

NDNS

# National Diet and Nutrition Survey

## Booklet for 8-12 year olds

In Confidence

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

- 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 ☒ <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>

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>

Go to question 3

**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

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

- Yes ☐ <sup>1075</sup><sub>1</sub> → Go to question 6
- No ☐ <sub>2</sub> → Go to question 5

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

Tick one box

- Yes ☐ <sup>1076</sup><sub>1</sub> → Go to question 6
- No ☐ <sub>2</sub> → END

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

I was  <sup>1077 - 1078</sup> years old  
write in

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

Tick one box

- Almost every day ☐ <sup>1079</sup><sub>1</sub>
- About twice a week ☐ <sub>2</sub>
- About once a week ☐ <sub>3</sub>
- About once a fortnight ☐ <sub>4</sub> → Go to question 8
- About once a month ☐ <sub>5</sub>
- Only a few times a year ☐ <sub>6</sub>
- I never drink alcohol now ☐ <sub>7</sub>



**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 return the booklet to the interviewer.**

NDNS

# National Diet and Nutrition Survey

## Booklet for 13-15 year olds

In Confidence

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

- 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 ☐ 1051  
 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 → **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 → **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 ☐ <sup>1075</sup><sub>1</sub> → Go to question 7

No ☐ <sub>2</sub> → Go to question 6

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

**Tick one box**

Yes ☐ <sup>1076</sup><sub>1</sub> → Go to question 7

No ☐ <sub>2</sub> → END

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

I was  <sup>1077 - 1078</sup> 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 ☐ <sup>1079</sup><sub>1</sub>

About twice a week ☐ <sub>2</sub>

About once a week ☐ <sub>3</sub>

About once a fortnight ☐ <sub>4</sub> → Go to question 9

About once a month ☐ <sub>5</sub>

Only a few times a year ☐ <sub>6</sub>

I never drink alcohol now ☐ <sub>7</sub>

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

<sup>1095 - 1096</sup>

Spare 1094

**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:

<sup>1099 - 1100</sup>

Spare 1098

**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:

<sup>1103 - 1104</sup>

Spare 1102

**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>

Spare 1117

**Large cans or bottles**

<sup>1121 - 1122</sup>

Spare 1120

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 ☐ <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 return the booklet to the interviewer.**

NDNS

# National Diet and Nutrition Survey

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

In Confidence

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

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"/><br>1 | <input checked="" type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>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"/><br>1 | Go to question 4 |
| No  | <input type="checkbox"/><br>2            | Go to question 5 |

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

☐ 1

→ Go to question 2

No

☐ 2

→ Go to question 11 on page 3

**Q2** Have you ever smoked a cigarette?

Tick one box

1052

Yes

☐ 1

→ Go to question 3

No

☐ 2

→ 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

☐ 1

→ Go to question 6

No

☐ 2

→ 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

☐ 1

→ Go to question 9 on page 2

Occasionally

☐ 2

→ Go to question 11 on page 3

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

☐ 3

## 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,

☐

1

plain or untipped cigarettes,

☐

2

or hand-rolled cigarettes?

☐

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,

☐

1

...6 months to 1 year ago,

☐

2

...1 to 2 years ago,

☐

3

...2 to 5 years ago,

☐

4

...5 to 10 years ago,

☐

5

...or more than 10 years ago,

☐

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"/> | 01 | → Go to question 16 |
| Five or six days a week          | <input type="checkbox"/> | 02 |                     |
| Three or four days a week        | <input type="checkbox"/> | 03 |                     |
| Once or twice a week             | <input type="checkbox"/> | 04 |                     |
| Once or twice a month            | <input type="checkbox"/> | 05 |                     |
| Once every couple of months      | <input type="checkbox"/> | 06 |                     |
| Once or twice a year             | <input type="checkbox"/> | 07 |                     |
| Not at all in the last 12 months | <input type="checkbox"/> | 08 | → END               |

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

**Tick one box**

1082

- |     |                          |   |                     |
|-----|--------------------------|---|---------------------|
| Yes | <input type="checkbox"/> | 1 | → Go to question 17 |
| No  | <input type="checkbox"/> | 2 | → 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"/> | 1 | → Go to question 18 |
| Two   | <input type="checkbox"/> | 2 |                     |
| Three | <input type="checkbox"/> | 3 |                     |
| Four  | <input type="checkbox"/> | 4 |                     |
| Five  | <input type="checkbox"/> | 5 |                     |
| Six   | <input type="checkbox"/> | 6 |                     |
| Seven | <input type="checkbox"/> | 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<br>(count<br>doubles as 2<br>singles)    | Pints   | Large cans or<br>bottles                         | Small cans or<br>bottles                   |           |
| Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.                  | 1084-1099<br><input type="text"/> 01 |  | <input type="text"/>                                | <input type="text"/>                             | <input type="text"/>                       | 1100-1107 |
| <u>Strong</u> 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<br>(250ml)<br><input type="text"/> | Standard glasses<br>(175ml)<br><input type="text"/> | Small glasses<br>(125ml)<br><input type="text"/> | Bottles<br>(750ml)<br><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<br><input type="text"/>    |   |  |  | 1129-1130 |
| Other kinds of alcoholic drink<br><b>WRITE IN NAME OF DRINK</b>   |                                      | Glasses<br>(count<br>doubles as 2<br>singles)    | Pints   | Large cans or<br>bottles                         | Small cans or<br>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 return the booklet to the interviewer.**

## NDNS(I)

# National Diet and Nutrition Survey

# Recent Physical Activity Questionnaire<sup>1</sup> self-completion booklet

In Confidence

| Point | Address | CKL | Person no. | First name: | Interviewer no. |
|-------|---------|-----|------------|-------------|-----------------|
|       |         |     |            |             |                 |

This questionnaire is designed to find out about your physical activity in your everyday life in the last 4 weeks ending yesterday.

**Date from**    /    /    **to**    /    /

**This questionnaire is divided into 3 sections**

Please try to answer every question.

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



## Section A: Home Activities

### Q1 Getting about

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

**Please tick (✓) one box only.**

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

### Q2 TV, DVD or Video Viewing

**Please put a tick (✓) on every line**

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

### Q3 Computer use at home *but not at work* (e.g. internet, email, Playstation, Xbox, Gameboy etc,

**Please don't include computers requiring movement such as Nintendo wii and Xbox Kinect**

**Please put a tick (✓) on every line.**

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

### Q4 Stair climbing at home

**Please put a tick (✓) on every line.**

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

## **Section B: Activity at work / school or college**

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

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

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

**Q5** Have you been in employment, done unpaid work or attended school or college during the last 4 weeks ending yesterday?

Tick one box

No ☐ → Go to page 7

Yes ☐ → Go to Q6

**Q6** During the last 4 weeks ending yesterday, how many hours of work, unpaid work or school/college did you do per week?

|                                  | In the last week | 2 weeks ago | 3 weeks ago | 4 weeks ago |
|----------------------------------|------------------|-------------|-------------|-------------|
| Work hours<br>(excluding travel) |                  |             |             |             |

### **Type of work while at work or school/college**

**Q7** We would like to know the type and amount of physical activity involved in your work or at school/college. **Please tick** (✓) the box next to the one that **best corresponds** with your **main** occupation(s) or school/college in the last 4 weeks ending yesterday:

Tick one box

**Sedentary occupation**

You spend most of your time sitting (such as in an office)

☐

**Standing occupation**

You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

☐

**Manual work**

This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

☐

**Heavy manual work**

This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

☐

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

- Q8** What proportion of your time at work or school/college was spent outside while you were at work or school/college during the last 4 weeks ending yesterday? This **does not** include travelling to/from work or school/college.

Tick one box

|                |                          |   |
|----------------|--------------------------|---|
| None           | <input type="checkbox"/> | → Go to Q10   |
| Less than half | <input type="checkbox"/> | <div style="display: inline-block; width: 40px; height: 100px; border-left: 2px solid black; border-right: 2px solid black; position: relative;"> <div style="position: absolute; top: 0; right: -10px; font-size: 24px;">→</div> </div> Go to Q9 |
| About half     | <input type="checkbox"/> |   |
| More than half | <input type="checkbox"/> |   |
| All            | <input type="checkbox"/> |   |

- Q9** When you were outside at work or school/college, what parts of your body were usually **UNCOVERED**?

Tick (✓) all that apply.

|   |   |
|---|---|
| Face <input style="width: 50px; height: 30px;" type="checkbox"/>  | Shoulders <input style="width: 50px; height: 30px;" type="checkbox"/>       |
| Head <input style="width: 50px; height: 30px;" type="checkbox"/>  | Legs <input style="width: 50px; height: 30px;" type="checkbox"/>            |
| Hands <input style="width: 50px; height: 30px;" type="checkbox"/> | Most upper body <input style="width: 50px; height: 30px;" type="checkbox"/> |
| Arms <input style="width: 50px; height: 30px;" type="checkbox"/>  |   |

### Travel to and from your main place of work or school/college in the last 4 weeks

- Q10** What is the approximate distance from your home to your main place of work or school/college? Record 0 if you work/study from home.

|       |   |   |   |           |            |   |   |   |
|-------|---|---|---|-----------|------------|---|---|---|
| Miles | <input style="width: 40px; height: 30px;" type="text"/> | <input style="width: 40px; height: 30px;" type="text"/> | <input style="width: 40px; height: 30px;" type="text"/> | <u>OR</u> | Kilometres | <input style="width: 40px; height: 30px;" type="text"/> | <input style="width: 40px; height: 30px;" type="text"/> | <input style="width: 40px; height: 30px;" type="text"/> |
|-------|---|---|---|-----------|------------|---|---|---|

- Q11** How many times a week did you travel from home to your main place of work or school/college? Count **outward journeys only**.

|   |   |
|---|---|
| <input style="width: 40px; height: 30px;" type="text"/> | <input style="width: 40px; height: 30px;" type="text"/> |
|---|---|



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

**Q12** How did you normally travel to work or school/college during the last 4 weeks ending yesterday?  
**Tick (✓) one box only per line**

|                              | <b>Always</b> | <b>Usually</b> | <b>Occasionally</b> | <b>Never or rarely</b> |
|------------------------------|---------------|----------------|---------------------|------------------------|
| By car/motor vehicle         |               |                |                     |                        |
| By works or public transport |               |                |                     |                        |
| By bicycle                   |               |                |                     |                        |
| Walking                      |               |                |                     |                        |

**Q13** What is the postcode for your main place of work or school/college during the last 4 weeks ending yesterday?

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

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

*If not known please give your work or school/college address*

Work address - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn to page 7**

## Section C: Leisure time activities

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

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

### Example 1

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

|                      | Number of times you did the activity in the last 4 weeks |                          |                                  |             |                     |                     |           | Average time per episode |         |
|----------------------|--|--------------------------|----------------------------------|-------------|---------------------|---------------------|-----------|--------------------------|---------|
|                      | None   | Once in the last 4 weeks | 2 to 3 times in the last 4 weeks | Once a week | 2 to 3 times a week | 4 to 5 times a week | Every day | Hours                    | Minutes |
| Walking for pleasure |  |                          |                                  | ✓           |                     |                     |           |                          | 40      |
| Weeding and pruning  |  |                          | ✓                                |             |                     |                     |           | 1                        | 10      |

### Example 2

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

|      | Number of times you did the activity in the last 4 weeks |                          |                                  |             |                     |                     |           | Average time per episode |         |
|------|--|--------------------------|----------------------------------|-------------|---------------------|---------------------|-----------|--------------------------|---------|
|      | None   | Once in the last 4 weeks | 2 to 3 times in the last 4 weeks | Once a week | 2 to 3 times a week | 4 to 5 times a week | Every day | Hours                    | Minutes |
| Golf | ✓  |                          |                                  |             |                     |                     |           |                          |         |

**Now complete the table on pages 8 and 9**

## Section C cont'd: Leisure time activities

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

**Please complete each line**

|  |         | Number of times you did the activity in the last 4 weeks ending yesterday |                          |                                  |             |                     |                     | Average time per episode |       |         |
|--|---------|---|--------------------------|----------------------------------|-------------|---------------------|---------------------|--------------------------|-------|---------|
|  |         | None  | Once in the last 4 weeks | 2 to 3 times in the last 4 weeks | Once a week | 2 to 3 times a week | 4 to 5 times a week | Every day                | Hours | Minutes |
| Swimming - competitive                                       |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Swimming leisurely   | indoor  |   |                          |                                  |             |                     |                     |                          |       |         |
|  | outdoor |   |                          |                                  |             |                     |                     |                          |       |         |
| Backpacking or mountain climbing                             |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Walking for pleasure<br><i>(not as a means of transport)</i> |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Racing or rough terrain cycling                              |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Cycling for pleasure<br><i>(not as a means of transport)</i> |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Mowing the lawn  |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Watering the lawn or garden                                  |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Digging, shovelling or chopping wood                         |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Weeding or pruning   |         |   |                          |                                  |             |                     |                     |                          |       |         |
| DIY e.g. carpentry, home or car maintenance                  |         |   |                          |                                  |             |                     |                     |                          |       |         |
| High impact aerobics or step aerobics                        |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Other types of aerobics                                      |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Exercise with weights  |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Conditioning exercises e.g. using a bike or rowing machine   |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Floor exercises e.g. stretching, bending, keep fit or yoga   |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Dancing e.g. ballroom or disco                               |         |   |                          |                                  |             |                     |                     |                          |       |         |
| Competitive running  |         |   |                          |                                  |             |                     |                     |                          |       |         |

## Section C cont'd: Leisure time activities

|                                       |         | Number of times you did the activity in the last 4 weeks ending yesterday |                          |                                  |             |                     |                     |           | Average time per episode |         |
|---------------------------------------|---------|---|--------------------------|----------------------------------|-------------|---------------------|---------------------|-----------|--------------------------|---------|
|                                       |         | None  | Once in the last 4 weeks | 2 to 3 times in the last 4 weeks | Once a week | 2 to 3 times a week | 4 to 5 times a week | Every day | Hours                    | Minutes |
| Jogging                               |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Bowling                               | Indoor  |   |                          |                                  |             |                     |                     |           |                          |         |
|                                       | Outdoor |   |                          |                                  |             |                     |                     |           |                          |         |
| Tennis                                | Indoor  |   |                          |                                  |             |                     |                     |           |                          |         |
|                                       | Outdoor |   |                          |                                  |             |                     |                     |           |                          |         |
| Badminton                             |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Squash                                |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Table tennis                          |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Golf                                  |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Football, rugby or hockey             | Indoor  |   |                          |                                  |             |                     |                     |           |                          |         |
|                                       | Outdoor |   |                          |                                  |             |                     |                     |           |                          |         |
| Cricket                               |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Rowing                                |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Netball, volleyball or basketball     | Indoor  |   |                          |                                  |             |                     |                     |           |                          |         |
|                                       | Outdoor |   |                          |                                  |             |                     |                     |           |                          |         |
| Fishing                               |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Horse-riding                          |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Snooker, billiards or darts           |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Musical instrument playing or singing |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Ice skating                           |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Sailing, wind-surfing or boating      |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Martial arts, boxing or wrestling     |         |   |                          |                                  |             |                     |                     |           |                          |         |
| Active gaming (i.e. Nintendo wii)     |         |   |                          |                                  |             |                     |                     |           |                          |         |

**Q15** We assume for outdoor activities (except swimming, tennis, football, rugby and hockey) that you had your legs covered. If you did not, please indicate the activities for which your legs were exposed: \_\_\_\_\_

**Q16** Other than the activities you have already recorded, have you done anything else that involves physical activity during the last 4 weeks ending yesterday?

Tick one box

No

☐

**End of questionnaire**

Yes

☐

**Go to Q17**

**Q17** Please record here any other physical activities that you have done (and how often you have done them), **other than those already recorded**, over the last 4 weeks ending yesterday (e.g. housework):

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**Thank you for answering these questions.**

**Please return the booklet to the interviewer.**