

School:

CADET

Child and Diet Evaluation Tool

Pupil:

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



This diary belongs to:

Pupil Name:

Year Group:

Parent checklist-important

Please tick to indicate you have completed the CADET

Part 1 pages 4-11

Part 2 pages 12-14



Dear Parent or Carer

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

How to fill in the CADET DIARY

u Starting with the column headed 'Before tea' tick 4 all the items of food and drink that your child eats and drinks after finishing school today until their evening meal.

u In the next two columns, 4 tick everything your child eats or drinks during their evening meal and afterwards until breakfast the next day.

u In the morning, tick 4 all the items of food and drink your child has eaten at home in the 'Breakfast' column (if your child eats anywhere else, this will be filled in by a teacher).

u If they do not have anything to eat or drink at a mealtime, please tick 4 'nothing to eat' and/or 'nothing to drink' on page 11.

Please complete the diary in black ink

u Make sure you ask your child if she/he ate or drank anything between leaving school and getting home. (If your child attended an after-school club **on school premises**, any food/drink consumed by your child will have been filled in by a teacher, but you should tick 4 any food or drink your child consumed at any other club).

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

u Remember to tick 4 all drinks and snacks eaten during the night as they also count.



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

u If you cannot find the exact food or drink listed, **please tick 4 the item you think is the closest match e.g. the nearest match to:**

Fruit Winder is: ô sweets, toffees, mints 4

Spaghetti Bolognese is: ô pasta with meat, fish (and sauce) 4

Milk shake is: ô milk, milky drink 4

Popadom is: ô crisps/savoury snack 4

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

Example

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

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

To be ticked by school staff

To be ticked by parent/carer

Example (do not complete this page)

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

All sugar eaten is recorded in Q6 on page 12

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

PART 1

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

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

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

All sugar eaten is recorded in Q6 on page 12

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

8 Cereal bar, muesli bar, flapjack

9 Chocolate biscuit

10 Other biscuit

C SPREADS, SAUCES, SOUP

1 Margarine, butter

2 Tomato ketchup, brown sauce

3 Mayonnaise, salad cream

4 Sweet spread e.g. jam, honey

5 Savoury spread e.g. marmite, paté

6 Gravy

7 Soup

D CHEESE, EGGS

1 Hard cheese, e.g. Cheddar, red Leicester

2 Cheese spread, triangle, string

3 Cottage cheese

4 Quiche - meat, fish or vegetable

D. Continued overleaf

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

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

I. Continued overleaf

(I)

- 5** Pasta - plain
- 6** Pasta with tomato sauce (no meat)
- 7** Pasta with cheese sauce
- 8** Pasta with meat, fish (and sauce)

J DESSERTS, PUDDINGS ETC

- 1** Yoghurt
- 2** Jelly, ice lolly
- 3** Ice cream, frozen dessert (e.g. Vienetta)
- 4** Cream, custard
- 5** Mousse, milk pudding, e.g. rice pudding

K SWEETS, CRISPS ETC

- 1** Sweets, toffees, mints
- 2** Chocolate bar, e.g. Mars, Galaxy
- 3** Crisps, savoury snacks (e.g. Cheddars)
- 4** Nuts

Morning break (1)	Lunch time (2)	Afternoon break (3)	Before tea (after school) (4)	Evening meal/tea (5)	After tea/ during night (6)	Breakfast/ before school (7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L VEGETABLES & BEANS

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

L. Continued overleaf

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

9 Peach, nectarine, plum, apricot, mango

10 Kiwi

11 Fruit salad (tinned or fresh)

12 Other fresh fruit

13 Dried fruit

O1 NOTHING TO EAT

P DRINKS

1 Milk, milky drink

2 Tea, coffee

3 Drinking chocolate etc

4 Fizzy drink (pop/cola), squash, fruit drink (e.g. Ribena)

5 Diet, low calorie drink (including fizzy low calorie)

6 Fruit juice (pure) / smoothie

7 Water

Q1 NOTHING TO DRINK

PART 2

This section is to be filled in by parents/carers

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

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

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

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

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

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

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

Margarine ¹ Reduced fat spread ² Butter ³

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

White

British ¹
Irish ²
Any other White background ³

Mixed

White and Black Caribbean ⁴
White and Black African ⁵
White and Asian ⁶
Any other Mixed background ⁷

Asian or Asian British

Indian ⁸
Pakistani ⁹
Bangladeshi ¹⁰
Any other Asian background ¹¹

Black or Black British

Caribbean ¹²
African ¹³
Any other Black background ¹⁴

Chinese or other ethnic group

Chinese ¹⁵
Any other ethnic group ¹⁶

Prefer not to say ¹⁷



Thank You

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



