

Children's Neighbourhood Environment Study

What do you do Diary



Name _____

Date of birth ___/___/___

House Number _____

Postcode _____

**Top
Secret**

Participant ID

Camera



Tell us about yourself

How much do you agree with these statements?

Tick the box which best matches how you feel

	Really disagree	Disagree	Don't agree or disagree	Agree	Really agree
There are lots of things to do near my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of places to walk or cycle near my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to play out near my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to be active (i.e. walking, playing, dancing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel better in myself when I am active & keep fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am able to be active & keep fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like eating fruit & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat 5 pieces of fruit & vegetables most days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch the TV while eating often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel better in myself when I eat well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am able to eat well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with the shape of my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes	Yes more than 1
Do you have a TV in your bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a computer at home (not including games consoles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a car or van at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have free school meals at lunch time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



There are no wrong answers just be honest!

	Own	Rent	Don't know
Thinking about the house you live in do your family own or rent it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about what you do and where you play

Do you go to any clubs run at your school? If yes, which ones?

No Yes



- | | |
|----------|----------|
| 1. ----- | 5. ----- |
| 2. ----- | 6. ----- |
| 3. ----- | 7. ----- |
| 4. ----- | 8. ----- |

Do you go to any clubs run outside your school? If yes, which ones?

No Yes



- | | |
|----------|----------|
| 1. ----- | 5. ----- |
| 2. ----- | 6. ----- |
| 3. ----- | 7. ----- |
| 4. ----- | 8. ----- |

Do you have a garden or outside space to play in? No Yes

If yes, tick the things which are in your garden:

- | | | | | |
|------------------------------------|--|---|----------------------|--|
| <input type="checkbox"/> Grass | <input type="checkbox"/> Vegetable patch | <input type="checkbox"/> Basketball or netball hoop | Take a photo! | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Pavement | <input type="checkbox"/> Water feature | <input type="checkbox"/> Football net | | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Bark area | <input type="checkbox"/> Shelter | <input type="checkbox"/> Sports equipment i.e. balls | | <input type="checkbox"/> Other ----- |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Table or seat | <input type="checkbox"/> Play equipment e.g. swing, slide | | <input type="checkbox"/> Other ----- |

How many days did you use it last week? -----

What is your **favourite** thing to do in the garden? -----

Is there a park which you play in? No Yes

If yes, tick the things which are in the park:

- | | | | | |
|------------------------------------|-----------------------------------|--|---|---|
| <input type="checkbox"/> Grass | <input type="checkbox"/> Trees | <input type="checkbox"/> Shelter | <input type="checkbox"/> Basketball court | <input type="checkbox"/> Skateboard track |
| <input type="checkbox"/> Pavement | <input type="checkbox"/> Hills | <input type="checkbox"/> Art | <input type="checkbox"/> Football field | <input type="checkbox"/> Play equipment e.g. swing, slide |
| <input type="checkbox"/> Bark area | <input type="checkbox"/> Benches | <input type="checkbox"/> Water feature | <input type="checkbox"/> Tennis court | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Table(s) | <input type="checkbox"/> Shop/Vending | <input type="checkbox"/> Athletics track | <input type="checkbox"/> Other ----- |

How many times did you go last month? -----

And how do you get there? -----

Take a photo!

What is your **favourite** thing to do in the park? -----

Do you play out on the street near your house? No Yes

- How many times did you play out last week?* -----
- | | | |
|------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Everyday | <input type="checkbox"/> 3-4 times | <input type="checkbox"/> None |
| <input type="checkbox"/> 5-6 times | <input type="checkbox"/> 1-2 times | |

What is your favourite thing to do on the street? -----



Tell us about what you normally eat and drink

Please tick the box next to the foods and drinks you normally or most often eat and drink from the list

Bread

White Brown Wholemeal Granary Other _____ I don't like or eat bread

Spread

Butter Margarine Olive oil spread Low fat Other _____ I don't like or eat spread

Milk

Whole Semi-skimmed Skimmed Soya Other _____ I don't like or drink milk



Squash/Cordial

Original Reduced sugar No added sugar Other _____ I don't like or drink squash

Fruit Juice

Fresh Concentrated Juice drink Smoothie Other _____ I don't like or drink juice

Fizzy Drinks

Original Diet Caffeine free Other _____ I don't like or drink pop

If you don't know ask someone for help!

Tea

No milk With milk Milk and __ sugar(s) Milk and __ sweetener(s) Lemon I don't like or drink tea



Coffee

No milk With milk Milk and __ sugar(s) Milk and __ sweetener(s) I don't like or drink coffee

Do you follow a special diet (i.e. vegetarian)? _____



Do you help with food shopping at home? Never Once a month 2-3 times a month Weekly

If yes, what do you **help** with? _____

Do you help with preparing food at home? Never Once a month 2-3 times a month Weekly

If yes, what do you **help** with? _____

How to complete your diary mission!



For the next 4 days it is your mission to write down everything you **eat and drink** and all the activities you **do** in this **diary**. With your help we will be able to understand more about you and children like you



Carry your **diary** with you everywhere on the 4 days you are completing the **diary**

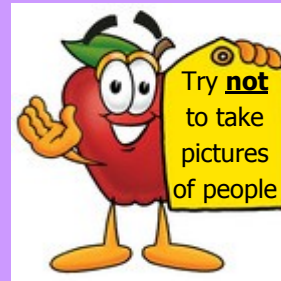


Everything you **eat and drink**, what you **do** and where you are **active**

Start filling in the **diary** when you wake up and keep going all day



Don't change what you normally **eat, drink** and **do** — we want to know about **normal** days



The yellow pages show you how to fill in the **diary** and give you lots of useful tips

If you **forget to take a photo** don't worry write what you **ate, drank** or **did** in the **diary** and try to remember next time!

Fill in all the questions and ask a grown up to look at your **diary** at the end of the day



Oops!

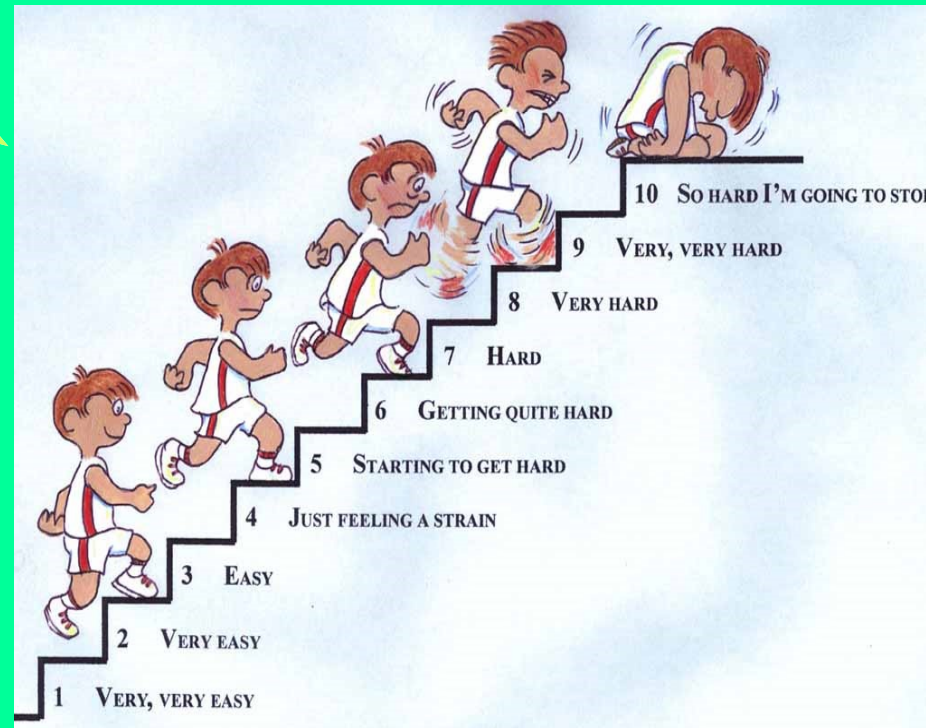


How do you feel when you do different activities?

This picture shows **how our bodies feel** when we do different intensities of activity



The boy gets more and more **tired** and **sweaty** the more active he is



In this diary you are asked to tell us about how you feel during all the different activities you do – use the picture scale to help you tell us how you feel.

See the two examples below...

Talking on the phone is **very, very easy** - your heart beats slowly and you breathe gently



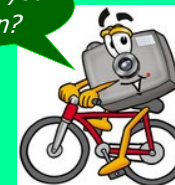
Running races is **very hard** - your heart beats quickly, your breathing is faster and you might get a red face!



Which number from the picture scale would you match to how the characters feel?



How did you get on?



Breakfast and Morning Snacks—Example

Read the instructions here, and follow the star numbers



Tell us about the foods + drinks you eat **in the morning** for breakfast + any snacks

2nd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	Drinks
Bread <u>Toast</u> Crumpet Breakfast muffin Biscuit	Cheerios Coco pops Cornflakes Frosties Rice Krispies Bix Milk	Cereal bar Chocolate bar Biscuit (not chocolate) Chocolate biscuit	Sausage Bacon Egg Hash brown Beans Tomato Mushroom	Croissant Chocolate croissant Danish pastry Brioche Cake	Made with milk Made with water Made with milk + water <i>Sugar</i>	Apple Banana <u>Berries</u> Kiwi Pear Orange Satsuma/tangerine	<u>Butter/spread</u> <u>Jam</u> Marmalade Chocolate spread Ketchup Brown sauce	Sugar If you can't find what you ate write it in the 'Other' section	Water Squash/cordial <u>Juice</u> Fizzy pop Milk Milkshake <u>Tea</u> Coffee

Tell us about mid-morning snacks here

4th



Did you have any drinks or snacks after breakfast?
 Yes No

If yes what?
1 banana, water + strawberry cereal bar

Second

If you get your food from 2 places - tick 2 boxes

Where did you eat it?

Home

Childminder

Friend's house

Friend

School

Shop

Other

Third

Where did you get it from?

Home

Childminder

Friend's house

Friend

School

Shop

Other

Tell us the name of shops and restaurants you get your food from
Premier

Who did you eat with?

Family

Childminder

Friend(s)

Teacher(s)

TV or Computer

Alone

Other

Fifth

Did you take a photo?



Yes
 No

Morning till Midday Activities—Example

1st tell us how you travelled to school today



This section covers:
Till [clock icon] Or from when you wake up till midday [clock icon]

2nd tell us what you do at break time



3rd tell us if you have a PE class and what you do in class

Use the numbers on the picture scale to tell us how your body feels doing activities



What do magicians and footballers have in common?



They both do hat-tricks!

1st

First

How did you travel to school?



Bus



Car



Metro/Train



Cycle



Walk

Other

Second

5 Minutes



Who were you with?

- Family
- Childminder
- Friend(s)
- Teacher(s)
- Alone

2

How did you feel? Write the number here

Fourth



2nd

First

What did you do at break time?

- Sit
- Walk
- Play
- Sports
- Other

Who were you with?

- Friend(s)
- Teacher(s)
- Alone
- Other

Third

How did you feel? Write the number in the box

6



How long was break time?

Fourth

15 Minutes

Take photo's if you can!



3rd

First

Did you have PE class this morning?

Yes No

Second

If you don't have a PE class tick no

- Dance
- Sports

Third

Who were you with?

- Play
- Other

- Friend(s)
- Teacher(s)
- Alone
- Other

Fourth

How long was it?

Fifth

How did you feel?

Sixth

Where was it?

Lunch/Dinner and Afternoon Snacks—Example

1st complete the questions about your lunch/dinner



2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink

5th tell us about snacks and drinks you have later

2nd

1st **First** Where did you eat lunch/dinner?

<input type="checkbox"/>	Home
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend's house
<input type="checkbox"/>	Friend
<input checked="" type="checkbox"/>	School
<input type="checkbox"/>	Shop
<input type="checkbox"/>	Other

2nd **Third** Where did you get it from?

<input type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input checked="" type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	TV or Computer
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

3rd **Fourth** Who did you eat with?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

4th **Fifth** Did you take a photo?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Sandwich	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli		Squash/cordial
Toastie	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots		Juice
Cheese	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn		Fizzy pop
Fish		Hot no sauce	Pork	White fish	Fried rice	Peas		Milk
Egg		Cold no sauce	Sausage	Shellfish	Noodles	Salad		Milkshake
Meat			Burger	All eggs		Tomato		Tea
Salad			Kebab					Coffee

Find the type of food you ate in the 1st row then circle the variety in the 2nd row

Tell us what you ate for desert

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	

5th **First** Did you have any drinks or snacks after lunch?

Yes No

If yes what?

McDonalds

McFlurry + Blackcurrant Fruit shoot

McDonalds

Second Where did you eat it?

<input type="checkbox"/>	Home
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend's house
<input checked="" type="checkbox"/>	Cafe/Restaurant
<input type="checkbox"/>	Other

Third Where did you get it?

<input type="checkbox"/>	Home
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend's house
<input type="checkbox"/>	Shop
<input checked="" type="checkbox"/>	Cafe/Restaurant
<input type="checkbox"/>	Other

Fourth Who did you eat with?

<input checked="" type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input checked="" type="checkbox"/>	Friend(s)
<input type="checkbox"/>	TV or Computer
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fifth Did you take a photo?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Midday till End of School Time Activities—Example



1st tell us what you do at midday break

2nd tell us if you have a PE class and what you do in class

3rd tell us how you travelled home from school



This section covers:
Till
Or from midday till you finish school

The clocks show the time of day you should record in this section of the diary



#1 is very easy

#10 is very hard

1st First

What did you do at mid-day break?

<input checked="" type="checkbox"/>	Sit
<input checked="" type="checkbox"/>	Walk
<input type="checkbox"/>	Play
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Other

Who were you with?

<input checked="" type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)

Third

How did you feel? Write the number in the box

1 + 3

Fourth

How long were you active?

15 + 25
Minutes

Fill in the information for both activities

2nd First

Did you have PE class this afternoon?

Yes No

Second

What did you do?

<input checked="" type="checkbox"/>	Athletics
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Sports

Third

Who were you with?

<input checked="" type="checkbox"/>	Friend(s)
<input checked="" type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fourth

How long was it?

40
Minutes

Fifth

How did you feel?

School field

Where was it?

9

3rd First

How did you travel home from school?

<input type="checkbox"/>	Bus
<input type="checkbox"/>	Car
<input checked="" type="checkbox"/>	Metro/Train
<input type="checkbox"/>	Cycle
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Other

Who were you with?

<input checked="" type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input checked="" type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fourth

How did you feel? Write the number here

20

Third

How many minutes did it take?

20
Minutes

Fifth

Where did you go?

Home

What is black + white, black + white, black + white?

A Newcastle fan rolling down a hill!

Breakfast and Morning Snacks—Training

1st complete the questions about your breakfast

2nd+3rd circle the foods and drinks you have for breakfast

4th tell us about snacks and drinks you have later

1st Where did you eat your breakfast?

Home
 Childminder
 Friends house
 School
 Other

Home
 Childminder
 Friends house
 Friend
 School
 Shop
 Other

Family
 Childminder
 Friend(s)
 Teacher(s)
 TV or Computer
 Alone
 Other

Third → Who did you eat it with?

Fourth →

Did you take a photo?

Yes
 No

Now circle what you eat & drink 2nd & 3rd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	3rd Drinks
Bread	Cheerios	Cereal bar	Sausage	Croissant	Made with milk	Apple	Butter/ spread		Water
Toast	Coco pops	Chocolate bar	Bacon	Chocolate croissant	Made with water	Banana	Jam	-----	Squash/ cordial
Crumpet	Cornflakes	Biscuit (not chocolate)	Egg	Danish pastry	Made with milk + water	Berries	Marmalade	-----	Juice
Breakfast muffin	Frosties	Chocolate biscuit	Hash brown	Brioche	<i>Sugar</i>	Kiwi	Chocolate spread	-----	Fizzy pop
Bagel	Rice Krispies		Beans	Cake		Pear	Ketchup	-----	Milk
	Weetabix		Tomato			Orange	Brown sauce	-----	Milkshake
	<i>With milk</i>		Mushroom			Satsuma/ tangerine		-----	Tea
								-----	Coffee

4th Did you have any drinks or snacks after breakfast?

Yes No

If yes what?

First Where did you eat it?

Home
 Childminder
 Friend's house
 School
 Other

Home
 Childminder
 Friend's house
 Friend
 School
 Shop
 Other

Family
 Childminder
 Friend(s)
 Teacher(s)
 TV or Computer
 Alone
 Other

Third → Where did you get it from?

Fourth →

Did you take a photo?

Yes
 No

Fifth →

Morning till Midday Activities—Training

1st tell us how you travelled to school today



2nd tell us what you do at break time

3rd tell us if you have a PE class and what you do in class

This section covers:
Till
Or from when you wake up till midday

Use this picture scale to tell us how you feel during the activities you do



Why should you be scared of playing against a team of big cats?

They might be cheethas!



1st First

How did you travel to school?

Bus

Car

Metro/Train

Cycle

Walk

Other

Who were you with?

Family

Childminder

Friend(s)

Teacher(s)

Alone

Other

How many minutes did it take?

Minutes

How did you feel? Write the number here

2nd First

What did you do at break time?

Sit

Walk

Play

Sport

Other

Who were you with?

Friend(s)

Teacher(s)

Alone

Other

How did you feel? Write the number in the box

Minutes

How long was break time?

Can you find the words?

- Run
- Hop
- Jump
- Walk
- Skip

U	W	E	A	W	K	R	H
S	R	A	U	I	R	U	P
J	P	H	L	N	B	N	W
S	O	K	S	K	I	P	U
A	H	A	O	P	M	U	J

3rd First

Did you have PE class this afternoon?

Yes No

What did you do?

Athletics

Dance

Sports

Play

Other

Who were you with?

Friend(s)

Teacher(s)

Alone

Other

How long was it?

Minutes

Where was it?

How did you feel?

Lunch/Dinner and Afternoon Snacks—Training

1st complete the questions about your lunch/dinner

2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink

5th tell us about snacks and drinks you have later

1st **First** Where did you eat lunch/dinner?

Second **Second** Where did you get it from?

Third **Third** Who did you eat with?

Fourth **Fourth** Did you take a photo?

Now circle what you eat & drink 2nd, 3rd & 4th

Where did you eat lunch/dinner?

Where did you get it from?

Who did you eat with?

Did you take a photo?

2nd

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	3rd	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans			Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli	-----		Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots	-----		Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn	-----		Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas	-----		Milk
Egg		Pasty			Sausage	Shellfish	Noodles	Salad	-----		Milkshake
Meat		Meat pie			Burger	All eggs		Tomato	-----		Tea
Salad					Kebab				-----		Coffee

4th

Cake	Cereal bar + biscuits	Chocolate	Fruit	Ice cream	Sweets	Yoghurt	Sauces	Other
Cake - Scone - Gateaux	Cereal bar - Biscuit - Cookie - Chocolate biscuit	All types	Apple - Banana - Berries - Satsuma/tangerine - Pear	All types	All types	Yoghurt - Fromage frais	Custard - Cream	

5th **5th** Did you have any drinks or snacks after lunch? Yes No

First **First** If yes what?

Second **Second** Where did you eat it?

Third **Third** Where did you get it?

Fourth **Fourth** Who did you eat with?

Fifth **Fifth** Did you take a photo?

Did you have any drinks or snacks after lunch?

If yes what?

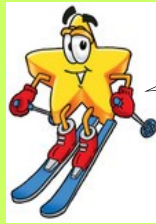
Where did you eat it?

Where did you get it?

Who did you eat with?

Did you take a photo?

Lunch till End of School Time Activities—Training



1st tell us what you do at midday break

2nd tell us if you have a PE class and what you do in class

Who won the battle between the 2 balls of string?

They were tied!



This section covers:
Till
Or from midday till you finish school

Use this picture scale to tell us how you feel during the activities you do



#1 is very easy



#10 is very hard

1st **First**

What did you do at mid-day break?

<input type="checkbox"/>	Sit
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Play
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Other

Who were you with?

Second

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Third

How did you feel? Write the number in the box

Fourth

How long were you active?

Minutes

Take photos if you can!

2nd

First

Did you have PE class this afternoon?

Yes No

Second

What did you do?

<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Sports

Third

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fourth

How long was it?

Minutes

Fifth

How did you feel?

Sixth

Where was it?

When you have finished show these diary pages to Rachel to see how you got on!

Can you guess the sports

1. Tennis on a table!
2. Hurdles + long jump are types of this.
3. Robin Hood is an expert at this.
4. Front crawl + back stroke are types of this.
5. Martial art which a 'kid' is really good at.

Answers: 1. Table tennis, 2. Athletics, 3. Archery, 4. Swimming, 5. Karate

Breakfast and Morning Snacks—Thursday

1st complete the questions about your breakfast

2nd+3rd circle the foods and drinks you have for breakfast

4th tell us about snacks and drinks you have later

1st Where did you eat your breakfast?

Second Where did you get it from?

Third Who did you eat it with?

Fourth Did you take a photo?

Now circle what you eat & drink 2nd & 3rd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	3 rd Drinks
Bread	Cheerios	Cereal bar	Sausage	Croissant	Made with milk	Apple	Butter/ spread		Water
Toast	Coco pops	Chocolate bar	Bacon	Chocolate croissant	Made with water	Banana	Jam		Squash/ cordial
Crumpet	Cornflakes	Biscuit (not chocolate)	Egg	Danish pastry	Made with milk + water	Berries	Marmalade		Juice
Breakfast muffin	Frosties	Chocolate biscuit	Hash brown	Brioche	<i>Sugar</i>	Kiwi	Chocolate spread		Fizzy pop
Bagel	Rice Krispies		Beans	Cake		Pear	Ketchup		Milk
	Weetabix		Tomato			Orange	Brown sauce		Milkshake
	<i>With milk</i>		Mushroom			Satsuma/ tangerine			Tea
									Coffee

4th Did you have any drinks or snacks after breakfast?

Yes No

If yes what?

First Where did you eat it?

Third Where did you get it from?

Fourth Who did you eat with?

Fifth Did you take a photo?



Morning till Midday Activities—Thursday

1st tell us how you travelled to school today

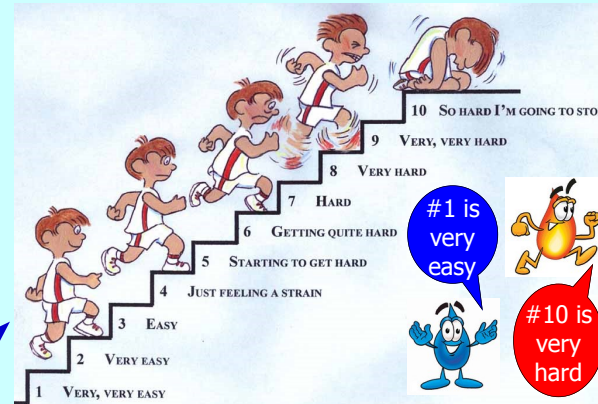


2nd tell us what you do at break time

3rd tell us if you have a PE class and what you do in class

This section covers:
 Till 
 Or from when you wake up till midday

Use this picture scale to tell us how you feel during the activities you do









How do we know burgers love young people?

They're pro-teen!



1st First

How did you travel to school?

	Bus	<input type="checkbox"/>
	Car	<input type="checkbox"/>
	Metro/Train	<input type="checkbox"/>
	Cycle	<input type="checkbox"/>
	Walk	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Who were you with?

<input type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How many minutes did it take?

Minutes

How did you feel? Write the number here

2nd First

What did you do at break time?

<input type="checkbox"/>	Sit
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Play
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Other

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How did you feel? Write the number in the box

How long was break time?

Minutes

Take photo's if you can!

3rd First

Did you have PE class this morning?

Yes No

What did you do?

<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Sports

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How long was it?

Minutes

Where was it?

How did you feel?

Lunch/Dinner and Afternoon Snacks—Thursday

1st complete the questions about your lunch/dinner

2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink

5th tell us about snacks and drinks you have later

1st Where did you eat lunch/dinner?

First

Second

Third Where did you get it from?

Fourth Who did you eat with?

Did you take a photo?

Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli	-----	Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots	-----	Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn	-----	Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas	-----	Milk
Egg		Pasty			Sausage	Shellfish	Noodles	Salad	-----	Milkshake
Meat		Meat pie			Burger	All eggs		Tomato	-----	Tea
Salad					Kebab				-----	Coffee

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	-----

5th Did you have any drinks or snacks after lunch?

Yes No

If yes what?

First

Second Where did you eat it?

Third Where did you get it?

Fourth Who did you eat with?

Did you take a photo?

Fifth

Midday till End of School Time Activities—Thursday




1st tell us what you do at midday break

2nd tell us if you have a PE class and what you do in class

3rd tell us how you travelled home from school



This section covers:



Till

Or from midday till you finish school

Use this picture scale to tell us how you feel during the activities you do



#1 is very easy

#10 is very hard

1st **First**

What did you do at mid-day break?

<input type="checkbox"/>	Sit
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Play
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Other

Second

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Third


How did you feel? Write the number in the box

Fourth

How long were you active?

Minutes

Take photos if you can!



2nd **First**

Did you have PE class this afternoon?

Yes No

Second

What did you do?

<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Sports

Third

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fourth

How long was it?

Minutes

Fifth

How did you feel?

Sixth

Where was it?

3rd **First**

How did you travel home from school?

<input type="checkbox"/>	Bus
<input type="checkbox"/>	Car
<input type="checkbox"/>	Metro/Train
<input type="checkbox"/>	Cycle
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Other

Second

How many minutes did it take?

Minutes

Third

Who were you with?

<input type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

Fourth

How did you feel? Write the number here

Fifth

Where did you go?

What's a runner's favourite subject in school?



Jog-raphy!

Tea/Evening Meal and Supper—Thursday

1st complete the questions about your tea/evening meal



2nd, 3rd + 4th circle the main course, drinks + dessert you have

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat your meal?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Second

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Where did you get it from?

Third

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Who did you eat it with?

Did you take a photo?

- Yes
- No

Fourth



Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli		Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots		Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn		Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas		Milk
Egg		Pasty			Sausage	Shellfish	Noodles	Salad		Milkshake
Meat		Meat pie			Kebab	All eggs		Tomato		Tea
Salad		Veg pie			Quorn					Coffee

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	

5th

Did you have any drinks or snacks for supper?

- Yes No

If yes what?

First

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Where did you eat it?

Second

Third

Where did you get it?

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Fourth

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Who did you eat with?

Fifth

Did you take a photo?

- Yes
- No



Late Afternoon and Evening Activities—Thursday

- 1st** tell us what you did this evening
- 2nd** tell us about any classes you went to this evening
- 3rd** tell us about any travelling you did
- 4th** tell us if you spent any time watching TV or using the computer



This section covers from...
Till bedtime!



Use this picture scale to tell us how you feel during the activities you do



1st First

What did you do this evening?

1. _____
2. _____
3. _____

Second Who were you with?

Family
 Friend(s)
 Teacher(s)
 Alone
 Other

Third How did you feel? Write the number here

Fourth How long did you do it for?

Minutes

Fifth Where were you?

1. _____
2. _____
3. _____



Take pictures if you can

2nd First

Did you go to any classes this evening?
 Yes No

Second What did you do in class?

Sports
 Dance
 Music

Third Who were you with?

Friend(s)
 Teacher(s)
 Alone
 Other

Fourth How long was it?

Minutes

Fifth How did you feel?

Sixth Where was it?

3rd First

Did you travel anywhere this evening?
 Yes No

Second How did you travel?

Bus
 Car
 Metro/Train
 Cycle
 Walk
 Other

Third How many minutes did it take?

Minutes

Fourth How did you feel?

Fifth Who were you with?

Family
 Childminder
 Friend(s)
 Teacher(s)
 Alone
 Other

4th

Did you watch the TV or use a computer this evening?
 Yes No

If yes, for how long?

Minutes



Breakfast and Morning Snacks—Friday

1st complete the questions about your breakfast

2nd+3rd circle the foods and drinks you have for breakfast

4th tell us about snacks and drinks you have later

1st Where did you eat your breakfast?

First

Second

Where did you get it from?

Third Who did you eat it with?

Fourth Did you take a photo?

Now circle what you eat & drink 2nd & 3rd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	3 rd Drinks
Bread	Cheerios	Cereal bar	Sausage	Croissant	Made with milk	Apple	Butter/ spread		Water
Toast	Coco pops	Chocolate bar	Bacon	Chocolate croissant	Made with water	Banana	Jam		Squash/ cordial
Crumpet	Cornflakes	Biscuit (not chocolate)	Egg	Danish pastry	Made with milk + water	Berries	Marmalade		Juice
Breakfast muffin	Frosties	Chocolate biscuit	Hash brown	Brioche	<i>Sugar</i>	Kiwi	Chocolate spread		Fizzy pop
Bagel	Rice Krispies		Beans	Cake		Pear	Ketchup		Milk
	Weetabix		Tomato			Orange	Brown sauce		Milkshake
	<i>With milk</i>		Mushroom			Satsuma/ tangerine			Tea
									Coffee

4th Did you have any drinks or snacks after breakfast?

Yes No

If yes what?

First

Where did you eat it?

Third

Where did you get it from?

Fourth

Who did you eat with?

Fifth

Did you take a photo?

Yes No

Morning till Midday Activities—Friday

1st tell us how you travelled to school today



2nd tell us what you do at break time

3rd tell us if you have a PE class and what you do in class

This section covers:
Till
Or from when you wake up till midday

Use this picture scale to tell us how you feel during the activities you do



What is black + white, black + white, black + white?



A Newcastle fan rolling down a hill!!

1st First

How did you travel to school?

	Bus	<input type="checkbox"/>
	Car	<input type="checkbox"/>
	Metro/Train	<input type="checkbox"/>
	Cycle	<input type="checkbox"/>
	Walk	<input type="checkbox"/>
	Other	<input type="checkbox"/>

How many minutes did it take?

Minutes

Who were you with?

<input type="checkbox"/>	Family
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How did you feel? Write the number here

2nd First

What did you do at break time?

<input type="checkbox"/>	Sit
<input type="checkbox"/>	Walk
<input type="checkbox"/>	Play
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Other

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How did you feel? Write the number in the box

Minutes

How long was break time?

Take photo's if you can!

3rd First

Did you have PE class this morning?

Yes No

What did you do?

<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Sports

Who were you with?

<input type="checkbox"/>	Friend(s)
<input type="checkbox"/>	Teacher(s)
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Other

How long was it?

Minutes

Where was it?

How did you feel?

Lunch/Dinner and Afternoon Snacks—Friday

1st complete the questions about your lunch/dinner

2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink



5th tell us about snacks and drinks you have later

2nd

1st **First** Where did you eat lunch/dinner?

Second **Third** Where did you get it from?

Fourth **Fourth** Who did you eat with?

Now circle what you eat & drink 2nd, 3rd & 4th

Did you take a photo? Yes No

Did you take a photo? Yes No

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli	-----	Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots	-----	Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn	-----	Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas	-----	Milk
Egg		Pasty			Sausage	Shellfish	Noodles	Salad	-----	Milkshake
Meat		Meat pie			Burger	All eggs		Tomato	-----	Tea
Salad					Kebab				-----	Coffee

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	-----

5th **First** Did you have any drinks or snacks after lunch? Yes No

Second **Second** Where did you eat it?

Third **Third** Where did you get it?

Fourth **Fourth** Who did you eat with?

Did you take a photo? Yes No

Did you take a photo? Yes No

Midday till End of School Time Activities—Friday





1st tell us what you do at midday break

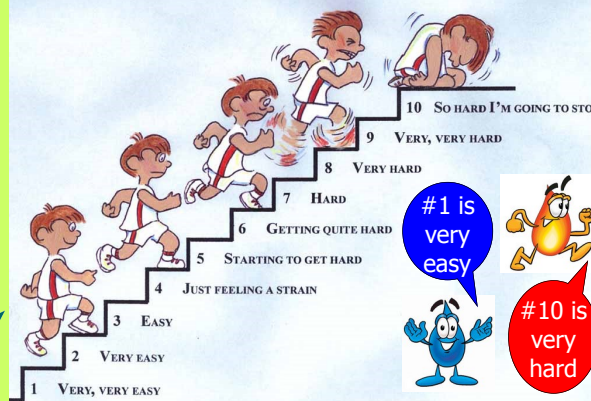
2nd tell us if you have a PE class and what you do in class

3rd tell us how you travelled home from school



This section covers:
 Till 
 Or from lunchtime till you finish school


Use this picture scale to tell us how you feel during the activities you do



#1 is very easy



#10 is very hard

1st  **First** →

What did you do at mid-day break?


Sit	<input type="checkbox"/>
Walk	<input type="checkbox"/>
Play	<input type="checkbox"/>
Sport	<input type="checkbox"/>
Other	<input type="checkbox"/>

Who were you with? **Second** →

Friend(s)	<input type="checkbox"/>
Teacher(s)	<input type="checkbox"/>
Alone	<input type="checkbox"/>
Other	<input type="checkbox"/>

Third → How did you feel? Write the number in the box

Fourth → How long were you active? Minutes

Take photos if you can! 

2nd **First** → Did you have PE class this afternoon? Yes No

Second → What did you do?

<input type="checkbox"/> Athletics
<input type="checkbox"/> Dance
<input type="checkbox"/> Sports

Third → Who were you with?

<input type="checkbox"/> Friend(s)
<input type="checkbox"/> Teacher(s)
<input type="checkbox"/> Alone
<input type="checkbox"/> Other

Fourth → How long was it? Minutes

Fifth → How did you feel?

Sixth → Where was it?

3rd **First** → How did you travel home from school?

 Bus	<input type="checkbox"/>
 Car	<input type="checkbox"/>
 Metro/Train	<input type="checkbox"/>
 Cycle	<input type="checkbox"/>
 Walk	<input type="checkbox"/>
Other	<input type="checkbox"/>

Second → How many minutes did it take? Minutes

Third → Who were you with?

<input type="checkbox"/> Family
<input type="checkbox"/> Childminder
<input type="checkbox"/> Friend(s)
<input type="checkbox"/> Teacher(s)
<input type="checkbox"/> Alone
<input type="checkbox"/> Other

Fourth → How did you feel? Write the number here

Fifth → Where did you go?

What happened to the dog who only ate garlic?



His bark was worse than his bite!

Tea/Evening Meal and Supper—Friday

1st complete the questions about your tea/evening meal



2nd, 3rd + 4th circle the main course, drinks + dessert you have

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat your meal?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Second

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Where did you get it from?

Third

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Who did you eat it with?

Fourth

- Yes
- No

Did you take a photo?



Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli	-----	Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots	-----	Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn	-----	Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas	-----	Milk
Egg		Pasty			Sausage	Shellfish	Noodles	Salad	-----	Milkshake
Meat		Meat pie			Burger	All eggs		Tomato	-----	Tea
Salad					Kebab				-----	Coffee

3rd

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	-----

5th

Did you have any drinks or snacks for supper?

- Yes No

If yes what?

First

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Where did you eat it?

Second

Third

Where did you get it?

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Fourth

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Who did you eat with?

Fifth

Did you take a photo?

- Yes
- No



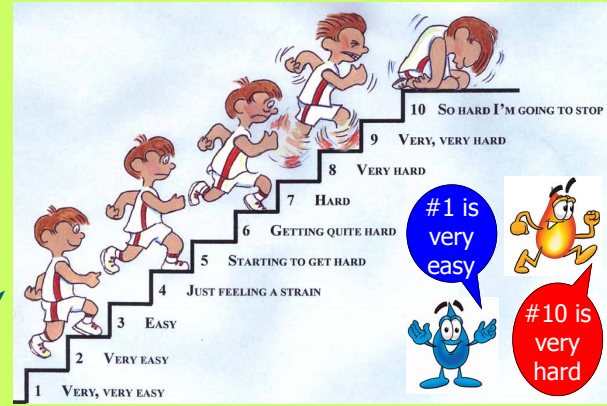
Late Afternoon and Evening Activities—Friday

- 1st** tell us what you did this evening
- 2nd** tell us about any classes you went to this evening
- 3rd** tell us about any travelling you did
- 4th** tell us if you spent any time watching TV or using the computer



This section covers from...
Till bedtime!

Use this picture scale to tell us how you feel during the activities you do



1st First

What did you do this evening?

-
-
-

Second Who were you with?

Family
Friend(s)
Teacher(s)
Alone
Other

Third How did you feel? Write the number here

Fourth Minutes

Fifth Where were you?

-
-
-



2nd First

Did you go to any classes this evening?
 Yes No

Second What did you do in class?

Sports
Dance
Music

Third Who were you with?

Friend(s)
Teacher(s)
Alone
Other

Fourth Minutes

Fifth How long was it?

Sixth Where was it?

How did you feel?

3rd First

Did you travel anywhere this evening?
 Yes No

Second How did you travel?

Bus
Car
Metro/Train
Cycle
Walk
Other

Third How many minutes did it take?

Fourth Minutes

Fifth How did you feel?

Who were you with?

Family
Childminder
Friend(s)
Teacher(s)
Alone
Other

4th

Did you watch the TV or use a computer this evening?
 Yes No

If yes, for how long?

Minutes

Breakfast and Morning Snacks—Saturday

1st complete the questions about your breakfast

2nd+3rd circle the foods and drinks you have for breakfast

4th tell us about snacks and drinks you have later

1st First Where did you eat your breakfast?

Second Where did you get it from?

Third Who did you eat it with?

Fourth Did you take a photo?

Now circle what you eat & drink 2nd & 3rd

<input type="checkbox"/>	Home	<input type="checkbox"/>	Home	<input type="checkbox"/>	Family	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Childminder	<input type="checkbox"/>	Childminder	<input type="checkbox"/>	Childminder	<input type="checkbox"/>	No
<input type="checkbox"/>	Friend's house	<input type="checkbox"/>	Friend's house	<input type="checkbox"/>	Friend(s)		
<input type="checkbox"/>	Cafe/Restaurant	<input type="checkbox"/>	Cafe/Restaurant	<input type="checkbox"/>	TV or Computer		
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Alone		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other		

2nd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	Drinks
Bread	Cheerios	Cereal bar	Sausage	Croissant	Made with milk	Apple	Butter/ spread		Water
Toast	Coco pops	Chocolate bar	Bacon	Chocolate croissant	Made with water	Banana	Jam		Squash/ cordial
Crumpet	Cornflakes	Biscuit (not chocolate)	Egg	Danish pastry	Made with milk + water	Berries	Marmalade		Juice
Breakfast muffin	Frosties	Chocolate biscuit	Hash brown	Brioche	<i>Sugar</i>	Pear	Chocolate spread		Fizzy pop
Bagel	Rice Krispies		Beans	Cake		Peach	Ketchup		Milk
	Weetabix		Tomato			Orange	Brown sauce		Milkshake
	<i>With milk</i>		Mushroom			Satsuma/ tangerine			Tea
									Coffee

3rd

4th Did you have any drinks or snacks after breakfast? Yes No

First If yes what?

Second Where did you eat it?

Third Where did you get it from?

Fourth Who did you eat with?

Fifth Did you take a photo?

<input type="checkbox"/>	Home	<input type="checkbox"/>	Home	<input type="checkbox"/>	Family	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Childminder	<input type="checkbox"/>	Childminder	<input type="checkbox"/>	Childminder	<input type="checkbox"/>	No
<input type="checkbox"/>	Friend's house	<input type="checkbox"/>	Friend's house	<input type="checkbox"/>	Friend(s)		
<input type="checkbox"/>	Cafe/Restaurant	<input type="checkbox"/>	Cafe/Restaurant	<input type="checkbox"/>	TV or Computer		
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Alone		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other		

Morning till Midday Activities—Saturday

1st tell us what you did this morning

2nd tell us about any classes you went to this morning

3rd tell us about any travelling you did

4th tell us if you spent any time watching TV or using the computer



This section covers:



Till Or from when you wake up till midday

Use this picture scale to tell us how you feel during the activities you do



1st

First



Second

Who were you with?

- Family
- Friend(s)
- Teacher(s)
- Alone
- Other

Third

How did you feel? Write the number here

Fourth

How long did you do it for?

Minutes

Fifth

Where were you?



Take pictures if you can

2nd

First

Second

What did you do in class?

- Sports
- Dance
- Music

Third

Who were you with?

- Arts + crafts
- Other

Fourth

Minutes

Sixth

Where was it?

Fifth

How did you feel?

3rd

First



Bus



Car



Metro/Train



Cycle



Walk



Other

How many minutes did it take?

Fourth

Minutes

Fifth

Who were you with?

- Family
- Childminder
- Friend(s)
- Teacher(s)
- Alone
- Other

4th

Did you watch the TV or use a computer this morning?

Yes No

If yes, for how long?

Minutes



Lunch/Dinner and Afternoon Snacks—Saturday

1st complete the questions about your lunch/dinner



2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat lunch/dinner?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Second

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Where did you get it from?

Third

Who did you eat it with?

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Fourth

Did you take a photo?



- Yes
- No

Now circle what you eat & drink 2nd, 3rd &

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli		Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots		Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn		Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas		Milk
Egg		Pasty			Sausage	Shellfish		Salad		Milkshake
Meat		Meat pie			Burger	All eggs		Tomato		Tea
Salad		Veg pie			Kebab					Coffee
					Quorn		Noodles			

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	

5th

Did you have any drinks or snacks after lunch?

Yes No

First

If yes what?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Where did you eat it?

Second

Third

Where did you get it?

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Fourth

Who did you eat with?

Fifth

Did you take a photo?



- Yes
- No

Midday till Afternoon Activities—Saturday

1st tell us what you did this afternoon



2nd tell us if you spent any time watching TV or using the computer

3rd tell us about any travelling you did

4th tell us about any classes you went to this afternoon

This section covers:



Or from midday till afternoon

Use this picture scale to tell us how you feel during the activities you do



1st



Second

Who were you with?

- Family
- Friend(s)
- Teacher(s)
- Alone
- Other

How did you feel? Write the number here

Third

How long did you do it for?

Fourth

 Minutes

Fifth

Where were you?

1. _____

2. _____

3. _____

Take pictures if you can



2nd

Did you watch the TV or use a computer this afternoon?
 Yes No

If yes, for how long?

 Minutes


3rd

First



Did you travel anywhere this afternoon?
 Yes No

Second

How did you travel?

Bus _____

Car _____

Metro/Train _____

Cycle _____

Walk _____

Other _____

Fifth

Who were you with?

- Family
- Childminder
- Friend(s)
- Teacher(s)
- Alone
- Other

How did you feel?

How many minutes did it take?

Fourth

 Minutes

4th

First

Second

What did you do in class?

- Sports
- Dance
- Music

Did you go to any classes this afternoon?
 Yes No

Third

Who were you with?

- Arts + crafts
- Other

- Friend(s)
- Teacher(s)
- Alone
- Other

Fourth

 Minutes

How long was it?

Sixth

Where was it?

Fifth

How did you feel?

Tea/Evening Meal and Supper—Saturday

1st complete the questions about your tea/evening meal



2nd, 3rd + 4th circle the main course, drinks + dessert you have

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat your meal?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Second

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Where did you get it from?

Third

Who did you eat it with?

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Fourth

Did you take a photo?



- Yes
- No

Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli		Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots		Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn		Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas		Milk
Egg		Pasty			Sausage	Shellfish		Salad		Milkshake
Meat		Meat pie			Burger	All eggs		Tomato		Tea
Salad		Veg pie			Kebab					Coffee
					Quorn		Noodles			

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	

5th

Did you have any drinks or snacks for supper?

- Yes No

First

If yes what?

- Home
- Childminder
- Friend's house
- Cafe/Restaurant
- Other

Where did you eat it?

Second

- Home
- Childminder
- Friend's house
- Shop
- Cafe/Restaurant
- Other

Third

Where did you get it?

- Family
- Childminder
- Friend(s)
- TV or Computer
- Alone
- Other

Fourth

Who did you eat with?

Did you take a photo?



- Yes
- No

Late Afternoon and Evening Activities—Saturday

1st tell us what you did this evening

2nd tell us if you spent any time watching TV or using the computer

3rd tell us about any travelling you did


4th tell us about any classes you went to this evening



This section covers from...
Till bedtime!



Use this picture scale to tell us how you feel during the activities you do



#1 is very easy

#10 is very hard

1st First

What did you do this evening?

1. _____
2. _____
3. _____

Second Who were you with?

Family
Friend(s)
Teacher(s)
Alone
Other

Third How did you feel? Write the number here

Fourth How long did you do it for? Minutes

1. _____
2. _____
3. _____

Fifth Where were you?


Take pictures if you can



2nd Did you watch the TV or use a computer this evening?
 Yes No

If yes, for how long?

Minutes



3rd First

Did you travel anywhere this evening?
 Yes No

Second How did you travel?

Bus
Car
Metro/Train
Cycle
Walk
Other

Third How long you travel? Minutes

Fourth How many minutes did it take? Minutes

Fifth How did you feel?

Who were you with?

Family
Childminder
Friend(s)
Teacher(s)
Alone
Other

4th First

Did you go to any classes this evening?
 Yes No

Second What did you do in class?

Sports
Dance
Music

Third Who were you with?

Arts + crafts
Other

Fourth How long was it? Minutes

Fifth How did you feel?

Sixth Where was it?

Breakfast and Morning Snacks—Sunday

1st complete the questions about your breakfast

2nd+3rd circle the foods and drinks you have for breakfast

4th tell us about snacks and drinks you have later

1st First

Where did you eat your breakfast?

Second

Home
Childminder
Friend's house
Cafe/Restaurant

Other

Home
Childminder
Friend's house
Shop

Cafe/Restaurant

Other

Where did you get it from?

Third

Family
Childminder
Friend(s)
TV or Computer
Alone
Other

Who did you eat it with?

Fourth

Did you take a photo?

Yes
No

Now circle what you eat & drink 2nd & 3rd

2nd

Bread	Cereal	Cereal bars + biscuits	English Breakfast	Pastry	Porridge	Fruit	Sauces + spreads	Other	Drinks
Bread	Cheerios	Cereal bar	Sausage	Croissant	Made with milk	Apple	Butter/ spread		Water
Toast	Coco pops	Chocolate bar	Bacon	Chocolate croissant	Made with water	Banana	Jam	-----	Squash/ cordial
Crumpet	Cornflakes	Biscuit (not chocolate)	Egg	Danish pastry	Made with milk + water	Berries	Marmalade	-----	Juice
Breakfast muffin	Frosties	Chocolate biscuit	Hash brown	Brioche	<i>Sugar</i>	Pear	Chocolate spread	-----	Fizzy pop
Bagel	Rice Krispies		Beans	Cake		Peach	Ketchup	-----	Milk
	Weetabix		Tomato			Orange	Brown sauce	-----	Milkshake
	<i>With milk</i>		Mushroom			Satsuma/ tangerine		-----	Tea
								-----	Coffee
								-----	-----

3rd

4th Did you have any drinks or snacks after breakfast?

Yes No

First

If yes what?

Second

Where did you eat it?

Third

Home
Childminder
Friend's house
Cafe/Restaurant

Other

Home
Childminder
Friend's house
Shop

Cafe/Restaurant

Other

Where did you get it from?

Fourth

Family
Childminder
Friend(s)
TV or Computer
Alone
Other

Who did you eat with?

Fifth

Did you take a photo?

Yes
No

Morning till Midday Activities—Sunday

1st tell us what you did this morning



2nd tell us about any classes you went to this morning

3rd tell us about any travelling you did

4th tell us if you spent any time watching TV or using the computer

This section covers:
 Till
 Or from when you wake up till midday

Use this picture scale to tell us how you feel during the activities you do



#1 is very easy

#10 is very hard

1st **First** What did you do this morning?
 1. _____
 2. _____
 3. _____

Second Who were you with?
 Family
 Friend(s)
 Teacher(s)
 Alone
 Other

Third How did you feel? Write the number here

Fourth How long did you do it for?
 Minutes

Fifth Where were you?
 1. _____
 2. _____
 3. _____

Take pictures if you can

2nd **First** Did you go to any classes this morning?
 Yes No

Second What did you do in class?
 Sports
 Dance
 Music

Third Who were you with?
 Friend(s)
 Teacher(s)
 Alone
 Other

Fourth How long was it?
 Minutes

Fifth How did you feel?

Sixth Where was it?

3rd **First** Did you travel anywhere this morning?
 Yes No

Second How did you travel?
 Bus
 Car
 Metro/Train
 Cycle
 Walk
 Other

Third How many minutes did it take?
 Minutes

Fourth How did you feel?

Fifth Who were you with?
 Family
 Childminder
 Friend(s)
 Teacher(s)
 Alone
 Other

4th Did you watch the TV or use a computer this morning?
 Yes No

If yes, for how long?
 Minutes

Lunch/Dinner and Afternoon Snacks—Sunday

1st complete the questions about your lunch/dinner



2nd, 3rd + 4th circle the main course, drinks + dessert you eat + drink

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat lunch/dinner?

Home
 Childminder
 Friend's house
 Cafe/Restaurant
 Other

Second

Home
 Childminder
 Friend's house
 Shop
 Cafe/Restaurant
 Other

Where did you get it from?

Third

Who did you eat it with?

Family
 Childminder
 Friend(s)
 TV or Computer
 Alone
 Other

Fourth

Did you take a photo?



Yes
 No

Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli		Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots		Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn		Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas		Milk
Egg		Pasty			Sausage	Shellfish		Salad		Milkshake
Meat		Meat pie			Burger	All eggs		Tomato		Tea
Salad		Veg pie			Kebab					Coffee
					Quorn		Noodles			

4th

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	

5th

Did you have any drinks or snacks after lunch?
 Yes No

First

If yes what?

Home
 Childminder
 Friend's house
 Cafe/Restaurant
 Other

Where did you eat it?

Second

Third

Where did you get it?

Home
 Childminder
 Friend's house
 Shop
 Cafe/Restaurant
 Other

Fourth

Who did you eat with?

Family
 Childminder
 Friend(s)
 TV or Computer
 Alone
 Other

Fifth

Did you take a photo?



Yes
 No

Midday till Afternoon Activities—Sunday

1st tell us what you did this afternoon



2nd tell us if you spent any time watching TV or using the computer

3rd tell us about any travelling you did

4th tell us about any classes you went to this afternoon

This section covers:



Or from midday till afternoon

Use this picture scale to tell us how you feel during the activities you do



1st

First



Second

Who were you with?

- Family
- Friend(s)
- Teacher(s)
- Alone
- Other

Third

How did you feel? Write the number here

Fourth

How long did you do it for?

 Minutes

Fifth

Where were you?

1. _____

2. _____

3. _____

Take pictures if you can



2nd

Did you watch the TV or use a computer this afternoon?
 Yes No

If yes, for how long?

 Minutes


3rd

First



Bus



Car



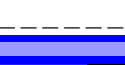
Metro/Train



Cycle



Walk



Other

Second

Did you travel anywhere this afternoon?
 Yes No

How did you travel?

How many minutes did it take?

 Minutes

Fifth

Who were you with?

- Family
- Childminder
- Friend(s)
- Teacher(s)
- Alone
- Other

How did you feel?

4th

First

Second

What did you do in class?

- Sports
- Dance
- Music

Did you go to any classes this afternoon?
 Yes No

Third

Who were you with?

- Friend(s)
- Teacher(s)
- Alone
- Other

Fourth

 Minutes

How long was it?

Sixth

Where was it?

Fifth

How did you feel?

Tea/Evening Meal and Supper—Sunday

1st complete the questions about your tea/evening meal



2nd, 3rd + 4th circle the main course, drinks + dessert you have

5th tell us about snacks and drinks you have later

2nd

1st

First

Where did you eat your meal?

Home
 Childminder
 Friend's house
 Cafe/Restaurant

 Other

Second

Home
 Childminder
 Friend's house
 Shop

 Cafe/Restaurant

 Other

Where did you get it from?

Third

Who did you eat it with?

Family
 Childminder
 Friend(s)
 TV or Computer
 Alone
 Other

Fourth

Did you take a photo?

Yes
 No

Now circle what you eat & drink 2nd, 3rd & 4th

Sandwich	Soup	Snacks + Pastry	Pizza	Pasta	Meat	Fish + Egg	Starchy sides	Veg.	Other	Drinks
Bread/roll	Meat	Crisps	Tomato + cheese	Hot with sauce	Beef	Fish fingers	Boiled potatoes	Beans		Water
Wrap	Veg	Cheese biscuits	Meat	Cold with sauce	Chicken	Fried fish	Mashed potatoes	Broccoli	-----	Squash/cordial
Toastie	Lentil	Crackers	Vegetable	Hot no sauce	Turkey	Prawns	Chips	Carrots	-----	Juice
Cheese		Nuts	Fish	Cold no sauce	Lamb	Salmon	Boiled rice	Corn	-----	Fizzy pop
Fish		Sausage roll			Pork	White fish	Fried rice	Peas	-----	Milk
Egg		Pasty			Sausage	Shellfish	Fried rice	Salad	-----	Milkshake
Meat		Meat pie			Burger	All eggs	Noodles	Tomato	-----	Tea
Salad		Veg pie			Kebab				-----	Coffee
					Quorn				-----	

3rd

Cake	Cake - Scone - Gateaux
Cereal bar + biscuits	Cereal bar - Biscuit - Cookie - Chocolate biscuit
Chocolate	All types
Fruit	Apple - Banana - Berries - Satsuma/tangerine - Pear
Ice cream	All types
Sweets	All types
Yoghurt	Yoghurt - Fromage frais
Sauces	Custard - Cream
Other	-----

5th

Did you have any drinks or snacks for supper?
 Yes No

First

If yes what?

Home
 Childminder
 Friend's house
 Cafe/Restaurant
 Other

Where did you eat it?

Second

Home
 Childminder
 Friend's house
 Shop

 Cafe/Restaurant

 Other

Third

Where did you get it?

Family
 Childminder
 Friend(s)
 TV or Computer
 Alone
 Other

Fourth

Who did you eat with?

Did you take a photo?
 Yes
 No

Late Afternoon and Evening Activities—Sunday

1st tell us what you did this evening

2nd tell us if you spent any time watching TV or using the computer

3rd tell us about any travelling you did

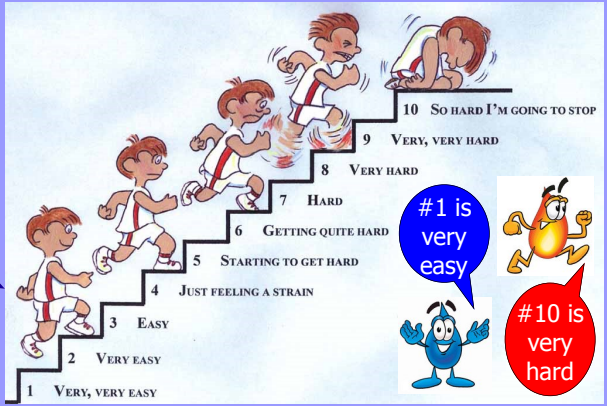
4th tell us about any classes you went to this evening



This section covers from...
Till bedtime!



Use this picture scale to tell us how you feel during the activities you do



1st First

What did you do this evening?

Second Who were you with?

1. _____

2. _____

3. _____

Family _____

Friend(s) _____

Teacher(s) _____

Alone _____

Other _____

Third How did you feel? Write the number here

Fourth How long did you do it for?

Minutes _____

Fifth Where were you?

1. _____

2. _____

3. _____

Take pictures if you can




2nd Did you watch the TV or use a computer this evening?

Yes No

If yes, for how long?

Minutes _____



3rd Did you travel anywhere this evening?

Yes No

Second How did you travel?

Bus _____


Car _____

Metro/Train _____

Cycle _____

Walk _____

Other _____



Fourth How many minutes did it take?

Minutes _____

Fifth Who were you with?

Family _____

Childminder _____

Friend(s) _____

Teacher(s) _____

Alone _____

Other _____

4th Did you go to any classes this evening?

Yes No

Second What did you do in class?

Sports _____

Dance _____

Music _____

Third Who were you with?

Arts + crafts _____

Other _____

Fourth How long was it?

Minutes _____

Fifth How did you feel?

Sixth Where was it?



Thank you very much for your help

Any questions please contact Rachel Gallo at:

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Telephone: 07824614207

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Newcastle Upon Tyne,
NE1 7RU

*Please bring back the
camera when you return
the diary!*



Newcastle
University



Durham
University

nepho
NORTH EAST PUBLIC HEALTH OBSERVATORY

Outdoor Food and Drink Advertising Audit Tool Manual

Outdoor Food and Drink Advertising Influence on Childhood BMI and
Diet: Development and Testing of an Audit Tool

Authors

Rachel G. Gallo, Tim G. Townshend, Amelia A. Lake & Mary Brennan

Corresponding Author

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9JS, UK. Mary.Brennan@ed.ac.uk

Area and street name/identifier should be recorded within the field.

Where using GPS **longitude and latitude** information should be recorded within the field to enable spatial mapping of advertisements.

A **photograph** should be taken of every food advertisement to enable post fieldwork reflection and ensure complete record keeping. Photo's should be attributed an **identifier** and retained in records.

Location of food advert should be recorded within the field, categories include:

- Food outlet (i.e. convenience shop, pub, restaurant)
- Closed food outlet (i.e. social club)
- Leisure outlet (i.e. dance/sports shop)
- Other retail outlet (i.e. clothes shop)
- Leisure facility (i.e. ice rink, pool)
- Residential area
- Free standing billboard
- Train/bus/metro station
- Road
- Place of Worship
- Education establishment/Library
- Other

Indication of outlet or facility type, billboard surroundings and station type should be provided.

Advert **size** should be recorded within the field, categories include:

- Small (<A4)
- Medium (>A4 – Bus shelter poster)
- Large (Billboard)

Advert **height** should be recorded within the field categories include:

- Low: 0–3 feet (below hip on self)
- Child eye level: 3–4.5 feet (hip – shoulder height on self)
- Upper eye level for child: 4.5–6 feet (shoulder to upper eye level on self)
- High: >6 feet

NB. Auditor should height measure self and set category positioning on own body pre-auditing to ensure robust estimation of advert height.

Advertising medium should be recorded within the field, categories include:

Banner/board		Phone box	
Billboard		Poster	
Bus stop		Stand	
Logo/brand image sticker		Window	
		Other	Detail what and potentially develop new category

A brief **advert/product description** should be recorded within the field to enable matching audit to photograph for post-fieldwork analysis.

The following auditing stages can be completed post-fieldwork using photographs.

Advertisement setting should be attributed according to the following categories:

Beach		Natural landscape	
Fantasy		Romance	
Festival		School	
Floral or decorative		Shop	
Home		Travel / foreign	
Leisure		Weather	
Misc. dramatic background		N/A	
Music			

Advert categorisation should be attributed according to the following categories:

<p>Opening hours, parking etc.</p> <p><i>PROMPT: must include outlet name/logo and should be identifiable independent of further advertising</i></p>	
<p>Menu full (>10 in list) without kids menu</p>	
<p>Menu full (>10 in list) with kids menu</p>	
<p>Menu/meal options (i.e. early bird, lunch special, set price) limited/ insufficient information what included</p>	
<p>Food/drink available – insufficient information what included</p>	

<p>Logo/Brand image</p>	
<p>Food/drink available/choices/broad type categories*</p> <p><i>PROMPT: Requires further knowledge i.e. brand and type</i></p>	
<p>Food/drink product(s)* ≤10</p> <p><i>PROMPT: Can go into food outlet and ask for product specifically</i></p>	
<p>Food/drink image*</p> <p><i>PROMPT: Can include words</i></p>	
<p>Food/drink available/choices/broad type categories* and Food/drink image*</p>	

***Only adverts categorised as 'Food/drink available/choices/broad type categories', 'Food/drink product' or 'Food/drink image' undergo further analysis**

Logo/Brand image should also provide brand name and proxy/main information

Brand name of food/drink product being advertised should be provided. Main/forefront brand if multiple.

It should be highlighted if the **branded food/drink product only** is being advertised as the **main feature** or **by proxy** i.e.

<p>Main feature</p>		<p>By proxy</p>		
---------------------	---	-----------------	--	---

PROMPT – who's paying for the advert?

Food/drinks should be categorised into the **Eatwell plate** according to the following categories:
 Where the product spans 2 categories number the most dominant element 1st

Carbohydrate		Drink	
Fruit and vegetables including fruit juice		Mixed (if >3 Eatwell category items)	
Protein		HFSS mixed (if >3 Eatwell category items & predominately HFSS)	
Dairy		Other – detail what	
High fat, salt or sugar (HFSS) (single product and single product category/ type)		<p><i>Eatwell plate for reference. More information available from the Food Standards Agency</i></p>	



Food/drink type should be categorised according to the following categories:

- Bread and bread products
- Breakfast cereals (sugared Yes or No)
- Breakfast meal
- Cakes, biscuits and deserts
- Cheese and butter
- Confectionary
- Ice cream
- Fast food (including mixed items)
- Fast food outlet
- Fruit & vegetables (including fruit juice)
- Main meal
- Meat, fish and eggs – protein
- Potatoes/pasta
- Pre-prepared conv. food (frozen/ready meal)
- Sandwich
- Savoury snacks
- Yoghurt/dairy desert
- Mixed (>3 items span different categories)
- Alcohol
- Energy drinks
- Milk
- Soft drinks including milkshake
- Tea, coffee and hot chocolate
- Water
- Other – detail what

Food/drinks should be attributed with a **unique selling point** according to the following categories:
 Where the product spans 2 categories number the most dominant element 1st

<p>Athletic ability/ performance benefit</p>		<p>Premium/quality – focus on quality above competitors and quality ingredients/ processing</p>	
<p>Convenience – focus on ease of use/consumption</p>		<p>Price – focus on price as key incentive to purchase</p>	
<p>Cool – focus on product bringing social status. Product may be portrayed as trendy. May use celebrity endorsement.</p>		<p>Promotion i.e. meal deals (save money compared to sum of parts), BOGOF, prices etc. – focus on promotion as key incentive to buy</p>	
<p>Expertise producers/ makers/ sellers – focus on expertise as a key incentive to purchase</p>		<p>Scientific information/ innovation – focus on scientific info./ innovation of product/packaging as key incentive</p>	
<p>Fresh – focus on freshness of product or production, visual imagery may include water drops</p>		<p>Special diet – focus on compliance with special diet</p>	
<p>Friendship/ social success</p>		<p>Size</p>	
<p>Fun – focus on product as the source of 'fun' or entertainment</p>		<p>Taste – focus on flavour and deliciousness of food</p>	
<p>Health/nutrition benefit – product itself doesn't have to be 'healthy' but can be</p>		<p>None/unclear</p>	
		<p>Other</p>	<p>Detail what and potentially develop new category</p>

Food/drinks should be attributed with a **target audience** according to the following categories:

<p>Pre-school child <i>Feature preschool children/babyish</i></p>	
<p>Child (including 10-11 years) <i>Fun, fantasy + adventure themes</i></p>	
<p>Adolescent/teen <i>Fashion, image + sexuality themes</i></p>	 
<p>Parent <i>Parental theme</i></p>	
<p>General population <i>Range ages/unclear target audience</i></p>	 

If food/drinks targeted at 'Child including 10-11 years' they should be attributed with a **theme** according to the following categories:

- Action-adventure
- Brand character (i.e. Coco pops)
- Cartoon
- Celebrity (human or cartoon)
- Central figure child
- Central figure adult
- Fantasy (i.e. superhuman ability)
- Humour
- Magic
- Play
- Other – detail what

3. Food and Diet

Tick the statement that best describes your agreement

Rarely Sometimes Usually Always

My child eats breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats fast food/takeaway with our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats snacks without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats meals in front of the TV/computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats at the dining table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat healthy snacks or meals in front of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use food to reward my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has to eat all the food on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child dislikes something I tell him/her that he/she will get desert if they eat it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child does not like something he/she gets something they do like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has limited portion sizes at mealtimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep sugary drinks/snacks where they can be easily seen/reached by my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep fruits & vegetables where they can be easily seen/reached by my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child asks for sugary drinks/snacks I give them to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child asks for fruits & vegetables I give them to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you tell your child that confectionary/sugary drinks are bad for their teeth or will lead to weight gain or are unhealthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you tell your child that eating fruit & vegetables is good/healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey. Please return it to school with your child

Children's Neighbourhood Environment Study (CNES)

~ Parent Questionnaire ~

Please take a few minutes to fill in this survey about yourself and your child. Tick the answer which best describes your agreement or behaviour with the statements given. Answer as honestly as possible – there are no right or wrong answers.

All data is entirely anonymous and strictly confidential.

When you have completed the questionnaire please return it to school

Child's Participant ID

Child's ethnic group

What is your relationship to the child participating in CNES?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian Male | <input type="checkbox"/> Childminder |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Guardian Female | <input type="checkbox"/> Sibling | ----- |

What is your height?

What is your weight?

What is your highest academic achievement?

- | | | | | | |
|------------------------------|-------------------------------|---------------------------------------|---|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> GCSE | <input type="checkbox"/> A or O level | <input type="checkbox"/> GNVQ level ___ | <input type="checkbox"/> Undergraduate degree | <input type="checkbox"/> Postgraduate degree |
|------------------------------|-------------------------------|---------------------------------------|---|---|--|

To what degree do you agree with these statements?

	Disagree Strongly	Disagree	Agree	Agree strongly
There are strict rules my child must follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are rules my child and I make and they follow them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can easily persuade me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child does or gets what they want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Neighbourhood Environment

Tick the statement that best describes your agreement

	<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Agree</i>	<i>Agree strongly</i>
I am happy for my child to be alone, or with friends unsupervised, in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many places to go within easy walking distance of my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of shops & services within walking distance of my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of recreation opportunities & services within walking distance of my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with the number & quality of food outlets in my local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of public transport options & routes within walking distance of my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of walking routes within my neighbourhood enabling walking to places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle tracks & pedestrian trails in or near my neighbourhood are easy to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighbourhood is generally rubbish free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The streets in my neighbourhood are well maintained (i.e. paved, not a lot of cracks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighbourhood is attractive (i.e. buildings, planting & natural sights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic speed on the street & nearby streets that I live on is usually slow (<30 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is so much traffic in my neighbourhood that it makes it difficult or unpleasant to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighbourhood streets are well lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a high crime rate in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I walk/cycle in my local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I walk/cycle with my child in my local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child walks or cycles to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to walk/cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Physical Activity

Tick the statement that best describes your agreement

	<i>Rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I enrol my child in sports teams & clubs such as football, basketball & dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enrol my child in community-based programs (i.e. Scouts & Guides) where he/she can be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find ways for my child to be active when school is out by, for example enrolling him/her in summer camp & after school programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to use resources in our neighbourhood to be active (i.e. park, green space, school or playground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take my child to places where he/she can be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch my child play sports or participate in activities such as football, dance & karate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to be physically active by leading by example (by role-modelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise or am physically active on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy exercise & physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I limit how long my child plays video games (including Playstation, Xbox & Gameboy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I limit how long my child can watch TV or DVDs each day (including educational & non-educational programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Agree</i>	<i>Agree strongly</i>
I think the local leisure centre offers good age-appropriate services for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the local leisure centre offers lots of good classes for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the local leisure centre offers value for money for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the name of the leisure centre your child uses most
