Appendix 1: Study Instrument – Telephone-administered Questionnaire

Note: Questions considered relevant for this study are highlighted in yellow.

MANAGING FOOD ON SHIFT WORK

Good morning/ afternoon/ evening, I am... from the research agency Millward Brown Ulster, and we are conducting a survey on behalf of safe food to provide an understanding of the food needs and experiences of people on shift work. Responses from the survey will be kept completely confidential and none of your details will be shared with safe food or any third parties. Findings will be presented on an aggregated basis only and the survey will take approximately 10-12 minutes to complete.

Firstly can I check do you or anyone else in your household do shift work...?

DEFINITION OF SHIFT WORK: Work primarily outside the normal day time working hours of 9am to 5pm. Employees who work fixed shifts in the early morning, evening or night time. Shift work does not include ‘on-call’ working arrangements.

Yes – Continue
No – Ask to speak to appropriate person or Close & Rec Sub QA. Confirm country of residence
1: Northern Ireland
2: Republic of Ireland

WORK DETAILS
TYPE: SINGLE
ROUTING: IF QA=1
INTERVIEWER INSTRUCTION: DO NOT READ OUT PRECODES
PROGRAMMING: NONE

Q1a. In which county is your normal place of work located?
1: Antrim
2: Armagh
3: Derry~Londonderry
4: Down
5: Fermanagh
6: Tyrone
7: Unsure (please specify nearest town or city)

TYPE: SINGLE
ROUTING: IF QA=2
INTERVIEWER INSTRUCTION: DO NOT READ OUT PRECODES
PROGRAMMING: NONE

Q1b. In which county is your normal place of work located?
1: Carlow
2: Cavan
3: Clare
4: Cork
5: Donegal
6: Dublin
7: Galway
8: Kerry
9: Kildare
10: Kilkenny
11: Laois
12: Leitrim
13: Limerick
14: Longford
15: Louth
16: Mayo
17: Meath
18: Monaghan
19: Offaly
20: Roscommon
21: Sligo
22: Tipperary
23: Waterford
24: Westmeath
25: Wexford
26: Wicklow
27: Unsure (please specify nearest town or city)

**TYPE: SINGLE**

**ROUTING: ASK ALL**

**INTERVIEWER INSTRUCTION: PROBE TO PRECODES**

**PROGRAMMING: NONE**

Q2. Approximately how many people does the organisation you work for employ?
1: Less than 10 employees
2: 10 to 49 employees
3: 50 to 99 employees
4: 100 to 249 employees
5: 250+ employees

**TYPE: SINGLE**

**ROUTING: ASK ALL**

**INTERVIEWER INSTRUCTION: PROBE TO PRECODES**

**PROGRAMMING: NONE**

Q3. Which of the following sectors best describes the main activity of the organisation you work for?
1: Accommodation and food services
2: Health and social work
3: Manufacturing
4: Construction
5: Transport / communications
6: Finance, banking, insurance
7: Call centre or telesales
8: Computer related activity
9: Retail
10: Distribution and logistics
11: Other (please specify)

**SHIFT PATTERN**

**TYPE: SINGLE**

**ROUTING: ASK ALL**

**INTERVIEWER INSTRUCTION: DO NOT READ OUT PRECODES**

**PROGRAMMING: NONE**
Q4. How long have you been doing shift work?
1: Less than a year
2: 1 year or more but less than 4 years
3: 4 years or more but less than 8 years
4: 8 years or more but less than 12 years
5: 12 years or more but less than 16 years
6: 16+ years

Q5. Which of the following best describes the type of shift pattern you have worked over the past month?
1: Days (the majority of the shift falls between the hours of 06.00-14.00)
2: Afternoons (the majority of the shift falls between the hours of 14.00-22.00)
3: Nights (the majority of the shift falls between the hours of 22.00-06.00)
4: Equal day/afternoon/night rotation (roughly equal split between above described day, afternoon and night shifts - does not need to include all 3 types, can be rotation between just 2 types e.g. day and night)
5: Rotating but predominately working days
6: Rotating but predominately working afternoons
7: Rotating but predominately working nights
8: Split shifts (where a worker works two shifts in a 24-hour period, with a short break in between)
9: Something else (please specify)

Q6. On average, how long have your shifts been over the past month?
1: Less than 4 hours
2: 4 or more but less than 8 hours
3: 8 or more but less than 10 hours
4: 10 or more but less than 12 hours
5: 12+ hours

Q7a. How many meals on average do you eat on a typical working day? (Meal typically defined as breakfast, lunch or dinner)
1: None
Q7b. How many meals on average do you eat on a typical day off?
1: None
2: One
3: Two
4: Three
5: More than three

Q8a. Do you ever skip meals on a working day?
1: Yes (more than 4 times per week)
2: Yes (less than 3 times per week)
3: No

Q8b. Do you ever skip meals on your days off?
1: Yes (more than 4 times per week)
2: Yes (less than 3 times per week)
3: No

Q9. Which of the following would best describe the difference in your snacking pattern on work days versus days off?

1: Increased snacking on work days
2: No change
3: Decreased snacking on work days

Q10a. How many snacks do you usually eat on a working day?
1: None
2: 1
3: 2
Q10b. How many snacks do you usually eat on your days off?

INTERVIEWER NOTE: DEFINITION OF SNACK IF NEEDED – ANY EATING OCCASION THAT IS NOT A MEAL

1: None
2: 1
3: 2
4: 3
5: 4
6: 5
7: 6
8: 7
9: 8 or more

Q11. Typically, what are the main types of snacks you eat between and/or after meals?

1: Fruit / vegetables
2: Yogurt
3: Crisps
4: Chocolate / sweets / cakes / muffins / biscuits
5: Bread based snacks / scones / crackers
6: Nuts / cereal

Q12. Which of the following best describes how your fluid intake is affected by shift work?

1: Increased fluid intake when on shifts
2: No change
3: Decreased fluid intake when on shifts

Q13. Are you responsible or jointly responsible for the grocery shopping in your household?

1: Yes
2: No; 3: Jointly responsible
Q14. Are you responsible or jointly responsible for the meal preparation and cooking in your household?
1: Yes
2: No
3: Jointly responsible

Q15. When making food choices – which of the following is MOST important?
1: Taste
2: Cost
3: Health and nutrition
4: Convenience
5: Feel good (mood)
6: Weight control
7: Working shifts

Q16. Over the past month how often have you eaten fried food?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never

Q17. Over the past month how often have you eaten processed meats such as ham, bacon, rashers, sausages, sausage rolls, salami or other similar sliced sandwich meats?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never
Q18a. Over the past month how often did you eat takeaway foods?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never

Q18b. Over the past month how often did you eat ready meals?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never

Q19. Over the past month how often did you eat foods such as biscuits, cakes, pastries, chocolate or crisps?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never

Q20. Over the past month how often did you drink soft drinks or energy drinks, please do not include diet, sugar free or zero calorie versions?
1: 3 or more times a day
2: 1 or 2 times a day
3: 4 to 6 times per week
4: 1 to 3 times per week
5: Less than once per week
6: Never
Q21. Over the past month how often did you eat foods such as brown pasta, brown rice, wholegrain bread, wholegrain cereals, and porridge?
   1: 3 or more times a day
   2: 1 or 2 times a day
   3: 4 to 6 times per week
   4: 1 to 3 times per week
   5: Less than once per week
   6: Never

Q22. Over the past month how often have you eaten breakfast cereals?
   1: 3 or more times a day
   2: 1 or 2 times a day
   3: 4 to 6 times per week
   4: 1 to 3 times per week
   5: Less than once per week
   6: Never

Q23. Over the past month how often did you eat fish, please do not include fish purchased in a takeaway or fast food restaurant?
   1: 3 or more times a day
   2: 1 or 2 times a day
   3: 4 to 6 times per week
   4: 1 to 3 times per week
   5: Less than once per week
   6: Never

Q24. Over the past month how often did you add salt during cooking or at the table?
   1: Always
   2: Most of the time
   3: Sometimes
   4: Rarely
   5: Never
Q25a. Over the past month how many servings of fruit did you eat on a typical day?

INTERVIEWER NOTE: SERVING IS APPROXIMATELY A HANDFUL

Q25b. Over the past month how many servings of vegetables did you eat on a typical day?

INTERVIEWER NOTE: SERVING IS APPROXIMATELY A HANDFUL

Q26. Over the past month how often did you consume milk, cheese and yoghurt?

1: 3 or more times per day
2: 1 to 2 times per day
3: Less than once a day
4: Rarely
5: Never

Q27. Over the past month when buying milk which, if any, of the following did you normally choose?

1: Full fat / whole milk
2: Low fat / semi-skimmed milk
3: Fat free / skimmed milk
4: Something else (please specify)
5: Don't purchase/ drink milk

Over the past one month, how many days per week did you drink alcohol?

Record as reported

Over the past one month, how many of each type of alcoholic drink did you drink per week:

1: pint of beer/cider
2: a glass of wine
3: a pub measure of spirits
4: an alcopop
PHYSICAL ACTIVITY
TYPE: SINGLE
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: READ OUT
PROGRAMMING: NONE
Q28a. We would like to know the type and amount of physical activity is involved in your work. Which, if any, of the following descriptions best describes the type of work you have been doing over the past month?
1: You spend most of your time sitting (such as in an office)
2: You spend most of your time standing or walking, although requires minimal physical effort (shop assistant, hairdresser, security guard)
3: Work involving some physical effort including handling of heavy objects and use of tools (plumber, electrician, carpenter)
4: Work involving very vigorous physical activity including handling of very heavy objects (dock worker, miner, bricklayer, construction worker)

Q29. Are there leisure facilities in your workplace which are available for your use?
1: Yes
2: No

Q30. Is there a cost for using these leisure facilities?
1: Yes, full cost
2: Yes, discounted cost
3: No, free of charge

Q31. How often, if ever, do you make use of these leisure facilities outside working hours?
1: Never
2: Less than once a week
3: 1 to 2 times a week
4: 3 to 4 times a week
5: 5 times a week
6: Every working day
7: Every day
INTERVIEWER INSTRUCTION: PROBE TO PRECODES
PROGRAMMING: NONE
Q32. How many days of the week do you engage in moderate to vigorous physical activity outside working hours?
INTERVIEWER NOTE: MODERATE TO VIGOROUS EXCERSISE IS WHERE YOU’RE WORKING HARD ENOUGH TO NOTICABLY RAISE YOUR HEART AND BREATHING RATES AND BREAK INTO A SWEAT for example vigorous walking, cycling, jogging, tennis, aerobics class
1: Never
2: Less than once a week
3: 1 to 2 times a week
4: 3 to 4 times a week
5: 5 times a week
6: Every working day
7: Every day
TYPE: SINGLE
ROUTING: IF Q32=2-7
INTERVIEWER INSTRUCTION: PROBE TO PRECODES IF NECESSARY
PROGRAMMING: NONE
Q33. Approximately how long do you typically spend on each physical activity session?
INSERT NUMBERS __hour/s __minutes
SLEEP
TYPE: SINGLE
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: PROBE TO PRECODES IF NECESSARY
PROGRAMMING: NONE
Q34. On average how many hours sleep do you get in a 24-hour period?
INSERT NUMBERS __hour/s __minutes
TYPE: MULTI
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: READ OUT
PROGRAMMING: RANDOMISE
Q35. Which, if any, of the following do you do or take to help you sleep?
1: Exercise or physical activity
2: Hot drinks (not containing alcohol)
3: Beer, wine, spirit or any other drink containing alcohol
4: Sleeping tablets
5: Smoke or consume cannabis
6: Herbal tablets or sleep remedies
7: Have a bath
8: Read a book, newspaper or magazine
9: Something else (please specify)
10: No need / don’t do or take anything to help me sleep
WORKPLACE ENVIRONMENT
TYPE: SINGLE
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: PROBE TO PRECODES IF NECESSARY
Q36a. In the past month were there always hot food or canteen facilities available to you in work when you needed them?
1: Yes, always
2: Yes, sometimes (restricted hours)
3: No facilities available

Q36b. In the past month did you usually use the canteen facilities?
1: Yes
2: No

Q37. In the past month did you use the vending machines available in your workplace?
1: Yes
2: No
3: None available

Q38. In the past month did you use the facilities available for storing your own food?
1: Yes
2: No
3: None available

Q39. In the past month did you use any of the facilities that are available for preparing your own food?
1: Yes
2: No
3: None available

I am going to read out a number of statements and I would like you to tell me to what extent you agree or disagree with each.

Q40. The workplace canteen provides healthy options?
1: Strongly agree
2: Agree
Q41. The vending machines provide healthy options?
1: Strongly agree
2: Agree
3: Neither agree nor disagree
4: Disagree
5: Strongly disagree

Q42. I am satisfied with the availability of healthy meal/snack options in my workplace?
1: Strongly agree
2: Agree
3: Neither agree nor disagree
4: Disagree
5: Strongly disagree

Q43. I receive adequate break times in which to prepare and eat my meals?
1: Strongly agree
2: Agree
3: Neither agree nor disagree
4: Disagree
5: Strongly disagree

Q44. My workplace environment helps me to lead a healthy lifestyle?
1: Strongly agree
2: Agree
3: Neither agree nor disagree
4: Disagree
5: Strongly disagree

Q45. When you arrive home from work which, if any, of these activities is your first priority?
1: Housework
2: Eating
3: Exercise
4: Sleeping
5: Spending time with my family
6: Something else (please specify)

PERCEPTIONS ON THE EFFECTS OF SHIFT WORK ON DAILY LIFE
INTERVIEWER INSTRUCTION: READ OUT
I am going to read out a number of statements about shift work and the possible health impacts and I would like you to tell me if you think it has resulted in a positive effect, negative effect or if there has been no effect at all.

TYPE: SINGLE
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: PROBE TO PRECODES
PROGRAMMING: NONE

Q46. Does shift work have a positive effect, negative effect or no effect at all on...
   a. ...your physical health?
   b. ...your mental health?
   c. ...your family life?
   d. ...your social life?
   e. ...your diet?
   f. ...the amount of physical activity you undertake?
   g. ...the quantity of sleep you get?
   h. ...the quality of sleep you get?
   1: Positive affect
   2: No effect
   3: Negative affect

TYPE: SINGLE
ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: READ OUT PRECODES
PROGRAMMING: NONE

Q47a. To what extent does shift work affect how much alcohol you drink?
   1: Increases my intake
   2: No effect
   3: Decreases my intake
   4: I don’t drink alcohol

Q47b. To what extent does shift work affect how much you smoke?
   1: Increases my intake
   2: No effect
   3: Decreases my intake
   4: I don’t smoke

TYPE: SINGLE
ROUTING: ASK ALL
Q48. Do you believe that shift work has had a positive impact, negative impact or no impact at all on your overall quality of life?
1: Positive impact
2: No impact
3: Negative impact

Q49. Have you ever been diagnosed by a doctor with any of the following conditions in the past 5 years?
1: Diabetes
2: Osteoporosis
3: High blood pressure
4: High cholesterol
5: Heart disease
6: Depression and/or anxiety
7: Other (please specify)

Finally, the following questions are used to ensure that we surveyed a fully representative sample of respondents. As was the case throughout the survey, the responses which you give to the following questions, are completely confidential and the data will be presented on an aggregated basis only – no individual responses will be identifiable.

Q50. Gender
1: Male
2: Female

Q51. What age are you?

INSERT NUMBER

TYPE: OPEN

ROUTING: ASK ALL
Q56. Approximately how tall are you?
INSERT NUMBERS __feet __inches
INSERT NUMBERS __metre __centimetres
TYPE: OPEN
ROUTING: ASK ALL

Q57. Approximately what weight are you?
INSERT NUMBERS __stones __pounds __ounces
INSERT NUMBERS __kg
TYPE: SINGLE
ROUTING: ASK ALL

Q58. Please tell us which of the following best describes your current marital status...
1: Single, never married
2: Married and living with husband / wife
3: A civil partner in a legally-recognised Civil Partnership
4: Married and separated from husband / wife
5: Divorced
6: Widowed
TYPE: SINGLE
ROUTING: ASK ALL

Q59. Do you have any adults / children who are dependent on you?
1: Yes
2: No

Q60a. What is the occupation of the chief income earner in your household?
INTERVIEWER INSTRUCTION: DO NOT ASK RESPONDENT & CODE ACCORDINGLY
Q60b. Socio-economic grouping
1: AB
2: C1
3: C2
4: DE

ROUTING: ASK ALL
INTERVIEWER INSTRUCTION: DO NOT READ OUT PRECODES
PROGRAMMING: NONE

Q61. Would you be willing for your contact information to be passed on so that one of our researchers could re-contact you at a later date? It would only be in relation to this research project and we would assure you that your details will not be linked to any individual responses.
1: Yes
2: No

TYPE: OPEN
ROUTING: ASK IF Q61=1
INTERVIEWER INSTRUCTION: RECORD VERBATIM
PROGRAMMING: NONE

Q62. Record respondent name

THANK RESPONDENT & CLOSE INTERVIEW