

**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

Available from <http://www.5aday.nhs.uk/original/locally/facet.aspx>

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

**PART 2**

Please read each question carefully and “X” the answer that most accurately reflects your circumstances or views. In some questions you will be asked for your opinion on a topic, please write your answers in the box provided.

Q.1 How many portions of a combination of fruit and vegetables do you think health experts would recommend eating every day ?

**PLEASE “X” ONE BOX ONLY**

+	None	<input type="checkbox"/>	1		Five	<input type="checkbox"/>	6
	One	<input type="checkbox"/>	2		Six	<input type="checkbox"/>	7
	Two	<input type="checkbox"/>	3		Seven or more	<input type="checkbox"/>	8
	Three	<input type="checkbox"/>	4		Don't know	<input type="checkbox"/>	9
	Four	<input type="checkbox"/>	5				

Q.2 How many portions of fruits and vegetables do each of the following provide ?

**PLEASE “X” ONE BOX ONLY IN EACH ROW**

+

	0	1	2	3	4	Don't know
A small glass (150 mls) of unsweetened orange juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One glass of orange squash (diluted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A thin slice of tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three heaped tablespoons of carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One medium-sized apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One small raspberry flavoured yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.3 How important are the following to you in deciding how much fruit and vegetables that you eat ?

**PLEASE “X” ONE BOX ONLY IN EACH ROW**

	Very unim- portant	Unim- portant	Neither unim- portant nor important	Important	Very important	Don't know
The money I have available to spend on fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Price of fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My knowledge about ways to prepare fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The time I have available to prepare fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How easy it is for me to get the shops*	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How heavy my shopping is to carry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Likes and dislikes of my household for fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The quality of fruit and vegetables available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

\*any shops within walking distance

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	No, probably not	Possibly	Yes, probably	Yes, definitely	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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**

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

Q.1 Your date of birth

Day	Month	Year
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4+</b>
Adults and children aged 16 and over including yourself		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				
Indian	<input type="checkbox"/>	2		Black African	<input type="checkbox"/>	7
Pakistani	<input type="checkbox"/>	3		Black (other)	<input type="checkbox"/>	8
Bangladeshi	<input type="checkbox"/>	4		Mixed ethnic group	<input type="checkbox"/>	9
Chinese	<input type="checkbox"/>	5		None of the above	<input type="checkbox"/>	10
Black Caribbean	<input type="checkbox"/>	6		Prefer not to say	<input type="checkbox"/>	11

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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**

<b>Gross Weekly Income (before tax)</b>		<b>Gross Monthly Income (before tax)</b>		<b>Gross Annual Income (before tax)</b>				
Less than £100 a week	<input type="checkbox"/>	1	Less than £430 a month	<input type="checkbox"/>	1	Less than £5,000 p.a.	<input type="checkbox"/>	1
£100 - £150 a week	<input type="checkbox"/>	2	£431 - £650 a month	<input type="checkbox"/>	2	£5,000 - £7,800 p.a.	<input type="checkbox"/>	2
£151 - £200 a week	<input type="checkbox"/>	3	£651 - £870 a month	<input type="checkbox"/>	3	£7,801 - £10,000 p.a.	<input type="checkbox"/>	3
£201 - £250 a week	<input type="checkbox"/>	4	£871 - £1,080 a month	<input type="checkbox"/>	4	£10,001 - £13,000 p.a.	<input type="checkbox"/>	4
£251 - £300 a week	<input type="checkbox"/>	5	£1,081 - £1,300 a month	<input type="checkbox"/>	5	£13,001 - £15,500 p.a.	<input type="checkbox"/>	5
£301 - £400 a week	<input type="checkbox"/>	6	£1,301 - £1,730 a month	<input type="checkbox"/>	6	£15,501 - £21,000p.a.	<input type="checkbox"/>	6
More than £400 a week	<input type="checkbox"/>	7	More than £1,730 a month	<input type="checkbox"/>	7	More than £21,000 p.a.	<input type="checkbox"/>	7

Office Use Only

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