

noo

National Obesity
Observatory



Supplement: Measuring diet and physical activity in weight management interventions

March 2011



NOO is delivered by Solutions for Public Health

Contents

A: Physical Activity assessment questionnaires: Children & Young People	3
Physical Activity Questionnaire for Older Children (PAQ-C)	3
Youth Risk Behaviour Surveillance Survey (YRBSS).....	6
Teen Health Survey	7
B: Physical Activity Assessment Questionnaires: Adults	8
Stanford 7-day Physical Activity Recall	8
International Physical Activity Questionnaire: Long (IPAQ-Long)	10
New Zealand Physical Activity Questionnaire (Short Form) (NZPAQ-SF).....	16
7-day physical activity diary.....	20
C: Dietary Assessment Questionnaires: Children and Young People	24
Child and Diet Evaluation Tool (CADET)	24
Day in the Life Questionnaire (DILQ) (7–9yrs).....	32
Day in the Life Questionnaire (DILQ) (9–11yrs).....	36
Synchronised Nutrition and Activity Programme (SNAP™).....	45
Child Nutrition Questionnaire (CNQ).....	46
Family Eating and Activity Habits Questionnaire (FEAHQ)	53
Children’s Dietary Questionnaire (CDQ).....	57
D: Dietary Assessment Questionnaires: Adults	61
Five-a-day Community Evaluation Tool (FACET).....	61
Dietary Intervention in Primary Care (DINE)	64
Short Form Food Frequency Questionnaire (SFFQ).....	65
Two-item food frequency questionnaire	67
Dietary Quality Score (DQS)	68
E: Additional physical activity questionnaires reviewed	71
References for Section E	73

A: Physical Activity assessment questionnaires: Children & Young People

Physical Activity Questionnaire for Older Children (PAQ-C)

Physical Activity Questionnaire (Elementary School)

Name: _____ Age: _____
 Sex: M _____ F _____ Grade: _____
 Teacher: _____

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

1. There are no right and wrong answers — this is not a test.
2. Please answer all the questions as honestly and accurately as you can — this is very important.

1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

	No	1-2	3-4	5-6	7 times or more
Skipping	<input type="radio"/>				
Rowing/canoeing	<input type="radio"/>				
In-line skating	<input type="radio"/>				
Tag	<input type="radio"/>				
Walking for exercise	<input type="radio"/>				
Bicycling	<input type="radio"/>				
Jogging or running	<input type="radio"/>				
Aerobics	<input type="radio"/>				
Swimming	<input type="radio"/>				
Baseball, softball	<input type="radio"/>				
Dance	<input type="radio"/>				
Football	<input type="radio"/>				
Badminton	<input type="radio"/>				
Skateboarding	<input type="radio"/>				
Soccer	<input type="radio"/>				
Street hockey	<input type="radio"/>				
Volleyball	<input type="radio"/>				
Floor hockey	<input type="radio"/>				
Basketball	<input type="radio"/>				
Ice skating	<input type="radio"/>				
Cross-country skiing	<input type="radio"/>				
Ice hockey/ringette	<input type="radio"/>				
Other:	<input type="radio"/>				
.....	<input type="radio"/>				
.....	<input type="radio"/>				

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- I don't do PE
- Hardly ever
- Sometimes
- Quite often
- Always

3. In the last 7 days, what did you do most of the time *at recess*? (Check one only.)

- Sat down (talking, reading, doing schoolwork).....
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

4. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

- Sat down (talking, reading, doing schoolwork).....
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

5. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

6. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 or 5 last week
- 6 or 7 times last week

7. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time
- 2 — 3 times
- 4 — 5 times
- 6 or more times

8. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

- A. All or most of my free time was spent doing things that involve little physical effort
- B. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- C. I often (3 — 4 times last week) did physical things in my free time
- D. I quite often (5 — 6 times last week) did physical things in my free time
- E. I very often (7 or more times last week) did physical things in my free time

9. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None	Little bit	Medium	Often	Very often
Monday	<input type="radio"/>				
Tuesday	<input type="radio"/>				
Wednesday	<input type="radio"/>				
Thursday	<input type="radio"/>				
Friday	<input type="radio"/>				
Saturday	<input type="radio"/>				
Sunday	<input type="radio"/>				

10. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

- Yes
- No

If Yes, what prevented you? _____

Youth Risk Behaviour Surveillance Survey (YRBSS)

Physical Activity

QUESTION(S):

79. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
80. On an average school day, how many hours do you watch TV?
81. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
82. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
83. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

Teen Health Survey

PACE+ Adolescent Physical Activity Measure

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.

Add up all the time you spend in physical activity each day (don't include your physical education or gym class).

P1 Over the past 7 d, on how many days were you physically active for a total of at least 60 min per day?

0 days 1 2 3 4 5 6 7 days

P2 Over a typical or usual week, on how many days are you physically active for a total of at least 60 min per day?

0 days 1 2 3 4 5 6 7 days

Scoring: $(P1 + P2)/2 < 5$ indicates not meeting physical activity guidelines.

B: Physical Activity Assessment Questionnaires: Adults

Stanford 7-day Physical Activity Recall SSN

PAR#: 1 2 3 4 5 6 7 Participant _____

Interviewer _____ Today is _____ Today's date _____

1. Were you employed in the last seven days? 0. No (Skip to Q#4) 1. Yes
2. How many days in the last seven did you work? ____ days
3. How many total hours did you work in the last seven days? ____ hours last week
4. What two days do you consider your weekend days? _____
(mark days below with a squiggle)

WORKSHEET

DAYS

		SLEEP	1 ____	2 ____	3 ____	4 ____	5 ____	6 ____	7 ____
M O R N I N G	Moderate								
	Hard								
	Very Hard								
A F T E R N O O	Moderate								
	Hard								
	Very Hard								
E V E N I N G	Moderate								
	Hard								
	Very Hard								
Total Min Per Day	Strength: Flexibility:	_____	_____	_____	_____	_____	_____	_____	_____

<p>4a. Compared to your physical activity over the past 3 months, was last week's physical activity more, less, or about the same?</p> <p style="text-align: center;">1. More 2. Less 3. About the same</p>	<p>6. Do you think this was a valid PAR interview?</p> <p style="text-align: right;">1. Yes 0. No</p> <p style="text-align: center;">If NO, go to the back and explain</p>
<p>5. Were there any problems with the PAR interview?</p> <p style="text-align: center;">0. No 1. Yes</p> <p style="text-align: center;">If YES, go to the back and explain</p>	<p>7. Were there any special circumstances concerning the PAR?</p> <p style="text-align: center;">0. No 1. Yes, If YES, what were they? (circle)</p> <p>1. Injury all week 2. Illness all week 3. Illness part week 4. Injury part week 5. Pregnancy 6. Other:</p>

Worksheet Key:

An asterisk (*) denotes a work-related activity.

A squiggly line through a column (day) denotes a weekend day.

Rounding: 10-22 min. = .25

23-37 min. = .50

38-52 min. = .75

53-1:07 hr/min. = 1.0

1:08-1:22 hr/min. = 1.25

5. Explain why there were problems with this PAR interview:

6. If PAR interview was not valid, why was it not valid?

7. Please list below any activities reported by the subject which you do not know how to classify.

8. Please provide any other comments you may have.

**International Physical Activity Questionnaire: Long (IPAQ-Long)
(last 7 days self-administered format)**

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

Yes

No →

Skip to PART 2: TRANSPORTATION

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ **days per week**

No vigorous job-related physical activity →

Skip to question 4

3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

_____ **hours per day**

_____ **minutes per day**

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

_____ **days per week**

No moderate job-related physical activity → **Skip to question 6**

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

_____ **hours per day**

_____ **minutes per day**

6. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

_____ **days per week**

No job-related walking → **Skip to PART 2: TRANSPORTATION**

7. How much time did you usually spend on one of those days **walking** as part of your work?

_____ **hours per day**

_____ **minutes per day**

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.

8. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

_____ **days per week**

No traveling in a motor vehicle → **Skip to question 10**

9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

_____ **hours per day**

_____ **minutes per day**

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

_____ **days per week**

No bicycling from place to place



Skip to question 12

11. How much time did you usually spend on one of those days to **bicycle** from place to place?

_____ **hours per day**

_____ **minutes per day**

12. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

_____ **days per week**

No walking from place to place



***Skip to PART 3:
HOUSEWORK, HOUSE
MAINTENANCE, AND
CARING FOR FAMILY***

13. *How much time did you usually spend on one of those days **walking** from place to place?*

_____ **hours per day**

_____ **minutes per day**

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?

_____ **days per week**

No vigorous activity in garden or yard



Skip to question 16

15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

_____ **hours per day**

_____ **minutes per day**

16. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?

_____ **days per week**

No moderate activity in garden or yard



Skip to question 18

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

_____ **hours per day**

_____ **minutes per day**

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

_____ **days per week**

No moderate activity inside home



***Skip to PART 4:
RECREATION, SPORT AND
LEISURE-TIME PHYSICAL
ACTIVITY***

19. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

_____ **hours per day**

_____ **minutes per day**

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

20. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

_____ **days per week**

No walking in leisure time



Skip to question 22

21. How much time did you usually spend on one of those days **walking** in your leisure time?

_____ **hours per day**

_____ **minutes per day**

22. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?

_____ **days per week**

No vigorous activity in leisure time



Skip to question 24

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

_____ **hours per day**

_____ **minutes per day**

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

_____ **days per week**

No moderate activity in leisure time



Skip to PART 5: TIME SPENT SITTING

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

_____ **hours per day**

_____ **minutes per day**

PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekday**?

_____ **hours per day**

_____ **minutes per day**

27. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekend day**?

_____ **hours per day**

_____ **minutes per day**

This is the end of the questionnaire, thank you for participating.

New Zealand Physical Activity Questionnaire (Short Form) (NZPAQ-SF)

'I am going to ask you about the time you spent being physically active in the last 7 days, from last xxx to yesterday. Do not include activity undertaken today.'

By 'active' I mean doing anything using your muscles.

'Think about activities at work, school or home, getting from place to place, and any activities you did for exercise sport, recreation or leisure.'

'I will ask you separately about brisk walking, moderate activities, and vigorous activities.'

Start time:

Ask questions 1-7 (8 is optional)

Walking

1. During the last 7 days, on how many days did you **walk at a brisk pace** – a brisk pace is a pace at which you are breathing harder than normal? This includes walking at work or school, while getting from place to place, at home and at any activities that you did solely for recreation, sport, exercise or leisure.

Think only about brisk walking done for at least 10 minutes at a time.

_____ days per week (GO TO 2)

None (GO TO 3)

2. How much time did you typically spend walking at a brisk pace on each of those days?

_____ hours _____ minutes

Moderate physical activity

3. During the last 7 days, on how many days did you do moderate physical activities? 'Moderate' activities make you breathe harder than normal, but only a little – like carrying light loads, bicycling at a regular pace, or other activities like those on this card (**Showcard 1 – Moderate Physical Activity**). Do not include walking of any kind.

Think only about those physical activities done for at least 10 minutes at a time.

_____ days per week (GO TO 4)

None (GO TO 5)

4. How much time did you typically spend on each of those days doing moderate physical activities?

_____ hours _____ minutes

Vigorous physical activity

5. During the last 7 days, on how many days did you do vigorous physical activities? 'Vigorous' activities make you breathe a lot harder than normal ('huff and puff') – like heavy lifting, digging, aerobics, fast bicycling or other activities like those shown on this card (**Showcard 2 – Vigorous Physical Activity**)?

Think only about those physical activities done for at least 10 minutes at a time.

- ____ days per week (GO TO 6)
- None (GO To 7)

6. How much time did you typically spend on each of those days doing vigorous physical activities?

- ____ hours ____ minutes

NZPAQ

Frequency of Activity

7. Thinking about all your activities over the last 7 days (including brisk walking), on how many days did you engage in:

- At least 30 minutes of moderate activity (including brisk walking) that made you breathe a little harder than normal, OR
- At least 15 minutes of vigorous activity that made you breathe a lot harder than normal ('huff and puff')?

- ____ days per week
- None

Stage of Change

Note: This question is optional

8. Describe your regular physical activity over the past six months. Regular physical activity means at least 15 minutes of vigorous activity (makes you 'huff and puff') or 30 minutes of moderate activity (makes you breathe slightly harder than normal) each day for 5 or more days each week. Include brisk walking.

- I am not regularly physically active and do not intend to be so in the next 6 months
- I am not regularly physically active but am thinking about starting in the next 6 months
- I do some physical activity but not enough to meet the description of regular physical activity
- I am regularly physically active but only began in the last 6 months
- I am regularly physically active and have been so for longer than 6 months

Finish Time:

Notes:

NZPAQ – Short Form Showcards

Showcard 1: Moderate Physical Activity

Carrying light loads	
Electrical work	Badminton (social)
Farming	Ballroom dancing
Heavy gardening (digging, weeding, raking, planting, pruning, clearing section)	Bowls (indoor, outdoor/lawn)
Heavy cleaning (sweeping, cleaning windows, moving furniture)	Cricket (outdoors – batting and bowling)
House renovation	Cycling (recreational – less than 15 km/hr – not mountain biking)
Machine tooling (operating lathe, punch press, drilling, welding)	Deer hunting
Lawn mowing (manual mower)	Doubles tennis
Plastering	Exercising at home (not gym)
Plumbing	Golf
	Horse riding/equestrian
Kapa haka practice	Kayaking - slow
Waita-a-ringā	Skate boarding
	Surfing/body boarding
	Yachting/sailing/dingy/sailing

Showcard 2: Vigorous Physical Activity

Carrying heavy loads	Boxing
Forestry	Aerobics
Heavy construction	Kayaking – fast
Digging ditches	Athletics (track and field)
Chopping or sawing wood	Aquarobics
	Skiing
Taiaha	Badminton (competitive)
Haka	Basketball
	Mountain biking
Soccer	Cricket – indoors (batting and bowling)
Rowing	Cycling – competitive
Rugby League	Cycling – recreational (not mountain biking) – more than 15 km/hr
Rugby Union	Rock climbing
Hockey	Exercise classes / going to the gym (other than for aerobics /) weight training
Race walking	Netball
Running/jogging/cross country	Judo, karate, other martial arts
Table tennis (competitive)	Softball (running and pitching only)
Singles tennis	Squash
Touch rugby	Surf life saving
Tramping	Swimming – competitive
Triathlon	Waterpolo
Volleyball	

7-day physical activity diary

These are sample questions only. This is **not** a complete copy of the questionnaire.



Physical Activity Record

Subject Id:

Date: from _____

to _____



Developed by: Corinna Koebnick, Jutta Möseneder, Ulrike Trippo, Karen Wagner, Hans-Joachim F. Zunft

German Institute of Human Nutrition (DIfE), Potsdam-Rehbrücke, Dept. Intervention Studies, Nuthetal, Germany

1th ed., 2003

Dear participants,

In the present study, we need to characterize the lifestyle of all participants as good as possible. Therefore, we ask you to fill in this physical activity record to access all your present activities for a time period of 7 consecutive days. Please, send the record back after completing.

In order to get information about your habitual lifestyle, it is important that you keep to your usual activities during the recording period. Please report all activities you do accurately and completely.

On the following page you will find some helpful hints to notice. If you need further assistance, please contact us:

(your Telephone-number or other contact address)

Thank you for your participation and cooperation!

Helpful Hints:

- This physical activity record has do be filled in on the days as predicted on the cover.
- Please, mark the activity you have done with a cross. (One cross counts for 15 minutes.)
- If activities were not presented in this record, than mark activities that are similar exertive or enlist these activities on the box “not listed activities”.
- Please recard the differentiation between activities at work and leisure time and home activities.
- We recommend to fill in the record contemporarely to prevent forgetting or misreporting.
- When doing sports, please keep in mind, that you just report the time you are active. Report breaks as “leisure activity”.

A c t i v i t i e s		
* Sleeping time and rest periods		
* Activities at work		
Sitting	light work (e.g. desk-work, activities on the computer)	
	moderate work (e.g. fork-lift driving, cashier)	
Standing	light work (e.g. salesperson in a store, working in a Lab)	
	moderate work (e.g. filling shelves in a store)	
	heavy work (e.g. masonry work)	
Walking	Slow	
	speedy to fast	
	carrying something (e.g. a tray, dishes, bag)	
	carrying heavy stocks (cap. 20kg)	
Way to work	Walking	slowly
		speedy to fast
	Bicycling	slowly ¹ (<15 km/h)
		moderate ² (15 - 20 km/h)
		fast ³ (20 - 23 km/h)
		very fast ⁴ (23 - 26 km/h)
	Driving a car	
Riding in a bus, train or car		
Not listed activities:		
* Leisure time and home activities		
Sedentary activities (e.g. eating, reading, watching TV, phoning, car driving)		
Standing activities (e.g. self care), walking slowly (<4 km/h), shopping		
Light home activities (e.g. cooking, ironing, wiping dust), music playing		
Food shopping, child care, walking speedy (4-6 km/h)		
Moderate home activities and gardening (e.g. cleaning windows, lawn cutting)		
Home repair, painting (e.g. tiling , painting)		
Heavy home activities and gardening (e.g. digging, scooping snow)		
Very heavy home activities and gardening (wood-chopping, carrying heavy stocks)		
Not listed activities:		
* Sports		
Bowling, billiard, surfing		
Gymnastics, bicycling - slowly ¹ , horseback riding, table tennis, volleyball		
Golfing, dancing		
Aerobic, basketball, bicycling - moderate ² , rambling		
Badminton, inline skating, rowing, skiing, tennis		
Hill climbing, football, handball, jogging, bicycling - speedy ³ , swimming		
Judo, bicycling - fast ⁴ , squash		
Not listed sports:		

C: Dietary Assessment Questionnaires: Children and Young People

Child and Diet Evaluation Tool (CADET)

School:

CADET Child and Diet Evaluation Tool

Pupil:

Acknowledgments must be given to Professor Janet Cade (j.e.cade@leeds.ac.uk) and Dr Joan Ransley (j.k.ransley@leeds.ac.uk), Nutritional Epidemiology Group, Division of Epidemiology and Biostatistics, University of Leeds if this tool is used or modified.
(Users of this tool should notify the aforementioned persons if they use it)



This diary belongs to:

Pupil Name:

Year Group:

Parent checklist-important

Please tick to indicate you have completed the CADET

Part 1 pages 4-11

Part 2 pages 12-14



NFV-3414

National Foundation for Educational Research, The Mere, Upton Park,
Slough, Berks, SL1 2DQ.



CD

Dear Parent or Carer

This diary will record everything your child eats and drinks over 24 hours (from morning break today to morning break tomorrow). All you need to do is to tick the food and drink your child eats while not at school.

How to fill in the CADET DIARY

Please complete the diary in black ink

◆ Starting with the column headed 'Before tea' tick all the items of food and drink that your child eats and drinks after finishing school today until their evening meal.

◆ In the next two columns, tick everything your child eats or drinks during their evening meal and afterwards until breakfast the next day.

◆ In the morning, tick all the items of food and drink your child has eaten at home in the 'Breakfast' column (if your child eats anywhere else, this will be filled in by a teacher).

◆ If they do not have anything to eat or drink at a mealtime, please tick 'nothing to eat' and/or 'nothing to drink' on page 11.

◆ Make sure you ask your child if she/he ate or drank anything between leaving school and getting home. (If your child attended an after-school club on school premises, any food/drink consumed by your child will have been filled in by a teacher, but you should tick any food or drink your child consumed at any other club).

◆ School staff will have ticked everything your child has eaten and drunk at school today. Please ensure you tick all items of food and drink consumed when your child is with you or another carer (and if they are off school sick).

◆ Remember to tick all drinks and snacks eaten during the night as they also count.



◆ If for some reason your child is not at school tomorrow please return the diary as soon as possible. If your child is not well please do your best to record what he/she ate.

◆ If you cannot find the exact food or drink listed, please tick the item you think is the closest match e.g. the nearest match to:

- Fruit Winder is: sweets, toffees, mints
- Spaghetti Bolognese is: pasta with meat, fish (and sauce)
- Milk shake is: milk, milky drink
- Popadom is: crisps/savoury snack

There are some additional questions that we would like you to complete at the end of the diary (pages 12 to 14). When the diary is completed, please make sure it is placed in your child's bag and sent back to school.

Example

If your child ate a bowl of Rice Krispies with milk and sugar at breakfast - tick Rice Krispies and milk in the column labelled 'Breakfast/before school'. The sugar that was added can be ticked in the diary (see Q6 on page 12).

To be ticked by parents/carers (or school staff if child goes to after-school club on the school premises or if breakfast is consumed outside the home).

		To be ticked <input type="checkbox"/> by school staff			To be ticked <input type="checkbox"/> by parent/carer			
Example (do not complete this page)		Morning break (1)	Lunch time (2)	Afternoon break (3)	Before tea (after school) (4)	Evening meal/tea (5)	After tea/ during night (6)	Breakfast/ before school (7)
CEREAL								
1	Sugar coated e.g. Frosties, SugarPuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Hi-fibre e.g. Branflakes, Weetabix, Shreddies, Muesli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Other e.g. Cornflakes, Rice Krispies etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Milk on Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Porridge, Ready Brek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All sugar eaten is recorded in Q6 on page 12

Please look through the pages of this diary and then you are ready to start

PART 1

Please tick in each column the food or drink your child has today.

Remember, anything your child ate or drank at school will have already been ticked (including anything eaten and drunk at an after-school club on the school premises).

	Morning break (1)	Lunch time (2)	Afternoon break (3)	Before tea (after school) (4)	Evening meal/tea (5)	After tea/ during night (6)	Breakfast/ before school (7)
A CEREALS							
1 Sugar-coated e.g. Frosties, Sugar Puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Hi-fibre e.g. Branflakes, Weetabix, Shreddies, Muesli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other e.g. Cornflakes, Rice Krispies etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Milk on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Porridge, Ready Brek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All sugar eaten is recorded in Q6 on page 12

B SANDWICH, BREADS, CAKES, BISCUITS							
1 Sandwich (tick filling separately), bread, roll, toast, crumpet etc	<input type="checkbox"/>						
2 Croissant, sweet waffles, pop tarts	<input type="checkbox"/>						
3 Garlic bread, naan	<input type="checkbox"/>						
4 Chapatti, pitta bread etc	<input type="checkbox"/>						
5 Cracker, crispbread etc	<input type="checkbox"/>						
6 Cake, bun, sponge pudding	<input type="checkbox"/>						
7 Sweet pies, tarts, crumbles	<input type="checkbox"/>						

4

8 Cereal bar, muesli bar, flapjack	<input type="checkbox"/>						
9 Chocolate biscuit	<input type="checkbox"/>						
10 Other biscuit	<input type="checkbox"/>						
C SPREADS, SAUCES, SOUP							
1 Margarine, butter	<input type="checkbox"/>						
2 Tomato ketchup, brown sauce	<input type="checkbox"/>						
3 Mayonnaise, salad cream	<input type="checkbox"/>						
4 Sweet spread e.g. jam, honey	<input type="checkbox"/>						
5 Savoury spread e.g. marmite, paté	<input type="checkbox"/>						
6 Gravy	<input type="checkbox"/>						
7 Soup	<input type="checkbox"/>						
D CHEESE, EGGS							
1 Hard cheese, e.g. Cheddar, red Leicester	<input type="checkbox"/>						
2 Cheese spread, triangle, string	<input type="checkbox"/>						
3 Cottage cheese	<input type="checkbox"/>						
4 Quiche - meat, fish or vegetable	<input type="checkbox"/>						

D. Continued overleaf

5

	Morning break (1)	Lunch time (2)	Afternoon break (3)	Before tea (after school) (4)	Evening meal/tea (5)	After tea/ during night (6)	Breakfast/ before school (7)
(D)							
5 Scrambled egg, omelette, fried egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Poached, boiled egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E CHICKEN, TURKEY							
1sliced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nuggets, dippers, kiev etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3in a creamy sauce, curry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F OTHER MEATS e.g.							
1sliced, roast, steak, chops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2stew, casserole, mince, curry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3beefburger, hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sausage rolls, meat pie, pasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6

8 Corned beef, luncheon meats, salami, pepperoni	<input type="checkbox"/>						
9 Offal, e.g. liver, kidney	<input type="checkbox"/>						
G FISH							
1 Fish fingers	<input type="checkbox"/>						
2 Fried fish in batter (as in fish & chips)	<input type="checkbox"/>						
3 White fish (not fried) e.g. cod, haddock, plaice	<input type="checkbox"/>						
4 Tuna or other oily fish e.g. salmon (including canned and fresh)	<input type="checkbox"/>						
5 Shellfish e.g. prawns, mussels	<input type="checkbox"/>						
H VEGETARIAN							
1 Vegetable pie, pasty	<input type="checkbox"/>						
2 Samosa, pakora, bhajee	<input type="checkbox"/>						
3 Quorn, veggie mince, sausages etc	<input type="checkbox"/>						
I PIZZA, PASTA, RICE ETC							
1 Pizza	<input type="checkbox"/>						
2 Boiled rice	<input type="checkbox"/>						
3 Fried rice	<input type="checkbox"/>						
4 Noodles	<input type="checkbox"/>						

I. Continued overleaf

7

		Morning break	Lunch time	Afternoon break	Before tea (after school)	Evening meal/tea	After tea/ during night	Breakfast/ before school
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
(I)								
5	Pasta - plain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Pasta with tomato sauce (no meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Pasta with cheese sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Pasta with meat, fish (and sauce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J DESSERTS, PUDDINGS ETC								
1	Yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jelly, ice lolly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ice cream, frozen dessert (e.g. Vienetta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Cream, custard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Mousse, milk pudding, e.g. rice pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K SWEETS, CRISPS ETC								
1	Sweets, toffees, mints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Chocolate bar, e.g. Mars, Galaxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Crisps, savoury snacks (e.g. Cheddars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8

L VEGETABLES & BEANS							
1	Cucumber	<input type="checkbox"/>					
2	Tomatoes	<input type="checkbox"/>					
3	Celery	<input type="checkbox"/>					
4	Coleslaw	<input type="checkbox"/>					
5	Other salad vegetable e.g. lettuce	<input type="checkbox"/>					
6	Stir-fried vegetables	<input type="checkbox"/>					
7	Broccoli, brussel sprouts, cabbage	<input type="checkbox"/>					
8	Carrots	<input type="checkbox"/>					
9	Cauliflower	<input type="checkbox"/>					
10	Peas, sweetcorn	<input type="checkbox"/>					
11	Mixed vegetables	<input type="checkbox"/>					
12	Celeriac/swede	<input type="checkbox"/>					
13	Peppers, red, green, yellow etc	<input type="checkbox"/>					
14	Other vegetable	<input type="checkbox"/>					
15	Baked beans	<input type="checkbox"/>					

L. Continued overleaf

9

		Morning break (1)	Lunch time (2)	Afternoon break (3)	Before tea (after school) (4)	Evening meal/tea (5)	After tea/ during night (6)	Breakfast/ before school (7)
(L)								
16	Lentils, Dahl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Other beans, pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Seeds, e.g. sunflower, sesame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	POTATO							
1	Boiled, mashed, jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Chips, roast, potato faces etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	FRUIT							
1	Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Orange, satsuma etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Melon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Strawberry, raspberry etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10

9	Peach, nectarine, plum, apricot, mango	<input type="checkbox"/>						
10	Kiwi	<input type="checkbox"/>						
11	Fruit salad (tinned or fresh)	<input type="checkbox"/>						
12	Other fresh fruit	<input type="checkbox"/>						
13	Dried fruit	<input type="checkbox"/>						
O1	NOTHING TO EAT	<input type="checkbox"/>						
P	DRINKS							
1	Milk, milky drink	<input type="checkbox"/>						
2	Tea, coffee	<input type="checkbox"/>						
3	Drinking chocolate etc	<input type="checkbox"/>						
4	Fizzy drink (pop/cola), squash, fruit drink (e.g. Ribena)	<input type="checkbox"/>						
5	Diet, low calorie drink (including fizzy low calorie)	<input type="checkbox"/>						
6	Fruit juice (pure) / smoothie	<input type="checkbox"/>						
7	Water	<input type="checkbox"/>						
Q1	NOTHING TO DRINK	<input type="checkbox"/>						

11

PART 2

This section is to be filled in by parents/carers

These questions provide us with more detail about the amounts and types of food and drink usually eaten by your child on an average day. Please tick ⁴ the closest answer.

1. What type of milk does your child usually have? (tick all that apply)

full cream (silver top, sterilised) ¹ semi-skimmed (half fat) ² skimmed ³ other ⁴

2. What type of bread/roll/toast does your child usually eat? (tick all that apply)

none ¹ white ² white with added fibre ³ wholemeal ⁴ granary brown ⁵ other ⁶

3. Number of slices of bread Number of rolls/plain muffins

4. What type of fat spread does your child usually eat? (tick all that apply)

Margarine ¹ Reduced fat spread ² Butter ³

5. How much pure fruit juice in total does your child usually drink at home on an average day? (one average child's beaker = $\frac{1}{4}$ pint)

none ¹ $\frac{1}{4}$ pint ² $\frac{1}{2}$ pint ³ $\frac{3}{4}$ pint ⁴ 1 pint ⁵ more than 1 pint ⁶

6. How much sugar, in total, did your child have added to food or drink today? (2 teaspoons = 1 dessert spoon)

none ¹ 1-2 teaspoons ² 3-4 teaspoons ³ 5-6 teaspoons ⁴ 7+ teaspoons ⁵

7. How many times a week does your child eat takeaway/fast food, e.g. fish and chips; Domino's Pizza, McDonalds?

Number of times per week (Put 0 if less than once per week)

12

8. What does your child usually do at lunch time? (tick one box only)

have a school lunch ¹ take a packed lunch to school ² go home for lunch ³ other ⁴

We are interested in your view of what your child thinks about eating fruit and vegetables. Tick a box on each line to indicate what you believe your child thinks.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
9. My child enjoys eating fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child thinks eating fruit is good for him / her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child is willing to eat fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I think it is good for my child to eat fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My child has easy access to all the fruit they want to eat at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My child is willing to eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My child thinks eating vegetables is good for him / her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My child is willing to eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think it is good for my child to eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My child has easy access to all the vegetables they want to eat at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13

19. How many people aged 18 years or over live in your household in total?

20. How many people under 18 years live in your household in total?

21. Does anyone in your household have any of the following qualifications? (tick all that apply)

CSE ¹ GCE 'O'Level ² GCSE ³ City & Guilds ⁴
'A' Levels, Highers ⁵ Teaching Diploma, HNC ⁶ Degree ⁷ None of these ⁸
Other ⁹ describe _____

We would be very grateful if you could give us the following information. This information is used only to sort survey responses into groups and will not be used for any other purpose.

22. What is your postcode?
(please write your postcode in the box, for example SL1 2DQ)

23. How would you describe your child's ethnic background? (tick one box only)

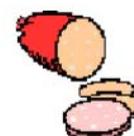
White		Asian or Asian British		Chinese or other ethnic group	
British	<input type="checkbox"/> ¹	Indian	<input type="checkbox"/> ⁸	Chinese	<input type="checkbox"/> ¹⁵
Irish	<input type="checkbox"/> ²	Pakistani	<input type="checkbox"/> ⁹	Any other ethnic group	<input type="checkbox"/> ¹⁶
Any other White background	<input type="checkbox"/> ³	Bangladeshi	<input type="checkbox"/> ¹⁰		
		Any other Asian background	<input type="checkbox"/> ¹¹		
Mixed		Black or Black British		Prefer not to say	<input type="checkbox"/> ¹⁷
White and Black Caribbean	<input type="checkbox"/> ⁴	Caribbean	<input type="checkbox"/> ¹²		
White and Black African	<input type="checkbox"/> ⁵	African	<input type="checkbox"/> ¹³		
White and Asian	<input type="checkbox"/> ⁶	Any other Black background	<input type="checkbox"/> ¹⁴		
Any other Mixed background	<input type="checkbox"/> ⁷				

14



Thank You

Please remember to place this back in your child's school bag ready to hand in to his/her class teacher.



15

Day in the Life Questionnaire (DILQ) (7–9yrs)

A DAY IN THE LIFE OF...

Name _____

Age _____

Boy

Girl

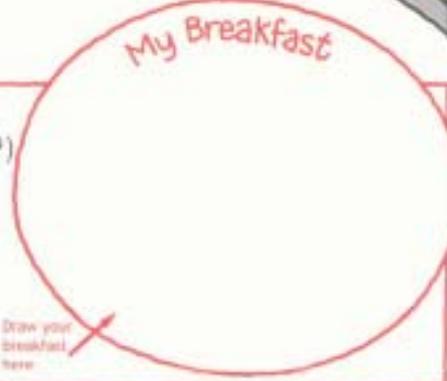
What did you do?

YESTERDAY MORNING

1 Did you have something to eat and drink for breakfast? (What did you have?)

drink

My Breakfast



Draw your breakfast here

2 Did you watch television yesterday morning?

Yes	No
-----	----

3 Did you eat or drink anything on the way to school? (What did you have?)

4 How did you travel to school yesterday morning?



walk



cycle



by bus



by car

AFTER SCHOOL

9 How did you travel home after school or your after school care yesterday?

You can color in these drawings



walk	cycle	by bus	by car
------	-------	--------	--------

10 Did you eat or drink anything when you were travelling home? (What did you have)

.....

.....



11 After school yesterday, did

DILQ 7-9 yrs



<input type="checkbox"/>	go home?
<input type="checkbox"/>	go to a club (eg Brownies, Cubs, swimming, football?)
<input type="checkbox"/>	go to after school club?

12 Did you have anything to eat, or something to drink between the end of school (apart from the journey) and your evening meal? (What did you have?)

.....

AFTER SCHOOL (continued)

13

Did you play outside yesterday after school?

Yes

No

14

Did you have an evening meal yesterday?
(What did you have?)

.....

.....

.....

drink

Draw your evening meal here

My Evening Meal

15

Did you watch television yesterday evening?

Yes

No

16

Did you do anything else after your evening meal yesterday? What did you do?

.....

.....

.....

17

Did you have anything else to eat or drink between your evening meal and before you went to bed?
(What did you have?)

.....

.....



THANK YOU VERY MUCH

Day in the Life Questionnaire (DILQ) (9–11yrs)

This is a form about what you did this morning and yesterday. There are 23 questions. It is not a test so there are no right or wrong answers. The important thing is that you answer the questions truthfully and try your hardest to remember what you did and what you had to eat and drink.

Here is an example:

2. Did you have anything to eat or drink at home this morning?

No Yes

Follow the arrows!

What did you have to eat or drink?

.....
.....
.....
.....
.....

Write down EVERYTHING you can remember!

3. How did you travel to school this morning?

If you didn't have anything to eat or drink at home this morning, you should put a tick in the box that says 'No'. You should then follow the arrow to the next question.

If you did have something to eat or drink at home this morning you should put a tick in the box that says 'Yes'. You should then follow the arrow to the box with the blank lines and write down everything you had to eat and drink. It is important that you try hard to remember **exactly** what you had to eat and drink and that you write down **everything**. Once you are sure that you have remembered everything you should follow the arrow to the next question.

All your answers are a secret between you and the people helping you fill out the form. Nobody else will see your answers. Please don't talk to anyone else while you are filling in the form and try not to let anyone else see what you put down.

If there is anything you don't understand or any words that you are not sure about then make sure you ask. There is no rush so you can take as long as you like.

What did you do this morning?

1. Did you watch television at home this morning?

No

Yes

(Put a tick in the correct box)



2. Did you have anything to eat or drink at home this morning?

No

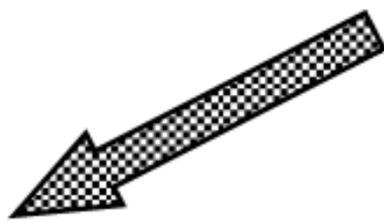
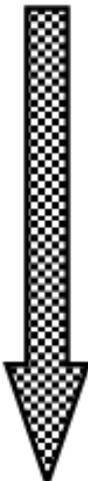
Yes



What did you have to eat or

.....
.....
.....
.....

Follow the arrows!



Write down
EVERYTHING
you can
remember!



3. How did you travel to school this morning?



walk



cycle



by bus



by car

4. Did you have anything to eat or drink on the way to school this morning?

No

Yes



What did you have to eat or

.....
.....
.....
.....

Anything else?

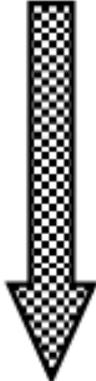


If so, WRITE IT

5. Did you have anything to eat or drink at school this morning, before class started?

No

Yes



What did you have to eat or drink?

.....
.....
.....
.....

Write down EVERYTHING you can



Turn over!

What did you do yesterday?

6. Did you watch television at home yesterday morning?

No

Yes

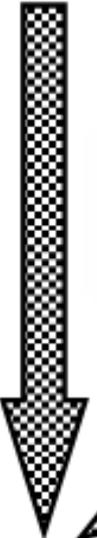
(Put a check in the correct box)



7. Did you have anything to eat or drink at home yesterday morning?

No

Yes



What did you have to eat or

.....
.....
.....
.....

Have you written down EVERYTHING?



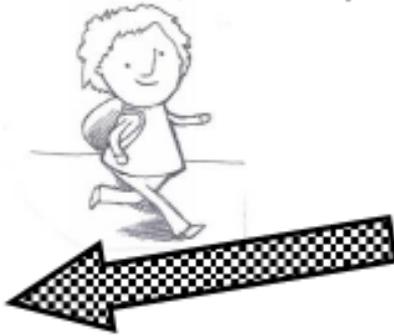
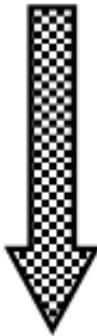
8. How did you travel to school yesterday morning?

walk	cycle	by bus	by car

9. Did you have anything to eat or drink on the way to school yesterday morning?

No

Yes



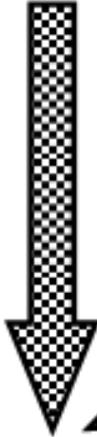
What did you have to eat or

.....
.....
.....
.....

10. Did you have anything to eat or drink at school yesterday morning, before class started?

No

Yes



What did you have to eat or

.....
.....
.....
.....



Have you remembered everything?

Have you written down EVERYTHING?



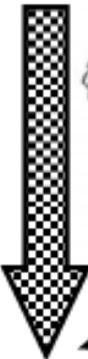
11. What did you do at morning break (interval) yesterday?

			
sat around	stood around	walked around	ran around

12. Did you have anything to eat or drink at morning break yesterday?

No

Yes



What did you have to eat or drink?

.....
.....
.....

Have you forgotten anything?



13. What did you do at lunchtime yesterday?



sat around



stood



walked

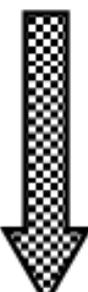


ran around

14. Did you have anything to eat or drink at lunchtime yesterday?

No

Yes



Turn over!

What did you have to eat or drink?

.....
.....
.....
.....

Anything else?



If so, WRITE IT

15. What did you do after school yesterday?

		
went home	went to an after school club	went somewhere else

16. How did you travel home after school yesterday?

			
walk	cycle	by bus	by car

17. Did you play outside after school yesterday?

No Yes



18. Did you watch television after school yesterday?

No Yes



19. Did you have anything to eat or drink on your way home yesterday? Or anything to eat or drink between the end of school and your evening meal?

No

Yes



What did you have to eat or drink?

.....
.....
.....

Have you remembered everything?



20. Did you have an evening meal yesterday?

No

Yes



What did you have to eat or

.....
.....
.....
.....

Have you written down
--



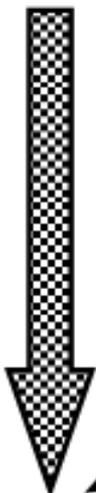
21. What did you do after your evening meal yesterday? (If you didn't have an evening meal, write down what you did before you went to bed.)

.....
.....

22. Did you have anything else to eat or drink after your evening meal yesterday or before you went to bed?

No

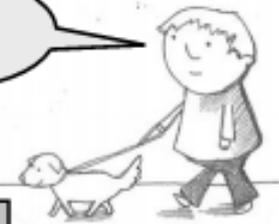
Yes



What did you have to eat or

.....
.....
.....
.....

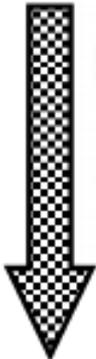
Anything else?



23. Did you have anything else to eat or drink yesterday that you haven't already put on this form?

No

Yes



What did you have to eat or drink?

.....
.....
.....
.....

Anything else?

The End!

Thanks for your help!

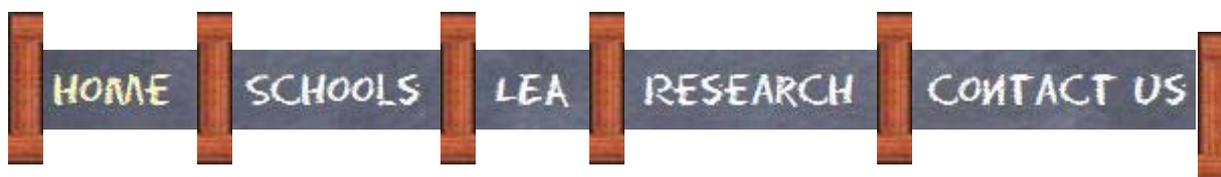


If so, WRITE IT



Synchronised Nutrition and Activity Programme (SNAP™)

Website homepage (www.snaproject.co.uk)



The Synchronised Nutrition & Activity Program (SNAP™) is a novel web-based tool which simultaneously collects information on dietary intake and levels of physical activity in children aged 7 to 16 to look at energy balance related behaviours which impact on health and childhood obesity.

The software has been designed to address the need for a quick, inexpensive, flexible, interactive and enjoyable method of assessing energy balance related behaviours across a range of age groups and abilities. For more information about SNAP™, please [click here](#).

The program can be used by individual schools, local education authorities or multiple consortiums of schools and for research by academics, public health organisations and government agencies. If you are interested in finding out more about SNAP, please contact the SNAP™ team.

This assessment software has been developed by a research team from the Food, Physical Activity and Obesity Group at Durham University. For more information about the history and development of the SNAP™ software, please [click here](#).

Copyright © 2008 Durham University
[Home](#) | [Schools](#) | [LEA](#) | [Research](#) | [Contact](#) | [About](#)

Child Nutrition Questionnaire (CNQ)



This questionnaire asks about what you eat and drink. It starts with some general questions about what you think about fruit and vegetables and then about what you eat and drink at different times.

The teacher and classroom helpers will help you fill out this questionnaire.

The information will be used to describe all of the children in years 5, 6 & 7 as a group. Your individual information will be kept private and confidential.

Reference
Number

□□□□□□-

Your Name _____

Year level (for example yr 6) _____

What you usually eat and drink

Think about *today*. Describe what you drink at each time?
Tick as many boxes as apply

Drinks you will have/have had today at:	Recess	Lunch	After school (not including dinner)
	1	2	3
a. Nothing to drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cordial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fruit Juice or fruit juice drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regular Soft Drink or Energy/Sports Drink (eg. Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diet Soft Drink (eg Coke Zero, Diet Fanta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Milk/flavoured milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Think about *today*. Describe what you eat at each time?
Tick as many boxes as apply

Foods you will have/have eaten today at:	Recess	Lunch	After school (not including dinner)
	1	2	3
a. Nothing to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Potato crisps or similar snack (eg twisties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chocolate/Chocolate bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lollies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Muesli bar/ fruit bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Yoghurt / custard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Savoury biscuits (eg saladas, jatz & dip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sweet biscuits/Cake/Muffin/Doughnut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Icecream/Iceblock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Vegetables or salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fruit (fresh or canned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Dried fruit (eg sultanas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Hot chips/French fries/wedges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Pie/Pastie/Sausage roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Hot dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Sandwich/roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Bread/toast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Spaghetti/pasta/noodles/rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the class room, how often do you have a 'fruit and/or vegetable break'?

Tick one box

Never/rarely

Once/week

Most days/week

Every day

1

2

3

4

In class time, do you usually have a drink on your desk?

Tick one box

1. Not allowed
2. No, even though it is allowed
3. Yes - If yes, what do you usually drink? _____

How often do you usually do the following?

Tick one box in each row

	Never/rarely OR Less than once/week	About 1-3 times/week	About 4-6 times/week	Every day
	1	2	3	4
a. Drink water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drink fruit juice or fruit juice drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink softdrink (<u>not</u> including diet softdrink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Carry a water bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat chocolate or lollies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat hot chips/French fries/wedges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat potato crisps or similar snack (eg twisties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help choose or buy groceries for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Help prepare your dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Eat dinner with most of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Eat dinner in front of the television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Eat snacks in front of the television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you think about

How strongly do you agree or disagree with the following statements?

Tick one box in each row

	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly disagree 5
a. Eating vegetables makes me feel healthy	<input type="checkbox"/>				
b. I like the taste of many vegetables	<input type="checkbox"/>				
c. In my home, vegetables are served at dinner most nights	<input type="checkbox"/>				
d. I like tasting new vegetables that I haven't tried before	<input type="checkbox"/>				
e. It is easy to prepare vegetables to eat eg make a salad	<input type="checkbox"/>				
f. Eating fruit makes me feel healthy	<input type="checkbox"/>				
g. I like the taste of most fruit	<input type="checkbox"/>				
h. Fruit is an easy snack	<input type="checkbox"/>				
i. I like tasting new fruits that I haven't tried before	<input type="checkbox"/>				
j. In my home fruit is available to eat at any time	<input type="checkbox"/>				
l. I like to drink water	<input type="checkbox"/>				
m. I ask my parents to buy foods or drinks that I see advertised on television	<input type="checkbox"/>				
n. My parents encourage me to eat fruit and vegetables	<input type="checkbox"/>				
o. Most of my teachers encourage the students to eat fruit and vegetables	<input type="checkbox"/>				

Where did you/will you get your **recess** from today?

Tick one box

Home 1	Canteen 2	Shop outside of school 3	Friends 4	No recess today 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where did you/will you get your **lunch** from today?

Tick one box

Home 1	Canteen 2	Shop outside of school 3	Friends 4	No lunch today 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About fruit and vegetables you eat

How many serves of vegetables do you usually eat each day?

(1 serve = 1 cup of salad vegetables, OR ½ a cup of cooked vegetables, OR 1 medium potato)

Tick one box

1. I don't eat vegetables
2. Less than 1 serve a day
3. 1-2 serves a day
4. 3-5 serves a day
5. More than 5 serves a day

How many serves of fruit do you usually eat each day?

(1 serve = 1 medium piece, OR 2 small pieces of fruit eg mandarins or apricots, OR 1 cup of diced pieces)

Tick one box

1. I don't eat vegetables
2. Less than 1 serve a day
3. 1-2 serves a day
4. 3-5 serves a day
5. More than 5 serves a day

Below is a list of different types of fruits (fresh, canned or dried). For each fruit please indicate answer PART A and PART B.

PART A: Please indicate if you ate this fruit yesterday, by ticking the box that applies to you, for each fruit

PART B: Please indicate if you like this fruit by ticking the box that applies to you, for each fruit

Tick one box in each row

Type of fruit	PART A		PART B		
	I ate this fruit yesterday	I didn't eat this fruit yesterday	Never had it or don't know what it is	Yes I like this fruit	No I don't like this fruit
	1	2	3	4	5
a. Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Apricot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Kiwi fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Nectarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Peach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Plum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Rockmelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of different types of vegetables (fresh, canned or frozen).

For each vegetable please answer PART A and PART B

PART A: Please indicate if you ate this vegetable yesterday, by ticking the box that applies to you, for each vegetable

PART B: Please indicate if you like this vegetable by ticking the box that applies to you, for each vegetable

Tick one box in each row

Type of vegetable	I ate this vegetable yesterday 1	I didn't eat this vegetable yesterday 2
a. Beans (green)	<input type="checkbox"/>	<input type="checkbox"/>
b. Beetroot	<input type="checkbox"/>	<input type="checkbox"/>
c. Broccoli	<input type="checkbox"/>	<input type="checkbox"/>
d. Brussel sprouts	<input type="checkbox"/>	<input type="checkbox"/>
e. Cabbage	<input type="checkbox"/>	<input type="checkbox"/>
f. Capsicum	<input type="checkbox"/>	<input type="checkbox"/>
g. Carrot	<input type="checkbox"/>	<input type="checkbox"/>
h. Cauliflower	<input type="checkbox"/>	<input type="checkbox"/>
i. Celery	<input type="checkbox"/>	<input type="checkbox"/>
j. Chinese greens	<input type="checkbox"/>	<input type="checkbox"/>
k. Corn	<input type="checkbox"/>	<input type="checkbox"/>
l. Cucumber	<input type="checkbox"/>	<input type="checkbox"/>
m. Eggplant	<input type="checkbox"/>	<input type="checkbox"/>
n. Legumes (baked beans, chickpeas, lentils, kidney beans)	<input type="checkbox"/>	<input type="checkbox"/>
o. Lettuce	<input type="checkbox"/>	<input type="checkbox"/>
p. Mushroom	<input type="checkbox"/>	<input type="checkbox"/>
q. Peas	<input type="checkbox"/>	<input type="checkbox"/>
r. Potato (<u>not</u> hot chips)	<input type="checkbox"/>	<input type="checkbox"/>
s. Potato fried eg hot chips/ french fries/wedges	<input type="checkbox"/>	<input type="checkbox"/>
t. Pumpkin	<input type="checkbox"/>	<input type="checkbox"/>
u. Spinach	<input type="checkbox"/>	<input type="checkbox"/>
v. Sweet potato	<input type="checkbox"/>	<input type="checkbox"/>
w. Tomato	<input type="checkbox"/>	<input type="checkbox"/>
x. Zucchini	<input type="checkbox"/>	<input type="checkbox"/>
y. Squash	<input type="checkbox"/>	<input type="checkbox"/>

Family Eating and Activity Habits Questionnaire (FEAHQ)

Family Eating and Activity Habits Questionnaire

(Please refer your answers to questions 1-4 to yourself, your spouse and your 6-to-12- year child)

1. How many hours per week on average do you watch television and/or play computer games?

Mother: _____ Father: _____ Child: _____

2. How many times per week on average do you attend leisure time classes?

Mother: _____ Father: _____ Child: _____

3. How many hours per week on average do you engage in the following activities?

4. When you are alone and are not busy, do you get bored? (Place the number of you answer in the appropriate box)

	Mother	Father	Child
Ride bicycles			
Take a walk			
Swim			
Do gymnastics or basketball or football			
Dance			
Play tennis			
Other			

	Mother	Father	Child
0- Never			
1- Almost never			
2- Sometimes			
3- Frequently			
4 -Always			

In modern society, people often skip meals, do with snacks instead of proper meals or eat irregularly or depending on their mood. The following questions are related to the types of foods you and your family eat, and your eating behavior? (Circle the appropriate items).

5. How many of the following snacks are usually found in your home?

Chitos, Pretzels, Potato Chips, Ruffles, Popcorn, Nuts, Sunflower seeds, Peanuts, Almonds, Pistachios, Other _____

6. How many of the following types of sweets are usually found in your home?

Chocolate and chocolate bars, Candy, Wafters, Cookies, Gum, Sugary drinks, Others: _____

7. How many types of cakes are usually found in your home? _____

8. How many types of ice-cream and popsicles are usually found in your home? _____

9. During the weekend, do you add more of the foods listed in items 5-8?

- 0- Don't add
- 1- Add a few
- 2- Add a lot

10. You usually keep the snacks and sweets in your home in

- 0- A hiding place
- 1- Known but not seen place
- 2- Reachable place

11. To what degree can your child eat snacks and/or sweets without your permission?

- Never 0
- 1- Almost never
- 2- Sometimes
- 3- Frequently
- Always 4

12. How frequently does your child buy his/her own sweets?

- Never -0
- 1- Almost never
- 2- Sometimes
- 3- Frequently
- Always -4

13. When your child asks to eat, does he/she claim to be hungry?

- 0- Yes
- 1- No

14. Usually when the child eats:

- 1- He/she asked for it
- 2- The food was offered by the mother/father

15. If it is meal time and your child is not hungry, how would you respond?

- 0- You suggest that the child will eat later
- 1- You suggest that the child sits at the table with the rest of the family but would not eat
- 2- You suggest that the child sits at the table with the rest of the family but would eat less
- 4- It is an irrelevant question, the child is always hungry

16. When it is meal time and you are not hungry what would you do?

- | | |
|---------------------|---------------------|
| Mother: | Father |
| 0- Not eat | 0-Not eat |
| 1- Eat less | 1- Eat less |
| 2- Eat the same | 2- Eat the same |
| 3- It never happens | 3- It never happens |

Frequently, we just grab something to eat, or eat under certain conditions or moods.
(Please refer your answer to questions 17-20 to yourself, your spouse and your child)

17. How frequently do the following behaviors occur for each family member:

	Never 0	Sometimes 1	Frequently 2	Always 3
<u>Mother</u>				
17. Eat while standing				
18. Eat straight from the pot/ pan/bowl				
19. Eat while watching television, reading, working				
20. Eat when bored				
21. Eat when angry or in other negative mood states				
22. Eat in a disorderly way between meals				
23. Eat late in the evening or at night				
<u>Father</u>				
17. Eat while standing				
18. Eat straight from the pot/ pan/bowl				
19. Eat while watching television, reading, working				
20. Eat when bored				
21. Eat when angry or in other negative mood states				
22. Eat in a disorderly way between meals				
23. Eat late in the evening or at night				
<u>Child</u>				
17. Eat while standing				
18. Eat straight from the pot/ pan/bowl				
19. Eat while watching television, reading, working				
20. Eat when bored				
21. Eat when angry or in other negative mood states				
22. Eat in a disorderly way between meals				
23. Eat late in the evening or at night				

In many houses eating is not limited to the dining room or kitchen.

How often do you eat in the following rooms?

(if you do not have such a room in the house, please mark with -)

<u>Mother</u>	Never 0	Almost never 1	Sometimes 2	Frequently 3	Always 4
24. Living room/ TV room					
25. Bedroom					
26. Study					
<u>Father</u>					
24. Living room/ TV room					
25. Bedroom					
26. Study					
<u>Child</u>					
24. Living room/ TV room					
25. Bedroom					

27. Compared to other people your age, how would you rate your eating rate:

Mother: 1- Slow 2- Average 3- Fast
Father: 1- Slow 2- Average 3- Fast
Child: 1- Slow 2- Average 3- Fast

28. How often do you customarily ask or take a second helping?

Mother: 0- Never 1- Almost never 2- Some times 3- Frequently 4- Always
Father: 0- Never 1- Almost never 2- Some times 3- Frequently 4- Always
Child: 0- Never 1- Almost never 2- Some times 3- Frequently 4- Always

How often do you or your spouse eat with the child?

29. Breakfast 0- always 1- Frequently 2- Some times 3- Almost never 4- Never
30. Lunch 0- always 1- Frequently 2- Some times 3- Almost never 4- Never
31. Afternoon snack 0- always 1- Frequently 2- Some times 3- Almost never 4- Never
32. Dinner 0- always 1- Frequently 2- Some times 3- Almost never 4- Never

Scoring

	<u>Mother</u>	<u>Father</u>	<u>Child</u>
Questions	Leisure time activities:		
1			
* 2 -			
* 3 -			
4			
	Exposure and availability of problematic foods		
5			
6			
7			
8			
9			
10			
11		-	-
12		-	-
	Hunger cues		
13		-	-
14		-	-
15		-	-
16			-
	Eating in problematic situations		
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
	Family Rites		
29			
30			
31			
32			
Total	<u>Sum</u>	<u>Sum</u>	<u>Sum</u>

* Negative value

Children's Dietary Questionnaire (CDQ)



CHILDREN'S DIETARY QUESTIONNAIRE

This questionnaire asks you to report what your child eats and drinks on a daily or weekly basis. Please read the instructions at the start of sections A, B & C carefully as what you are asked to report changes between each section.

√ Please tick the appropriate box

SECTION A Please tick all of the listed foods your child has eaten over the past **7 days**

1. Fruit (fresh, canned or stewed)

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fruit Salad | <input type="checkbox"/> Strawberries | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Peach | <input type="checkbox"/> Mango | <input type="checkbox"/> Dried Fruit |
| <input type="checkbox"/> Banana | <input type="checkbox"/> Watermelon | <input type="checkbox"/> Apple |
| <input type="checkbox"/> Apricot | <input type="checkbox"/> Rockmelon | <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Pawpaw |
| <input type="checkbox"/> Nectarine/Peacharine | <input type="checkbox"/> Plum | <input type="checkbox"/> Kiwifruit |
| <input type="checkbox"/> Grapes | <input type="checkbox"/> Other | |

20

2. Vegetables (Cooked or Raw)

- | | | |
|---|---|--|
| <input type="checkbox"/> Pumpkin | <input type="checkbox"/> Carrot | <input type="checkbox"/> Cabbage |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Brussel Sprouts |
| <input type="checkbox"/> Potato (Not hot chips) | <input type="checkbox"/> Corn | <input type="checkbox"/> Sweet Potato |
| <input type="checkbox"/> Peas & Beans | <input type="checkbox"/> Legumes (Chickpeas, Lentils, Kidney Beans) | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Lettuce | <input type="checkbox"/> Tomato | <input type="checkbox"/> Cucumber |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Capsicum | <input type="checkbox"/> Mushroom |
| <input type="checkbox"/> Eggplant | <input type="checkbox"/> Zucchini | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Vegetables in mixed dishes (soups & stews) | <input type="checkbox"/> Mixed frozen vegetables | <input type="checkbox"/> Olives |
| <input type="checkbox"/> Other | | |

25

SECTION B

Please circle how often your child had each of the following food/drink items in the past **24 hours**.

1. Fruit Juice/Fruit Drink

Nil Once Twice 3 times 4 times 5+ Times

2. Water

Nil Once Twice 3 times 4 times 5+ Times

3. Full Cream/Full Fat Milk (including flavoured milk) (as a drink or on cereal)

Nil Once Twice 3 times 4 times 5+ Times

4. Reduced Fat Milk (including flavoured milk) (as a drink or on cereal)

Nil Once Twice 3 times 4 times 5+ Times

5. Cheese and/or Cheese Spreads

Nil Once Twice 3 times 4 times 5+ Times

6. Regular Yoghurt/Custard

Nil Once Twice 3 times 4 times 5+ Times

7. Reduced Fat/Low Fat Yoghurt/Custard

Nil Once Twice 3 times 4 times 5+ Times

8. Vegetables (raw or cooked) (salad in sandwich and vegetables at evening meal = twice)

Nil Once Twice 3 times 4 times 5+ Times

9. Fruit (fresh, canned, stewed or dried) (juice at b'fast and AT, apple at lunch = 3 times)

Nil Once Twice 3 times 4 times 5+ Times

10. How many different vegetables (raw or cooked)

none One Two 3 4 5+

11. How many different fruits (fresh, canned, stewed or dried)

none One Two 3 4 5+

SECTION C

Please circle the number of times your child had the following food/drink items in the past 7 days

1. Peanut Butter or nutella

Nil Once Twice 3 times 4 times 5 times 6+ times

2. Pre-sugared cereals (eg. Coco Pops, Fruit Loops) or sugar added to cereal

Nil Once Twice 3 times 4 times 5 times 6+ times

3. Sweet biscuits, cakes, muffins, doughnuts or fruit pies

Nil Once Twice 3 times 4 times 5 times 6+ times

4. Potato chips/crisps or savoury biscuits

Nil Once Twice 3 times 4 times 5 times 6+ times

5. Lollies, muesli or fruit bars

Nil Once Twice 3 times 4 times 5 times 6+ times

6. Chocolate (bar/block/coated biscuits)

Nil Once Twice 3 times 4 times 5 times 6+ times

7. Soft drink/cordial (not diet varieties)

Nil Once Twice 3 times 4 times 5 times 6+ times

8. Ice-cream/Ice-blocks

Nil Once Twice 3 times 4 times 5 times 6+ times

9. Cheese and/or cheese spreads

Nil Once Twice 3 times 4 times 5 times 6+ times

10. Pie, pasty or sausage roll

Nil Once Twice 3 times 4 times 5 times 6+ times

11. Pizza

Nil Once Twice 3 times 4 times 5 times 6+ times



12. Hot chips or French fries

Nil Once Twice 3 times 4 times 5 times 6+ times

13. Hot Dog/Fritz/processed meats

Nil Once Twice 3 times 4 times 5 times 6+ times

14. Takeaway (eg McDonalds, KFC, Fish n Chips/Chicken Shop)

Nil Once Twice 3 times 4 times 5 times 6+ times

15. How many days in the last week did your child have some vegetables (raw or cooked)

None 1 2 3 4 5 6 every day

16. How many days in the last week did your child have some fruit (fresh, canned, stewed, or dried, excluding juice)

None 1 2 3 4 5 6 every day

Thank you for your time

D: Dietary Assessment Questionnaires: Adults

Five-a-day Community Evaluation Tool (FACET)

FACET

PART 1

For each question, please indicate the answer (or answers) by crossing the relevant box(es)

Try to make sure the crosses are clearly in the box they refer to, like this , not like this x

Please use black or blue biro

If you make a mistake, just blank out the mistake like this and carry on

Q.1 Please write in today's date.

Day	Month	Year
		2003

Q.2 Have you eaten any of the following foods in the last 24 hours?

PLEASE "X" THE NUMBER OF PORTIONS OF FOODS EATEN FOR EVERY ROW

FOR EXAMPLE:

	0	1	2	3	4+
Fruit as a dessert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NUMBER OF PORTIONS				
	0	1	2	3	4+
Breakfast cereal	<input type="checkbox"/>				
Fruit for breakfast, e.g. on cereal	<input type="checkbox"/>				
Crisps	<input type="checkbox"/>				
Fruit as a between meal snack	<input type="checkbox"/>				
A glass of pure, unsweetened fruit juice (not squashes or fruit drink)	<input type="checkbox"/>				
Fruit as a starter to a meal	<input type="checkbox"/>				
A baked potato	<input type="checkbox"/>				
A bowlful of home-made style vegetable soup	<input type="checkbox"/>				
Portions of vegetables with main meals (include baked beans and pulses as vegetables but not potatoes)	<input type="checkbox"/>				
Any type of meat	<input type="checkbox"/>				
A vegetable based meal	<input type="checkbox"/>				
Any type of fish	<input type="checkbox"/>				
A bowlful of salad	<input type="checkbox"/>				
Fruit as a dessert	<input type="checkbox"/>				

Q.4 Do you think you will increase the amount of fruit and vegetables you eat in the next year?

PLEASE "X" ONE BOX ONLY

No, definitely not 1 No, probably not 2 Possibly 3 Yes, probably 4 Yes, definitely 5 Don't know 6

Q.5 By eating more fruit and vegetables, I think that people can reduce their chances of getting....

PLEASE "X" ONE BOX ONLY IN EACH ROW

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Back pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hearing problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Heart disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

PART 3

Q.1 Your date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

To help us in analysing this survey, please provide the following information

Q.2 Sex

PLEASE "X" ONE BOX ONLY

Male 1
Female 2

Q.3 Which of these apply to you?

PLEASE "X" ONE BOX ONLY

Current smoker 1
Ex smoker 2
Never smoked 3

Q.4 How many people live in your household (including yourself)?

PLEASE "X" ONE BOX ONLY IN EACH ROW

	0	1	2	3	4+
Adults and children aged 16 and over including yourself	<input type="checkbox"/>				
Children under 16	<input type="checkbox"/>				

Q.5 To which of these groups do you consider you belong?

PLEASE "X" ONE BOX ONLY

White	<input type="checkbox"/>	1	Black African	<input type="checkbox"/>	7
Indian	<input type="checkbox"/>	2	Black (other)	<input type="checkbox"/>	8
Pakistani	<input type="checkbox"/>	3	Mixed ethnic group	<input type="checkbox"/>	9
Bangladeshi	<input type="checkbox"/>	4	None of the above	<input type="checkbox"/>	10
Chinese	<input type="checkbox"/>	5	Prefer not to say	<input type="checkbox"/>	11
Black Caribbean	<input type="checkbox"/>	6			

We are interested to know how diet relates to income and would like you to complete the question below. If you prefer not to answer this question please leave it blank.

Q.6 What is your total gross household income before tax and including benefits ?
(for example, pensions, working family tax credit and/or jobseekers allowance etc)

PLEASE "X" ONE BOX ONLY

**Gross Weekly Income
(before tax)**

Less than £100 a week	<input type="checkbox"/>	1
£100 - £150 a week	<input type="checkbox"/>	2
£151 - £200 a week	<input type="checkbox"/>	3
£201 - £250 a week	<input type="checkbox"/>	4
£251 - £300 a week	<input type="checkbox"/>	5
£301 - £400 a week	<input type="checkbox"/>	6
More than £400 a week	<input type="checkbox"/>	7

**Gross Monthly Income
(before tax)**

Less than £430 a month	<input type="checkbox"/>	1
£431 - £650 a month	<input type="checkbox"/>	2
£651 - £870 a month	<input type="checkbox"/>	3
£871 - £1,080 a month	<input type="checkbox"/>	4

£1,081 - £1,300 a month	<input type="checkbox"/>	5
£1,301 - £1,730 a month	<input type="checkbox"/>	6
More than £1,730 a month	<input type="checkbox"/>	7

**Gross Annual Income
(before tax)**

Less than £5,000 p.a.	<input type="checkbox"/>	1
£5,000 - £7,800 p.a.	<input type="checkbox"/>	2
£7,801 - £10,000 p.a.	<input type="checkbox"/>	3
£10,001 - £13,000 p.a.	<input type="checkbox"/>	4
£13,001 - £15,500 p.a.	<input type="checkbox"/>	5
£15,501 - £21,000 p.a.	<input type="checkbox"/>	6
More than £21,000 p.a.	<input type="checkbox"/>	7

Dietary Intervention in Primary Care (DINE)

These are sample questions only. This is **not** a complete copy of the questionnaire.

The DINE Questionnaire

DINE: Dietary Instrument for Nutrition Education

1. About how many **pieces or slices per day** do you eat of the following types of bread, rolls, or chapattis? (Choose one answer on each line)

Breads & Rolls	None	Less Than 1 a day	1 to 2 a day	3 to 4 a day	5 or more a day
White bread or rolls	0	1	4	9	13
Brown or granary bread or rolls	0	2	7	15	22
Wholemeal bread or rolls	0	3	8	18	26

Bread	

2. About how many **servings per week** do you eat of the following types of breakfast cereal or porridge? (Choose one answer on each line)

Breakfast cereals	None	Less than 1 a week	1 to 2 a week	3 to 4 a week	5 or more a week
<u>Sugared type</u> : Frosties, Coco Pops, Ricles, Sugar Puffs <u>Rice or Corn type</u> : Corn Flakes, Rice Krispies, Special K	0	0	0	1	2
<u>Porridge</u> or Redy Brek <u>Wheat type</u> : Shredded Wheat, Start, Weetabix, Fruit 'n Fibre, Puffed Wheat <u>Muesli type</u> : Alpen, Jordan's	0	1	2	5	7
<u>Bran type</u> : All-Bran, Bran Flakes, Country Bran	0	2	5	12	18

Cereal	

3. About how many **servings per week** do you eat of the following foods? (Choose one answer on each line)

Vegetable foods	None	Less than 1 a week	1 to 2 a week	3 to 5 a week	6 to 7 a week	8 to 11 a week	12 or more a week
Pasta or rice	0	0	1	3	4	6	8
Potatoes	0	0	1	3	5	8	10
Peas	1	1	3	8	12	16	24
Beans (baked, tinned, or dried) or lentils	1	1	4	10	15	20	30
Other vegetables (any type)	0	0	1	2	3	5	6
Fruit (fresh, frozen, or canned)	0	0	1	3	5	8	10

Vegetables	

Fibre Rating	Less than 30 = Low Fibre intake
	30 to 40 = Medium Fibre Intake
	More than 40 = High Fibre intake

Total	

Short Form Food Frequency Questionnaire (SFFQ)

These are sample questions only. This is **not** a complete copy of the questionnaire.

University of Leeds SFFQ

This is the only one section of the full questionnaire.

The following questions ask about some foods & drinks you might have during a 'typical' week, over the past month or so. Do not be concerned if some things you eat or drink are not mentioned.

Please tick how often you eat at least ONE portion of the following foods & drinks: (a portion includes: a handful of grapes, an orange, a serving of carrots, a side salad, a slice of bread, a glass of pop).

(Please only put one tick, but answer **EVERY** line)

	Rarely or never	Less than 1 a Week	Once a Week	2-3 times a Week	4-6 times a Week	1-2 times a Day	3-4 times a Day	5+ a Day
Fruit (tinned / fresh)	<input type="checkbox"/>							
Fruit juice (not cordial or squash)	<input type="checkbox"/>							
Salad (not garnish added to sandwiches)	<input type="checkbox"/>							
Vegetables (tinned / frozen / fresh but not potatoes)	<input type="checkbox"/>							
Chips / fried potatoes	<input type="checkbox"/>							
Beans or pulses like baked beans, chick peas, dahl	<input type="checkbox"/>							

	Rarely or never	Less than 1 a Week	Once a Week	2-3 times a Week	4-6 times a Week	1-2 times a Day	3-4 times a Day	5+ a Day
Fibre-rich breakfast cereal, like Weetabix, Fruit 'n Fibre, Porridge, Muesli	<input type="checkbox"/>							
Wholemeal bread or chapattis	<input type="checkbox"/>							
Cheese / yoghurt	<input type="checkbox"/>							
Crisps / savoury snacks	<input type="checkbox"/>							
Sweet biscuits, cakes, chocolate, sweets	<input type="checkbox"/>							
Ice cream / cream	<input type="checkbox"/>							
Non alcoholic fizzy drinks/pop (not sugar free or diet)	<input type="checkbox"/>							

	Rarely or never	Less than 1 a Week	Once a Week	2-3 times a Week	4-6 times a Week	7+ times a week
Whole meats:						
Beef, Lamb, Pork, Ham - steaks, roasts, joints, mince or chops	<input type="checkbox"/>					
Chicken or Turkey – steaks, roasts, joints, mince or portions (not in batter or breadcrumbs)	<input type="checkbox"/>					
Processed meats/ meat products						
Sausages, bacon, corned beef, meat pies/pasties, burgers	<input type="checkbox"/>					
Chicken/turkey nuggets/twizzlers, turkey burgers, chicken pies, or in batter or breadcrumbs	<input type="checkbox"/>					
Fish:						
White fish in batter or breadcrumbs – like 'fish 'n chips'	<input type="checkbox"/>					
White fish not in batter or breadcrumbs	<input type="checkbox"/>					
Oily fish – like herrings, sardines, salmon, trout, mackerel, fresh tuna (not tinned tuna)	<input type="checkbox"/>					

9. On average, how many portions of FRUIT do you eat a day?

(examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits).

10. On average, how many portions of VEGETABLES do you eat a day? (examples include: 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli).

11. What milk do you usually use or drink, such as in hot & cold drinks or on cereal?

(including tea, coffee, hot milk, milk shakes, or on cereal)

Whole / full-fat milk	<input type="checkbox"/>	Semi-skimmed milk	<input type="checkbox"/>
Skimmed milk	<input type="checkbox"/>	Rarely/never use milk	<input type="checkbox"/>
Other (please write its name)			

Two-item food frequency questionnaire

1. How many pieces of fruit, of any sort, do you eat on a typical day?
2. How many portions of vegetables, excluding potatoes, do you eat on a typical day?

Dietary Quality Score (DQS)

How many meals do you usually consume each day?

Fruit, cake, bread etc. are considered as meals, whereas beverages and candy are not considered as meals.

1 2 3 4 5 6 More than 6 meals

What type of bread do you usually choose? Put one or more marks.

- light or dark ryebread
- wholemeal ryebread
- white bread
- white bread, coarse grain
- white bread, Italian
- other

What type of fats do you use on your bread? Put one or more marks.

- none
- minarine
- vegetable margarine
- butter
- blended spread
- lard

How often have you been eating the following foods with bread the past week?

0	1-2	3-4	5-7 times/week	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheese 0%-17% fat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheese 27%-38% fat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	egg
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mayonnaisessalads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vegetables
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	marmalade/honey

How often have you been eating the following kinds of hot meals the past week?

0	1-2	3-4	5-7 times/week	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	beef/veal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	poultry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	offal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	egg-dishes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vegetable-/vegetarian dishes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	porridge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ready-made meals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pizza/burgers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sausages etc.

What kind of fats do you use for cooking? Put one or more marks.

- none
- margarine
- vegetable margarine
- butter
- blended spread
- lard
- food-/salad oil (rape seed oil)
- olive oil
- corn-/sunflower-/grape seed oil
- other

How often have you been eating potatoes/pasta/rice etc. for your hot meals the past week?

0	1-2	3-4	5-7 times/week	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	potatoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pasta
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rice/bulgur etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bread
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other

**How often have you been eating vegetables
as accompaniments to the hot meals the past week?**

0	1-2	3-4	5-7 times/week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> salad or raw vegetables
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> boiled vegetables
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> vegetables in hot dishes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> other

How much fruit do you usually eat during a day/week?

1 portion = 1 piece or 1 dl

- none
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 1-2 per day
- 3-4 per day
- 5-6 per day
- more than 6 per day

Please note: The questions highlighted in yellow are those required for the calculation of the DQS.

E: Additional physical activity questionnaires reviewed

All of the self-report questionnaires listed in the table below were reviewed. They did not make the 'recommended' list of assessment tools as key criteria for selection was not met.

Assessment Tool	Target Group	Selection Criteria met	Selection Criteria not met
Children and Young People			
Adolescent Physical Activity Recall Questionnaire (A-PARQ) ^{1,2,3}	Young people aged 13 & 15 yrs	<ul style="list-style-type: none"> easy to administer 	<ul style="list-style-type: none"> limited age range difficult coding indirect validity did not measure physical activity over time
Children's Leisure Activities Study Survey ⁴	Children & Young People	<ul style="list-style-type: none"> moderate validity easy to understand 	<ul style="list-style-type: none"> low reliability not validated against an objective measure did not measure physical activity over time
Finnish Twin Cohort Study ^{5,6,7}	Children & Young People (aged 16+)	<ul style="list-style-type: none"> good reliability and validity easy to complete feasible 	<ul style="list-style-type: none"> narrow age range only measures leisure time physical activity did not measure physical activity over time
Health Behaviour in School Aged Children ^{8,9,10}	Young people aged 11–16 yrs	<ul style="list-style-type: none"> strong reliability feasible short 	<ul style="list-style-type: none"> not validated against activity did not measure physical activity over time
School Health Action, Planning and Evaluation (SHAPES) Physical Activity Questionnaire ¹¹	Children & Young People (aged 10+)	<ul style="list-style-type: none"> strong validity acceptable reliability 	<ul style="list-style-type: none"> did not measure physical activity over time too long for use in public health evaluations
Adults			
Community Health Activities Models Program for Seniors (CHAMPS) ^{12,13}	Older Adults (62–91 yrs)	<ul style="list-style-type: none"> used in trial of exercise promotion questionnaire easy to administer 	<ul style="list-style-type: none"> questionnaire not validated against doubly-labelled water (dlw) estimates energy expenditure but the accuracy of this has not been assessed against dlw questionnaire designed specifically to measure impact of CHAMPS – transferability to other interventions is unclear.

EPIC Physical Activity Questionnaire (EPAQ2) ^{14,15}	Adults (45–79yrs)	<ul style="list-style-type: none"> questionnaire easy to administer 	<ul style="list-style-type: none"> developed as a surveillance tool for large populations, unclear whether detects change in physical activity in intervention studies not validated against doubly-labelled water estimates energy expenditure but the accuracy of this has not been assessed against dlw
Global Physical Activity Questionnaire (GPAQ) ¹⁶	Adults (16–84 yrs)	<ul style="list-style-type: none"> GPAQ provides reproducible data and showed a moderate-strong positive correlation with IPAQ 	<ul style="list-style-type: none"> not used in a trial of exercise promotion - developed to determine population level trends and prevalence and not changes over time in intervention studies not validated against doubly-labelled water
Godin Leisure Time Exercise Questionnaire ¹⁷	Adults	<ul style="list-style-type: none"> questionnaire easy to administer 	<ul style="list-style-type: none"> use in cross sectional intervention studies to assess behaviour change not validated against doubly-labelled water estimates energy expenditure but the accuracy of this has not been assessed against dlw
Minnesota Leisure Time Physical Activity Questionnaire ^{18,19,20,21}	Adults	<ul style="list-style-type: none"> can be used for large scale surveillance and studies in smaller settings validated against 48 hour physical activity records, accelerometry and doubly-labelled water with strong correlated results 	<ul style="list-style-type: none"> not feasible – 12 months recall
Paffenbarger Physical Activity Questionnaire ^{22,23,24,25}	Adults	<ul style="list-style-type: none"> can be used in intervention studies validated against doubly-labelled water measures energy expenditure 	<ul style="list-style-type: none"> assessment enquires about city blocks walked and may therefore not translate to UK studies. Primarily designed for aetiological studies.
Scottish Physical Activity Questionnaire ²⁶	Adults	<ul style="list-style-type: none"> developed from the Stanford 7-day recall strong positive association with energy expenditure easy to administer 	<ul style="list-style-type: none"> not validated against doubly-labelled water
Single item as used in the Outdoor Health Questionnaire ²⁷		<ul style="list-style-type: none"> easy to administer used in trial of exercise promotion 	<ul style="list-style-type: none"> does not estimate energy expenditure currently undergoing face validity and test re-test reliability by Loughborough University

References for Section E

1. Booth ML, Okely AD, Chey T, Bauman A (2002) The reliability and validity of the adolescent physical activity recall questionnaire. *Med Sci Sports Exerc*, 34, 1986–1995.
2. Booth ML, Deeney-Wilson E, Okely AD, Hardy LL (2005) Methods of the NSW schools physical activity and nutrition survey (SPANS). *J Sci Med Sport*, 8(3), 284–293.
3. Li M, Dibley MJ, Sibbritt D, Yan H (2006). Factors associated with adolescents' physical inactivity in Xi'an City, China. *Med Sci Sports Exerc*, 38, 2075–2085.
4. Telford A, Salmon J, Jolley D, Crawford D (2004). Reliability & validity of physical activity questionnaire for children: The Children's Leisure Activities Study Survey, *Ped Exerc Sci*, 16, 64–78.
5. Aarnio M, Winter T, Peltonen J, Kujala UM, Kaprio J (2002a) Stability of leisure-time physical activity during adolescence – a longitudinal study among 16-, 17- and 18-year old Finnish youth. *Scand J Med Sci Sports*, 12, 179–185.
6. Aarnio M, Winter T, Kujala U, Kaprio J (2002b) Associations of health related behaviour, social relationships, and health status with persistent physical activity and inactivity: a study of Finnish adolescent twins. *Brit J Sports Med*, 36,360–364.
7. Aarnio M, Kujala UM, Kaprio J (1997) Associations of health related behaviour, social relationships, and health status to physical activity among 16 year old boys and girls. *Scand J Soc Med*, 3, 156–167.
8. Booth ML, Okely AD, Chey T, Bauman A (2001) The reliability and validity of the physical activity questions in the WHO health behaviour in schoolchildren (HBSC) survey: a population study. *Brit J Sports Med*, 35,263–267.
9. Samdal O, Tynjala J, Roberts C, Sallis JF, Villberg J, Wold B (2006) Trends in vigorous physical activity and TV watching of adolescents from 1986 to 2002 in seven European Countries. *Eur J Pub Health*, 17, 242–248.
10. Janssen I, Katzmarzyck PT, Boyce WF, Vereecken C, Mulvihill C, Roberts C, Currie C, Pickett W (2005) Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. *Obes Rev*, 6, 123–132.
11. Wong S, Leatherdale S, Manske S (2006) Reliability and validity of a school-based physical activity questionnaire. *Med Sci Sports Exerc*, 38, 1593–1600.

12. Stewart AL, Mills KM, King AC, Haskell WL, Gillis D and Ritter PL (2001) CHAMPS Physical Activity Questionnaire for older adults: outcomes for interventions. *Medicine and Science in Sports and Exercise*, 1126–1141.
13. King AC, Castro C, Wilcox S, Eyler AA, Sallis JF, Brownson RC (2000) Personal and environmental factors associated with physical inactivity among different racial-ethnic groups of U.S. middle-aged and older aged women. *Health Psychology*, 19 (4), 354–364.
14. Wareham NJ, Jakes RW, Rennie KL, Schuit J, Mitchell J, Hennings S, Day NE (2003) Validity and repeatability of a simple index derived from the short physical activity questionnaire used in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. *Public Health Nutr.*, Jun, 6(4):407–13.
15. Khaw KT, Jakes R, Bingham S, Welch A, Luben R, Day N, Wareham N (2006) Work and leisure time physical activity assessed using a simple, pragmatic, validated questionnaire and incident cardiovascular disease and all-cause mortality in men and women: The European Prospective. *Int J Epidemiol.* 2006 Aug;35(4):1034–43. Epub 2006 May 18. Investigation into Cancer in Norfolk prospective population study.
16. Armstrong T, Bull F (2006) Development of the World Health Organization Global Physical Activity Questionnaire (GPAQ). *Journal of Public Health.* [Volume 14, Number 2.](#)
17. Godin G, Shephard RJ (1985) A simple method to assess exercise behaviour in the community. *Canadian Journal of Applied Sport Science*, 8, 104–114.
18. Richardson MT, Leon AS, Jacobs DR, Ainsworth BE, Serfass R (1994) Comprehensive evaluation of the Minnesota Leisure Time Physical Activity Questionnaire. *Journal of Clinical Epidemiology*, 47 (3), 271–281.
19. Jacobs DR (1997) Minnesota Leisure-Time Physical Activity Questionnaire. *Medicine and Science in Sports and Exercise*, Suppl 29 (6), S62–S72.
20. Taylor HL, Jacobs DR, Shucker B, Knudsen J, Leon AS, DeBacker G (1978) A questionnaire for the assessment of leisure-time physical activities. *Journal of Chronic Diseases*, 31, 741–755.
21. Folsom AR, Jacobs DR, Caspersen CJ, Gomez-Marin O, Knudsen J (1986) Test-retest reliability of the Minnesota Leisure Time Physical Activity Questionnaire. *Journal of Chronic Diseases*, 39, 505–511.

22. Rauh MJD, Hovell MF, Hofstetter CR, Sallis JF, Gleghorn A (1992) Reliability and validity of self-reported physical activity in Latinos. *International Journal of Epidemiology*, 21, 966–971.
23. Ainsworth BE, Leon AS, Richardson MT, Jacobs Jr. DR, Paffenbarger RS (1993) Accuracy of the College Alumna Physical Activity Questionnaire. *Journal of Clinical Epidemiology*, 46, 1403–1411.
24. Washburn RA, Smith LL, Goldfield SR, McKinlay JR (1991) Reliability and physiologic correlates of the Harvard Alumni Activity Survey in a general population. *Journal of Clinical Epidemiology*, 44, 1319–1326.
25. Albanes D, Conway JM, Taylor PR, Moe PW, Judd J (1990) Validation and comparison of eight physical activity questionnaires. *Epidemiology*, 1, 65–71.
26. Lowther M, Mutrie N, Loughlan C, McFarlane C (1999) Development of a Scottish physical activity questionnaire: a tool for use in physical activity interventions. *British Journal of Sports Medicine*, 33, 244–249.
27. <http://www.whi.org.uk/results.asp?key=2537|0|3CB9715613341|p|971|0&parentkey=2537|0|3CB9715613341|p|971|0>

Reader Information

Title	Supplement: Measuring diet and physical activity in weight management interventions
Author(s)	Debra Richardson Nick Cavill Louisa Ells Kath Roberts
Reviewer(s)	Professor Stuart Biddle, Loughborough University Dr Melvyn Hillsdon, Exeter University Beelin Baxter, Department of Health (East Region)
Editor	Di Swanston
Publication date	March 2011
Target audience	Public health professionals working in the field of physical activity, diet and/or obesity, although it may also be of use to academic researchers working in this area.
Description	This supplement provides copies of all available questionnaires listed in the main briefing paper. It also provides details of all the physical activity questionnaires considered in the review.
How to cite	Richardson D, Cavill N, Ells L, Roberts K (2011) Supplement: Measuring diet and physical activity in weight management interventions. Oxford: National Obesity Observatory.
Contact	National Obesity Observatory www.noo.org.uk info@noo.org.uk
Electronic location	http://www.noo.org.uk/NOO_pub/briefing_papers
Copyright	© National Obesity Observatory

National Obesity Observatory

DELIVERED BY

