

NDNS

National Diet and Nutrition Survey

Booklet for 8-12 year olds

In Confidence

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

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

Thank you for taking part in this survey

GREEN

How to answer these questions

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

Yes ☒ ₁

No ☐ ₂

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

I was ₂ years old

write in

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

No ☐ ₂

Go to question 4

Yes ☒ ₁

I was ₂ years old
write in

Cigarette Smoking

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

Tick one box

No ☐ ¹⁰⁵¹₂ → Go to question 2

Yes ☐ ₁ ↓
How old were you when you tried smoking a cigarette, even if it was only a puff or two?

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

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

Tick one box

I have never smoked ☐ ¹⁰⁵⁴₁ → Go to question 4

I have only smoked once or twice

☐ ₂

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

☐ ₃

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

☐ ₄

I smoke between one and six cigarettes a week

☐ ₅

I smoke more than six cigarettes a week

☐ ₆ → Go to question 3

Q3 Did you smoke any cigarettes last week?

Tick one box

No ☐ ¹⁰⁵⁵₂ → Go to question 4

Yes ☐ ₁ ↓
How many cigarettes did you smoke last week?

I smoked ^{1056 - 1058} cigarettes
Write in

Spare 1059 - 1074

Drinking

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

Tick one box

1075

Yes

☐

Go to question 6

No

☐

Go to question 5

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

Tick one box

1076

Yes

☐

Go to question 6

No

☐

END

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

1077 - 1078

I was

years old

write in

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

Tick one box

1079

Almost every day

☐

1

About twice a week

☐

2

About once a week

☐

3

About once a fortnight

☐

4

About once a month

☐

5

Only a few times a year

☐

6

I never drink alcohol now

☐

7



Go to question 8

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

Tick one box

1080

Today

☐
1

Yesterday

☐
2

Some other time during the last week

☐
3

1 week, but less than 2 weeks ago

☐
4

2 weeks, but less than 4 weeks ago

☐
5

1 month, but less than 6 months ago

☐
6

6 months ago or more

☐
7

Spare 1081 - 1099

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for 13-15 year olds

In Confidence

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

Thank you for taking part in this survey

BLUE

How to answer these questions

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

Yes ☒ ₁

No ☐ ₂

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

I was ₂ years old
write in

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

No ₂ → **Go to Q4**

Yes ☒ ₁ ↓
I was ₂ years old
write in

Cigarette Smoking

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

Tick one box

Yes ☐ ¹⁰⁵¹ 1

No ☐ 2

→ **Go to question 2**

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

Tick one box

I have never smoked ☐ ¹⁰⁵² 1 → **Go to question 5**

I have only smoked once or twice ☐ 2

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

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

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

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

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

write in

Q4 Did you smoke any cigarettes last week?

Tick one box

No ☐ ¹⁰⁵⁵ 2 → **Go to question 5**

Yes ☐ 1

How many cigarettes did you smoke last week?

I smoked ^{1056 - 1058} cigarettes

Write in ^{Spare 1059 - 1074}

Drinking

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

Tick one box

Yes 1075 ☐ ₁ → **Go to question 7**

No ☐ ₂ → **Go to question 6**

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

Tick one box

Yes 1076 ☐ ₁ → **Go to question 7**

No ☐ ₂ → **END**

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

I was 1077 - 1078 years old **Go to question 8**

write in

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

Tick one box

| | | | |
|---------------------------|---------------------|--|---|
| Almost every day | <small>1079</small> | <input style="width: 40px; height: 20px;" type="checkbox"/> ₁ | <div style="border-left: 2px solid black; height: 150px; margin: 0 auto; position: relative; top: -10px;"> → </div> Go to question 9 |
| About twice a week | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₂ | |
| About once a week | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₃ | |
| About once a fortnight | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₄ | |
| About once a month | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₅ | |
| Only a few times a year | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₆ | |
| I never drink alcohol now | | <input style="width: 40px; height: 20px;" type="checkbox"/> ₇ | |

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

Tick one box

1080

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

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

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

Have you drunk this in the last 7 days?

Tick one box

1081

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

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

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

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

Have you drunk this in the last 7 days?

Tick one box

No ☐ ¹⁰⁹³₂ → **Go to question 12**

Yes ☐ ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1094

^{1095 - 1096}

Glasses (count doubles as two glasses)

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

Have you drunk this in the last 7 days?

Tick one box

No ☐ ¹⁰⁹⁷₂ → **Go to question 13**

Yes ☐ ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1098

^{1099 - 1100}

Glasses (count doubles as two glasses)

Q13 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No ☐ ¹¹⁰¹₂ → **Go to question 14**

Yes ☐ ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1102

^{1103 - 1104}

Glasses

Spare 1105-1115

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

Have you drunk this in the last 7 days?

Tick one box

No ☐ ¹¹¹⁶₂ → **Go to question 15**

Yes ☐ ₁ →

How much did you drink in the last 7 days?

Write in:

Spare 1117

^{1118 - 1119}

Large cans or bottles

Spare 1120

^{1121 - 1122}

AND/OR

Small cans or bottles

Q15 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No ☐ ¹¹²³₂ → **END**

Yes ☐ ₁ → **Complete details below**

Write in name of drink

¹¹²⁴

¹¹³⁵

¹¹⁴⁶

How much did you drink in the last 7 days?

Write in:

^{1125 - 1134}

^{1136 - 1145}

^{1147 - 1156}

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NDNS

National Diet and Nutrition Survey

Booklet for Young Adults (16-24 years)

In Confidence

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

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

Example 1: Do you feel that you lead a ...

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

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

Example 2: Write in no.

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

Example 3: Would you like to lead a healthier life than you do now?

| | | | |
|--|---------------------|-------------------------------------|-------------------------|
| | Tick one box | | |
| | Yes | <input checked="" type="checkbox"/> | Go to question 4 |
| | No | <input type="checkbox"/> | Go to question 5 |
| | | 1 | 2 |

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

PEACH

SMOKING

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

Tick one box

1051

Yes

☐

→ Go to question 2

No

☐

→ Go to question 11 on page 3

Q2 Have you ever smoked a cigarette?

Tick one box

1052

Yes

☐

→ Go to question 3

No

☐

→ Go to question 11 on page 3

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

1053 - 1054

Write in how old you were then

→ Go to question 4

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

1055

Yes

☐

→ Go to question 6

No

☐

→ Go to question 5

Q5 Did you smoke cigarettes regularly or occasionally?

Tick one box

1056

Regularly, that is at least one cigarette a day

☐

→ Go to question 9 on page 2

Occasionally

☐

→ Go to question 11 on page 3

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

☐

CURRENT SMOKERS

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

1057 - 1059

Write in number smoked a day

→ Go to question 7

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

1060 - 1062

Write in number smoked a day

→ Go to question 8 on page 2

Q8 Do you mainly smoke ...

Tick one box

1063

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

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

→ **Go to question 11**

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

1064 - 1066

Write in number smoked a day

| |
|----------------------|
| <input type="text"/> |
|----------------------|

→ **Go to question 10**

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

Tick one box

1067

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

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

→ **Go to question 11**

Spare 1068 - 1074

DRINKING

EVERYONE PLEASE ANSWER

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

Tick one box

1075

Yes

☐

→ Go to question 14

No

☐

→ Go to question 12

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

Tick one box

1076

Very occasionally

☐

→ Go to question 14

Never

☐

→ Go to question 13

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

Tick one box

1077

Always a non-drinker

☐

Used to drink but stopped

☐

→ END

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

1078 - 1079

Write in how old you were then

→ Go to question 15

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

Tick one box

1080-1081

- | | | |
|----------------------------------|--------------------------|--|
| Almost every day | <input type="checkbox"/> | <div style="display: flex; align-items: center;"> <div style="border-left: 2px solid black; height: 100px; margin: 0 5px;"></div> <div> <p>→ Go to question 16</p> </div> </div> |
| Five or six days a week | <input type="checkbox"/> | |
| Three or four days a week | <input type="checkbox"/> | |
| Once or twice a week | <input type="checkbox"/> | |
| Once or twice a month | <input type="checkbox"/> | |
| Once every couple of months | <input type="checkbox"/> | |
| Once or twice a year | <input type="checkbox"/> | |
| Not at all in the last 12 months | <input type="checkbox"/> | → END |

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

Tick one box

1082

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

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

Tick one box

1083

- | | | |
|-------|--------------------------|--|
| One | <input type="checkbox"/> | <div style="display: flex; align-items: center;"> <div style="border-left: 2px solid black; height: 100px; margin: 0 5px;"></div> <div> <p>→ Go to question 18</p> </div> </div> |
| Two | <input type="checkbox"/> | |
| Three | <input type="checkbox"/> | |
| Four | <input type="checkbox"/> | |
| Five | <input type="checkbox"/> | |
| Six | <input type="checkbox"/> | |
| Seven | <input type="checkbox"/> | |

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

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

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

Spare 1151 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.