

P2709

# National Diet and Nutrition Survey

## Booklet for 8-12 year olds

In Confidence

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

## 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  <sub>1</sub>

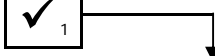
No  <sub>2</sub>

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

I was  years old  
**write in**

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

No  <sub>2</sub> **Go to question 4**

Yes  <sub>1</sub>   
I was  years old  
**write in**

# Cigarette Smoking

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

Tick one box

No  <sup>1051</sup><sub>2</sub> → Go to question 2

Yes  <sub>1</sub> ↓

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

I was  <sup>1052 - 1053</sup> 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.

I have never smoked

Tick one box

<sup>1054</sup><sub>1</sub> → Go to question 4

I have only smoked once or twice

<sub>2</sub>

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

<sub>3</sub>

→ Go to question 3

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

<sub>4</sub>

I smoke between one and six cigarettes a week

<sub>5</sub>

I smoke more than six cigarettes a week

<sub>6</sub>

**Q3** Did you smoke any cigarettes last week?

Tick one box

No  <sup>1055</sup><sub>2</sub> → Go to question 4

Yes  <sub>1</sub> ↓

How many cigarettes did you smoke last week?

I smoked  <sup>1056 - 1058</sup> cigarettes  
**Write in**

## Drinking

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

Tick one box

1075

Yes



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	<input type="checkbox"/>
Yesterday	<input type="checkbox"/>
Some other time during the last week	<input type="checkbox"/>
1 week, but less than 2 weeks ago	<input type="checkbox"/>
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>
1 month, but less than 6 months ago	<input type="checkbox"/>
6 months ago or more	<input type="checkbox"/>

Spare 1081 - 1099

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P2709

# National Diet and Nutrition Survey

## Booklet for 13-15 year olds

In Confidence

<b>Point</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001 - 1005	<b>Address</b> <input type="text"/> <input type="text"/> 1006 - 1007	<b>CKL</b> <input type="text"/> 1008	<b>Person no</b> <input type="text"/> 1011	<b>First name:</b> <input type="text"/> 1012 - 1026
<b>Card</b> <input type="text" value="0"/> <input type="text" value="1"/> 1009 - 1010	<b>Type</b> <input type="text" value="2"/> 1038	<b>Batch</b> <input type="text"/> 1027 - 1031	<b>Interviewer no.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1032 - 1037	<b>Spare</b> <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**

## 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  <sub>1</sub>

No  <sub>2</sub>

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

I was  years old  
**write in**

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

No  <sub>2</sub> → **Go to Q4**

Yes  <sub>1</sub> ↓  
I was  years old  
**write in**

# Cigarette Smoking

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

**Tick one box**

Yes  <sup>1051</sup><sub>1</sub> → Go to question 2

No  <sub>2</sub>

**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  <sup>1052</sup><sub>1</sub> → Go to question 5

I have only smoked once or twice  <sub>2</sub>

I used to smoke sometimes, but I never smoke a cigarette now  <sub>3</sub>

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

I smoke between one and six cigarettes a week  <sub>5</sub>

I smoke more than six cigarettes a week  <sub>6</sub>

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

I was  <sup>1053 - 1054</sup> years old → Go to question 4

**write in**

**Q4** Did you smoke any cigarettes last week?

**Tick one box**

No  <sup>1055</sup><sub>2</sub> → Go to question 5

Yes  <sub>1</sub>

How many cigarettes did you smoke last week?

I smoked  <sup>1056 - 1058</sup> cigarettes

**Write in** Spare 1059 - 1074

## Drinking

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

**Tick one box**

1075

Yes

1

→ Go to question 7

No

2

→ Go to question 6

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

**Tick one box**

1076

Yes

1

→ Go to question 7

No

2

→ END

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

1077 - 1078

I was

years old

**Go to question 8**

**write in**

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

**Tick one box**

1079

Almost every day

1

About twice a week

2

About once a week

3

About once a fortnight

4

About once a month

5

Only a few times a year

6

I never drink alcohol now

7

→ Go to question 9

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

**Tick one box**

1080

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

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

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

Have you drunk this in the last 7 days?

**Tick one box**

1081

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

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

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

**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  <sup>1093</sup><sub>2</sub> → **Go to question 12**

Yes  <sub>1</sub> ↓

**How much did you drink in the last 7 days?**

Write in:

Spare 1094

<sup>1095 - 1096</sup> **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  <sup>1097</sup><sub>2</sub> → **Go to question 13**

Yes  <sub>1</sub> ↓

**How much did you drink in the last 7 days?**

Write in:

Spare 1098

<sup>1099 - 1100</sup> **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  <sup>1101</sup><sub>2</sub> → **Go to question 14**

Yes  <sub>1</sub> ↓

**How much did you drink in the last 7 days?**

Write in:

Spare 1102

<sup>1103 - 1104</sup> **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  <sup>1116</sup><sub>2</sub> → **Go to question 15**

Yes  <sub>1</sub> →

**How much did you drink in the last 7 days?**

Write in:

<sup>1118 - 1119</sup>

**Large cans or bottles**

Spare 1117

<sup>1121 - 1122</sup>

AND/OR

**Small cans or bottles**

Spare 1120

**Q15 Other kinds of alcoholic drink?**

Have you drunk this in the last 7 days?

**Tick one box**

No  <sup>1123</sup><sub>2</sub> → **END**

Yes  <sub>1</sub> → **Complete details below**

**Write in name of drink**

<sup>1124</sup>

<sup>1135</sup>

<sup>1146</sup>

**How much did you drink in the last 7 days?**

Write in:

<sup>1125 - 1134</sup>

<sup>1136 - 1145</sup>

<sup>1147 - 1156</sup>

Spare 1157 - 1170

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P2709

# National Diet and Nutrition Survey

## Booklet for Young Adults (16-24 years)

In Confidence

Point 1001 - 1005	Address 1006 - 1007	CKL 1008	Person no 1011	First name: 1012 - 1026
Card 1009 - 1010	Type 1038	Batch 1027 - 1031	Interviewer no. 1032 - 1037	Spare 1039 - 1050

### Example Questions: How to fill in this questionnaire

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

Tick **one** box

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

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

Example 2: Write in no.

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

Tick **one** box

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

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

## SMOKING

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

Tick one box

1051

Yes

→ 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 (Monday to Thursday)?

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 (Friday to Sunday)?

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?

 1 2 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

→ **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,

 1 2 3 4 5 6

→ **Go to question 11**

Spare 1068 - 1074

## DRINKING

### EVERYONE PLEASE ANSWER

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

Tick one box

1075

Yes

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

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

**Tick one box**

1082

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

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

**Tick one box**

1083

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

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

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

TICK <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"/>	<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"/>	<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 <b>WRITE IN NAME OF DRINK</b>		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.**