

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 years and over
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:

- Shopping for fresh fruit and vegetables (e.g. main type of shop used, frequency of shopping for these products).
- Food preparation (e.g. ways of preparing mince or chips, adding salt).
- Employment and education

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
School provisions	Aged under 15 years (or aged 16-18 years and in full-time education)
Eating out and other provisions	All ages
Eating habits	All ages
Food avoidance	All ages
General health	All ages
Oral health	Aged 16 years and over
Drinking	Aged 8 years and over ¹
Smoking	Aged 8 years and over ¹
Education	Aged 16 years and over
Job and income	Asked of MFP or selected participant about the 'Household Reference Person' (HRP)

¹ Smoking and Drinking questionnaires were administered in the form of a self-completion paper booklet in Year 10. The content in Year 10 was substantially shorter than in previous years. In Year 11, the questionnaires were administered via a Computer Assisted Self Interview).

Part II sections²	Participant
Mental Health	Aged 16 years and over
Dietary supplements	All ages
Physical Activity	All participants aged 2+ years ³
Data linkage consent	Aged 16 years and over
Nurse introduction	All ages

² In Year 10 (but not Year 11), participants were also asked about sun exposure.

³ Children (2-15 years) were asked as part of CAPI and adults aged 16+ years as a self-completion questionnaire.

National Diet and Nutrition Survey (NDNS)

P12229 Year 11

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.

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HOUSEHOLD GRID

DDateSum

INTERVIEWER: FOR YOUR INFORMATION ONLY, THE PARTICIPANT(S) WILL BE ASKED TO COMPLETE THE DIARY FOR THE FOUR DAYS BELOW. THESE DATA WILL BE SHOWN AGAIN AT THE END OF CAPI1 WHEN YOU PLACE THE DIARY, AT WHICH STAGE YOU WILL BE ABLE TO ACCEPT OR CHANGE THESE DAYS.

Day1 : (date) (day)

Day2 : (date) (day)

Day3 : (date) (day)

Day4 : (date) (day)

Press 1 and <Enter> to continue.

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** 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.

DVHSize

Number in household

Range 1-10

(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 (Range: 0-97)

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 does not equal MarrLiv OR Civil)

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

ASK OR RECORD.

(HELP <F9>)

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

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	DFSsingle	"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) 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

The following questions will vary on sample country.

IF QSampCountry= 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(QSampCountry= NI) 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)

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 or NatIDGB = 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]

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 (EthGrpNI = AsianOth, BlackOth, Other) THEN

IF (EthGrpGB= 4, 8, 12, 15 OR Other) 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> FOR POSSIBLE INTRODUCTION TO SECTION)

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"

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=97) 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: **(Main Food Provider name)**

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

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

Proxy Participant for Child:

Press 1 and <Enter> to continue.

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 - NAME

- 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	EmplIndiv	"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).

MFPNow

THE MAIN FOOD PROVIDER IS (NAME).

DO YOU WANT TO DO THE MAIN FOOD PROVIDER INTERVIEW NOW OR LATER?

- 1 Now
- 2 Later

IF (MFPNow = Later) THEN

LStop

INTERVIEWER: Please remember to come back to these 'Main Food Provider' questions. You can do them anytime by using <CTRL+ENTER> and selecting the **Main Food Provider** parallel block.

Each time you exit then re-enter the questionnaire and move through it by hitting the <END> key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'Later' to 'Now' when you are ready to complete the missing questions.

Press 1 and <Enter> to continue.

IF (MFPNow = Now) THEN

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

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.

- | | | |
|----|---------|--------------------------------------------------------------------------------|
| 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 | Sever | "More than one of these (SPONTANEOUS ONLY)" |

ASK ALL

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" |

ASK ALL

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?" |

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 (MinceF1 = MinFat OR MinNoFat) THEN

MincF2

When you are cooking mince, do you strain off the fat or do you not strain off the fat?

- | | | |
|---|----------|-----------------------------|
| 1 | Strain | "Strain off the fat" |
| 2 | NoStrain | "Do not strain off the fat" |

ASK ALL

ChipHow

SHOW CARD 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" |

ASK ALL

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" |

Household reference person hours of work

IF (HRP = participant) THEN questions asked in person, ELSE questions asked of MFP about HRP, followed by the same questions about the 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"

RegCasD

Date RegCas answered

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) THEN

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?"

- 1. Yes
- 2. No

IF (Typcas=No) THEN

NCasHrs

INTERVIEWER: RECORD TYPICAL NUMBER OF HOURS WORKED PER WEEK
IN OCCASIONAL JOB(S)

IF 97 HOURS OR MORE THEN ENTER 97

Range: 1..97

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 | RSAAdv | "RSA or OCR Advanced Diploma" |
| 20 | CityG3 | "City & Guilds Advanced Craft / Part 3" |
| 21 | AdvGNVQ | "Advanced GNVQ; Vocational A Level" |
| 22 | AdvMAp | "Advanced Modern Apprenticeship" |
| 23 | GCSEAC | "GCSE grade A*-C" |

24	Olevel	"GCE 'O'-level passes"
25	CSE1	"CSE grade 1"
26	SCEAC	"SCE O Grades (A-C)"
27	SCEStd13	"SCE Standard Grades (1-3)"
28	SchCert	"School Certificate / Matriculation"
29	KSkL2	"Key Skills Level 2"
30	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 Standard 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:

JHRPIIntr

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

JOBWhat 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" |

IF (Stat=Employee) THEN

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 |

IF (Stat=Employee) THEN

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?" |

IF (Stat=SelfEmp) THEN

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" |

IF (Solo=WithEmp) THEN

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

Please look at 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.

INTERVIEWER: 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 |
|---|----------|

GIFT CARD

(IF (AXScrType = YPBoost) & (GiftMFP=RESPONSE) THEN

GiftMFP

INTERVIEWER: THANK PARTICIPANT FOR COMPLETING THIS PART OF THE INTERVIEW.

PLEASE GIVE (MAIN FOOD PROVIDER) A £10 VOUCHER

PRESS 1 AND <ENTER> TO CONTINUE

CardMFP

Gift card number for MFP

INTRODUCTION TO INDIVIDUAL INTERVIEW

IntroP

INTERVIEWER: This is the start of the individual questions for (participant's 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')

- 1 Now
- 2 Later

IF (IntroP = 'Later') THEN

LStop

INTERVIEWER: Please remember to come back to these questions.

Each time you exit then re-enter the questionnaire and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'Later' to 'Now' when you are ready to complete the missing questions.

Press 1 and <Enter> to continue.

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

FNAdCon

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 Z

Please look at this card and tell me which of these best describes the school you/ (child's name) attend(s).

INTERVIEWER: IF SPECIFIC TYPE OF COLLEGE (E.G. MUSIC COLLEGE), CODE AS '5, A SIXTH FORM COLLEGE/HIGHER EDUCATION COLLEGE'.

- | | | |
|---|--------|---------------------------------------------------------------------|
| 1 | Nurs | "a nursery school" |
| 2 | Prim | "a primary school (including infant school, junior school)" |
| 3 | Sec | "a secondary school (including sixth form in a school)/High school" |
| 4 | Mid | "a middle school" |
| 5 | SixthF | "a sixth form college/Higher Education college" |
| 6 | Other | "Other" |
| 7 | HomEd | "Home-educated" |
| 8 | NoSch | "SPONTANEOUS ONLY: Hasn't started school yet" |

IF (SchType = Nurs..Other) THEN

SchIntr

Now I would like to ask some questions about food and meals you / (child's name) may have whilst at school/college.

PRESS <ENTER> TO CONTINUE

- 1 Continue

SchProv

Does your / (child's name)'s school/college provide food?

INTERVIEWER: **INCLUDE SANDWICHES AND SALADS.**

DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.

- 1 Yes
2 No

IF (SchProv = Yes) THEN

SchName

Please could you tell me the name and address of your / child's name school/college. We only need this information in case we need to ask them questions about how the school/college prepares food.

Please tell me the name of the school first.

INTERVIEWER: PLEASE ENTER NAME OF SCHOOL IN FULL.

: STRING [40]

SchAdd1

And what is the first line of the address?

: STRING [30]

SchAdd2

INTERVIEWER: Enter next line of address or press the <Enter> key if no more. Do not enter postcode here

: STRING [30]

SchAdd3

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

: STRING [30]

SchAdd4

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

: STRING [30]

SchPCode

INTERVIEWER: Enter postcode here if known. Use <CTRL K> if not known.

: STRING [8]

IF (SchProv = Yes) THEN

SchMeal

Does the school/college provide a cooked meal?1 Yes

2 No

IF (SchMeal = Yes) THEN

SchProv2

Do you / Does (child's name) ever have this cooked meal?

1 Yes

2 No

IF (SchType = Prim..Other) THEN

IF (SchProv = No) then routed straight to

SchLun

SHOW CARD AA

On a school/college day, what do you / does (child's name) usually have for lunch?

INTERVIEWER: CODE ONE ONLY.

INCLUDE SANDWICHES AND SALADS.

DO NOT INCLUDE SNACKS SUCH AS CONFECTIONERY, CRISPS, FRUIT.

WE ARE INTERESTED IN THE **MEAL** EATEN RATHER THAN THE TIME AT WHICH IT WAS EATEN.

- | | | |
|---|---------|---------------------------------------------------|
| 1 | HSMeal | "Cooked school meal" |
| 2 | CSMeal | "Cold school meal (including sandwiches, salads)" |
| 3 | PackedL | "Packed lunch (from home)" |
| 4 | BuyL | "Buy lunch from shop/cafe outside of school" |

- | | | |
|---|---------|--------------------|
| 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 (SchType = (Prim...Other) OR (SchTyp = NoSch) THEN

SchSub

SHOW CARD BB

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

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

INTERVIEWER: CODE ALL THAT APPLY.

- | | | |
|----|----------|-------------------------------------------------------------------------------------|
| 1 | FreeMU | "Free school meal (at lunchtime) as part of universal infant free school meals" |
| 2 | FreeMNU | "Free school meal (at lunchtime) NOT as part of universal infant free school meals" |
| 3 | RedMeal | "Reduced price or subsidised school meal (at lunchtime)" |
| 4 | FreeMilk | "Free school milk" |
| 5 | RedMilk | "Subsidised school milk" |
| 6 | FreFruit | "Free fruit" |
| 7 | PreSch | "Free food BEFORE school" |
| 8 | PostSch | "Free food AFTER school" |
| 9 | Other | "Other" |
| 10 | 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?

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

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

IF (School2 = Yes) THEN

School2i

Why do you / does (child name) not take up your/his/her free school meals?

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

- | | | |
|---|----------|-----------------------------|
| 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 = FreeMU or FreeMNU) 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 = < 5) THEN

SchOft2

Why do you/ does (child's name) not take up all your/his/her free school meals at lunchtime?

INTERVIEWER: IF ASKED, UNIVERSAL INFANT FREE SCHOOL MEALS ARE AVAILABLE TO ALL CHILDREN IN FULL-TIME EDUCATION IN RECEPTION CLASS TO YEAR 2.

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

You have told me that you work part-time. 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" |

IF (WkStatP IN [FTEducPTW, Working]) AND (AgeP >=16) THEN

WkPCode

Please could you tell me the postcode of your main place of work.

INTERVIEWER: ENTER POSTCODE HERE IF KNOWN. USE <CTR K> IF NOT KNOWN.

INTERVIEWER: IF NECESSARY: Your main place of work is the location where you spend the majority of your working hours.

INTERVIEWER: IF ASKED: We are collecting this information because we want to map the types of food outlets such as restaurants, takeaways, cafes and supermarkets near to where people work.

: **STRING** (8)

IF (WkStatP IN [FTEducNow, FTEducPtw]) AND (AgeP >=19) THEN

LunchCol

What do you usually do about meals (e.g. lunch) when you are at university/college?

INTERVIEWERS: INCLUDE HOT MEALS, SANDWICHES AND SALADS.

DO NOT INCLUDE SNACKS SUCH AS CONFECTIONARY, CRISPS, FRUIT.

- | | | |
|---|----------|-----------------------------------|
| 1 | Canteen | "Eat at the 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" |

IF (WkStatP IN [FTEducNow, FTEducPtw]) AND (AgeP >=19) THEN

ColPCode

Please could you tell me the postcode of your university/college.

INTERVIEWER: ENTER POSTCODE HERE IF KNOWN. USE <CTRL K> IF NOT KNOWN.

INTERVIEWER: IF ASKED: We are collecting this information because we want to map the types of food outlets such as restaurants, takeaways, cafes and supermarkets near to where people study.

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, oat milk, almond milk or coconut 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 | BratWurst | "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: We are interested in whether the participant doesn't eat an entire food type/group and not just their avoidance of individual foods. 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 and/or 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 T

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 T

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 or partial hearing). |
| 3 | Mobile | Mobility, such as difficulty walking short distances, climbing stairs, lifting & carrying objects. |
| 4 | Learn | Learning or concentrating or remembering. |
| 5 | Memry | Memory |
| 6 | Mental | Mental health |
| 7 | Stamina | Stamina or breathing difficulty |
| 8 | Social | Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome) |
| 9 | Other | Other impairment |
| 10 | 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 (HeaCon= 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

Orallntr

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 showcard 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" |

CASI

ALL PARTICIPANTS 8+ YEARS

ICASI

INTERVIEWER: READ OUT:

The next set of questions are for you to answer yourself, using the computer. The computer is very easy to use. The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (AgeP = 8-15) THEN**LICASI**

INTERVIEWER INTSTRUCTION; IF PARENT HAS BEEN ANSWERING QUESTIONS ON BEHALF OF CHILD THEY WILL NEED TO ASK THE CHILD TO COMPLETE THE NEXT SECTION THEMSELVES. IF CHILD IS NOT PRESENT PLEASE CODE AS REFUSED CASI AT NEXT QUESTION.

SCAcc

INTERVIEWER CODE:

Accept "Respondent accepted CASI"

Ref "Respondent refused CASI (code reason at the next question)"

IF (SCAcc=Ref) THEN**XSCAcc**

INTERVIEWER: Code reason for refusal.

CODE ALL THAT APPLY.

NoLike "Didn't like computer"

Eyesight "Eyesight problem"

ReadWr "Could not read/write"

OthDis "Other disability"

Objected "Objected to subject"

Conf "Worried about confidentiality"

Lang "Language problems"

TimeOut "Ran out of time"

Bother "Couldn't be bothered"

Child "Child not available to complete self-completion"

Other "Other – specify at next question"

IF (XSCAcc = Other) THEN**EXSCAccO**

INTERVIEWER: TYPE IN OTHER ANSWER GIVEN

: OPEN

SmokIntr

This next section is about smoking.

PRESS <ENTER> TO CONTINUE

1 Continue

IF (AgeP >= 16) THEN**SmokEver**

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

- 1 Yes
- 2 No

IF (SmokeEver = Yes) THEN

CigEver

Can I just check, have you ever smoked a cigarette?

- 1 Yes
- 2 No

SmokNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

IF (SmokNow = Yes) THEN

CigDay

On average, about how many cigarettes **a day** do you usually smoke?

Range: 0 – 97

IF (SmokNow = No) THEN

CigReg

Have you ever smoked cigarettes regularly?

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

CigStop

How long ago did you stop smoking cigarettes regularly?

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

IF (AgeP = 8-15) THEN

SmokEverYP

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

- 1 Yes
- 2 No

IF (AgeP = 8-15) THEN

CigYP

Now read all the following statements carefully and pick up one which best describes you.

- Never "I have never smoked"
- Only12 "I have only smoked once or twice"
- UsedTo "I used to smoke sometimes but I never smoke a cigarette now"
- Stimes "I sometimes smoke but I don't smoke every week"
- Wk1to6 "I smoke between one and six cigarettes a week"
- WkMore6 "I smoke more than six cigarettes a week"

IF (AgeP >= 16) or (AgeP = 8-15) THEN

DrinkInt

This next section is about drinking.

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

- 1 Yes
- 2 No

IF (DrinkInt = No) and (AgeP >=16) THEN

DrinkAny

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?

Occ "Very occasionally"

Never "Never"

IF (DrinkInt = Yes) and (AgeP >=16) THEN

DrinkOft

How often have you had an alcoholic drink of any kind during the last 12 months?

AED "Almost every day"

Five "Five or six days a week"

Three "Three or four days a week"

OneWk "Once or twice a week"

OneMth "Once or twice a month"

CupMth "Once every couple of months"

OneYr "Once or twice a year"

NotYr "Not at all in the last 12 months"

IF (AgeP = 8-15) THEN

DrinkYP

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

- 1 Yes
- 2 No

IF (DrinkYP = No) THEN

AlcopopsYP

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

- 1 Yes
- 2 No

IF (DrinkYP = Yes OR AlcopopsYP = Yes) THEN

DrinkOftYP

How often do you usually have an alcoholic drinks or alcopop?

AED "Almost every day"

TwoWk "About twice a week"

OneWk "About once a week"

OneFN "About once a fortnight"

OneMth "About once a month"

OneYr "Only a few times a year"

Never "I never drink alcohol now"

EndCASI1

Thank you very much for answering these questions. Please now type 1 and press the key with the red sticker (this will lock up your answer).

(Continue)

EndCASI2

Now please hand the computer back to the interviewer.

(Continue)

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) (day)

Day2 : (date) (day)

Day3 : (date) (day)

Day4 : (date) (day)

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

IF (DDate 1 = No) THEN

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.

: DATATYPE

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.

: DATATYPE

SPOT URINE

ALL PARTICIPANTS

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 <ENTER> TO CONTINUE

1 Continue

IUrSt

INTERVIEWER: NOW FOLLOWS THE IODINE SPOT URINE PLACEMENT MODULE.

PRESS <ENTER> TO CONTINUE

1 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 your/their food diary or in any other way.

PRESS <ENTER> TO CONTINUE

1 Continue

IUrEli

SEE SHOWCARD II

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

Answering yes or no: Does (name of respondent) fall into **any** of the categories on this card?

1 Yes

2 No

IF (Sex = Female AND IUrElig = Yes) THEN

IUrTime

Would you be interested in providing a sample at another visit?

1 Yes

2 No

IF (IUrElig = 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.

PRESS <ENTER> TO CONTINUE

1 Continue

IUrAgr

Are you willing to give a urine sample?

Agree "Participant agrees to give urine sample"

Refuse "Participant refuses to give urine sample"

Unable "Unable to obtain urine sample at this visit for reason other than refusal"

IF Child, THEN:

IUrAgr

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

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

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

Agree "Participant agrees to give urine sample"

Refuse "Participant refuses to give urine sample"

Unable "Unable to obtain urine sample at this visit for reason other than refusal"

IF (IUrAgr = Refuse OR Unable) THEN

IUrYRef

INTERVIEWER: GIVE REASON(S) FOR REFUSAL.

CODE ALL THAT APPLY.

Sensi "Embarrassed/sensitive about providing sample"

JustBeen "Went to toilet too recently to provide sample"

DiffSamp "Knows they would have difficulty providing a sample for reason other than having just been to toilet"

NoTime "No time/busy/already spent enough time on this survey"

Yuk "Doesn't like the thought of doing it"

Concern "Concerns about how sample will be used/store"

NotUnd "Participant did not understand the procedure"

NotPhys "Not physically able (e.g. in a wheelchair)"

Other "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 PARTICIPANT THE WHITE CONSENT FORM.

PARTICIPANT MUST READ AND INITIAL/TICK 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 <ENTER> TO CONTINUE

1 Continue

IF (IUrAgr = Agree AND Age < 16) THEN

IUrConC

INTERVIEWER: EXPLAIN THE NEED FOR WRITTEN CONSENT.

GIVE THE PARTICIPANTS PARENT / LEGAL GUARDIAN THE BLUE CONSENT FORM.
PARENT / LEGAL GUARDIAN MUST READ AND INITIAL/TICK 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 <ENTER> TO CONTINUE

1 Continue

IF (IUrAgr = Agree AND Age < 16) THEN

IUrAss

INTERVIEWER: HAS CHILD SIGNED THE BLUE ASSENT FORM?

Yes "Yes"

No "No"

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?

1 Yes

2 No

IUrCon3

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

1 Yes

2 No

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

NoUri

INTERVIEWER: NO URINE SAMPLE TO BE TAKEN.

PRESS <ENTER> TO CONTINUE

1 Continue

IUrSn

INTERVIEWER: KEY IN THE BARCODE SERIAL NUMBER INTO CAPI OF THE SET OF
3 BARCODE LABELS YOU WILL BE USING FOR THAT PARTICIPANT. DO NOT MIX
LABELS BETWEEN PARTICIPANTS, USE ONE SET PER PARTICIPANT.

: **STRING (7)**

IUrSn2

INTERVIEWER: KEY IN THE BARCODE SERIAL NUMBER INTO CAPI AGAIN.

: **STRING (7)**

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
REMIND PARTICIPANT THAT THE TUBE DOESN'T HAVE TO BE FULL – ANY AMOUNT
BETWEEN A FEW DROPS AND THREE-QUARTERS FULL WILL DO
ONCE SAMPLE PROVIDED, CHECK LID IS TIGHTLY SCREWED ON
USE DRY TOILET PAPER TO WIPE SPILLAGES ON TUBE – DO NOT USE WET WIPES
OR ANY OTHER CLEANING PRODUCT.
PRESS <ENTER> TO CONTINUE
1 Continue

IUrLabel

INTERVIEWER: STICK THE BARCODE LABELS AS FOLLOWS:
USAM – OVER THE URINE SAMPLE CONTAINER LABEL
UDES – ON THE URINE DISPATCH FORM
UCONS – ON THE URINE SAMPLE CONSENT FORM OFFICE COPY
PRESS <ENTER> TO CONTINUE
1 Continue

IUrDsptch

INTERVIEWER: ENSURE THE URINE SAMPLE CONTAINER LID FIRMLY CLOSED AND
PACK INTO PLASTIC DESPATCH CONTAINER
INTERVIEWER: PLACE PACKAGED SAMPLE AND URINE DISPATCH NOTE INTO THE
YELLOW LAB DISPATCH POLYLOPE ENVELOPE AND POST SAME DAY
PRESS <ENTER> TO CONTINUE
1 Continue

IUrInst2

INTERVIEWER: THE SAMPLE COLLECTION OUTCOME WILL BE ENTERED AT THE
OF THE VISIT.
PRESS <ENTER> TO CONTINUE
1 Continue

IUr1End

INTERVIEWER; This is the end of the spot urine placement module.
PRESS <ENTER> TO CONTINUE
1 Continue

IUr1EDat

Spot Urine intro end date
: DATETYPE

IUr1ETim

Spot Urine intro end time
: TIMETYPE

AFTER HEIGHT AND WEIGHT MEASUREMENT MODULE:

SpUrCol

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

IUrSam

INTERVIEW: Has (participant's name) been able to provide a urine sample at this visit?
CHECK CASE CLOSED AND PLACE BACK IN JIFFY BAG (ADDRESSED TO EPI) 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" |

IF (IUrSam = Refused, NoTry or TryNot) THEN

IUrNoOb

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

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

IF (IUrNoOb = Other) THEN

IUrYNOO

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

IF (IUrSam = Yes) THEN

IUrThnk

INTERVIEWER: THANK PARTICIPANT FOR PROVIDING A SAMPLE.
Press 1 and <Enter> to continue.

IF (IUrSam = Yes) THEN

CardSU

INTERVIEWER: Please get a gift card ready for the participant.
Before handing over ...
Write £5 in the circle at the top right-hand corner of the card
Enter the last 8 digits of the card in the next question.
Press 1 and Enter to continue.

Gift card module follows.

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.

PERSONAL DETAILS

Ttl

For addressing purposes, please could you tell me your full name?

Firstly, what is your title?

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

PLEASE RECORD PARTICIPANT'S TITLE, FORNAME (OR INITIAL) AND SURNAME ACCURATELY.

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

IF (Ttl = Other) THEN

TtlTxt

INTERVIEWER: Enter the other **title**

: STRING [15]

ForName

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

: STRING [20]

SurName

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

: STRING [20]

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

If (Intro = Later) THEN**LStop**

INTERVIEWER: Please remember to come back to these questions.

Each time you exit then re-enter the questionnaire and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

Press 1 and <Enter> to 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 (**participant's name**)

INTERVIEWER: MEASURE HEIGHT AND CODE.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: HEIGHT REFUSED.

1 Meas "Height measured"

2 Ref "Height refused"

3 Attmpt "Height attempted, not obtained"

4 NotAt "Height not attempted"

Height1

MEASUREMENTS FOR (**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

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 |
|---|----------|

StadNo

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

IF YOU ARE SURE THE ASSET NUMBER IS CORRECT SUPPRESS THIS ERROR.
: STRING [8]

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 by adult" <i>(only use if child 5 or under) (if over 5, then: "0. (Do not use this code)").</i>
1	Meas	"Weight obtained" (if child <5: "Weight obtained (participant on own)")
2	Ref	"Weight refused"
3	Atmpt	"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) computed.

Range: 5.0..50.0

BMIInfo

We have used your height and weight to calculate your Body Mass Index (BMI). BMI is a way of telling if you're a healthy weight for your height.

INTERVIEWER: TELL THEM THAT THEIR BMI WAS CALCULATED TO BE (BMI).

INTERVIEWER: HAND THE PARTICIPANT THE BMI LEAFLET.

INTERVIEWER: IF THE PARTICIPANT HAS QUERIES OR CONCERNS PLEASE TELL THEM TO CONTACT THEIR GP.

PRESS <ENTER> TO CONTINUE

1 Continue

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

INTERVIEWER: Please record the asset number of the **scales** used for this interview.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CSC+digits e.g. CSC123

SC+digits+TA e.g. SC123TA

SC+digits+TL e.g. SC123TL

SC+digits+NC e.g. SC123NC

LSC+digits e.g. LSC123

ESC+digits e.g. ESC123

IF YOU ARE SURE THE ASSET NUMBER IS CORRECT SUPPRESS THIS ERROR.

: 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

MEASUREMENTS 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.

PRESS <ENTER> TO CONTINUE

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

IF (Phone = Yes) THEN

PhoneNum

INTERVIEWER: Please record the full landline number including area code.
: STRING [15]

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.

DIARY COLLECTION & PHYSICAL ACTIVITY QUESTIONNAIRE PLACEMENT

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

IF (Age <16) THEN

DryPUp

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY.

Press 1 and <Enter> to continue.

IF (Age >16) THEN

DryPUp

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY/DIARIES FOR (Participant's name(s)) AND PLACING THE PHYSICAL ACTIVITY SELF-COMPLETION BOOKLET FOR (Participant's name).

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

Gift card placement for food diary for adult.

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

NoCAPI2A

INTERVIEWER: (Participant **1'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 gift card.

PRESS <ENTER> TO CONTINUE

1 Continue

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

DiaryDC

INTERVIEWER: BRIEFLY GO THROUGH THE DIARY AND CHECK HOW MANY DIARY DAYS (**participant 2'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

Gift card placement for food diary for child.

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 rest of CAPI2 and introduction to the Nurse visit are not necessary for this participant

Please do not provide th 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).

Name.....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.

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).

Name.....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 (Age >16) AND (DiaryDA=3-4) THEN

DietFBA

(Participant 1's 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

IF (AddrChkA = No) THEN

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 (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 = 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

**IF (Participant number = 2) AND (Age=>16) 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(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"

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]

INTRO TO CAPI2

IntroC2A

THIS IS THE START OF THE CAPI 2 QUESTIONS FOR (Participant 1's name). DO YOU WANT TO ASK THESE QUESTIONS NOW?

- 1 Now
- 2 Later

IF (IntroC2C=2) THEN

Lstop2

INTERVIEWER: PLEASE REMEMBER TO COMPLETE THE CAPI2 QUESTIONS FOR (PARTICIPANT 1) LATER.

Each time you exit then re-enter the CAPI module and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

1. Press 1 and <Enter> to continue.

IntroC2C

This is the start of the CAPI2 questions for (participant 2).

Do you want to do this part of interview now or later?

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

- 1 Now
- 2 Later

IF (IntroC2C=2) THEN

Lstop2

INTERVIEWER: PLEASE REMEMBER TO COMPLETE THE CAPI2 QUESTIONS FOR (PARTICIPANT 2) LATER.

Each time you exit then re-enter the CAPI module and move through it by hitting the END key you will stop at this question.

Use the <UpArrow> key to move to the previous question and change 'later' to 'now' when you are ready to complete the missing questions.

- 1 Press 1 and <Enter> to continue.

IF (P2Age <=10) THEN

ChResp2

SOME OF THE QUESTIONS ABOUT (PARTICIPANT 2) WILL NEED TO BE ASKED OF AN ADULT.

Each person number of adult who will answer questions on behalf of (Participant 2).

INTERVIEWER: Only an adult household member can act as a proxy when collecting information about children.

1. (Name of adult household member 1)
2. (Name of adult household member 2) etc.

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

If Spot Urine module not completed yet THEN followed by initial spot urine module.

DoSpUrA/DoSpUrC

INTERVIEWER: YOU WILL NOW RE-INTRODUCE THE SPOT URINE SAMPLE FOR (Participant 1's/2's 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.

Press 1 and <Enter> to continue

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

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

HSVits

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"

(Ask all)

SuppYr2

SHOW CARD CC

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?

INTERVIEWER: please include both single vitamins and multivitamins containing Vitamin D and / or Folic Acid

- 1 Yes
- 2 No

IF (SuppYr2 = 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. 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.

INTERVIEWER: PLEASE PROBE FOR ALL FOLIC ACID OR VITAMIN D SUPPLEMENTS, INCLUDING THOSE IN MULTIVITAMINS. INTERVIEWER: PLEASE FORMAT SUPPLEMENT AS SUCH: {FULL NAME} {STRENGTH} {BRAND}

INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER ENTER CTRL & K
: STRING [60]

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 DD

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 EE

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.

INTERVIEWER: IF THE SUPPLEMENT HAS ALREADY BEEN RECORDED AT A PREVIOUS QUESTION DO NOT RECORD THE SAME SUPPLMENT HERE.

INTERVIEWER: PLEASE FORMAT SUPPLEMENT AS SUCH: {FULL NAME}
{STRENGTH} {BRAND}

INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER ENTER CTRL & K
: STRING [60]

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 DD

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 |

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.**

ChPhInt

INTERVIEWER: This is the start of the Child Physical Activity section.

PARENT WIHH ANSWER ON BEHALF OF CHILDREN AGED 2-12.

CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.

(Child name) is (child's age) years old

PRESS <ENTER> TO CONTINUE

1 Continue

IF (AGE =2 – 15 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 Continue

Sch7Db

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

1 School Yes, school

2 Nursery Yes, nursery

3 Playground Yes, playgroup

4 No 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 (day 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.

Do not include work experience or extra-curricular activities as going to school.

Range: 1..6

IF (SchDays > 0) THEN

JWikCyc

Still thinking about the last seven days, (that is from (day 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 Walking Yes - Walking

2 Cycling Yes – Cycling

3 Both Yes – Both
4 No 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/from** (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/from** (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 FF

I would like you to think about (your / name of child's) school breaks in the last seven days, that is from (day 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 GG AND HH

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 GG and HH.

I will first ask you about the informal activities on showcard GG and then about the more formal activities on showcard HH.

INTERVIEWER: Press <1> and <Enter> to continue.

1..1

ASK ALL

NSWA

SHOW CARD GG

Firstly, please think about **informal** activities. Since last (day date 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

(Weekdays)

SHOW CARD GG

Which ones?

CODE ALL THAT APPLY.

- | | | |
|---|-----------|------------------------------------------------------------------|
| 1 | Cycl | Cycling (but not to or from school) |
| 2 | Walking | Any 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 any 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)?

INTERVIEWER: Record hours spent 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)?

INTERVIEWER: 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 GG

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

(Weekend)

SHOW CARD GG

Which ones?

CODE ALL THAT APPLY.

- 1 Cycl Cycling (but not to or from school)
- 2 Walking Any 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

(Weekend)

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

NSWB

SHOW CARD HH

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

(Weekdays)

SHOW CARD HH

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 | 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 HH

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

(Weekend)

- | | | |
|----|---------|---------------------------------------------|
| 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

(Weekend)

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/ name of child) spent (number of hours and minutes spent on activities in total on day of week) doing these activities on (day of week).

[List of activities mentioned and time spent on them]

This seems a lot are you sure this is correct?

- 1 Yes
- 2 No

Note: *Check repeated for each day of week*

ASK ALL AGED 2-15

NSOth2

SHOW CARDS GG AND HH

In the last seven days, that is from (day 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 the first other activity at the next question.

- 1 Yes
- 2 No

IF (NSOth2 = yes) THEN

NOSpEx2

(Weekdays)

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 in the last week 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

(Weekdays)

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

(Weekend)

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

(Weekend)

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/name of child) did the following activities last week:

[list of informal activity recorded at NSWA2, WEPWA2]

During the last week, was the effort of any of these activities 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 / name of child) did the following activities last week:

[formal activity recorded at NSpWB, WendWB]

During the last week, was the effort of any of these activities usually enough to make your muscles feel some tension, shake or feel warm?

1 Yes

2 No

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/he she has) done in the last seven days, that is from **(day 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

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

INTERVIEWER: 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

INTERVIEWER: 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

INTERVIEWER: 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 |

DATA LINKAGE CONSENT

FOR PARTICIPANTS AGED 16 AND OVER

IF (Age ≥ 19) THEN**NHSCanA**

We would like your consent for us to link your survey answers to central administrative data. This includes consent to link to information about in/out-patient hospital episodes, civil registration mortality data and the Cancer Registry.

Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE PARTICIPANT THE DATA LINKAGE 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:

Ask the participant to sign and date the form.

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

Code whether signed consents obtained.

IF (QSamp.Country = England) THEN

LNHSCon1 := 'Hospital Episodes Statistics data'
 LNHSCon2 := 'Civil registration mortality data'
 LNHSCon3 := 'Cancer registration data'
 LNHSCon4 := ''

ELSEIF (QSamp.Country = Wales) THEN

LNHSCon1 := 'Patient Episode Database for Wales'
 LNHSCon2 := 'Outpatient Activity Minimum Dataset'
 LNHSCon3 := 'Deaths Register'
 LNHSCon4 := 'Welsh Cancer Intelligence and Surveillance Data'

ELSEIF (QSamp.Country = Scotland) THEN

LNHSCon1 := 'Administrative health data'
 LNHSCon2 := 'Civil registration mortality data'
 LNHSCon3 := 'Cancer registration data'
 LNHSCon4 := ''

ELSEIF (QSamp.Country = NI) THEN

LNHSCon1 := 'Patient Administration System'
 LNHSCon2 := 'Civil registration mortality data'
 LNHSCon3 := 'NI Cancer Registry'
 LNHSCon4 := ''

IF (Age = 16-18) THEN**NHSCanC**

We would like your consent for us to link your survey answers to central administrative data. This includes consent to link to information about in/out-patient hospital episodes, civil registration mortality data and the Cancer Registry.

Please read this form, it explains more about what is involved. INTERVIEWER: GIVE THE PARTICIPANT THE DATA LINKAGE 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.

IF (QSamp.Country = England) THEN

LNHSCon1 := 'Hospital Episodes Statistics data'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'Cancer registration data'

LNHSCon4 := ''

ELSEIF (QSamp.Country = Wales) THEN

LNHSCon1 := 'Patient Episode Database for Wales'

LNHSCon2 := 'Outpatient Activity Minimum Dataset'

LNHSCon3 := 'Deaths Register'

LNHSCon4 := 'Welsh Cancer Intelligence and Surveillance Data'

ELSEIF (QSamp.Country = Scotland) THEN

LNHSCon1 := 'Administrative health data'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'Cancer registration data'

LNHSCon4 := ''

ELSEIF (QSamp.Country = NI) THEN

LNHSCon1 := 'Patient Administration System'

LNHSCon2 := 'Civil registration mortality data'

LNHSCon3 := 'NI Cancer Registry'

LNHSCon4 := ''

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 (Age < 19) THEN

ReConC

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

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"

IF (StabAdd = Agreed) THEN

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

IF (StAdd = Yes) THEN

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]

(Just press <Enter> if no more to add)

StAdd3

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

: STRING [30]

(Just press <Enter> if no more to add)

StAdd4

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

: STRING [30]

(Just press <Enter> if no more to add)

StAdd5

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

: STRING [30]

(Just press <Enter> if no more to add)

StAddPC

INTERVIEWER: Please enter the stable/contact address.

Postcode:

: STRING [8]

(Just press <Enter> if none)

StInfo

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

: STRING [100]

(Just press <Enter> if none)

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

1 Continue

NURSE INTRODUCTION

ALL PARTICIPANTS

Stg2Int

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).
Press 1 and <Enter> to continue.

IF (Age = <11) THEN

Stg2Int

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).
Aged (age) – Ask (name of guardian).
Press 1 and <Enter> to continue

IF (Age = 11-16) THEN

Stg2Int

INTERVIEWER: INTRODUCTION TO STAGE 2 OF STUDY – NURSE VISIT FOR (participant's name).
Aged (age) – Ask parent or guardian
Press 1 and <Enter> to continue

(ASK ALL)

NursInt1

We would like you to help us with the second (and final) stage of this study. This is a visit by a qualified nurse to collect some medical information and carry out some measurements, including a blood sample. These measurements are important as they complete the information you gave us in the food diary. The nurse would like to contact you to explain more about what is involved and answer any questions you have.

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 your waist and hip measurements, ask if you are willing to provide a blood sample and ask about prescribed medications. We cannot get the information the nurse collects from any other source.

All aspects of the nurse visit are voluntary.

Press 1 and <Enter> to continue.

NursInt2

IF ASKED: If you are eligible the nurse will ask if you and/or your child are willing to provide a small blood sample. Blood tests can give us very important information about nutritional health that we cannot get in any other way, and about the ways in which our body benefits from the food we eat. If you wish, we will also send you and/or your GP the results of some of the tests carried out on your sample.

The nurse will take no more than 12-35ml (2 tsp- 7 tsp) of blood. The amount is different for adults and children (smaller amounts are taken from the youngest children).

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 will handle your data in accordance with data protection legislation and we take great care to protect the confidentiality of all information and samples collected.

I haven't time...

The nurse can come at 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 samples) so we have a nurse visit to get this information that we can't get from the interview questions.

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

IF (NursInt2 = Refuse) THEN

NurseRef

RECORD REASON WHY PARTICIPANT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT F1 ON A.R.F

- | | | |
|---|---------|-----------------------------------------------------------------------------------|
| 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 at present time" |
| 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 | Blood | "Put off by blood sample" |
| 7 | NoReas | "Not interested/Can't be bothered/No particular reason" |
| 8 | TooYng | "Feels child is too young" |
| 9 | Other | "Other reason (specify)" |

IF (NurseRef = Other) THEN

NsRefO

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.
: STRING [30]

IF (NursInt2 = Agreed or Unsure) THEN

BloodO

INTERVIEWER: RECORD HOW THE PARTICIPANT REACTED TO THE BLOOD SAMPLE (E.G. SEEMED PUT OFF, RELUCTANT, HAPPY TO DO IT ETC)
RECORD AS FULLY AS POSSIBLE

IF THE PARTICIPANT IS BELOW THE AGE OF 18 YEARS, PLEASE WRITE DOWN THE FIRST AND SURNAME OF THEIR PARENT(S)/GUARDIANS (E.G. PARENT FOR CONSENT IS JAN SMITH).

NTelConf

Can I just, you have given us the telephone number (s) ...

LTel1

LTel2

Are these correct?

- 1 Yes
- 2 No

IF no telephone has been given

NTelAsk

You haven't given a telephone number. Please could you give us a telephone number that the nurse can contact you on when they call?

INTERVIEWER: ENTER TELEPHONE NUMBER (INCLUDING AREA CODE)

If not obtained, press <Ctrl K>.

- 1 Yes
- 2 No

IF (NTelAsk = Yes) THEN OR (NTelConf = No) THEN

NTelL

INTERVIEWER: ENTER LANDLINE TELEPHONE NUMBER (INCLUDING AREA CODE)

If not obtained, press <Ctrl K>.

: STRING [15]

IF (NTelAsk = Yes) THEN OR (NTelConf = No) THEN

NTelM

INTERVIEWER: ENTER MOBILE TELEPHONE NUMBER

If not obtained, press <Ctrl K>.

: STRING [15]