playgroup)?

Range: 0..6

JcycDF

And on how many days did (you / name of child) cycle all or part of the way home **from** (school / nursery / playgroup)?

Range: 0..6

IF (JcycDT > 0 or JcycDF > 0) THEN

JCycTim

How long does it usually take (you / name of child) to cycle **to** (school / nursery / playgroup)?

INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE.

ENTER NUMBER OF **MINUTES**.

IF NONE, ENTER 0

Range: 0..120

IF (SCH7Db = School) THEN

SchIBr

SHOW CARD JJ

I would like you to think about (your / name of child's) school breaks in the last seven days, that is from (date of interview – 7) to yesterday. Apart from time spent eating, which activity on this card did (you / name of child) do most often in (your / his / her) morning, lunchtime and afternoon breaks?

- | | | |
|---|---------|--|
| 1 | Sit | Sitting down |
| 2 | Hang | Hanging around |
| 3 | Walk | Walking |
| 4 | Running | Running around or playing games for example skipping, hide and seek, football or netball |

IF (SchIBr = 3) THEN

WalkPace

Which of the following best describes (your / name of child's) usual walking pace

...READ OUT...

- | | | |
|---|--------|-------------------------|
| 1 | Slow | ...a slow pace, |
| 2 | Steady | a steady average pace, |
| 3 | Brisk | ...a fairly brisk pace, |
| 4 | Fast | ...or, a fast pace? |

ASK ALL AGED 2-15

WDIntro

SHOW CARDS KK AND LL

I would now like to ask you some questions about whether (you have / name of child has) done any of the physical activities listed on these two showcards in the last 7 days.

INTERVIEWER: SHOW PARTICIPANT CARDS KK AND LL.

I will first ask you about the informal activities on Showcard KK and then about the more formal activities on Showcard LL.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

ASK ALL

NSWA

SHOW CARD KK

Firstly, please think about **informal** activities. Since last (day of week seven days ago), (have you / has name of child) done any activities listed on this card on weekdays (outside school hours)?

INTERVIEWER: By outside school hours we mean anything **not** done in lessons and school breaks. The participant **should** include activities done in after school clubs.

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

Note: If NSWA = No, route to WendWA2.

IF (NSWA = Yes) THEN

NSWA2

SHOW CARD KK

Which ones?

CODE ALL THAT APPLY

- | | | |
|---|-----------|--|
| 1 | Cycl | Cycling (but not to or from school) |
| 2 | Walking | Walking (but not to or from school / nursery / playgroup) |
| 3 | Housework | Hoovering, cleaning car, gardening, etc |
| 4 | HopScotch | Hopscotch |
| 5 | Trampo | Bouncing on trampoline |
| 6 | Play | Playing around, e.g. kicking a ball around, catch, hide and seek |
| 7 | Skate | Skating / Skateboarding / using a scooter |
| 8 | Dance | Dancing, including dance lessons |
| 9 | Rope | Skipping rope |

IF (NSWA2 [1..9] DO) THEN

NSPAD

On which weekdays since last (day 7 days ago) did (you / name of child) do (name of activity)?

CODE ALL THAT APPLY:

- | | |
|---|--------|
| 1 | Monday |
|---|--------|

- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

IF (NSPAD IN 1..5 DO) THEN

NSPATH

How long did (you / name of child) spend in total doing (name of activity) on (day)?
 RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT
 NEXT QUESTION
 Range: 0..20

NSPATM

How long did (you / name of child) spend in total doing (name of activity) on (day)?
 ENTER NUMBER OF **MINUTES**. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
 Range: 0..59

Note: *NSPATH and NSPATM repeated for each day coded at NSPAD.
 NSPAD to NSPATM repeated for each activity coded at NSWA2.*

WendWA2

SHOW CARD KK

I would now like to ask you about any activities (you / name of child] did (last weekend).
 (last weekend) did (you / name of child) do any activities listed on this card?

- 1 Yes
- 2 No

IF (WendWA2 = Yes) THEN

WEPWA2

SHOW CARD KK

Which ones?

CODE ALL THAT APPLY.

- | | | |
|---|----------|--|
| 1 | Cycl | Cycling (but not to or from school) |
| 2 | Walking | Walking (but not to or from school / nursery / playgroup) |
| 3 | HouseWrk | Vacuuming, cleaning car, gardening, etc" |
| 4 | HopSctch | Hopscotch |
| 5 | Trampo | Bouncing on trampoline |
| 6 | Play | Playing around, e.g. kicking a ball around, catch, hide and seek |
| 7 | Skate | Skating / Skateboarding / using a scooter |
| 8 | Dance | Dancing, including dance lessons |
| 9 | Rope | Skipping rope |

IF (WEPWA2 IN [1..9] DO) THEN

WEPAD

On which days did (you / name of child) do (name of activity)?
 INTERVIEWER: CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

IF (WEPAD IN [1..2], i = 1..2 DO) THEN

WEPAH

How long did (you / name of child) spend in total doing (name of activity) on (day)?
 INTERVIEWER: Record **hours** below.
 Enter 0 if less than 1 hour.
 Record minutes at next question

Range: 0..20

WEPAM

How long did (you / name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes

Range: 0..59

Note: *WEPAM and WEPAM repeated for each day coded at WEPAD.
WEPAD to WEPAM repeated for each activity coded at WEPWA2.*

NSWB

SHOW CARD LL

Now, please think about **formal** activities.

Since last (**day of week 7 days ago**), (have you / has name of child) done any activities listed on this card **on weekdays** (outside school hours)?

INTERVIEWER: By outside school hours we mean anything NOT done in lessons and school breaks. The participant SHOULD include activities done in after school clubs.

1 Yes

2 No

IF (NSWB =Yes) THEN

NSpWB

SHOW CARD LL

Which ones?

INTERVIEWER: CODE ALL THAT APPLY.

- | | | |
|----|---------|---|
| 1 | Footb | Football / Rugby / Hockey /Lacrosse |
| 2 | Netb | Netball / Basketball / Handball |
| 3 | Cricket | Cricket/ Rounders |
| 4 | Athl | Running, jogging, athletics |
| 5 | SwimLap | Swimming laps/ lengths |
| 6 | SwimSp | Swimming (splashing about) |
| 7 | Gymn | Gymnastics |
| 8 | GymWtT | Workout with gym machines / Weight training |
| 9 | Aero | Aerobics |
| 10 | Tenn | Tennis / Badminton / Squash |

IF (NSpWB in [1..10], DO) THEN

NSWBD

On which weekdays in the last week did (you / name of child) do (name of activity)?

CODE ALL THAT APPLY:

- | | |
|---|-----------|
| 1 | Monday |
| 2 | Tuesday |
| 3 | Wednesday |
| 4 | Thursday |
| 5 | Friday |

IF (NSWBD in [1..5] DO) THEN

NSWBH

How long did (you /name of child) spend in total doing (name of activity) on (**day**)?

INTERVIEWER: Record **hours** below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

NSWBM

How long did (you /name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

Note: *NSWBH and NSWBM repeated for each day coded at NSWBD.*

NSWBD to NSWBM repeated for each activity coded at NSpWB.

WendWB2

SHOW CARD LL

I would now like to ask you about any activities (you / name of child) did (last weekend).
(Last weekend) did (you / name of child) do any activities listed on this card?

1 Yes

2 No

IF (WendWB2 = Yes) THEN

WendWB

SHOW CARD LL

Which ones?

CODE ALL THAT APPLY.

- | | | |
|----|---------|---|
| 1 | Footb | Football / Rugby / Hockey /Lacrosse |
| 2 | Netb | Netball / Basketball / Handball |
| 3 | Cricket | Cricket/ Rounders |
| 4 | Athl | Running, jogging, athletics |
| 5 | Swimlap | Swimming laps/ lengths |
| 6 | SwimSp | Swimming (splashing about) |
| 7 | Gymn | Gymnastics |
| 8 | GymWtT | Workout with gym machines / Weight training |
| 9 | Areo | Aerobics |
| 10 | Tenn | Tennis / Badminton / Squash |

IF (WendWB IN [1..10] DO) THEN

WendWBD

On which days in the last week did (you /name of child) do (name of activity)?

CODE ALL THAT APPLY

1 Saturday

2 Sunday

IF (WendWBD in [1..2] DO) THEN

WendWBH

How long did (you / name of child) spend in total doing (name of activity) on (day)?

INTERVIEWER: Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

WendWBM

How long did (you / name of child) spend in total doing/playing (name of activity) on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes
Range: 0..59

Note: *WendWBH and WendWBM repeated for each day coded at WendWBD.
WendWBD to WendWBM repeated for each activity coded at WendWB.*

**IF (Total time spent on activities on each day of week >= 480 minutes) THEN
Check**

Can I check you mentioned that you spent (number of hours and minutes spent on activities in total on day of week) doing these activities on (day of week). This seems a lot are you sure this is correct?

[List of activities mentioned and time spent on them]

- 1 Yes
- 2 No

Note: *Check repeated for each day of week*

ASK ALL AGED 2-15

NSOth2

SHOW CARDS KK AND LL

In the last seven days, that is from (date of interview – 7) to yesterday, (have you / has name of child) done any other similar activities **not** listed on these two cards **on weekdays?**

INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER ACTIVITIES IN THE NEXT QUESTION

- 1 Yes
- 2 No

IF (NSOth2 = yes) THEN

NOSpEx2

INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other sport or exercise activity.

Type in first few letters of the sport to enter coding frame.

Type 'other' if the sport is not listed.

Type 'xxx' (for not listed/don't know) if unable to code.

On exiting coding frame press 'Enter' to move to next question.

OSpEx2

INTERVIEWER: Enter brief description of this sport"

: STRING[80]

Note: *repeat NSOth2 and OSpEx2 for up to 5 activities.*

NSOthD2

On which weekdays during the last seven days did (you / name of child) do (activity)?

CODE ALL THAT APPLY:

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday

IF (NSOthD2 in [1..5] DO) THEN

NSOthT2H

How long did (you / name of child) spend doing (activity) on (day)?

INTERVIEWER: Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

NSOthT2M

How long did (you / name of child) spend doing (name of sport/activity) on (day)?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes

Range: 0..59

END DO

Inten

When (you / name of child) did (activity) was it hard enough to make (you / name of child) out of breath or sweaty?

1 Yes

2 No

Note: NOSpEx2 to Inten repeated for each activity coded at NOSpEx2.

ASK ALL

WEOth2

Did (you / name of child) do any other similar activities not listed on these two cards (last weekend)?

INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER SPORTS AND ACTIVITIES IN THE NEXT QUESTION.

1 Yes

2 No

IF (WEOth2 = yes) THEN

WEOspEx2

INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other sport or exercise activity.

Type in first few letters of the sport to enter coding frame.

Type 'other' if the sport is not listed.

Type 'xxx' (for not listed/don't know) if unable to code.

On exiting coding frame press <Enter> to move to next question.

:1...999

OSpEx2

INTERVIEWER: Enter brief description of this sport

: STRING[80]

Note: WEOth2 and WEOspEx2 are repeated for up to five activities.

WEOthD

On which days did (you / name of child) do (activity)?

CODE ALL THAT APPLY

1 Saturday

2 Sunday

IF (WEOthD IN [1..2] DO) THEN

WEOthTH

How long did (you / name of child) spend doing/playing (activity) on **(day)**?

INTERVIEWER: Record **hours** spent below.

Enter 0 if less than 1 hour.

Record minutes at next question

Range: 0..20

WEOthTM

How long did (you / name of child) spend doing/playing (activity) on **(day)**?

INTERVIEWER: Enter number of **minutes**.

If an exact hour, enter 0 for minutes

Range: 0..59

Inten3

When (you / name of child) did/played (activity) was it hard enough to make (you / him / her) out of breath or sweaty?

1 Yes

2 No

END DO

END IF

Note: WEOth2 to Inten3 repeated for each activity coded at WEOspEx2..

IF (NSWA2 = 1, 5, 6, 7, 8, or 9) OR (WEPWA2 = 1, 5, 6, 7, 8, or 9) THEN

ExcMusCI

You told us that you did [informal activity recorded at NSWA2, WEPWA2] last week:

During the last week, was the effort of [any of these activities/ name of informal activity recorded at NSWA2, WendWA2] usually enough to make your muscles feel some tension, shake or feel warm?

1 Yes

2 No

IF (NSpWB = 1-10) OR (WendWB = 1-10) THEN

ExcMusCF

You told us that you did [formal activity recorded at NSpWB, WendWB] last week:

During the last week, was the effort of [any of these activities/ name of formal activity recorded at NSpWB, WendWB] usually enough to make your muscles feel some tension, shake or feel warm?

1 Yes

2 No

Note: ExcMusCI is repeated for each informal activity coded at NSWA2 or WEPWA2.

ExcMusCI is repeated for each formal activity codes at NSpWB or WendWB.

ASK ALL AGED 2-15**IntroST**

Now I'd like to ask some questions about time that (you / name of child) might have spent sitting down. For these questions, I'd like you to think about what (you have / name of child has) done in the last seven days, that is from **(date of interview -7) to yesterday**.

Firstly I would like to ask you about any activities (you have / name of child has) done **(after school on weekdays, from last (day) to yesterday**.

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

1..1

TVWkH

On **weekdays** from last **(day)** to **yesterday**, how much time did (you / name of child) **usually** spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: RECORD **HOURS** BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION

Range: 0..20

TVWkM

ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

SedWkH

Still thinking about **weekdays**, from last **(day)** to yesterday, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

RECORD **HOURS** SPENT BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION

Range: 0..20

SedWkM

ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

TVWEH

Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: RECORD **HOURS** BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION

Range: 0..20

TVWEM

Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?

INTERVIEWER: ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

SedWEH

Still thinking of last weekend, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

RECORD **HOURS** SPENT BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION

Range: 0..20

SedWEM

ENTER NUMBER OF **MINUTES**.

IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range:0..59

Normal

Last week, that is from **(date of interview – 7) to yesterday** (were you / was name of child) ...READ OUT...

- | | | |
|---|------|---------------------------|
| 1 | More | ...more active than usual |
| 2 | Less | less active than usual or |
| 3 | Same | about the same as usual? |

IF Age 2-12**Involve**

INTERVIEWER: How involved was (name of child) in answering the physical activity questions?

- | | | |
|---|---------|---|
| 1 | NotPres | Child was not present |
| 2 | NotPart | Child was present but did not participate |
| 3 | Few | Child was present and helped proxy answer a few questions |
| 4 | Some | Child was present and helped proxy answer some questions |
| 5 | Most | Child was present and helped proxy answer most questions |

DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT

**DIARY COLLECTION: ALL PARTICIPANTS
RPAQ PLACEMENT: PARTICIPANTS AGED 16 AND OVER**

DryPUp

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY FOR KEEVA AND PLACING THE PHYSICAL ACTIVITY SELF-COMPLETION BOOKLET FOR KEEVA.

Press 1 and <ENTER> to continue.

IF (Age≥16) AND (Participant number = 1) THEN

DiaryDA

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY DAYS (participant **one's** name) COMPLETED.

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

IF (Participant number = 1) AND (DiaryDA < 3) THEN

NoCAPI2A

INTERVIEWER: (Participant **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 participant.

Please do NOT provide the £30 voucher/ gift card

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Age≥16) AND (Participant number = 2) THEN

DiaryDC

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY JUST TO CHECK HOW MANY DIARY DAYS (**participant two's name**) COMPLETED. REMEMBER TO USE THE YOUNG PERSON'S FOOD ATLAS WHEN REVIEWING DIARIES FOR PARTICIPANTS AGED 15 YEARS AND UNDER

RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED.

Range: 0..4

IF (Age≥16) AND (Participant number = 2) AND (DiaryDA < 3) THEN

NoCAPI2C

INTERVIEWER: (participant **two's**) 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 participant

Please do not provide the £30 voucher/ gift card.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (Age≥16) AND (Participant number = 1) THEN

DiarChkA

(**Participant 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 (participant one's name).

AName.....Point..Address..Check letter..Person number..FROM.....TO

INTERVIEWER:

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

(IF P2Sel > 0) AND (DiaryDC >= 3) AND (P2Age >= 16) THEN

INTERVIEWER: YOU ALSO NEED TO DO THE SAME WITH THE CHILD PARTICIPANT
PRESS <ENTER> TO CONTINUE

1 Continue

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

DiarChkC

(**Participant 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 (**Participant two's name**).

AName.....Point..Address..Check letter..Person number..FROM.....TO

INTERVIEWER:

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

PRESS <ENTER> TO CONTINUE

1 Continue

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

RPAQChkA

INTERVIEWER: RECORD WHETHER (**participant one's name**) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

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

1 Yes

2 No

3 Missing

IF (Participant number = 2) AND (DiaryDA ≥ 3) THEN

RPAQChkC

INTERVIEWER: RECORD WHETHER (**Participant two**) COMPLETED THE PHYSICAL ACTIVITY SELF-COMPLETION.

INTERVIEWER: IF COMPLETED THEN GO THROUGH THE COMPLETED PHYSICAL ACTIVITY SELF-COMPLETION WITH (**Participant two**) AND PROBE FOR ANY MISSING INFORMATION.

1 Yes

2 No

3 Missing

IF (Participant number = 2) THEN

SlpWkCH

Over the last seven days, that is since (date), how long did you (**Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW (CTRL K)'.

IF PARTICIPANT 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 (*Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW' (CTRL K).

IF PARTICIPANT 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 (*Participant two*) and probe for any missing information

Please remember to use **Young Person's Food Atlases** when reviewing diary

PRESS <ENTER> TO CONTINUE

1 Continue

IF Age<16 THEN

DietFBC2

(Participant two name), would you like to be sent some information about some of the major foods and nutrients in your/ your child's diet based on the information you have provided during the interviews? The information will tell you how you/ your child compare with current consumption in the UK and how your/ your child'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.

INTERVIEWER: SHOW PARTICIPANT EXAMPLE OF DIETARY FEEDBACK IN YOUR LAMINATE PACK

1 Yes "Yes, feedback required"

2 No "No, feedback not required"

AddrChkC2

We have this name for you ...

Title:

Forename:

Surname:

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY PARTICIPANTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT PARTICIPANTS.

1 Yes

2 No

TtlC2

Firstly, what is your / X's title?

1 Mr

2 Mrs

3 Ms

4 Miss

5 Other "Other title"

TtlTxtC2

INTERVIEWER: Enter the other **title**

: STRING [15]

ForNameC2

And your / X's **first name**?

: STRING [20]

SurNameC2

And your / X's **surname**?

: STRING [20]

DietFBA

(Participant one name), 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.

INTERVIEWER: SHOW PARTICIPANT EXAMPLE OF DIETARY FEEDBACK IN YOUR LAMINATE PACK.

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 PARTICIPANTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT PARTICIPANTS.

1 Yes

2 No

TtlA

Firstly, what is your title?

- 1 Mr
- 2 Mrs
- 3 Ms
- 4 Miss
- 5 Other "Other title"

TtlTxtA

INTERVIEWER: Enter the other **title**

: STRING [15]

ForNameA

And your **first name**?

: STRING [20]

SurNameA

And your **surname**?

: STRING [20]

IF Age 16-18 THEN**DietFBC**

(Participant 2 name) would you like to be sent some information about some of the major foods and nutrients in your/ your child's diet based on the information you have provided during the interviews? The information will tell you how you/ your child compare(s) with current consumption in the UK and how your/ your child'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.

INTERVIEWER: SHOW PARTICIPANT EXAMPLE OF DIETARY FEEDBACK IN YOUR LAMINATE PACK."

- 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 PARTICIPANTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT PARTICIPANTS."

- 1 Yes
- 2 No

TtlC

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]

IF (Participant 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW (CTRL K) '.

IF PARTICIPANT 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 PARTICIPANT IS ASLEEP. AN AVERAGE TIME PER NIGHT IS BEING SOUGHT. IF PARTICIPANT CANNOT ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM NIGHT TO NIGHT, CODE 'DON'T KNOW' (CTRL K).

IF PARTICIPANT 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

**NHS CENTRAL REGISTER
& CANCER REGISTRY CONSENT FORM**
FOR PARTICIPANTS 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 PARTICIPANT 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 participant's serial number, check letter, and participant number on the top of the consent form.

Serial: Check Letter: Person Number: 1

Ask the participant to sign and date the form.

Give the **bottom** copy of the form to the participant.

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 PARTICIPANT 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 participant's serial number, check letter, and participant number on the top of the consent form.

Serial: Check Letter: Person Number: 2

Ask the participant to sign and date the form.

Give the **bottom** copy of the form to the participant.

Code whether signed consents obtained.

- | | | |
|---|---------|---|
| 1 | Central | "NHS Central Register and Cancer Registry consent obtained" |
| 2 | None | "No signed consents" |

RECONTACT QUESTIONS

FOR ALL PARTICIPANTS

IF (Age ≥ 19) THEN

ReConA

If at some future date the Public Health of England (PHE) or Food Standards Agency (FSA) 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

EmailCon

ASK ADULT

Would you be willing to be recontacted by email?

- 1 Yes
- 2 No

IF (EmailCon=Yes) THEN

Email

Thank you, and can I take your email address please?

Email address can be checked at next question.

: STRING [150]

Email2

Is this correct:

(Email)

Press 1 and <Enter> to continue

- 1 Continue

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 participant.

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:

: STRING [30]

StAdd3

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

: STRING [30]

StAdd4

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

: STRING [30]

StAdd5

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

: STRING [30]

StAddPC

INTERVIEWER: Please enter the stable/contact address.

Postcode:

: STRING [8]

StInfo

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

: STRING [100]

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 participants 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

2 Continue

NURSE INTRODUCTION

ALL PARTICIPANTS

Stg2Int

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR *NAME*.

Press 1 and <ENTER> to 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 PARTICIPANT THE STAGE 2 LEAFLET, APPROPRIATE FOR THEIR AGE.

IF ASKED FOR DETAILS: For example, the nurse, with your agreement, will take some general measurements such as blood pressure, ask about prescribed medications and so on. The information the nurse collects is information we can not get from any other source.

IF ASKED: The nurse will contact the participant within 2-4 months.

Always mention the nurse by name (if known).

If participant is **unsure** then code '3 Unsure' here. The nurse will still contact the participant but will be aware that the participant was unsure about the nurse visit.

Press <F9> for help about the nurse visit

I see my doctor all the time...

We don't have access to your records and therefore we can't get this information any other way, so our nurse comes to visit you personally. Will I have to give blood? No, the nurse will ask for written or verbal consent before any measurements. You don't have to do anything you don't want to. We still get really useful information from the nurse visit even if you don't have any measurements taken as the nurse has a few questions to ask.

I haven't time...

any time to suit you. They will call to see when best suits you.

Why is it necessary..?

You have given us lots of really useful information, but because this is a survey about health, there are certain things interviewers can't do (like take blood pressure readings) so we have a nurse visit to get this information.

- | | | |
|---|--------|------------------------------|
| 1 | Agree | "Agreed nurse could contact" |
| 2 | Refuse | "Refused nurse contact" |
| 3 | Unsure | "Unsure" |

NurseRef

RECORD REASON WHY PARTICIPANT 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

CARD A

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

White:**CARD B**

- 1 White -British /English/ Welsh/ Scottish/ Northern Irish
- 2 White - Irish
- 3 White - Gypsy or Irish Traveller
- 4 Any other white background (please describe....)

Mixed/multiple ethnic groups:

- 5 Mixed – White and Black Caribbean
- 6 Mixed – White and Black African
- 7 Mixed – White and Asian
- 8 Any other mixed background (please describe....)

Asian/Asian British:

- 9 Asian or Asian British – Indian
- 10 Asian or Asian British – Pakistani
- 11 Asian or Asian British – Bangladeshi
- 12 Any other Asian/Asian British background (Please describe...)

Black/African/Caribbean/Black British:

- 13 Black or Black British – Caribbean
- 14 Black or Black British – African
- 15 Any other Black/Black British background (Please describe...)

Other ethnic group:

- 16 Chinese
- 17 Arab
- 18 Any other (Please describe...)

CARD C

- 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

CARD D

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's or friend's property)
- 6 Squatting

CARD E

- 1 Large 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)
- 10 Farm
- 11 Home delivery (including co-operatives, community schemes/ local initiatives)
- 12 Other shop

CARD F

- | | |
|---|--------------------------------|
| 1 | More than once a day |
| 2 | Once a day |
| 3 | 2 or 3 times a week |
| 4 | Weekly |
| 5 | 2 or 3 times a month |
| 6 | Monthly |
| 7 | Every 2 months |
| 8 | Less often than every 2 months |

CARD G

- 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/eat chips

CARD H

1	Higher degree, e.g. MSc, MA, MBA, PGCE, PhD
2	Level 5 NVQ / SVQ
3	BTEC Advanced Professional Diploma/Certificate
4	First degree, e.g. BSc, BA, BEd, MA at first degree level
5	Level 4 NVQ / SVQ
6	HNC / HND
7	BTEC Higher National or Professional Diploma/Certificate
8	RSA or OCR Higher
9	GCE 'A'-level
10	A2
11	AVCE
12	SCE Advanced Higher Grades
13	SCE Higher Grades (A-C)
14	CSYS
15	Key Skills Level 3
16	Level 3 NVQ / SVQ
17	ONC / OND
18	BTEC Advanced or National Diploma/Certificate
19	RSA or OCR Advanced Diploma
20	City & Guilds Advanced Craft / Part 3
21	Advanced GNVQ; Vocational A Level
22	Advanced Modern Apprenticeship
23	GCSE grade A*-C

see over for more codes

CARD H continued....

CARD H

24	GCE 'O'-level passes
25	CSE grade 1
26	SCE O Grades (A-C)
27	SCE Standard Grades (1-3)
28	School Certificate / Matriculation
29	Key Skills Level 2
30	Level 2 NVQ / SVQ
31	Level 2 Essential Skills Qualifications
32	BTEC Intermediate or First Diploma/Certificate
33	RSA Diploma
34	City & Guilds Craft / Part 2
35	Intermediate GNVQ
36	Foundation Modern Apprenticeship
37	GCSE grade D-G
38	CSE grade 2-5
39	SCE O Grades (D-E)
40	SCE Standard Grades (4-7)
41	SCOTVEC National Certificate Modules
42	Key Skills Level 1
43	Level 1 NVQ / SVQ
44	Level 1 Essential Skills Qualifications
45	BTEC Foundation or Introductory Diploma/Certificate
46	RSA Stage 1-3
47	City & Guilds Part 1
48	Foundation GNVQ; Foundation VCE
49	Entry level Essential Skills Qualifications
97	Other qualifications

CARD I

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal Pensions
- 5 Job-Seekers Allowance
- 6 Employment and Support Allowance
- 7 Income Support
- 8 Pension Credit
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Child Benefit
- 12 Housing Benefit
- 13 Council Tax Benefit
- 14 Other state benefits
- 15 Interest from savings and investments (e.g. stocks & shares)
- 16 Other kinds of regular allowance from outside your
household (e.g. maintenance, student's grants, rent)
- 17 No source of income

CARD J

A	£15,000 - £19,999
B	£30,000 - £34,999
C	Under £5,000
D	£45,000 - £49,999
E	£25,000 - £29,999
F	£5,000 - £9,999
G	£20,000 - £24,999
H	£10,000 - £14,999
I	£75,000 - £99,999
J	£35,000 - £39,999
K	£50,000 - £74,999
L	£100,000 or more
M	£40,000 - £44,999

CARD K

- 1 Every day or nearly every day
- 2 2 or 3 times a week
- 3 Once a week
- 4 2 or 3 times a month
- 5 Once a month or less

CARD L

- | | |
|---|--------------------------|
| 1 | 5 or more times per week |
| 2 | 3 to 4 times per week |
| 3 | 1 to 2 times per week |
| 4 | 1 to 2 times per month |
| 5 | Rarely or never |

CARD M

- | | |
|---|-----------------------------|
| 1 | Never |
| 2 | Less than once per month |
| 3 | On 1 to 3 days per month |
| 4 | On 1 to 2 days per week |
| 5 | On 3 to 4 days per week |
| 6 | On 5 to 6 days per week |
| 7 | Every day in the last month |

CARD N

- 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, oat milk , almond milk or coconut 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
- 16 Brown crab meat

CARD O

- 1 Less than once per month
- 2 On 1 to 3 days per month
- 3 On 1 to 2 days per week
- 4 On 3 or more days per week

CARD P

- | | |
|----|-------------|
| 1 | Pheasant |
| 2 | Partridge |
| 3 | Quail |
| 4 | Wood pigeon |
| 5 | Rabbit |
| 6 | Venison |
| 7 | Hare |
| 8 | Grouse |
| 9 | Wild Boar |
| 10 | Other |

CARD Q

- 1 Rice milk
- 2 Soya milk
- 3 Sheep's milk
- 4 Goat's milk
- 5 Oat milk
- 6 Almond Milk
- 7 Coconut Milk
- 8 Other

CARD R

- 1 Kabanos
- 2 Kielbasa
- 3 Bratwurst
- 4 Cervelat or Summer Sausage
- 5 Andouille
- 6 Knackwurst
- 7 Linguica
- 8 Chorizo
- 9 Mortadella
- 10 Hot Dogs
- 11 Bologna
- 12 Other

CARD S

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

CARD T

- 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

CARD U

- 1 Every day / most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month

CARD V

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

CARD W

- 1 Vision (e.g. due to blindness or partial sight).
- 2 Hearing (e.g. due to deafness or partial hearing).
- 3 Mobility, such as difficulty walking short distances, climbing stairs, lifting & carrying objects.
- 4 Learning or concentrating or remembering.
- 5 Mental health
- 6 Stamina or breathing difficulty
- 7 Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Asperger's Syndrome)
- 8 Other impairment

CARD X

- 1 No difficulty
- 2 A little difficulty
- 3 A fair amount of difficulty
- 4 A great amount of difficulty

CARD Y

- 1 Sliced bread
- 2 Crusty bread
- 3 Cheese
- 4 Tomatoes
- 5 Raw carrots
- 6 Cooked green vegetables
- 7 Lettuce
- 8 Sliced cooked meats
- 9 Well-cooked steaks
- 10 Apples
- 11 Oranges
- 12 Nuts

CARD Z

- | | |
|---|----------------------------------|
| 1 | Almost every day |
| 2 | 5 or 6 days a week |
| 3 | 3 or 4 days a week |
| 4 | 1 or 2 times a week |
| 5 | 1 or 2 times a month |
| 6 | Once every couple of months |
| 7 | 1 or 2 times a year |
| 8 | Not at all in the last 12 months |

CARD AA

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

CARD CC

- 1 A nursery school
- 2 A primary school (including infant school, junior school)
- 3 A secondary school (including sixth form in a school) /
 High school
- 4 A middle school
- 5 A sixth form college / Higher Education college
- 6 Other
- 7 Home-educated

CARD DD

- 1 Cooked school meal
- 2 Cold school meal (including sandwiches, salads)
- 3 Packed lunch (from home)
- 4 Buy lunch from shop / café
- 5 Go home
- 6 Do not eat lunch

CARD EE

- 1 Free school meal (at lunchtime)
- 2 Reduced price or subsidised school meal (at lunchtime)
- 3 Free school milk
- 4 Subsidised school milk
- 5 Free fruit
- 6 Free food BEFORE school
- 7 Free food AFTER school
- 8 Other

- Vitamin D (single or with other vitamins or minerals
e.g. calcium and vitamin D)
- Folic acid (single or with other vitamins or minerals)
- Multivitamins containing vitamin D and/or folic acid

CARD GG

- | | |
|---|------------------------|
| 1 | Less than once a month |
| 2 | 1 to 3 times a month |
| 3 | Once a week |
| 4 | 2 to 4 times a week |
| 5 | Once a day |
| 6 | 2 to 3 times a day |
| 7 | 4 or more times a day |

Supplement examples

- Multivitamins with/without Iron or other Minerals
- Vitamin C
- Vitamin B complex
- Selenium
- Calcium
- 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

CARD II

- 1 No time
- 2 Less than 15 mins
- 3 15 to 30 mins
- 4 30 mins to 1 hour
- 5 1 to 2 hours
- 6 3 to 4 hours
- 7 More than 4 hours

CARD JJ

- 1 Sitting down
- 2 Hanging around
- 3 Walking
- 4 Running around or playing games for example skipping, hide and seek, football or netball

Informal activities

- 1 Cycling (but not to or from school)
- 2 Any walking (but not to or from
 School / nursery / playgroup)
- 3 Hoovering, cleaning car, gardening, etc.
- 4 Hopscotch
- 5 Bouncing on trampoline
- 6 Playing around, e.g. kicking a ball around, catch, hide and
 seek
- 7 Skating / Skateboarding / using a scooter
- 8 Dancing, including any dance lessons
- 9 Skipping with a skipping rope

Sports, games and other organised activities

- 1 Football / Rugby / Hockey / Lacrosse
- 2 Netball / Basketball / Handball
- 3 Cricket / Rounders
- 4 Running / jogging / athletics
- 5 Swimming laps / lengths
- 6 Swimming (splashing about)
- 7 Gymnastics
- 8 Workout with gym machines / Weight training
- 9 Aerobics
- 10 Tennis / Badminton / Squash

CARD MM

PLEASE ANSWER YES OR NO

YOU DO NOT NEED TO PROVIDE ANY FURTHER DETAILS

I am on a period day

I use a urinary catheter

I am pregnant

I am breastfeeding

