

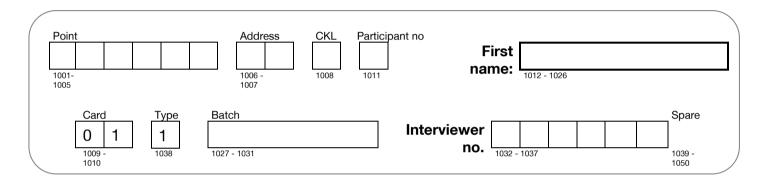




NDNS

National Diet and Nutrition Survey Booklet for 8-12 year olds

In Confidence



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

Thank you for taking part in this survey



How to answer these questions

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

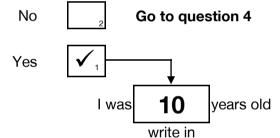
Yes ✓₁

No 2

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

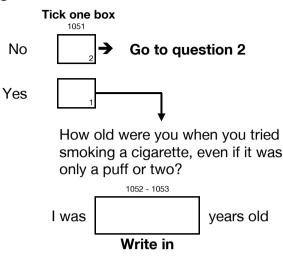
I was years old write in

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



Cigarette Smoking

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



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

I have never smoked

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

I smoke more than six cigarettes a week

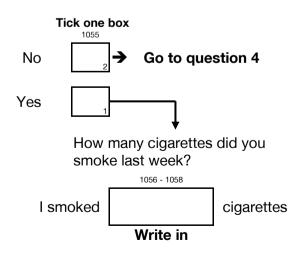
I smoke more than six cigarettes a week

I smoke more than six cigarettes a week

I smoke more than six cigarettes a week

I smoke more than six cigarettes a week

Q3 Did you smoke any cigarettes last week?



Spare 1059 - 1074

Drinking

Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labelled low alcohol.	Tick one box
Yes	→ Go to question 6
No	→ Go to question 5
Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?	Tick one box
Yes	→ Go to question 6
No	→ END
How old were you the first time you had a proper alcoholic drink or alcopop? I was	years old write in
How often do you usually have an alcoholic drink or alcopop?	Tick one box
Almost every day	1079
About twice a week	2
About once a week	3
About once a fortnight	→ Go to question 8
About once a month	5
Only a few times a year	6
I never drink alcohol now	7
	drink, not just a sip? Please don't count drinks labelled low alcohol. Yes No Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)? Yes No How old were you the first time you had a proper alcoholic drink or alcopop? I was How often do you usually have an alcoholic drink or alcopop? Almost every day About twice a week About once a week About once a fortnight About once a month Only a few times a year

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

	Tick one box
Today	1
Yesterday	2
Some other time during the last week	3
1 week, but less than 2 weeks ago	4
2 weeks, but less than 4 weeks ago	5
1 month, but less than 6 months ago	6
6 months ago or more	7
	Spare 1081 - 1099

Thank you for answering these questions.

Please return the booklet to the interviewer.



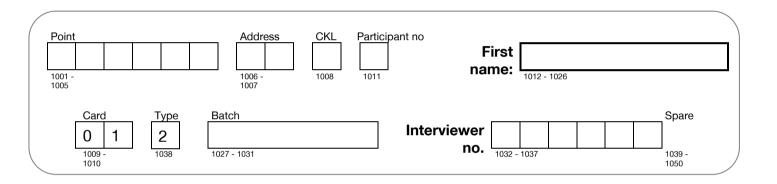




NDNS

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

In Confidence



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

Thank you for taking part in this survey



How to answer these questions

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

Yes ✓₁

No

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

I was **13** years old

write in

Next to some of the boxes are arrows and instructions
 They show or tell you which question to answer next.

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

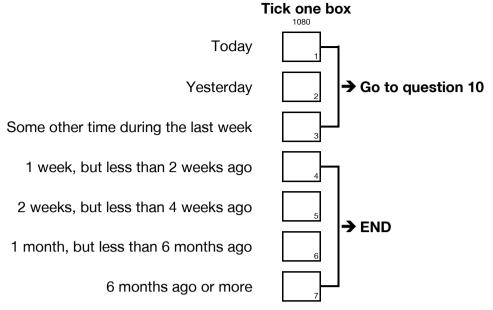
Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two? Tick one box Yes → Go to guestion 2 No Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you. Tick one box 1052 I have never smoked Go to question 5 I have only smoked once or twice I used to smoke sometimes, but I never smoke a cigarette now → Go to question 3 I sometimes smoke, but I don't smoke every week I smoke between one and six cigarettes a week I smoke more than six cigarettes a week How old were you when you tried smoking a cigarette, Q3 even if it was only a puff or two? 1053 - 1054 years old → Go to question 4 I was write in Q4 Did you smoke any cigarettes last week? Tick one box Go to question 5 No Yes How many cigarettes did you smoke last week? 1056 - 1058 I smoked cigarettes Spare 1059 - 1074 Write in

Drinking

Q5	Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labelled low alcohol.	Tick one box
		Yes Go to question 7
		No Go to question 6
Q6	Have you ever drunk alcopops (such as Bacardi Bree Smirnoff Ice, WKD, Reef etc)?	zer, Tick one box
		Yes Go to question 7
		No 2 ► END
Q7	How old were you the first time you had a proper alcoholic drink or an alcopop?	- 1078
	l waswrit	years old Go to question 8 te in
Q8	How often do you usually have an alcoholic drink or alcopop?	Tick one box
	Almost every	
	About twice a w	reek 2
	About once a w	eek 3
	About once a fortn	ight ☐ ₄ → Go to question 9
	About once a mo	onth 5
	Only a few times a y	year 6
	I never drink alcohol r	now 7

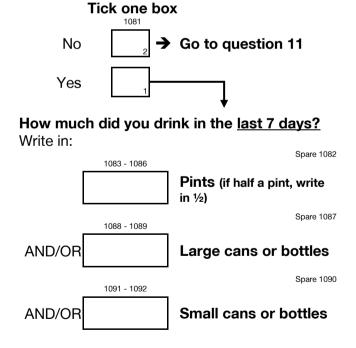
Q9 When did you last have an alcoholic drink or alcopop?



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

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

Have you drunk this in the last 7 days?



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

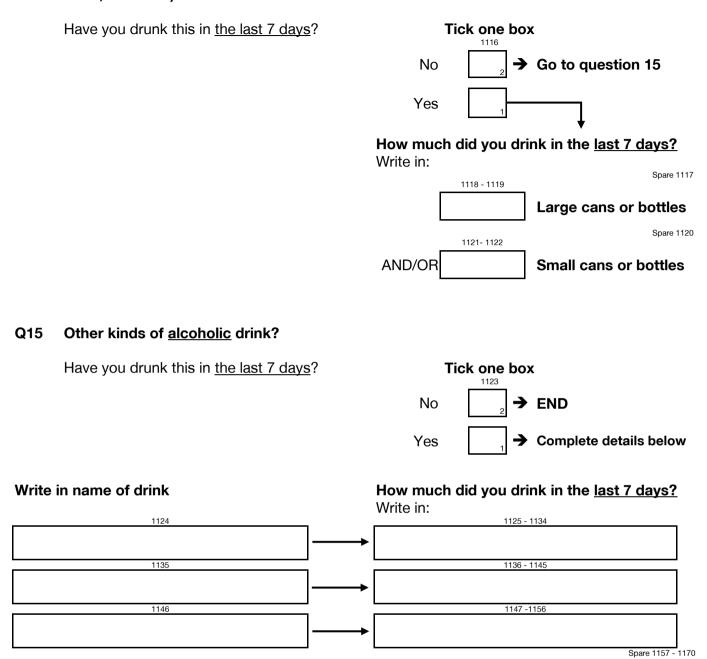
Q12

Q13

brandy or cocktails	
Have you drunk this in the last 7 days?	Tick one box
	No 2 → Go to question 12
	Yes
	How much did you drink in the last 7 days?
	Write in:
	Glasses (count doubles as two glasses)
Sherry or martini (including port, vermout dubonnet)	h, cinzano,
Have you drunk this in the last 7 days?	Tick one box
	No 2 Go to question 13
	Yes
	How much did you drink in the last 7 days?
	Write in:
	Glasses (count doubles as two glasses)
Wine (including babycham and champagn	ne)
Have you drunk this in the last 7 days?	Tick one box
	No ☐ 2 Go to question 14
	Yes
	How much did you drink in the last 7 days?

Spare 1102 1103 - 1104 **Glasses** Spare 1105-1115

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



Thank you for answering these questions. Please return the booklet to the interviewer.







NDNS

Point

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

Participant no

First

Card Type 0 1 3	Batch	Interviewer			Spare
1009 - 1038 1010	1027 - 1031	no	032 - 1037		1039 - 1050
	Example Questions: F	low to fill in this que	stionnaire		
	ons on the following pages ver that applies to you.	can be answered sim	ply by tickin	ng the box be	elow or
			Tick c	one box	
		Very healthy life	Fairly healthy life	Not very healthy life	An unhealtl life
Example 1: Do yo	ou feel that you lead a	1	✓ 2	3	4
	e asked to write in a number rather than words.	er or the answer in you	ır own word	ls. Please en	ter
		Write in no.	6		
Example 2:					
On most pages you	should answer ALL the quest it with an instruction to go		ou will find th	ne box you ha	ve ticked
On most pages you anas an arrow next to	it with an instruction to go do not be it with an instruction to go do not be it with a do not be it with	to another question.	Tick one l	box	ve ticked question 4



SMOKING

Q1	Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?	Tick one box
		1051
	Yes	→ Go to question 2
	No	Go to question 11 on page 3
00		
Q2	Have you ever smoked a cigarette?	Tick one box
	Yes	→ Go to question 3
	No	Go to question 11 on page 3
Q3	How old were you when you first tried smoking a cigarette, even if it was only a puff or two?	1050 1054
	Write in how old you were then	→ Go to question 4
Q4	Do you smoke cigarettes at all nowadays?	Tick one box
	Yes	→ Go to question 6
	No	→ Go to question 5
Q5	Did you smoke cigarettes regularly or occasionally?	Tick one box
	Regularly, that is at least one cigarette a day	Go to question 9 on page 2
	Occasionally	2 0 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	I never really smoked cigarettes, just tried them once or twice	Go to question 11 on page 3
CURRI	ENT SMOKERS	
Q6	About how many cigarettes a day do you usually smoke on weekdays?	4057 4050
	Write in number smoked a day	→ Go to question 7
Q7	And about how many cigarettes a day do you usually smoke at weekends?	1060 1062
	Write in number smoked a day	Go to question 8 on page 2

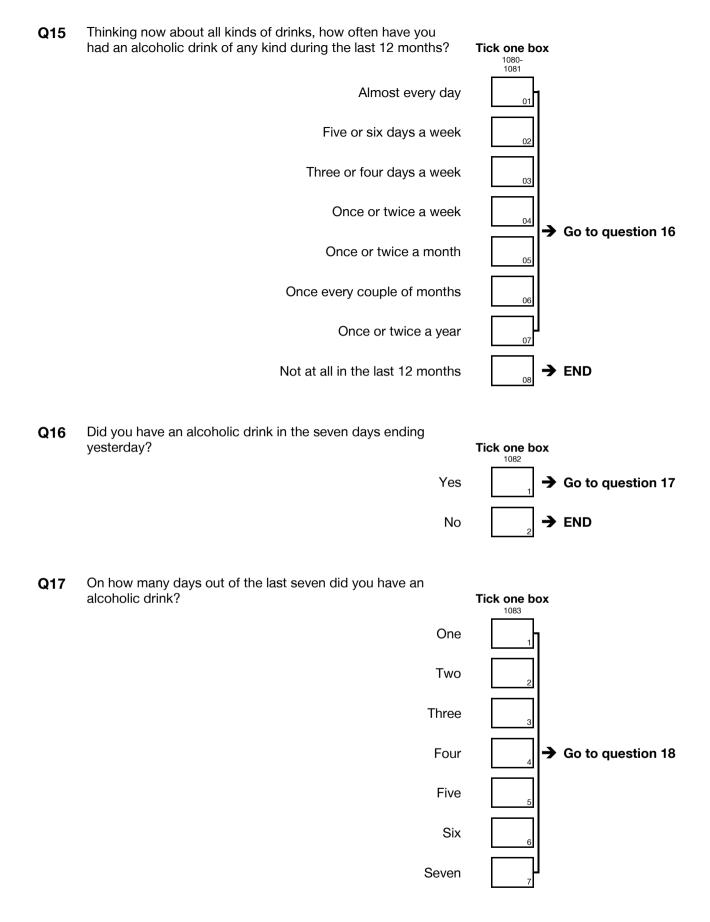
Q8	Do you <u>mainly</u> smoke	Tick one box
	filter-tipped cigarettes,	1
	plain or untipped cigarettes,	→ Go to question 11
	or hand-rolled cigarettes?	3
Q 9	About how many cigarettes did you smoke IN A DAY when you smoked them regularly?	1064 - 1066
	Write in number smoked a day	→ Go to question 10
Q10	How long ago did you stop smoking cigarettes regularly? Was it	Tick one box
	less than 6 months ago,	
	6 months to 1 year ago,	
	1 to 2 years ago,	→ Go to question 11
	2 to 5 years ago,	4
	5 to 10 years ago,	5
	or more than 10 years ago,	6

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

Q11	Do you ever drink alcohol nowadays, including drinks you brew or make at home? Yes	Tick one box 1075 → Go to question 14
	No	Go to question 12
Q12	Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?	Tick one box
	Very occasionally	→ Go to question 14
	Never	→ Go to question 13
Q13	Have you always been a non-drinker or did you stop drinking for some reason?	Tick one box
	Always a non-drinker	
	Used to drink but stopped	→ END
Q14	How old were you the first time you ever had a proper alcoholic drink?	1078 - 1079
	Write in how old you were then	→ Go to question 15



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

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

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

Spare 1151 - 1170

Thank you for answering these questions. Please return the booklet to the interviewer.







NDNS(I)

National Diet and Nutrition Survey

Recent Physical Activity Questionnaire¹ self-completion booklet

In Confidence

	Address CKL Participant No. First name:
	Interviewer no.
•	aire is designed to find out about your physical everyday life in the last 4 weeks ending yesterday.

This questionnaire is divided into 3 sections

Please try to answer every question.

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



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



Section A: Home Activities

Q1 Getting about

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

Please tick (✓) one box only.

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

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

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

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

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

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

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

Section B: Activity at work / school or college

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

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

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

Q5	-	n employment, done u or college during the	-	Tick one box	
	chang yesterda	, .	N		Go to page 7
			Ye		Go to Q6
Q 6		4 weeks ending yester did you do per week? In the last week	rday, how many ho	ours of work, ur	
_	k hours luding travel)				
Type Q7	We would like to school/college. I	work or school/collegents work or school/collegents work or school/college in the	mount of physical x next to the one t	hat best corre	d in your work or at sponds with your main

occupation(s) or school/college in the last 4 weeks ending yesterday: Sedentary occupation You spend most of your time sitting (such as in an office) Standing occupation You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard) Manual work This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter) Heavy manual work This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

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

Q8	What proportion of your time at work or school/college was spent outside while you were at woor school/college during the last 4 weeks ending yesterday? This does not include travelling to/from work or school/college.							
	· ·	Tick one box						
	No	ne → Go to Q10						
	Less than h	alf						
	About h							
	More than h	alf Go to Q9						
		All						
Q 9	When you were outside at work or school/college, whuncovered? Tick (<) all that apply.	at parts of your body were usually						
	Face Shoul	ders						
	Head Legs							
	Hands Most upper body							
	Arms							
<u>Travel</u>	to and from your main place of work or school	/college in the last 4 weeks						
Q10	What is the approximate distance from your home to Record 0 if you work/study from home.	your main place of work or school/college?						
	Miles OR Kilo	metres						
Q11	How many times a week did you travel from home to Count outward journeys only.	your main place of work or school/college?						

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

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

Tick (✓) one box only per line

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

Q13	What is yesterda	•	stcode	for you	r main p	olace of	work	or sch	nool/c	ollege	e duri	ng th	e last	4 week	s end	ding
	known pla address -	_	ive you	ur wori	k or sci	hool/co	ollege	addre	9SS							

Please turn to page 7

Section C: Leisure time activities

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

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

Example 1

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

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

Example 2

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

	Numb activ	Average time per episode						
Non	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Golf								

Section C cont'd: Leisure time activities

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

Please complete each line

Please co	-		N	Number on the last		-	d the ng yester	dav		ge time pisode
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes
Swimming -										
competitive										
Swimming leisurely	indoor									
	outdoor									
Backpacking										
mountain cli	mbing									
Walking for	oleasure									
(not as a me transport)	eans of									
Racing or ro	ugh									
terrain cyclir										
Cycling for p										
(not as a me	ans of									
transport)										
Mowing the	lawn									
Watering the	lawn or									
garden										
Digging, sho										
or chopping										
Weeding or										
DIY e.g. carp	oentry,									
home or car										
maintenance										
High impact										
aerobics or s	step									
aerobics Other types	of									
Other types aerobics	UI									
Exercise with	h									
weights	11									
Conditioning	1									
exercises e.										
a bike or rov										
machine	J									
Floor exercis	ses e.g.									
stretching, b	•									
keep fit or yo										
Dancing e.g.										
ballroom or										
Competitive	running									

Section C cont'd: Leisure time activities

		act		mber of the last 4				erday		Average time per episode	
		None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Minutes	
Jogging											
Bowling	Indoor										
	Outdoor										
Tennis	Indoor										
	Outdoor										
Badminton	•										
Squash											
Table tenni	S										
Golf											
Football, rugby or	Indoor										
hockey	Outdoor										
Cricket	1										
Rowing											
Netball, volleyball	Indoor										
or basketball	Outdoor										
Fishing	1										
Horse-ridin	g										
Snooker, bi	illiards or										
Musical ins											
Ice skating	<u> </u>										
Sailing, win	oating										
Martial arts)										
Active gam Nintendo w	ıng (ı.e. vii)										

		9	Now turn to p	nago 10	<u> </u>
Q15		es (except swimminides indicated)			
	do wii)				

QIO	you done anything else that involves physical activity during the last 4 weeks ending yesterday?		Tick one box	
	N	О	 →	End of questionnaire
	Ye	es	 →	Go to Q17
Q17	Please record here any other physical activities that you them), other than those already recorded , over the last housework):		•	

Thank you for answering these questions.

Please return the booklet to the interviewer.