

NATIONAL DIET AND NUTRITION SURVEY: YOUNG PEOPLE AGED 4 TO 18 YEARS

Initial dietary interview

COMPLETE FOR EACH YOUNG PERSON

Areacode Information already entered
Address Information already entered
Hhld Information already entered
Wave Information already entered
IntDate Enter the date on which first interview started
___ . ___ . ____ (date variable format)

NPerson **All**

ASK OR RECORD

How many people normally live in this household?

1..14

HOUSEHOLD BOX

INFORMATION TO BE COLLECTED FOR EACH PERSON IN THE HOUSEHOLD

Name00..13 **All**

RECORD NAME YOUNG PERSON IS KNOWN BY.
FOR SUBSEQUENT MEMBERS OF HOUSEHOLD
RECORD THE NAME OF NEXT HOUSEHOLD MEMBER

Sex00..13 **All**

CODE SEX OF EACH PERSON IN HOUSEHOLD

Male 1
Female 2

Dob00..13 **For young person only**

Can you tell me *young person's* date of birth?

___ . ___ . ____ (date variable format)

Age00..13

All

(Can I just check,) what was 's age last birthday?

0..99

Marsta00..13

All aged over 15 years

Are you/is married, living together as a couple, single, widowed, divorced or separated?

- Married 1
- Cohabiting (living together, opposite sex) 2
- Single/never been married 3
- Widowed 4
- Divorced 5
- Separated 6
- Same sex cohabiting 7

ReltoY00..13

If NPerson >1

What is the relationship of to *young person*?

- Spouse 1
- Cohabitee 2
- Son/daughter (incl. adopted) 3
- Step-son/daughter 4
- Foster child 5
- Birth parent 6
- Adoptive parent 7
- Step-parent 8
- Foster parent 9
- Parent-in-law 10
- Brother/sister (incl. adopted) 11
- Step-brother/sister 12
- Foster brother/sister 13
- Brother/sister-in-law 14
- Grandparent 15
- Other relative 16
- Other non-relative 17

[Hidden variables calculated within program]

If 1 at NPerson - single-person household, then:

MaNo **MaNo = 0**
No mother in household
(*MaNo*>0 value = *PerNo of Mother*)

PaNo **PaNo = 0**
No father in household
(*PaNo*>0 value = *PerNo of Father*)

GaNo **GaNo = 0**
No grandparent in household

If NPerson greater than 1 - more than one person in household, then

MaNo **If code 2 at Sex and codes 6 to 9 at ReltoYP**

MaNo = value at NPerson
'Mother figure' in household

If (else)

MaNo = 0
No mother in household

GaNo **If code 15 at ReltoYP**

GaNo = value at NPerson
Grandparent in household

If (else)

GaNo = 0
No grandparent in household

PaNo **If code 1 at Sex and code s 6 to 9 at ReltoYP**

PaNo = value at NPerson

If (else)

PaNo = 0
No father in household

XMother **If MaNo ne 0**
XMother = 1

If MaNo = 0
XMother = 0

XFather

If PaNo ne 0

XFather = 1

If PaNo = 0

XFather = 0

ACCOMMODATION

1. YPInd

If MaNo = 0 and PaNo = 0 and GaNo = 0

When did you leave home, move away from your parent's home?

RECORD PERIOD. ENTER IN MONTHS OR YEARS

0.00..36.00

a. MYears

CODE WHETHER PERIOD ENTERED AS MONTHS OR YEARS

Months 1
Years 2

2. HOH

All

ASK OR RECORD

Which member of your household is the head of the household?

1..14

3. Info

All

CODE WHICH MEMBER OF THE HOUSEHOLD IS THE INFORMANT

1..14

4. School

All

What does *young person* mainly do?

Not yet started school or nursery 1
At school (including nursery) 2
At college 3
Other training 4
Working 5
Unemployed 6
Other (Specify at next question) 7

a. SOther

If code 7 at School

SPECIFY OTHER OCCUPATION

5. Coast

All

ASK OR RECORD

Do you live within 5 miles of the coast?

Yes 1
No 2

6. Kitchen

All

Do you have a kitchen, that is a separate room in which you cook?

Yes 1
No 2

a. ShareKit

If code 1 at Kitchen

Do you share the kitchen with any other household?

Yes 1
No 2

b. Meal

If code 2 at Kitchen

Are you able to cook a hot meal in this accommodation?

Yes 1
No 2

7. CSkill

All

In the last month has *young person* cooked a dish using several different ingredients?

Yes 1
No 2

CONSUMER DURABLES

1.

All

Does your household have any of the following items in your (part of the) accommodation?

INCLUDE ITEMS STORED AND UNDER REPAIR

a.Consum1

Refrigerator?

Yes 1
No 2

b. Consum2

Deep freezer or fridge freezer?

- Yes 1
- No 2

c. Consum3

Microwave oven?

- Yes 1
- No 2

4. CarVan

All

Is there a car or van normally available for use by you or any members of your household?

INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY INFORMANT OR MEMBERS OF THE HOUSEHOLD.

EXCLUDE VEHICLES USED SOLELY FOR THE CARRIAGE OF GOODS.

- Yes 1
- No 2

a. Cars

If code 1 at CarVan

Is there one or more than one?

- 1 1
- 2 2
- 3 or more 3

EATING HABITS

1. SchMeal

If aged under 15 years or codes 2, 3 or 4 at School

Can I check, when *young person* is at school what type of lunch-time meal is s/he currently having?

PRIORITY CODES 1 AND 2

- Free school meal 1
- Reduced price or subsidised school meal 2
- Paid school meal 3
- Packed lunch 4
- Other (Specify at next question) 5

- No lunch time meal 6

a. SchOth

If code 5 at SchMeal

SPECIFY OTHER LUNCH-TIME MEAL

2. WkMeal

If code 5 at School

Can I check, when *young person* is at work what type of lunch-time meal does s/he usually have?

CODE ONLY ONE

- Packed lunch 1
- Meal bought on work premises 2
- Meal bought outside work 3
- Other (Specify at next question) 4

- No lunch-time meal 5

a. WkOther

If code 4 at WkMeal

SPECIFY OTHER LUNCH-TIME MEAL

3. Vary

All

How would you describe the variety of foods that *young person* generally eats?

Does s/he

RUNNING PROMPT

- eat most things 1
- eat a reasonable variety of things 2
- or is s/he a fussy or faddy eater? 3

4. App

All

Does *young person* have

RUNNING PROMPT

- a good appetite 1
- an average appetite, or 2
- a poor appetite for a young person of his/her age?.. 3

DRINKING

1. Milk

All

Nowadays, does *young person* have cow's milk as a drink?

INCLUDE ANY DRINK WHERE MILK IS PRIMARY INGREDIENT E.G. MILKSHAKE, HOT CHOCOLATE MADE WITH MILK (NOT WATER)

- Yes 1
- No 2

a. MilkA

If code 2 at Milk

Has s/he ever had cow's milk as a drink?

- Yes 1
- No 2

ai. Kind

If code 1 at Milk or code 1 at MilkA

What kind of milk does *young person* usually have as a drink these days?

PROMPT AS NECESSARY
CODE ALL THAT APPLY

- Whole milk 1
- Semi-skimmed milk 2
- Skimmed milk 3

Powdered baby milk	4
Soya milk	5
Doesn't have <u>any</u> milk	6
Other (Specify at next question)	7

aii. KindC

If code 7 at Kind

SPECIFY THE OTHER KIND(S) OF MILK YOUNG PERSON HAS

2. KindB

All

What kind of milk does *young person* usually have on cereal and in puddings these days?

PROMPT AS NECESSARY

CODE ALL THAT APPLY

Whole milk	1
Semi-skimmed milk	2
Skimmed milk	3
Powdered baby milk	4
Soya milk	5
Doesn't have <u>any</u> milk	6
Other (Specify at next question)	7

a. KindA

If code 7 at KindB

SPECIFY OTHER KIND(S) OF MILK YOUNG PERSON HAS

3. Tea

All

Does *young person* drink tea?

Yes	1
No	2

a. TeaA

If code 1 at Tea

Does s/he usually take sugar in tea, is it sweetened with artificial sweetener, or does s/he drink tea without sugar or sweetener?

Sugar in tea	1
Artificial sweetener in tea	2
Drinks tea unsweetened	3

b. TeaB

If code 1 at Tea

On average how many cups per day does s/he drink?

IF LESS THAN ONE CODE AS 0

IF GREATER THAN 10 CODE AS 11

0..11

4. Herb

All

May I check, does *young person* drink herbal teas or herbal drinks?

- Yes 1
- No 2

a. HerbA

If code 1 at Herb

On average, how often does s/he drink herbal teas or have a herbal drink?

- More than once a day 1
- Once a day 2
- Most days 3
- At least once a week 4
- At least once a month 5
- Less than once a month 6

b. HBrand0..5

If code 1 at Herb

What brands of herbal tea or herbal drink is *young person* drinking at the moment?

RECORD FULL BRAND NAME OF ALL HERBAL TEAS/DRINKS

c. HType0..5

If code 1 at Herb

What flavour is that herbal tea or herbal drink?

RECORD FLAVOUR FOR EACH HERBAL TEA/DRINK

d. BRAND00..05

If code 1 at Herb

ENTER BRAND CODE FOR EACH HERBAL TEA/DRINK

00001..99997

5. Coff

All

Does *young person* drink coffee?

- Yes 1
- No 2

a. CoffA

If code 1 at Coff

Does s/he usually take sugar in coffee, is it sweetened with an artificial sweetener, or does s/he drink coffee without sugar or sweetener?

- Sugar in coffee 1
- Artificial sweetener in coffee 2
- Drinks coffee unsweetened 3

b. CoffB

If code 1 at Coff

On average how many cups per day does s/he drink?

IF LESS THAN ONE CODE AS 0
IF GREATER THAN 10 CODE AS 11

0..11

6. Cook

All

(Apart from in tea and coffee) do you use artificial sweeteners to sweeten any of *young person's* food, either at the table or in cooking?

Yes 1
No 2

a. CookA

If code 1 at Cook

Do you use an artificial sweetener either at the table or in cooking :

...to sweeten stewed or cooked fruit?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

b. CookB

...to sweeten fresh fruit?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

c. CookC

...to sweeten breakfast cereals?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

d. CookD

...to sweeten cakes, biscuits or pastry that are home made?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

e. CookE

...to sweeten drinks other than tea or coffee?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

f. CookF

...to sweeten any other food or drink?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

7. Brands0..5

If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED

What brands of artificial sweetener are you using to sweeten *young person's* food and drinks at the moment?

RECORD FULL NAME OF ALL ARTIFICIAL SWEETENER(S)

a. SType0..5 If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED

What form does that artificial sweetener take?

- Tablet (INCLUDE MINICUBES) 1
- Liquid 2
- Granulated 3

b. BRAND06..11 If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED
ENTER THE BRAND CODE FOR THIS PRODUCT

00001..99997

SALT

13. Salt All

Do you usually add salt to *young person's* food during cooking?

- Yes, includes sea salt 1
- Yes, uses 'Lo-Salt'/ salt alternative (not sea salt) 2
- No, does not use salt in cooking 3
- Other (Specify at next question) 4

a. SaltA If code 4 at Salt

SPECIFY OTHER SALT ADDED IN COOKING

14. Tabl All

At the table, do you or *young person* add salt to his/her food ..

RUNNING PROMPT

- usually 1
- occasionally 2
- rarely 3
- or never? 4

a. TablA If codes 1 to 3 at Tabl

And can I check, what kind of salt do you add to *young person's* food at the table?

- Ordinary salt, including sea salt 1
- 'Lo-Salt'/ salt alternative (not sea salt) 2
- Other (Specify at next question) 3

ai. SaltJ If code 3 at TablA

SPECIFY OTHER SALT ADDED AT TABLE

FOOD FREQUENCIES

Intro1

All

I would now like to ask you about a whole range of foods (some of which you may already have told me *young person* doesn't eat). Can you tell me about how often, on average s/he eats these foods?
Please choose your answer from this card ..

SHOW CARD A

More than once a day	1
Once a day	2
Most days	3
At least once a week	4
At least once a month	5
Less than once a month	6
Never	7

PROMPT EACH FOOD
FOR SEASONAL FOODS ADD '...at this time of year'

01 Cereal	Breakfast cereals
02 BiscS1	Biscuits - sweet
03 BiscS2	Biscuits - savoury
04 Cakes	Cakes
05 Yogs	Yogurt (flavoured or plain but not fromage frais), including frozen yogurt and yogurt drinks
06 FromF	Fromage frais, plain or flavoured
07 Cheese	Cheese or cheese spread (not fromage frais)
08 CMilk	Cow's milk (not soya, sheep or goats), including in cooking
09 GMilk	Sheep or goat's milk, including in cooking
10 SMilk	Soya milk, including in cooking
11 IceC	Ice cream (not ice lollies)
12 IceL	Ice lollies
13 Eggs	Eggs, including in home cooking

14 Beef	Beef, including beef products Includes carcass beef purchased raw, cooked and canned beef, corned beef, beef in manufactured products e.g. burgers, pies etc. not beef sausages or beef offal.
15 Pork	Pork, including pork products, ham, gammon or bacon. Includes carcass pork purchased raw, cooked pork and pork in manufactured products e.g. pies etc. not pork sausages or offal.
16 Lamb	Lamb or mutton, including products. Includes carcass lamb purchased raw and lamb in manufactured products e.g. pies, etc. - not offal.
17 Chick	Chicken and poultry, including products. Includes purchased raw and in manufactured products e.g. pies, nuggets, burgers, etc. - not offal.
18 Game	Game, including grouse, hare, partridge, pheasant, pigeon, rabbit and venison.
19 Saus	Sausages; English-type requiring cooking. Not continental sausages or vegetarian sausages
20 Liver	Liver and liver products, including liver pate and liver sausage
21 Offal	Other offal e.g. kidney. Any offal except liver
22 OFish	Oily fish (e.g. herring, mackerel, sardines, pilchards, salmon) including products e.g. salmon/smoked mackerel pate
23 SFish	Shellfish e.g. prawns and shrimps
24 Leafy	Leafy green vegetables, including broccoli, greens, spinach. Not cauliflower, courgettes, or leeks
25 SSnack	Savoury snacks including crisps not nuts
26 Nuts	Nuts and nut products: all types of nut; nut roast
27 Juice	Fruit juice; not fruit drinks, squash
28 Carb1	Fizzy drinks; NOT diet/low calorie/no added sugar/sugar free. Exclude mineral water
29 Carb2	Fizzy drinks : diet/low calorie/no added sugar/sugar free. Exclude mineral water
30 Conc1	Concentrated fruit drinks: squashes - NOT diet/low calorie/no added sugar/ sugar free
31 Conc2	Concentrated fruit drinks: squashes - diet/low calorie/no added sugar/ sugar free

- 32 RDF1** Ready to drink fruit drinks: NOT diet/low calorie/no added sugar/sugar free. Exclude fruit juice
- 33 RDF2** Ready to drink fruit drinks: diet/low calorie/no added sugar/ s ugar free. Exclude fruit juice
- 34 Choc** Chocolate - confectionery
- 35 Sweet1** Sugar confectionery
- 36 Sweet2** Sugar-free confectionery, labelled 'sugar free'
- 37 SGum** Chewing gum; not sugar-free gum
- 38 FGum** Sugar-free chewing gum, labelled 'sugar free'

Why01..38

If code 7 at any item above

FOR EACH ITEM CODED 7 ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

- Allergy 1
- Religious reasons 2
- Health reasons 3
- Vegetarian/vegan 4
- Doesn't like it 5
- Can't afford it 6
- Can't get (in this area) 7
- Other (Specify at next question) 8

Othe01..38

If code 8 at Why01 ..38

SPECIFY OTHER REASON(S) FOR EACH ITEM NEVER EATEN

AIIA01..38
AIIB01..38

If code 1 at Why01 ..38

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

Alle201..45

If code 11 at AIIA01..38 or AIIB01..38

SPECIFY OTHER ALLERGIC REACTION(S)

AIIC01..38

If code 1 at Why01 ..38

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

Intro2

All

How often, on average, does *young person* eat each of these foods?

SHOW CARD A

More than once a day	1
Once a day	2
Most days	3
At least once a week	4
At least once a month	5
Less than once a month	6
Never	7

PROMPT EACH FOOD LISTED

FOR SEASONAL FOODS ADD: ‘...at this time of the year’

- 39 CarotR** Raw carrots
- 40 CarotC** Cooked carrots
- 41 Roots** Other root vegetables, apart from carrots and potatoes e.g. parsnips, turnips, swedes
- 42 MushB** Mushrooms
- 43 Apple** Apples (fresh)
- 44 Pear** Pears (fresh)
- 45 Citrus** Citrus fruits e.g. oranges, tangerines, satsumas
- 46 Toms** Fresh tomatoes
- 47 Cucs** Cucumber

Skin01..09 **If code ne 7 at any item above**

NB **Skin01** applies if **CarotC** ne 7
Skin02 applies if **CarotR** ne 7

FOR EACH ITEM ASK:

Can you tell me whether s/he usually eats the skin on (FOOD ITEM)?

- Yes 1
- No 2

Why39..47 **If code 7 at any food item above**

FOR EACH ITEM CODED 7 ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

- Allergy 1
- Religious reasons 2
- Health reasons 3
- Vegetarian/vegan 4
- Doesn't like it 5
- Can't afford it 6
- Can't get (in this area) 7
- Other (Specify at next question) 8

Othe39..47 **If code 8 at Why39..47**

SPECIFY OTHER REASON(S) EACH ITEM NEVER EATEN

AIIA39..47
AIIB39..47

If code 1 at Why39 ..47

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

a. Alle232..40

If code 11 at AIIA39..47 or AIIB39..47

SPECIFY OTHER ALLERGIC REACTION(S)

AIIC39..47

If code 1 at Why39 ..47

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

All

ASK FOR EACH FOOD ITEM LISTED BELOW

Does *young person* eat the skin on (FOOD ITEM) always, sometimes or never?

Always eaten with skin left on	1
Sometimes eaten with skin left on	2
Never eaten with the skin left on	3
Never eaten	4

a. Baked

baked or jacket potatoes, cooked without fat

b. BoilNew

boiled new potatoes

c. BoilOld

boiled old potatoes

d. Roast roast potatoes, cooked in fat

e. Fried fried potatoes or chips

AIRel

All

(Apart from the foods you have already told me about) are there any (other foods that *young person* avoids because s/he is allergic to them, or for religious, health or other reasons?

Yes 1
No 2

Which0..4

If code 1 at AIRel

Which food(s) does *young person* avoid?

SPECIFY ALL OTHER FOODS AVOIDED

Why48..52

If code 1 at AIRel

FOR EACH ITEM AVOIDED ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

Allergy 1
Religious reasons 2
Health reasons 3
Vegetarian/vegan 4
Doesn't like it 5
Can't afford it 6
Can't get (in this area) 7
Other (Specify at next question) 8

Othe48..52

If code 8 at Why48..52

SPECIFY OTHER REASON(S) EACH ITEM NEVER EATEN

AIIA48..52
AIIB48..52

If code 1 at Why48..52

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

a. Alle2210..14

If code 11 at AIIA48..52 or AIIB48..52

SPECIFY OTHER ALLERGIC REACTION(S)

AIIA48..52

If code 1 at Why48..52

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

SLIMMING

Slim

All

Can I check, is *young person* dieting to lose weight at the moment?

Yes	1
No	2

VEGETARIANISM

1. Veg

All

Can I check, is *young person* a vegetarian or a vegan?

Yes 1
No 2

2. VegA

If code 1 at Veg

(Apart from foods you have already told me about) what foods does s/he avoid?

CODE ALL THAT APPLY

Red meat 1
White meat 2
Fish 3
Eggs 4
Milk 5
Other dairy products - butter, cheese 6
All animal products 7
Avoids other food (Specify at next question) 8

a. VegAW

If code 8 at VegA

SPECIFY OTHER FOOD(S) AVOIDED

3. VegB

If code 1 at Veg

Why did s/he become a vegetarian/vegan?

CODE ALL THAT APPLY

Moral or ethical reasons (includes cruelty to animals) 1
Religious reasons 2
Health reasons 3
Preference (doesn't like the taste of meat) 4
Convenience, cost 5
Other (Specify at next question) 6

a. VegBW

If code 6 at VegB

SPECIFY OTHER REASON(S) FOR VEGETARIANISM

4. VegC

If code 1 at Veg

Where did s/he get information about a vegetarian/ vegan diet?

CODE ALL THAT APPLY

- Parents or other relatives 1
- Friends 2
- Doctor/GP 3
- Dietician/nutritionist 4
- Vegetarian Society/Vegan Society 5
- Newspapers, magazines, books 6
- TV / radio 7
- Other (Specify at next question) 8
- Did not get any information 9

a. VegD

If code 8 at VegC

SPECIFY WHERE GOT INFORMATION

ORGANIC FOODS AND DRINKS

1. Organic

All

A lot of shops and supermarkets are selling foods which are labelled as 'organic' or 'organically grown'. What do you understand by the term 'organic' or organically grown?

- Grown without pesticides and without artificial fertilisers .. 1
- Grown without pesticides 2
- Grown without artificial fertilisers or 'grown without chemicals 3
- Free range 4
- A health food - healthier/better for you 5
- Something else - including no antibiotics/hormones, fresh or naturally grown fruit and veg 6
- Don't know, don't understand 7

a. OrgElse

If code 6 at Organic

SPECIFY OTHER ANSWER(S) TO MEANING OF ORGANIC

2. OrgBuy

All

Do you buy any 'organic' foods for *young person*?

- Yes 1
- No 2

3

If code 1 at OrgBuy

ASK FOR EACH FOOD ITEM BELOW

Do you buy organic(FOOD ITEM)...for him/her always, sometimes or never?

a. OrgFFrut

....fresh fruit, including fruit juice....

Always 1
Sometimes 2
Never 3

b. OrgDFrut

...dried fruit....

Always 1
Sometimes 2
Never 3

c. OrgNut

... organic nuts...

Always 1
Sometimes 2
Never 3

d. OrgVeg

...organic vegetables, including celery, dried beans or lentil s...

Always 1
Sometimes 2
Never 3

e. OrgCer

...organic cereal products, bread, rice, muesli, pasta etc...

Always 1
Sometimes 2
Never 3

f. OrgMeat

...organic meat, including chicken...

Always 1
Sometimes 2
Never 3

g. OrgEggs

... organic eggs (free range)...

Always 1
Sometimes 2
Never 3

h. OrgMilk	...organic milk...	
	Always	1
	Sometimes	2
	Never	3
i. OrgDair	...organic dairy products (eg yogurt)...	
	Always	1
	Sometimes	2
	Never	3
j. OrgSnak	...organic crisps and savoury snacks...	
	Always	1
	Sometimes	2
	Never	3
k. OrgCake	...organic biscuits and cakes, including cereal crunchy bars...	
	Always	1
	Sometimes	2
	Never	3
l. OrgConf	...organic confectionery...	
	Always	1
	Sometimes	2
	Never	3
m. OrgOth	Do you buy anything else that is organic for him/her?	
	Yes	1
	No	2
i. OrgSpec0..2	If code 1 at OrgOth	
	What else do you buy?	
ii. OrgOft0..2	If code 1 at OrgOth	
	ASK FOR EACH OTHER ORGANIC ITEM BOUGHT	
	Do you buy (ANSWER AT ORGSPEC) for him/her always or sometimes?	
	Always	1
	Sometimes	2
	Never	3

FREE FOODS

1. Hens

All

Do you or does anyone in your household keep hens or other animals to provide you with food?

- Yes 1
- No 2

2. HensA

If code 1 at Hens

What kinds of food do these animals provide?

CODE ALL THAT APPLY

- Eggs 1
- Milk/milk products 2
- Meat 3
- Honey 4
- Other (Specify at next question) 5

a. HensB

If code 5 at HensA

SPECIFY OTHER FOOD(S) FROM KEPT ANIMALS

3. Allot

All

Do you grow your own fruit and vegetables, either in your garden or on an allotment?

INCLUDE SALAD VEGETABLES AND HERBS GROWN IN THE GARDEN/ALLOTMENT

EXCLUDE HERBS GROWN ON THE WINDOW-LEDGE

EXCLUDE PRODUCE GROWN IN THE GARDEN OF A FRIEND OR RELATIVE

- Yes 1
- No 2

a. AllotA

If code 1 at Allot

Do you grow them without using pesticides?

- Yes, all 1
- Yes, some 2
- No, none 3

b. AllotB

If code 1 at Allot

Do you grow them without using any artificial fertilisers?

- Yes, all 1
- Yes, some 2
- No, none 3

4. Free

All

Apart from food you grow yourself, does young person ever eat any 'free foods' that you have picked, or got yourself (for example fish, berries, mushrooms, windfall apples) ?

- Yes 1
- No 2

a. FreeA

If code 1 at Free

What 'free' foods do you eat?

CODE ALL THAT APPLY

- Game (rabbit, partridge, pheasant etc.) 1
- Venison 2
- Berries 3
- Other fruit (apples, pears etc.) 4
- Fungi (mushrooms) 5
- Fish 6
- Other (Specify at next question) 7

i. FreeB

If code 7 at FreeA

SPECIFY OTHER 'FREE' FOODS

5. Farm

All

Do you buy any foods directly from a farm?

- Yes 1
- No 2

a. FWhich

If code 1 at Farm

What foods do you buy from a farm?

CODE ALL THAT APPLY

- Meat 1
- Fish 2
- Milk 3
- Other dairy (yogurt, cheese, butter) 4
- Eggs 5
- Fruit 6
- Vegetables 7
- Other (Specify at next question) 8

b. FWhichA

If code 8 at FWhich

SPECIFY OTHER FOODS BOUGHT FROM A FARM

STORE CUPBOARD

1.

All

Thinking about any food you have in the house today, which of the following items do you have here today?

a. Today1

A breakfast cereal?

- Yes 1
- No 2

b. Today2

Bread, or bread rolls?

- Yes 1
- No 2

c. Today3

Milk?

- Yes 1
- No 2

d. Today4

Eggs?

- Yes 1
- No 2

e. Today5

A tin of baked beans or spaghetti?

- Yes 1
- No 2

f. Today6 Potatoes?

Yes 1
 No 2

g. Today7 Biscuits, of any kind?

Yes 1
 No 2

2.

All

Thinking now about different foods that come in cans.
 How long, on average, would you keep...

PROMPT EACH FOOD ITEM

.....in an opened can before eating them?

SHOW CARD B

More than a week 1
 No more than 4 or 5 days 2
 No more than 2 or 3 days 3
 No more than 1 day 4
 Use on same day 5

SPONTANEOUS: Never stored in open can 6
 SPONTANEOUS: Not eaten/drunk 7

a. Cans1 Baked beans

b. Cans2 Other canned vegetables

c. Cans3 Spaghetti

d. Cans4 Canned fruit

e. Cans5 Corned beef

f. Cans6 Canned soup

g.Cans7 Canned fish, for example sardines, tuna

FOOD SUPPLEMENTS

1. Fluor

All

At present are you taking/giving *young person* fluoride tablets or drops?

- Yes 1
- No 2

a. FName

If code 1 at Fluor

RECORD FULL NAME OF FLUORIDE SUPPLEMENT, INCLUDING BRAND

b. FForm

If code 1 at Fluor

RECORD FORM

- Tablets 1
- Capsules 2
- Drops 3
- Liquid / syrup 4
- Powder 5

c. FDose

If code 1 at Fluor

RECORD DOSE

Dose: no. of tablets, drops, 5 ml spoons

INTERVIEWER OPEN A NOTE IF NECESSARY

01..10

d. FFreq

If code 1 at Fluor

RECORD FREQUENCY - NUMBER OF TIMES AND PERIOD

- Once a day 1
- Twice a day 2
- Three times a day 3
- Four times a day 4
- Five times a day 5

e. FLicNo

If code 1 at Fluor

RECORD PRODUCT LICENCE NO. (IF ANY)

ENTER '0' IF NONE AVAILABLE

---- /---- (product licence variable format)

f. FCat

If code 1 at Fluor

SYSTEM ENTRY: SUPPLEMENT CODE FOR FLUORIDE = 1

2. Vita

All

At present (apart from fluoride tablets/drops) is *young person* taking any extra vitamins or minerals as tablets, pills, powders, syrups or drops?

INCLUDE PRESCRIBED AND NON-PRESCRIBED SUPPLEMENTS E.G. CHILDREN'S VITAMIN DROPS, MULTIVITAMIN TABLETS, IRON TABLETS.

EXCLUDE DRINKS, YOGURTS OR FOODS FORTIFIED WITH VITAMINS

Yes 1
No 2

3. IntroS

If code 1 at Vita

ASK RESPONDENT FOR SUPPLEMENT CONTAINERS

a. Name0..9

If code 1 at Vita

RECORD FULL NAME, INCLUDING BRAND OF EACH SUPPLEMENT

b. FormIn00..09

If code 1 at Vita

RECORD FORM OF EACH SUPPLEMENT

Tablets 1
Capsules 2
Drops 3
Liquid / syrup 4
Powder 5

c. VDose0..9

If code 1 at Vita

RECORD DOSE TAKEN OF EACH SUPPLEMENT : NO. OF TABLETS, DROPS, 5 ml SPOONS

01..10

d. VFreq0..9

If code 1 at Vita

CODE FREQUENCY EACH SUPPLEMENT TAKEN: NO. OF TIMES AND PERIOD

Once a day 1
Twice a day 2
Three times a day 3
Four times a day 4
Five times a day 5

e. VLicNo0..9

If code 1 at Vita

RECORD PRODUCT LICENCE NO. (IF ANY) OF EACH SUPPLEMENT

ENTER 0 IF NONE AVAILABLE

---- /---- (product licence variable format)

f. Categor0..9 If code 1 at Vita

CODE CATEGORY FOR EACH SUPPLEMENT

Fluoride only	1	
Cod liver oil and other fish-based supplements	2	
Evening primrose oil type supplements	3	
Vitamin C only	4	
Other single vitamins, not vitamin C	5	
Vitamins A, C and D only	6	
Vitamins with iron	7	
Iron only	8	
Multivitamins and multi-minerals		9
Multivitamins, no minerals	10	
Minerals only; not fluoride or iron only	11	
Other (Specify at next question)	12	

g. Vother0..9

If code 12 at CATEGORY0..9

SPECIFY OTHER KIND FOR EACH SUPPLEMENT

4. Herbal

All

Does *young person* take any herbal preparations or other traditional remedies?

Yes	1
No	2

5. IntroH

If code 1 at Herbal

INTERVIEWER: ASK RESPONDENT FOR HERBAL REMEDY CONTAINERS

a. Name10..18

If code 1 at Herbal

RECORD FULL NAME OF EACH HERBAL REMEDY

b. Brand0..9

If code 1 at Herbal

RECORD BRAND NAME OF EACH HERBAL REMEDY

c. Plant0..9 **If code 1 at Herbal**
RECORD MAIN PLANT INGREDIENT OF EACH HERBAL REMEDY

d. Strong0..9 **If code 1 at Herbal**
RECORD STRENGTH OF EACH HERBAL REMEDY
(INCLUDE MG ETC.)

e. Dose0..9 **If code 1 at Herbal**
RECORD DOSE TAKEN OF EACH HERBAL REMEDY
: NO. OF TABLETS, DROPS, 5 ML SPOONS

01..10

f. Freq0..9 **If code 1 at Herbal**
CODE FREQUENCY EACH HERBAL REMEDY TAKEN: NO. OF
TIMES AND PERIOD

Once a day	1
Twice a day	2
Three times a day	3
Four times a day	4
Five times a day	5

g. Formin10..19 **If code 1 at Herbal**
CODE FORM OF EACH HERBAL REMEDY

Form	
Tablets	1
Capsules	2
Drops	3
Liquid / Syrup	4
Powder	5

h. LicNo0..9 **If code 1 at Herbal**
RECORD PRODUCT LICENCE NO. (IF ANY) OF EACH HERBAL
REMEDY

ENTER 0 IF NONE AVAILABLE

- - - - / - - - - (product licence variable format)

YOUNG PERSON'S LEVEL OF ACTIVITY

1. Desc If young person aged 4 to 6 years

How would you describe *young person's* current level of activity?

- Fairly Inactive - gets little exercise, spends most of his/her time watching television, looking at books, or sitting playing with toys or games 1
- Fairly Active - spends more time in active play or running around than watching television, looking at books, or sitting playing with toys or games 2
- Very Active - spends nearly all the time running around or in very active play or games 3

2. ASame If young person aged 4 to 6 years

How would you describe *young person's* level of activity when compared with boys and girls of the same age?

- More active 1
- about the same 2
- or less active? 3

3. SSame If young person aged 4 to 6 years

How would you describe *young person's* level of activity when compared with other children of the same sex?

- More active 1
- about the same 2
- or less active? 3

YOUNG PERSON'S MEDICAL HISTORY

1. Acci All

Has *young person* ever had an accident which resulted in hospital admission?

- Yes 1
- No 2

2. Oper All

Has *young person* ever had an operation?

- Yes 1
- No 2

3. Hosp

All

Has *young person* ever stayed in hospital as an inpatient, overnight or longer?

EXCLUDE PERIOD AFTER BIRTH UNLESS BABY STAYED IN HOSPITAL AFTER MOTHER HAD LEFT

Yes 1
No 2

4. Illness

All

Does *young person* have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes 1
No 2

a. LMatter

If code 1 at Illness

What is the matter with him/her?

b. LimitAct

If code 1 at Illness

Does this illness or disability (do any of these illnesses or disabilities) limit his/her activities in any way?

Yes 1
No 2

5. CutDown

All

Now I'd like you to think about the 2 weeks ending yesterday. During those two weeks, did s/he have to cut down on any of the things s/he usually does (about the house/at school/work or in his/her free time) because of *illness* or some other illness or injury?

Yes 1
No 2

a . NDysCutD

If code 1 at CutDown

How many days was this in all during these 2 weeks, including Saturdays and Sundays?

1..14

b. CMatter

If code 1 at CutDown

What was the matter with him/her?

OCCUPATION: ASKED FOR HEAD OF HOUSEHOLD, MOTHER (if not already asked as HOH) AND YOUNG PERSON (if aged 15 or over and not HOH)

1. WorkIWk1

Did *HOH/Mother/Young person* do any paid work last week - that is in the 7 days ending last Sunday - either as an employee or self-employed?

Yes 1
 No 2

a. FullIPT

If code 1 at WorkIWk1

Was s/he working full or part time?

Full time 1
 Part time 2

b. WorkIWk2

If code 2 at WorkIWk1

Even though s/he wasn't working, did s/he have a job that s/he was away from last week?

HOH and young person

Yes 1
 No 2

Mother

Yes, on maternity leave..... 1
 Yes, not on maternity leave..... 2
 No..... 3

c. WorkIWk3

HOH: if code 2 at WorkIWk2

Mother: if code 3 at WorkIWk2

YP: : if code 2 at WorkIWk2 and School ne 1 to 3

Last week was s/he

CODE FIRST TO APPLY

Waiting to take up a job s/he had already obtained ? 1
 Looking for work ? 2
 Intending to look for work but prevented by temporary
 sickness or injury ? (check 28 days or less) 3
 Going to school or college full time ? (check 16-49 only) ... 4
 Permanently unable to work because of long-term
 sickness or disability? (men 16-64; women 16-59 only) 5
 Retired? (for women, only if stopped work after age 50) ... 6
 Looking after home or family? 7
 Or was s/he doing something else? 8

2. GovSchem

During last week, that is the 7 days ending last Sunday was s/he on any of the following government schemes (including those run by Training Enterprise Councils (TEC) - England and Wales and Local Enterprise Companies (LEC) - Scotland)?

INDIVIDUAL PROMPT

Youth Training (YT)? only ask 16-20 yrs 1
Training for work/Employment Training/Employment
Action? 2
Community Action? 3
None of these? 4

a. Trn

If codes 1 or 2 at GovSchem

Last week was s/he....

CODE FIRST ONE THAT APPLIES

with an employer, or on a project providing work
experience or practical training ? 1
or at a college or training course ? 2

TRNCHKA

Variable computed in the CAPI program

If code 1 at Trn **TRNCHKA = 1**
With an employer/on work experience or practical training

If code 2 at Trn **TRNCHKA = 2**
At college or training scheme

HOH and YP:

**If code 1 at WorkIWk1 or code 1 at
WorkIWk2 or code 3 at GovSchem** **TRNCHKA = 3**
Had a job last week

Mother:

**If code 1 at WorkIWk1 or code 1 or 2 at
WorkIWk2 or code 3 at GovSchem** **TRNCHKA = 3**
Had a job last week

If code 1 at WorkIWk3 **TRNCHKA = 4**
Unemployed, waiting to take up a job

If code 2 at WorkIWk3 **TRNCHKA = 5**
Unemployed, looking for work

If code 3 at WorkIWk3 **TRNCHKA = 6**
Unemployed, prevented by temporary sickness from looking
for work

If codes 4 to 8 at WorkIWk3 **TRNCHKA = 7**

Other, economically inactive

If na at WorkIWk1 TRNCHKA = -9
Economic status not known

3. LookWork

If code 6 at TRNCHKA

Thinking of the 4 weeks ending last Sunday, were you looking for paid work (or a YT/ET etc. place) at any time in those 4 weeks?

Yes 1
No 2

4. AbleStrt

If code 5 or 6 at TRNCHKA

If a job (or YT/ET etc. place) had been available last week, would s/he have been able to start within 2 weeks?

Yes 1
No 2

5a. UnemWtJ1

If code 4 at TRNCHKA

Apart from the job s/he is waiting to take up, has s/he ever had a paid job or done any paid work?

Yes 1
No 2

b. UnemWtJ2

W1 and W2: if code 5 or 6 at TRCHKA
W3 and W4: if codes 5 to 7 at TRNCHKA

(May I check), has s/he ever had a paid job or done any paid work?

Yes 1
No 2

6. UnempTim

If codes 4 to 6 at TRNCHKA

How long altogether have you been out of employment but wanting work in this current period of unemployment, that is, since any time you may have spent on a government scheme, such as YT or ET/Training for work ?

PERIOD = UP TO YESTERDAY

Less than a week 1
1 week but less than 1 month 2
1 month but less than 3 months 3
3 months but less than 6 months 4
6 months but less than 12 months 5
12 months but less than 2 years 6

2 years but less than 3 years	7
3 years but less than 5 years	8
5 years or more	9

JOB DETAILS: ASKED FOR HEAD OF HOUSEHOLD, MOTHER (if not already asked as HOH) . Asked for YOUNG PERSON only if Head of own household.

1. Ind

HOH

If (code 1 at WorkIWk1) or (code 1 at WorkIWk2) or (code 1 at WorkIWk3) or (code 1 at UnemWtJ2)

Mother

If (code 1 at WorkIWk1) or (code 1 or 2 at WorkIWk2) or (code 1 at WorkIWk3) or (code 1 at UnemWtJ2)

What did the firm/organisation s/he worked for mainly make or do (at the place where s/he worked)?

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTION ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

2. IndT

ENTER A TITLE FOR THE INDUSTRY

3. OccT

What was his/her (main) job (in the week ending last Sunday)?

ENTER JOB TITLE

4. OccD

What did s/he mainly do in his/her job?

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

5. Stat0 -1

Was s/he working as an employee or was s/he self-employed?

Employee	1
Self-employed	2

a. Manage0-1

If code 1 at Stat

Did s/he have any managerial duties, or was s/he supervising any other employees?

Manager	1
Foreman/supervisor	2
Not manager/supervisor	3

b. EmpNo0-1	If code 1 at Stat	
	How many employees were there at the place where s/he worked?	
	1-24	1
	25 or over	2
c. Solo0-1	If code 2 at Stat	
	Was s/he working on his/her own or did s/he have employees?	
	On own/with partner(s) but no employees	1
	With employees	2
d. SENO0-1	If code 2 at Solo	
	How many people did s/he employ at the place where s/he worked?	
	1-24	1
	25 or over	2
OEmpsta0-1	Variable computed in the CAPI program	
	If code 3 or -8 at Manage, or -8 at Stat	1
	Employee (not foreman or manager)	
	If code 2 at Manage	2
	Foreman or supervisor	
	If code 1 at Solo	3
	Self employed - no employees	
	If code 1 at SeNo	4
	Self employed - 1 to 24 employees	
	If code 2 at SeNo	5
	Self employed - 25 or more employees	
	If code 1 at Manage and code 1 at EmpNo	6
	Manager - 1 to 24 employees in establishment	
	If code 1 at Manage code 2 at EmpNo	7
	Manager - 24 or more employees in establishment	
SOC0-1	Standard Occupational Classification	
	Job title <i>answer at OccT</i>	
	Job description <i>answer at OccD</i>	
	Industry <i>answer at IndT</i>	
	Employment status <i>Empsta</i>	
	Review occupational details and assign 3-digit s.o.c. code	
	000..999	

IEmpSta0-1	Imputed employment status 0..7
SEG0-1	[Hidden variable calculated within program] Socio-economic group 0.0..16.0
SC0-1	[Hidden variable calculated within program] Social class 0.0..6.0

MOTHER'S EDUCATION

1. MAge

if XMother = 1

How old was *mother* when s/he finished her continuous full-time education?

Not Yet finished	1
14	2
15	3
16	4
17	5
18	6
19 or over	7
No formal education	8

2. MQual

if XMother = 1

Please look at this card and tell me whether she has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that she has passed

SHOW CARD E

CODE FIRST THAT APPLIES

Degree	1
Teaching qualifications	2
HNC/HND, BEC/TEC Higher, BTEC Higher	3
City and Guilds Full Technological Certificate	4
Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife)	5
'A' levels/SCE Higher	6
ONC/OND/BEC/TEC NOT Higher	7
City and Guilds Advanced/Final	8
'O' Level passes (Grade A to C if after 1975)	9
GCSE (Grades A to C)	10
CSE (Grade 1)	11
SCE Ordinary (Bands A to C)	12
Standard Grade (Levels 1 to 3)	13
SLC Lower	14
SUPE Lower or ordinary	15
School certificate or Matric	16
City and Guilds Craft/Ordinary level	17
CSE Grades 2 to 5	18
GCE 'O' Level (Grades D&E if after 1975)	19
GCSE (Grades D,E,F,G)	20
SCE Ordinary (Bands D & E)	21
Standard Grade (Level 4, 5)	22
Clerical or commercial qualifications	23
Apprenticeship	24
CSE Ungraded	25
Other qualifications (Specify at next question)	26
No formal qualifications	27

a. QOthe2

If code 26 at MQual

SPECIFY OTHER QUALIFICATION

MOTHER'S AND FATHER'S SMOKING HABITS

1. MCigs

If code 1 at XMother

Does *mother* smoke cigarettes at all?

Yes 1

No 2

a. MCigsA

If code 1 at MCigs

About how many cigarettes a day does she usually smoke?

0..97

2. FCigs

If code 1 at XFather

Does *father* smoke cigarettes at all?

Yes 1

No 2

a. FCigsA

If code 1 at FCigs

About how many cigarettes a day does he usually smoke?

0..97

YOUNG PERSON'S EMPLOYMENT :

1. YPptJob

If young person is aged 11 to 14 years

Does *young person* have a part-time job at the moment?

INCLUDE SATURDAY AND EVENING JOBS, PAPER ROUNDS, STACKING SHELVES ETC.

Yes 1
No 2

a. Hours

Waves 1 to 3

If (code 1 at YPptJob) or (young person is aged 15 or over and code 1 at WorkIWk1)

Wave 4 only

If (code 1 at YPptJob) or [young person is aged 15 or over and (code 1 at WorkIWk1) or (code 1 at WorkIWk2)]

Thinking back over the last 7 days, that is from last to yesterday, in total how many hours did s/he work?

INTERVIEWER: IF AWAY FROM WORK LAST WEEK ENTER ZERO.

0..100

b. JDesc

Waves 1 to 3

If (code 1 at YPptJob) or (young person is aged 15 or over and code 1 at WorkIWk1)

Wave 4 only

If (code 1 at YPptJob) or [young person is aged 15 or over and (code 1 at WorkIWk1) or (code 1 at WorkIWk2)]

How would you describe your job .. is it:

SHOW CARD D

INTERVIEWER: DIRECT QUESTION TO YOUNG PERSON

A job where s/he is sitting or standing for most of the time, which is not physical or active 1

a job which is physical and active, but not so hard as to make him/her puff and pant and get hot and sweaty for a lot of the time 2

or a job which is very physical and active and makes him/her puff and pant and get hot and sweaty for a lot of the time? 3

YOUNG PERSON'S EDUCATION

1. YAge

If young person aged 15 or over and ne code 2 at School

How old was *young person* when s/he finished his/her continuous full-time education?

Not yet finished	1
14	2
15	3
16	4
17	5
18	6
19 or over	7
No formal education	8

2. YQual

If young person aged 15 or over

Please look at this card and tell me whether *young person* has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that s/he has passed

SHOW CARD E

CODE FIRST THAT APPLIES

Degree	1
Teaching qualifications	2
HNC/HND, BEC/TEC Higher, BTEC Higher	3
City and Guilds Full Technological Certificate	4
Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife)	5
'A' levels/SCE Higher	6
ONC/OND/BEC/TEC NOT Higher	7
City and Guilds Advanced/Final	8
'O' Level passes (Grade A to C if after 1975)	9
GCSE (Grades A to C)	10
CSE (Grade 1)	11
SCE Ordinary (Bands A to C)	12
Standard Grade (Levels 1 to 3)	13
SLC Lower	14
SUPE Lower or ordinary	15
School certificate or Matric	16
City and Guilds Craft/Ordinary level	17
CSE Grades 2 to 5	18
GCE 'O' Level (Grades D&E if after 1975)	19
GCSE (Grades D,E,F,G)	20
SCE Ordinary (Bands D & E)	21
Standard Grade (Level 4, 5)	22
Clerical or commercial qualifications	23
Apprenticeship	24
CSE Ungraded	25
Other qualifications (Specify at next question)	26
No formal qualifications	27

a. QOthe2

If code 26 at YQual

SPECIFY OTHER QUALIFICATION

METHOD OF TRANSPORT

1. TravTo **If (young person aged 4 to 14 and School ne 1) or (young person aged 15 or over and codes 2 to 5 at School)**

How does *young person* usually get to school/work?

CODE ALL THAT APPLY

- Walk 1
- Cycle 2
- Motorcycle 3
- Car 4
- Bus 5
- Other (specify at next question) 6

a. TravO1 **If code 6 at TravTo**

SPECIFY OTHER WAY TRAVELS TO SCHOOL

b. Longa **If code 1 or 2 at TravTo**

How long does it take him/her to walk/cycle to school/work?

IN MINUTES

0..90

2. TravFr **If (young person aged 4 to 14 and School ne 1) or (young person aged 15 or over and codes 2 to 5 at School)**

How does *young person* usually get home?

CODE ALL THAT APPLY

- Walk 1
- Cycle 2
- Motorcycle 3
- Car 4
- Bus 5
- Other (Specify at next question) 6

a. TravO2 **If code 6 at TravFr**

SPECIFY OTHER WAY GETS HOME

b. Longb **If code 1 or 2 at TravFr**

How long does it take him/her to walk/cycle home?

IN MINUTES

0..90

YOUNG PERSON'S ETHNIC GROUP

1. Birth

All

In which country was *young person* born?

England	1
Scotland	2
Wales	3
N Ireland	4
Outside UK	5

2. EthnGp

All

To which of the groups listed on this card do you consider you / *young person* belong(s)?

SHOW CARD F

White	1
Black - Caribbean	2
Black - African	3
Black - neither Caribbean nor African	4
Indian	5
Pakistani	6
Bangladeshi	7
Chinese	8
None of these (Include mixed race)	9

a. EthnOth

If code 9 at EthnGp

HOW WOULD YOU DESCRIBE THE RACIAL OR ETHNIC GROUP TO WHICH YOU/YOUNG PERSON BELONG(S)?

TENURE

1. OwnHome

All

Does your household own or rent this house or flat?

PROMPT AS NECESSARY

- Owns - with mortgage /loan 1
- Owns - outright 2
- Rents - Local Authority/new town 3
- Rents - Housing Association 4
- Rents - privately unfurnished 5
- Rents - privately furnished 6
- Rents - from employer 7
- Rents - other with payment 8
- Rent free 9

HOUSEHOLD INCOME INFORMATION

1. FCredit

All

Can I just check, are you (and your partner) currently receiving Family Credit?

- Yes 1
- No 2

2. ISupp

All

And have you (or your partner) drawn Income Support at any time within the last 14 days?

- Yes 1
- No 2

3. ISeek

All

And have you (or your partner) drawn (Income related) Job Seeker's Allowance at any time within the last 14 days?

- Yes 1
- No 2

4. GIncome

All

Could you please look at this card and tell me which group represents the gross income of the whole household?

Please include income from all sources before any compulsory deductions such as income tax, national insurance and superannuation contributions.

SHOW CARD G

REMIND INFORMANT WHO IS INCLUDED IN THE HOUSEHOLD

PER WEEK PER YEAR

less than £40	less than £2,000	1
£40 - less than £80.....	£2,000 - less than £4,000	2
£80 - less than £120 ...	£4,000 - less than £6,000	3
£120 - less than £160 .	£6,000 - less than £8,000	4
£160 - less than £200 .	£8,000 - less than £10,000	5
£200 - less than £240 ..	£10,000 - less than £12,000	6
£240 - less than £280 ..	£12,000 - less than £14,000	7
£280 - less than £350 ..	£14,000 - less than £18,000	8
£350 - less than £400 ..	£18,000 - less than £20,000	9
£400 - less than £500 ..	£20,000 - less than £25,000	10
£500 - less than £600 ..	£25,000 - less than £30,000	11
£600 or more	£30,000 or more	12