MASTER

RECORD 05
Start Seq 01

051

S1

S1241

IN CONFIDENCE

SERNO

Serial no. label
3-7

1-4 ROUND
01-30 AREA
01-33 ADDRESS

Date of interview

		8	8

8-13

01-31 01-12 86-87

DATEINT

Interviewer number

14-17 INTRVIEW

blank round 1

ADULT DIETARY SURVEY : MAINSTAGE ROUND 2

A: TRANSFER INFORMATION FROM ADDRESS SHEET

(i) Area type → 18 (1-6) AREATYPE

(ii) No. of electors at address → 19-20 ELECTORS

(iii) No. of persons aged 16 and over in household 21-22 (1-20) ADULTS

(iv) No. of households at address → 23 (1-20) NOOFHHS

End 051

1 RECORD PER LINE:

RECORD TYPE "06"

SERNO 3-7

No NA's. No BLANKS.
But accept NA's at employment

HOUSEHOLD COMPOSITION

1. List all persons in household aged 16 and over in relationship to INFORMANT

PER NO ↓	RELATIONSHIP TO INFORMANT	OFF USE	HOH RING ↓	AGE	SEX M F	MARITAL STATUS M S W/D/S	EMPLOYMENT F/t P/t None	FAM UNIT	A C W N ORIGIN
-9				AGE	SEX	MARSTAT	EMPLOY	FAMUNIT	ORIGIN
01	INFORMANT RELATINF	10 (1)	1 HOH OR BLANK	12-13 14-15 16-64	1 2 14 SC	1 2 3 15 SC	1 2 3 16 SC	1 17 SC	1 2 3 4 18 SC
SERNO 02		(2-6)	1 OR BLANK	16-99	(1 2) SC	(1 2 3) SC	(1 2 3) SC	(1-9) SC	(1 2 3 4) SC
03			1		1 2	1 2 3	1 2 3		1 2 3 4
04			1		1 2	1 2 3	1 2 3		1 2 3 4
05	Each line as Second Line		1		1 2	1 2 3	1 2 3		1 2 3 4
06	Maximum No of Lines = 20		1		1 2	1 2 3	1 2 3		1 2 3 4
07			1		1 2	1 2 3	1 2 3		1 2 3 4
08			1		1 2	1 2 3	1 2 3		1 2 3 4
09			1		1 2	1 2 3	1 2 3		1 2 3 4
10			1		1 2	1 2 3	1 2 3		1 2 3 4

23-34

No NA's. No BLANKS.

2. List all persons in household aged under 16 in relationship to INFORMANT

PER NO ↓	RELATIONSHIP TO INFORMANT	OFF USE	AGE	FAM UNIT	A C W N
11		(2-6) SC	00-15	(1-9) SC	(1 2 3 4) SC
12					1 2 3 4
13					1 2 3 4
14	EACH LINE AS FIRST LINE				1 2 3 4
15	MAXIMUM No OF LINES = 12				1 2 3 4
16					1 2 3 4

-22

3. How many years have you lived at this address?

[IF UNDER 1, CODE AS '00']

MQ3

No. of years → 00-64 | 24-25

4. How old is this building; was this building first built

MQ4 | SC

RUNNING PROMPT

IF DK CODE YOUR ESTIMATE

before 1919	1
between 1919 and 1944	2
or after 1944?	
between 1945 and 1964	3
1965 or later	4
DK but after 1944	5
NA / DK, neither informant nor interviewer able to estimate	6
DNA, caravan, houseboat	7

26

5. Do you have a kitchen, that is a separate room in which you cook?

MQ5

Yes	1	(a)-(c)
No	2 NA	Q6 27

IF CODED (1)

(a) Is the narrower side of the kitchen less than 6½ feet wide from wall to wall?

MQ5A

Less than 6½ feet	1	28
6½ feet or more	2 NA	

(b) Do (any of) you ever eat meals in it or use it as a sitting room?

MQ5B

Yes	1	29
No	2 NA	

(c) Do you share the use of the kitchen with any other household?

MQ5C

Yes, shares kitchen	1	30
No, not shared	2 NA	

4

052

	INFORMANT		HOH	
6. APPLIES IF (INFORMANT) NOT IN F/T OR P/T EMPLOYMENT				
DNA others.....X		Q8		
(Are you) currently:	MQ6INF 31		35	MQ6HOH
off-sick with a job to go back to?.....	1		1	
CODE FIRST THAT APPLIES waiting to take up a job (you have) already obtained?.....	2		2	
looking for work?.....	3	(a)	3	(a)
or intending to look for work but prevented by temporary sickness or injury?.....	4		4	
NONE OF THESE.....	5	Q7	5	Q7
DK/NA	9		9	
(a) How many weeks (have you) been away from work?	MQ6AINF 32-33		36-37	MQ6AHOH
If less than 1 week = 00 SPECIFY → DK/NA = 99	00-99	Q8	00-99	Q9
7. (Are you) currently:	34		38	
sick or injured and NOT intending to seek work?.....	MQ7INF 1		1	MQ7HOH
CODE FIRST THAT APPLIES at school or college full-time?.....	2		2	
retired?.....	3	Q8	3	Q9
keeping house?.....	4		4	
OTHER (SPECIFY).....	5		5	
Codes 6-8 are possible new codes. DK/NA = 9	6-8		6-8	
	9		9	
8. IS INFORMANT THE HOH?				
Yes.....W		Q9		
No.....X		(a)		
(a) IS HOH CURRENTLY IN F/T OR P/T EMPLOYMENT?				
Yes.....Y		Q9		
No.....Z				

ASK Q6 AND Q7 ABOUT HOH AND RECORD IN HOH COLUMN

052

9. OCCUPATION OF INFORMANT

Record current or most recent job if under retirement age, main job in working life if over retirement age. EITHER

DNA, never worked..... (1) SC 39 MQ9DNA SEE Q14

JOB TITLE:

OR

DESCRIBE FULLY WORK DONE: SOCIAL CLASS (1-7) SC 40 MQ9

INDUSTRY:

Employee.....1 ----- (a)
Self-employed.....2 ----- SEE Q14

(a) IF EMPLOYEE: ASK OR RECORD

Manager.....1
Foreman/supervisor...2 ----- SEE Q10
Other employee.....3

10. IS INFORMANT AN EMPLOYEE CURRENTLY WORKING FULL OR PART TIME?

Yes .....X ----- Q11
No .....Y ----- SEE Q14

11. Does the total number of hours you work tend to vary from week to week?

Yes ..... (1) SC 41 MQ11
No ..... (2 NA)

12. Do you do shiftwork at all?

Yes ..... (1) SC 42 Q13 MQ12
No ..... (2 NA) SEE Q14

13. SHOW CARD A

Which of the categories on this card describes the shiftwork that you do?

CODE FIRST THAT APPLIES

Three shift working	01	MQ13
Continental shifts	02	
Two-shift system with 'earlies' and 'lates'/ double day shifts	03	43-44
Sometimes night and sometimes day shifts	04	
Split shifts	05	
Morning shifts	06	
Afternoon shifts	07	
Evening or twilight shifts	08	
Night shifts	09	
Weekend shifts	10	
Other type of shiftwork (SPECIFY)	11	
	12-15 99	

Codes 12-15 are possible new codes.

DK/NA = 99

052

14. IS INFORMANT THE HOH?

Yes .....X → Q16
No .....Y → Q15

15. OCCUPATION OF HOH
Record current or most recent job if under retirement age, record main job in working life if over retirement age.

DNA, never worked ..... → (1) SC 45 Q16 MQ15DNA

EITHER

JOB TITLE:

OR → (1-7) SC 46 MQ15

DESCRIBE FULLY WORK DONE:

INDUSTRY:

Employee .....1 → (a)
Self-employed .....2 → Q16

(a) IF EMPLOYEE:
ASK OR RECORD

Manager 1
Foreman/supervisor ..2 → Q16
Other employee 3

16. Are you, or is anyone in your household currently receiving:

		Yes	No	
INDIVIDUAL PROMPT	unemployment benefit? MQ16UNEM	SC (1)	2	47
	supplementary benefit? MQ16SUPP	SC (1)	2	48
	family income supplement (FIS)? MQ16FIS	SC (1)	2	49

7

EATING HABITS: INTRODUCE

OS2

17. ASK ABOUT INFORMANT

Are you on a slimming diet now? MQ17

Yes..... 1 (a) 50

No..... 2 NA Q18

IF CODED (1)

(a) How long have you been on a slimming diet? MQ17A

SPECIFY PERIOD - NUMBER OF WEEKS/MONTHS ETC

DK/NA = 99

00-98 99 51-52

18. Are there any foods which you do not eat because you do not like them?

Yes.....1 ---- SPECIFY

No.....2 ---- Q19

IF YES, SPECIFY WHICH FOODS

19. (Apart from these) Are there any (other) foods which you do not eat because you are on a diet or for health or other reasons? MQ19

SC

Yes..... 1 SPECIFY 53

No..... 2 NA Q20

Food type	Reason	
	MC	(1-8) or SC (9)
	MAX = 4	
	(Please ignore lines creating	
	empty boxes and key all	
	codes up to max of 4)	

54-57

MQ19RSM1 -M4

END SEQ 01
RECORD 05

End OS2

053

RECORD '05' START SEQ 02

SERNO 3-7

20. On weekdays do you usually have breakfast or don't you bother?

Usually has breakfast 1
Doesn't bother 2

21. At weekends do you usually have breakfast, or don't you bother?

Usually has breakfast 1
Doesn't bother 2

22. Do you usually take sugar in tea, do you use an artificial sweetener, or do you drink it without sugar or sweetener?

MQ22 SC 8

Sugar in tea 1
Artificial sweetener in tea 2
Drinks tea without (either) 3
Does not drink tea ..... NA 4

23. Do you usually take sugar in coffee, do you use an artificial sweetener, or do you drink it without sugar or sweetener?

MQ23 SC 9

Sugar in coffee 1
Artificial sweetener in coffee 2
Drinks coffee without (either) ..... NA 3
Does not drink coffee 4

24. APPLIES IF USES ARTIFICIAL SWEETENER IN TEA OR COFFEE - Q22 OR Q23 CODED 2

DNA, others ..... X ---- Q25

SHOW CARD C

MQ24M1-M2 MC MAX =2 MC 10-11

What brand of artificial sweetener do you usually use?

CODE AND RECORD BRAND NAME

Sweeteners with calorie value 1
includes: Sweet'n'Slim, Sweet'n'Low, Sprinkle Sweet, Sugatwin, Sugarlite, Dietade, Sorbital, Sucron powder, Sweetex powder, Sweetex granulated, Canderel sugar substitute, Canderel Spoonful

EITHER →

Non-calorie sweeteners 2
includes: Hermesetas, Hermesetas Gold, Slender, Sweetex, Sweetex Liquid, Saxin, Sucron tablets, Natrena, Canderel tablets, Bisk's Slim Sweet, Sionon

Other (SPECIFY) 3

Codes 4-6 are possible new codes 4-6

RECORD BRAND NAME _____ OR → 9 SC

DK/NA = 9

053

25. Has salt generally been added to your food during cooking? MQ25

		SC
Yes, includes sea salt	1	
No	2	
Yes, uses 'Lo Salt'/salt alternative (not sea salt)	3	12
Other (SPECIFY) . DK/NA = 9	4	
Codes 5-7 are possible new codes	5-7 9	

26. SHOW CARD D
At the table do you: MQ26M1-M2

CODE FIRST THAT APPLIES

		MC
generally add salt to your food without tasting it first?	1	
taste the food, but then generally add salt?	2	
taste the food, but only occasionally add salt?	3	NA
rarely, or never, add salt at the table?	4	SC

IF USES 'LO SALT' OR SALT ALTERNATIVE (NOT SEA SALT) RING CODE 1-3 AND RING CODE → 5 MC 13-14 OR BLANK

If code 5 ringed it m be MC with one of cod 1-3. Codes cannot be with each oth

27. When you have meat with fat on, has the fat generally been trimmed off before serving?

Yes, fat trimmed off	1	Q28
No, fat left on	2	(a)
SPONTANEOUS: Does not buy meat with fat on	3	Q28
SPONTANEOUS: Does not eat meat	4	Q30

IF CODED (2)
(a) Generally do you:
RUNNING PROMPT

eat the lean meat and the fat	1
or eat the lean meat and leave the fat?	2

28. When you have casseroles, stews or mince, has the fat usually been skimmed off the top before serving the food out, or do you prefer the fat left in the food?

Fat skimmed	1
Fat left in food	2
SPONTANEOUS: Does not eat stews, casseroles, mince (which need skimming)	3

29. When you have gravy, has it usually had thickening or flavouring added?

Thickening added e.g. cornflour, flour.	1
Flavour added e.g. Oxo, Bovril	2
Both added e.g. Bisto, gravy granules	3
Neither	4
Does not use gravy	5

30. When you have foods which are deep fried, what kind of fat or oil are the foods <u>generally</u> cooked in?

REFER TO BLUE 'FATS AND OILS' CARD

CODE ONE ONLY

- Blended vegetable oil, NOT polyunsaturated 1
- Dripping 2
- Lard 3
- Polyunsaturated oil 4
- Other(SPECIFY) 5
- Does not eat deep fried foods 9

31. When you have foods which are shallow fried, what kind of fat or oil are the foods <u>generally</u> cooked in?

REFER TO BLUE 'FATS AND OILS' CARD

CODE ONE ONLY

- Blended vegetable oil, NOT polyunsaturated 1
- Butter 2
- Dripping 3
- Lard 4
- Margarine NOT polyunsaturated 5
- Polyunsaturated margarine or oil .. 6
- Other(SPECIFY) 7
- Does not use any fat or oil 8
- Does not eat shallow fried foods .. 9

32. Do you always have the same kind of bread, or do you have more than one kind of bread?

- Always the same kind 1
- More than one kind 2

33. Which kind(s) of bread do you have?

CODE ALL THAT APPLY

- White 1
- Hovis 2
- Wholemeal 3
- Slimcea/Procea 4
- Other (SPECIFY) 5

34. Do you usually buy sliced bread or unsliced bread?

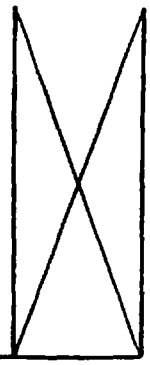
- Sliced bread.....1
- Unsliced bread 2
- Both 3

053

35. What kind(s) of milk do you usually have?

CODE ALL THAT APPLY

Whole 1
Semi-skimmed 2
Skimmed 3
Other (SPECIFY) 4



36. I would now like to ask you about some foods which you may eat only occasionally, or perhaps not at all.

PROMPT EACH FOOD LISTED BELOW, ASK (a) AND CODE IN GRID

(a) About how often, on average, do you eat (ITEM)? ..... Frequency: PROMPT AS NECESSARY	Liver	Carrots	Free range eggs, in any form	Fresh fish, NOT frozen	Kidney, includes in a chop or as steak and kidney	Fresh shellfish - mussels, crab, prawns, etc	Canned or frozen shellfish
	MQ36ALIV	MQ36ACAR	MQ36AEGG	MQ36AFSH	MQ36AKDY	MQ36ASHL	MQ36ACSF
not at all	1	1	1	1	1	1	1
every day	2	2	2	2	2	2	2
at least once a week	3	3	3	3	3	3	3
at least once a fortnight but less than once a week	4	4	4	4	4	4	4
at least once a month, but less than once a fortnight	5	5	5	5	5	5	5
less often than once a month (SPECIFY)	6	6	6	6	6	6	6
Codes 7 & 8 possible new codes. DK/NA = 9	7-8 9						
	15	19	23	28	32	36	40
IF (ITEM) EATEN AT ALL (CODED 2-6) ASK (b)	MQ36BLIV		No./Wk				
	3 digits	3 digits	4 digits	3 digits	3 digits	3 digits	3 digits
(b) About how much do you eat when you have it? (SPECIFY)	16-18	20-22	24-27	29-31	33-35	37-39	41-43

Each column as first column

All 7 columns apply

DK/NA = 999 at all except eggs
DK/NA = 9999 at eggs

MQ36BCAR MQ36BEGG MQ36BFSH MQ36BKDY MQ36BSHL MQ36BCSF

053

37. TO ALL

MQ37

At present, are you taking any tablets, pills, powders or drops to supplement your diet?

SC 44

Yes ..... 1 (a)

No ..... 2 NA SEE Q38

(a) FOR EACH FOOD SUPPLEMENT TAKEN, RECORD FULL DESCRIPTION, INCLUDING BRAND NAME, STRENGTH, DOSE, AND HOW OFTEN TAKEN

(i) Description and brand name:

Strength: Dose; no of tablets, drops, 5 ml spoons:

How often taken; no of times and period; eg 3 x a day

(ii) Description and brand name:

Strength: Dose; no of tablets, drops, 5 ml spoons:

How often taken; no of times and period; eg 3 x a day

(iii) Description and brand name:

Strength: Dose; no of tablets, drops, 5 ml spoons:

How often taken; no of times and period; eg 3 x a day

DK/NA=99

OFF. USE ONLY	(i)	(ii)	(iii)	(iv)
01-40 A:	45-46 MQ37A1	49-50 MQ37A2	53-54 MQ37A3	57-58 MQ37A4
B:	47-48 MQ37B1	51-52 MQ37B2	55-56 MQ37B3	59-60 MQ37B4

OFF. USE BOXES APPLY ONLY IF Q37 IS CODED 1.
AT LEAST ONE "SET" OF BOXES (A & B BEGINNING AT THE LEFT) MUST BE CODED.
(ii), (iii) AND (iv) MAY BE COMPLETED OR BLANK.

13

END SEQ '02' REC 5

(054) RECORD 05 SERNO 3-7
START SEQ '03'

38. TO WOMEN AGED 16-45 ONLY

DNA Others X

(May I check) Are you pregnant now?

MQ38

Yes 1
No 2
Not sure 3

SC NA

SEE Q39

8

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39. TO MOTHERS WITH CHILDREN AGED UNDER 1 YEAR IN HOUSEHOLD

DNA Others X

(May I check) Are you currently breastfeeding your (younger) baby?

MQ39

Yes 1
No 2

SC NA

Q41

9

---

40. Are you getting tokens to exchange for free vitamin tablets <u>for yourself</u>, from your baby clinic or welfare centre?

<u>EXCLUDE</u> VITAMIN DROPS FOR BABY

<u>IF YES</u>, CHECK THAT TABLETS ARE RECORDED AT Q37

MQ40

Yes 1
No 2

SC NA

10

---

41. TO ALL

Do you smoke cigarettes at all?

MQ41

Yes 1
No ..... 2 NA

(a) 11
Q42

IF CODED (1)

(a) About how many cigarettes a day do you usually smoke?

MQ41A

Less than 1 ..... 0 0

No. smoked a day → 01-98

99 SC

DK/NA=99

OR

12-13

14

42. Now can you tell me what you usually have to eat and drink in a day, starting with when you get up and going right through the day to the time you go to bed? RECORD APPROXIMATE TIMES, FOOD DESCRIPTIONS.

In bed or before breakfast

Breakfast

During the morning

Mid-day

During the afternoon

When you get home from work (if working)

During the evening

Before going to bed/in bed

DO NOT KEY

43. NOW PLACE DIARY. IF DIARY REFUSED, CONTINUE WITH THIS QUESTIONNAIRE (SEE NEXT PAGE)

PREGNANT WOMEN: END INTERVIEW (THANK AND WITHDRAW)

15

(054)

PICK-UP INTERVIEW: to be completed at end of dietary recording period

NO DIARY

EITHER → DNA, no dietary record .... (9) SC 14 → Q8

OR

1. Have you been unwell at any time in the past seven days? PQ1

Yes ..... (1) SC 15 (a)-(c)
No ..... (2 NA) SEE Q2

IF CODED (1)

* (a) What has been the matter with you?

(b) On how many days in the past seven days have you been unwell? PQ1B

SPECIFY NO. OF DAYS → (1-7, 9) SC 16

DK/NA = 9

(c) Did your being unwell affect your eating habits on these days? PQ1C

Yes ..... (1) SC
No ..... (2) 17

RECORD COMMENTS AND PROBE ANY AMBIGUITIES

PQ1COM1 -M3 MC MAX = 3 (1-5 or BLANK) 18-20

---

2. APPLIES IF CURRENTLY IN EMPLOYMENT

(2 If Q1 PERSNC 01, EMPLOYMENT = 1 OR 2)

PQ2DNA EITHER DNA others ..... (9) → Q3 21

Apart from days when you would not normally work, have you been away from work on any day in the past seven days, through illness, or for any other reason? PQ2

OR

Yes ..... (1) (a) 22
No ..... (2 NA) Q3

IF CODED (1)

(a) On how many days in the past seven days were you away from work through illness or for some other reason? PQ2A

SPECIFY NO. OF DAYS → (1-7, 9) SC 23

DK/NA = 9

---

3. TO ALL with dietary record

Have there been any (other) unusual circumstances which may have affected your eating habits during the last seven days? PQ3

Yes ..... (1) SC 24 (a)
No ..... (2 NA) SEE Q4

IF CODED (1)

* (a) What has been different about your eating habits over the past seven days?

15

054

4. APPLIES IF INFORMANT DOES SHIFTWORK (Q12 CODED 1)

EITHER SC

DNA, others ..... (9) Q5 25 PQ4DNA

Can you tell me the times you started and finished work on each of the seven days that you have been keeping the diary. You started keeping the diary last .....; What time did you start work that day?

OR

TABLE ONE RECORD

RECORD 07 SERNO 3-7

RECORD 07 #

RECORD THE TIMES INFORMANT STARTED AND FINISHED WORK ON EACH OF THE 7 DAYS DURING THE RECORDING PERIOD

DAY ORDER:	DAY - WRITE IN:	STARTED WORK AT (24 HRS): HRS	STARTED WORK AT (24 HRS): MINS	ENDED WORK AT (24 HRS): HRS	ENDED WORK AT (24 HRS): MINS	DIDN'T WORK/REST DAY, ETC	SAME HRS AS PREVIOUS DAY	
START SEQ '01'								
01	day	00-23	00-59	00-23	00-59	8		
8 DAYORD1		9-10 STARTWK1	11-12	13-14 ENDWORK1	15-16	17 DAYOFF1	18 SAMEHRS1	
19 DAYORD2	day	20-21 STARTWORK2	22-23	24-25 ENDWORK2	26-27	28 DAYOFF2	29 SAMEHRS2	
30 DAYORD3	day	31-32	33-34	35-36	37-38	39	40	
41	day	42-43	44-45	46-47	48-49	50	51	
52	day	53-54	55-56	57-58	59-60	61	62	
63	day	64-65	66-67	68-69	70-71	72	73	END SEQ '01'
072 START SEQ '02' SERNO 3-7 8	day	9-10	11-12	13-14	15-16	17	18	
19	day	20-21	22-23	24-25	26-27	28	29	
30	day	31-32	33-34	35-36	37-38	39	40	
41	day	42-43	44-45	46-47	48-49	50	51	
52	day	53-54	55-56	57-58	57-60	61	62	
63	day	64-65	66-67	68-69	70-71	72	73	END SEQ '02'
073 START SEQ '03' SERNO 3-7 8	day	9-10	11-12	13-14	15-16	17	18	END SEQ

17

REC 5
SEQ 03 Continued

(054)

5. TO ALL

Sometimes differences in local soils, lead to different mineral contents in some foods. We are therefore interested in knowing whether you eat any home grown fruit or vegetables. During the seven days that you kept the food diary were any of the vegetables or fruit that you ate home grown?

PQ5

INCLUDE HOME GROWN AND DEEP FROZEN HOME GROWN BY LOCAL FRIENDS, NEIGHBOURS, ETC			
	Yes	1	(a) Q6 26
	No	2 NA	

IF CODED (1)

(a) HAND SELF-COMPLETION SHEET TO INFORMANT (S3) AND EXPLAIN:

Please would you list any vegetables or fruit you ate while you were keeping the food record diaries, that were home grown by you, or by local friends or neighbours. Please also include anything that was originally home grown and then deep frozen.

The headings are to remind you of things to include:

COLLECT SELF COMPLETION S3 AND TAG TO END OF SCHEDULE

End 054

6. TO BE COMPLETED IN EVERY CASE

Interviewer's assessment of the quality of weighing and recording, and notes on any special circumstances affecting eating habits during the recording period:

7.

CHECK	TICK
(a) Collect weighing scales, plate, diary and pocket diary	
(b) Complete incentive payment forms, D4	

18

3 RANGES at Q8 & Q11 not adhered to. 055

ANTHROPOMETRIC AND PHYSIOLOGICAL MEASUREMENTS

8. No dietary record and Q8-Q30 refused ..... PQ8DNA [-9] 27

Date

PQ8DATE [01-31] [01-12] [8 6-7]
28-29 30-31 32-33

(a) Personal height (cms) → PQ8HGHT → [130-170] . [0-1] 34-36 37 OR BLANK AFTER POINT

Ring code if height measurement affected by:

PQ8AM1 - M2

MC
Hairstyle 1
Turban 2
Posture 3
MAX=2 38-39

(b) Personal weight (kilograms) → PQ8BWGHT → [030-150] . [ ] 40-42 43
[Hand informant self completion S2 when complete tag to end of schedule]

Ring code if scales placed on: → PQ8BCARP → Carpet ..... [1] 44

(c) Wrist diameter (cms) (left arm) → PQ8C → [04-12] . [ ] 45-46 47

(d) Upper arm length (cms) (left arm) → PQ8D → [30-50] . [ ] 48-49 50

(e) Upper mid-arm circumference (mms) (left arm) → PQ8E → [200-500] 51-53

(f) MALES ONLY: Calf circumference (mms) (left leg) → PQ8F → [300-600] 54-56

IF PERSNO=01 AT Q1 SEX=1

9. IF ALL MEASUREMENTS (a)-(e)/(f) REFUSED RING CODE AND EXPLAIN REASONS: → PQ9 → [1] → Q11 57

& BLANK

ALL OTHER → Q10

10. RECORD ANY SPECIAL CIRCUMSTANCES THAT MIGHT HAVE AFFECTED MEASUREMENTS (a)-(e)/(f):

NA / None 9
Other (SPECIFY). MC [1-8] 58-60

MAX=3

PQ10M1 - M3

END SEQ '03'

19

056

RECORD '05' SEQ '04'
SERNO 3-7

11. Blood pressure and heart rate readings:

[Take three measurements from left arm and record readings below]

Time (24 hrs) PQ11TIME 8-9 10-11

Measurement	Systolic	Mean	Diastolic	Heart rate
	PQ111SYS	PQ111MEA	PQ111DIA	PQ111HEA
1 →	12-14	15-17	18-20	21-23
	PQ112SYS	PQ112MEA	PQ112DIA	PQ112HEA
2 →	24-26	27-29	30-32	33-35
	PQ113SYS	PQ113MEA	PQ113DIA	PQ113HEA
3 →	36-38	39-41	42-44	45-47

BLOOD PRESSURE MEASUREMENT REFUSED: Ring code → PQ11NA (1) SC → SEE 45 Q14

SPECIFY REASONS. RECORD ANY DIFFICULTIES IN TAKING READINGS

ie 1-3 ABOVE BLANK

No difficulties ..... (9) SC

Difficulties (SPECIFY). (1) 49

PQ11OTH

12. Record the name and address of the informant's GP:

No GP ..... PQ12 (1) SC → SEE Q14

Name refused ..... (2)

50

NP → Q13

Dr _____

Address _____

13. COMPLETE BLOOD PRESSURE CONSENT FORMS (BP 2a, 2b and 2c)

(a) Obtain informant's signature on consent form

(b) Send: Top copy (BP 2a) and letter (BP 1) to informant's GP

Carbon copy - BP 2b
Back copy - BP 2c
] return to HQ

(c) Ring code:

GP consent form signed ..... PQ13 (1) SC

Consent refused (SPECIFY REASONS) ... (2) NA 51

20

056

BLOOD AND URINE SAMPLES

14. BLOOD SAMPLE: APPLIES TO THOSE AGED 18 AND OVER

ie Q1 PERSNO = 01 AGE = 18 OR MORE

DNA, aged 16/17 ..... X ------- Q15

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD SAMPLE

Would you be willing to have a blood sample taken?

PQ14 SC

Yes	....	1	52
		NA	
No	....	2	
Conditional	....	3	

GIVE REASONS FOR REFUSAL AND SPECIFY CONDITIONAL ANSWERS

15. URINE COLLECTION AND URINE SAMPLES: APPLIES TO ALL

EXPLAIN PURPOSE AND OUTLINE PROCEDURE FOR MAKING 24-HOUR URINE COLLECTION

Would you be willing to make a 24-hour urine collection?

PQ15 SC

Yes	....	1	53
No	....	2	
		NA	
Conditional	....	3	

GIVE REASONS FOR REFUSAL AND SPECIFY CONDITIONAL ANSWERS

16. To all agreeing to have blood sample taken, and/or make a 24-hour urine collection

DNA others .... X ------- Q28

	Tick
(a) Leave explanatory note: B 1	
(b) Make an appointment for calling with doctor to take blood sample/urine samples	
(c) Leave instructions and equipment for making 24-hour urine collection:	
Leaflet: B 2	
Collection container(s) with clip, serial no. labels and added preservative	
Plastic jug (to be kept in plastic bag)	
Safety pin	
Plastic carrier bag	
(d) Go through procedure for making 24-hour urine collection	
(e) Check that letter to informant's GP is correct: BP 1..	

056

COLLECTION OF BLOOD SAMPLE

17. Outcome: ring code

PQ17 No NA's

	SC	
DNA, did not agree to provide sample, or aged 16/17	1	Q21
Blood sample taken	2	Q18 54
Blood sample not taken	3	Q21

GIVE REASONS FOR NOT TAKING SAMPLE

18. Date blood sample taken → | 01-31 | 01-12 | 8 6-7 |

55-56 57-58 59-60

PQ18DATE

19. RECORD ANY DIFFICULTIES IN TAKING SAMPLE

	SC	
No difficulties	9	G1
Difficulties (SPECIFY)	1	

PQ19

20. CHECK:

	Tick
(a) Are all the specimen tubes labelled?	X
(b) Are the blood analysis request forms complete? ...	
(c) Complete the doctor's payment authorisation: B 4 ..	

END of SEQ '04'
RECORD '05'

End 056

22

057

RECORD '05' SEQ '05'
SERNO 3-7

COLLECTION OF URINE SAMPLES

21. Outcome: ring code — No NA's PQ21

		SC	
DNA, did not agree to make collection	1		Q28
24-hour collection made and samples taken	2		Q22
24-hour collection not made ...	3		Q28

8

GIVE REASONS FOR INFORMANT NOT MAKING 24-HOUR COLLECTION

22. Date and time collection:

	Date			PQ22STAD		Hrs	Mins	PQ22STAT
started:	01-31	01-12	86-7			00-23	00-59	
	9-10	11-12	13-14			15-16	17-18	
ended:	01-31	01-12	86-7			00-23	00-59	
	19-20	21-22	23-24	PQ22ENDD		25-26	27-28	PQ22ENDT

23. Date urine samples taken: → PQ23DATE

01-31	01-12	86-7
29-30	31-32	33-34

24. Total volume of urine collected in 24 hours (mls) → PQ24

0500-8000
35-38

25. Were any collections missed? PQ25

		SC	
Yes	1		39 (a) (b)
No	2		Q26

IF CODED (1)

(a) Estimated no. of collections missed: → PQ25A | 01-10 | 40-41

(b) Estimated volume of urine lost (mls) → PQ25B | 001-999 | 42-44

26. RECORD ANY DIFFICULTIES IN MAKING 24-HOUR COLLECTION

		SC	
No difficulties	9		
Difficulties (SPECIFY) PQ26	1-2		45

27. CHECK:

	Tick
(a) Are all the specimen tubes labelled?	X
(b) Is the urine analysis request form complete?	X
(c) Is the doctor's payment authorisation complete (B 4)?	X

28. TO ALL

IF KEPT DIARY ASK — Since you started keeping the diary, that is since last ....., have you been taking any medicines, tablets or pills that have been prescribed for you by a doctor?

OTHERS — Are you currently taking any medicines, tablets or pills prescribed for you by a doctor?

PQ28 — SC

Yes ..... 1 (a)

No ..... 2 NA Q29

IF CODED (1)

(a) ASK IF YOU (AND THE DOCTOR ACCOMPANYING YOU) CAN SEE THE CONTAINERS FOR ALL THE PRESCRIBED MEDICINES TAKEN SINCE THE START OF THE RECORDING PERIOD/CURRENTLY BEING TAKEN.

RECORD THE FULL NAMES OF EACH PRESCRIBED MEDICINE (AS DICTATED BY YOUR ACCOMPANYING DOCTOR) IN THE GRID BELOW. PLEASE WRITE IN BLOCK CAPITALS

YOUR DOCTOR SHOULD THEN CODE THE MEDICINES FROM CARD F. IF NO DOCTOR PRESENT DO NOT CODE

FULL NAME (BRAND AND STRENGTH) OF PRESCRIBED MEDICINE - BLOCK CAPS	CODE	OFF USE ONLY	PQ28&MEDI-9
		01-20	47-48
			49-50
			51-52
			53-54
			55-56
			57-58
			59-60
			61-62
			63-64

MAX NO OF LINES = 9

29. CHECK

FOR WOMEN AGED 16-49 THE CONTRACEPTIVE PILL SHOULD BE INCLUDED IN THE GRID ABOVE, IF CURRENTLY TAKEN

Ring code: Not taking oral contraceptive X

DNA, male informant, or female aged 50-64 ..... Y

Q30

30. THANK INFORMANT FOR CO-OPERATION, THEN ASK RECALL QUESTIONS. LEAVE PURPOSE LEAFLET, A2, COLLECT ALL EQUIPMENT.

24

End 057

END SEQ '05'

AREATYPE - Density of electors

1 Greater London

2 Metropolitan areas and the Central Clydeside Conurbation

3 7 or more electors per acre

4 3 fewer than 7 electors per acre

5 0.5 fewer than 3 electors per acre

6 fewer than 0.5 electors per acre

RELATINF - Relationship to Informant

1 Informant

2 Wife/husband

3 Parent/parent-in-law

4 Son/daughter (incl. step; excl. foster (code6))

5 Other relatives

6 Other non-relatives

MQ9, MQ15 - Social Class

1 Professional occupations

2 Intermediate occupations

3 Skilled (non-manual)

4 Skilled (manual)

5 Partly skilled occupations

6 Unskilled occupations

7 Inadequately described

9 Not answered

PQ26 - Comments about urine collection

1 Other comment

2 Interviewer suspected collection may have been missed

PQ28MED - Prescribed medicines

1 Antacids

2 Laxatives

3 Anticoagulants

4 Anti-hypertensives, including beta-blockers

5 Lipid lowering drugs

6 Analgesics and non-steroidal anti-inflammatory drugs

7 Drugs used in Parkinsonism

8 Antidiabetic drugs, including insulin

9 Corticosteroids, steroids

10 Thyroid and antithyroid drugs

11 Diuretics

12 Antibiotics

13 Antimalarials

14 Antituberculous drugs

15 Drugs for anarmia: iron, folate, B12

16 Vitamin and mineral supplements excl. iron, folate, B12

17 Oral contraceptives

18 Cytoxics

19 Other drugs

20 Other drugs

S1241: Adult Dietary - Coding Frames

Q19 - Reasons for not eating certain foods.

1 Specific health problem suffered by informant, currently or in the past - food allergy, migraine, diabetes, heart trouble

2 Vague health - mention of fat, additives, containants, food not good for you etc. (Includes vegetarians on health grounds)

3 Health problem suffered by someone else in household or a relative.

4 Religious.

5 Moral - S African foods, conditions in which animals kept, vegetarians (if not included at 2).

6 Slimming diet, avoids fattening foods.

7 Cost

8 Other

Q36a Frequency of eating specified foods

1 Not at all

2 Every day

3 At least once a week

4 At least once a fortnight, less than once a week

5 At least once a month, less than once a fortnight

6 Less often than once every 3 months, rarely

7 At least once every 2 months, less than once a month - includes 6 times a year

8 At least once every 3 months, less than once every 2 months - includes 4 times a year

(Recode 6 to 9 on save file)

PQ1c How being unwell affected eating habits

1 Any comment. Includes eating less, not so hungry, avoiding certain foods.

PQ10 Special circumstances affecting measurements

1 Reject height measurement

2 Reject weight measurement

3 Reject wrist measurement

4 Reject mid-arm measurement

5 Reject calf measurement

6 Comments on height &/or weight but accept

7 Comments on wrist but accept

8 Comments on mid-arm &/or calf but accept

VC

VITAMIN SUPPLEMENTS - CODING FRAME MQ37 A1 to A4

01 Multi-vitamins (no iron or other minerals)
02 Multi-vitamins with iron or other minerals
03 Vitamins A, C and D
04 Vitamin C
05 Vitamin A (not cod liver oil etc)
06 Vitamin E (not wheat germ oil)
07 Vitamin B_6
08 Other single vitamins
09 B complex vitamins
10 Zinc
11 Iron
12 Calcium (not bone meal)
13 Selenium with or without other minerals or vitamins
14 Other minerals / mineral mixtures (not tissue salt)
15 Yeast
16 MAXEPA
17 Evening primrose oil, blackcurrant seed oil, gamma linolenic acid wheat germ oil
18 Cod liver oil, halibut liver oil
19 Bonemeal
20 Kelp
21 Ginseng
22 Pollen and royal jelly
23 Lecithin
24 Garlic oil, garlic capsules
25 Fibre (not bran)
26 Other miscellaneous supplements including tissue salts, amino acids and herbal extracts.
27 Unknown. 29 Welfare vitamins

FREQUENCY MQ37 B1 to B4

28	= daily	08	= 2 x week
24	= 6 x week	04	= 1 x week
20	= 5 x week	01	= 1 x month, occassionally
16	= 4 x week		
12	= 3 x week		

SCHEDULE DVS

New Variable Specification

Name : HHTYPEA

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth [ ]

Label : HOUSEHOLD TYPE A

Unit of analysis = Case / h'hld.

Definition	Code	Text
PERSNO = 1 and RELATINF = 1 and no PERSNO 2 - 34	0,1	INF ONLY
RELATINF = 1 and DEPCHILD = 0 and for all PERSNO 2-34 RELATINF = 4, 5 or 6	0,2	INF+OTH NO DEPCH PRESENT SPOUSE
RELATINF = 1 and DEPCHILD = 1 and no RELATINF = 2 or 3	0,3	INF+YGCH NO PAR SPOUSE
RELATINF = 1 and DEPCHILD = 2 and no RELATINF = 2 or 3	0,4	INF+OLCH NO PAR SPOUSE
RELATINF = 1 and RELATINF = 3 and DEPCHILD = 0 and no RELATINF = 2	0,5	INF+PAR NO DEPCH OR SPOUSE
RELATINF = 1 and RELATINF = 3 and DEPCHILD = 1 and no RELATINF = 2	0,6	INF+PAR+YGCHILD NO SPOUSE
RELATINF = 1 and RELATINF = 3 and DEPCHILD = 2 and no RELATINF = 2	0,7	INF+PAR+OLCHILD NO SPOUSE
RELATINF = 1 and RELATINF = 2 and DEPCHILD = 0 and no RELATINF = 3	0,8	INF+SP NO DEPCH OR PAR
RELATINF = 1 and RELATINF = 2 and DEPCHILD = 1 and no RELATINF = 3	0,9	INF+SP+YGCHILD NO PAR
RELATINF = 1 and RELATINF = 2 and DEPCHILD = 2 and no RELATINF = 3	1,0	INF+SP+OLCHILD NO PAR
RELATINF = 1 and RELATINF = 2 and RELATINF = 3 and DEPCHILD = 0	1,1	INF+SP+PAR NO DEPCHILD

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : HHTYPEA

Survey no.: 1241

Priority Coded : Yes/No

Label :

Multi Coded : Yes/No

Depth

(cont)

Unit of analysis =

Definition	Code	Text
RELATINF = 1 and RELATINF = 2 and	1,2	INF+SP+PAR+YG
RELATINF = 3 and DEPCHILD = 1	1	CHILD
	1	
RELATINF = 1 and RELATINF = 2 and	1,3	INF+SP+PAR+OL
RELATINP = 3 and DEPCHILD = 2	1	CHILD
	1	
ELSE	1,4	OTHERS
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	

Specified by..... Date .....

Coded by ..... Date .....

Page 2 of 2

New Variable Specification

Name : HHTYPEB

Survey no.: S1241

Priority Coded : (Yes)/No

Label : HOUSEHOLD TYPEB

Multi Coded : ~~Yes~~/No

Depth

Unit of analysis = Case / household

Definition	Code	Text
PERSNO = 1 AND RELATINF = 1	0,1	INF ONLY
NO PERSNO = 2 TO ~~ZZ~~ 34		
RELATINF = 1 AND RELATINF = 2 (for any PERSNO) AND DEPCHILD = 0	0,2	INF+SP NO CHILD
RELATINF = 1 AND RELATINF = 2 (for any PERSNO) AND DEPCHILD = 1	0,3	INF+SP CHILD<5
RELATINF = 1 AND RELATINF = 2 (for any PERSNO) AND DEPCHILD = 2	0,4	INF+SP CHILD>5
RELATINF = 1 AND (NO RELATINF = 2, 3, 5 OR 6) AND DEPCHILD = 1	0,5	INF AND CHILD<5
RELATINF = 1 AND (NO RELATINF = 2, 3, 5 OR 6) AND DEPCHILD = 2	0,6	INF AND CHILD>5
RELATINF = 1 AND RELATINF = 3 (for any PERSNO) AND NO RELATINF = 2 DEPCHILD = 0	0,7	INF+PAR NO SP/CH
ELSE	0,8	OTHERS

W2216 CPCS 4.85

Specified by..... Date .....

Coded by Date

Page of

New Variable Specification

Name : HHTYPEC

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : HOUSEHOLD TYPE C GHS

Unit of analysis = Case / h'hld.

Definition	Code	Text
(PERSNO = 1 and AGE = 16-59) and no PERSNO = 2-34	0,1	1 ADULT 16-59
(PERSNO = 1 and AGE = 16-59) and (PERSNO = 2 and AGE = 16-59) and no PERSNO = 3-34	0,2	2 ADULTS 16-59
(ADULTS = 1 or 2) and (CHILDREN = 1 or 2)	0,3	SMALL FAMILY
[(ADULTS = 1-20) and (CHILDREN = 3)] OR [(ADULTS = 3-20) and (CHILDREN = 2)]	0,4	LARGE FAMILY
(ADULTS = 3-20) and (CHILDREN = 0 or 1)	0,5	LARGE ADULT HHLD
[(PERSNO = 1 and AGE = 60-64) and (PERSNO = 2 and AGE = 16-64)] OR [(PERSNO = 1 and AGE = 16-64) and (PERSNO = 2 and AGE = 60-64)] AND no PERSNO = 3-34	0,6	2 ADULTS 1 OR 2 AGED 60 OR OVER
(PERSNO = 1 and AGE = 60-64) and no PERSNO = 2-34	0,7	1 ADULT OVER 59
ELSE	0,8	OTHER

W2318 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : HHTYPE_D

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth ☐

Label : HOUSEHOLD TYPE D GMS MODIFIED

Unit of analysis = Case/household

Definition	Code	Text
HHTYPEC = 01	0,1	
HHTYPEC = 02	0,2	
(ADULT = 1-20) and (any PERSNO 11-22 AGE = 00-0)	0,3	
(ADULT = 1-20) and (for any PERSNO 11-22 AGE = 0-15)	0,4	
~~(ADULT = 1-20) and (no PERSNO 11-22)~~		
HHTYPEC = 06	0,6	
HHTYPEC = 07	0,7	
(ADULT = 1-20) and (no PERSNO 11-22)	0,5	
ELSE	0,8	

W2510 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : CHILDREN

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes (No)

Depth ☐

Label : NO PERSONS UNDER 16 IN HHLD

Unit of analysis = Case/child.

(NB: This variable is age based NOT relationship derived.)

Definition	Code	Text
If no PERSNO 11-22	0	NO UNDER 16S
Count number of PERSNO in range 11-22		
If 1	1	ONE UNDER 16
2	2	TWO UNDER 16
3 or more	3	THREE OR MORE

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : AGEGP1

Survey no.: S1241

Priority Coded : Yes (No)

Multi Coded : Yes (No)

Depth

Label : AGE OF INFORMANT GPD

Unit of analysis = Case (Informant)

Definition	Code	Text
If AGE = -8	-8	NA
If AGE = 16 thru 24	0 1	16-24
If AGE = 25 thru 34	0 2	25-34
If AGE = 35 thru 49	0 3	35-49
If AGE = 50 thru 64	0 4	50-64

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

W2518 OPCS 4/85

New Variable Specification

Name : REG1

Survey no.: S1241

Priority Coded : Yes/(No)

Multi Coded : Yes/(No)

Depth

Label : REGION IN 4 GPS

Unit of analysis = Case

Definition	Code	Text
If Region = 1	0,1	SCOTLAND
If Region = 2, 3 or 4	0,2	NORTH
If Region = 5, 6, 7, 8 or 9	0,3	CENTRAL/SW
If Region = 10, 11 or 12	0,4	LONDON/SE

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : SUPP

Survey no.: S1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : TAKING ANY FOOD SUPPLEMENT

Unit of analysis = Case

Definition	Code	Text
Do if MQ37A1 = -8 or -9	0	NOT TAKING
Else if MQ37A1 GT 0	1	TAKING

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : SCHOHG (SCHOH)

Survey no.: 5124 1

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : SOCIAL CLASS OF HOH GP D

Unit of analysis =

Definition	Code	Text
IF HOH EQ 1		
SCHOH = MQ9		
IF HOH NE 1		
SCHOH = MQ15		
SCHOHG		
IF SCHOH = 1 or 2	0,1	I OR II
IF SCHOH = 3	0,2	IIINM
IF SCHOH = 4	0,3	IIIM
IF SCHOH = 5 or 6	0,4	IV OR V
IF SCHOH = 7	0,5	INAD
IF SCHOH = 9 or -8	-,8	NA
IF SCHOH = -9	-,9	DNA

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : EMPSTIG

Survey no.: D1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : EMP STATUS OF INFORMANT

Unit of analysis =

Definition	Code	Text
For PERSNO = 01, IF (EMPLOY = 1) or (EMPLOY = 2) or (MQ6INF = 01)	0,1	WORKING
IF (MQ6INF = 02, 03 or 04)	0,2	UNEMPLOYED
IF (MQ7INF = 01 THRU 08)	0,3	OTHER
IF (MQ6INF = 09) or (MQ7INF = 09)	0,9	DK/NA

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : BENEFITS

Survey no.: S1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : RECEIVING BENEFITS

(Receiving FIS or receiving UB/SB and HOH not in FT work)

Unit of analysis = Case (Household)

Definition	Code	Text
If MQ16UNEM = -8 and MQ16SUPP = -8 and MQ16FIS = -8	-8	NA
IF MQ16FIS = 1	01	RECEIVING
IF (MQ16UNEM = 1 or MQ16SUPP = 1) and EMPSTH NE 1	01	RECEIVING
Else	02	NOT RECEIVING

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EMPBEN

Survey no.: D1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : EMP STATUS/REC BENEFITS

Unit of analysis = Case

Definition	Code	Text
If Empstig = -9 or -8	-8	
If Benefits = -9 or -8	-8	
Else If Benefits = 01	01	REC BENEFITS
If Empstig = 01	02	WORKING
If Empstig = 02 or 03	03	UNEMP/EC INACT.

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : HHTYPEA2

Survey no.: D1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : HOUSEHOLD TYPE BASED ON DEP CHILDREN

Unit of analysis =

Definition	Code	Text
IF (HHTYPEA = 1)	0,1	INF ALONE
IF (HHTYPEA = 8 OR 11)	0,2	SPOUSE, NO CHLD
IF (HHTYPEA = 5, 2 OR 14)	0,3	ADULTS, NO CHLD
IF (HHTYPEA = 9, 10, 12 OR 13)	0,4	SPOUSE, W CHLD
IF (HHTYPEA = 3, 4, 6 OR 7)	0,5	LONE MOTHER

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : QDRINK

Survey no.: D1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : RISK GROUPS FOR DRINKING

Unit of analysis = Case

Definition	Code	Text
If ALCOHLT1 = 0	0,0	NON DRINKER
If (Sex = 1 and ALCOHLT1 LT 168) or (Sex = 2 and ALCOHLT1 LT 112)	0,1	LOW RISK
If (Sex = 1 and (ALCOHLT1 GE 168 and LT 400)) or (Sex = 2 and (ALCOHLT1 GE 112 and LT 280))	0,2	HAZARDOUS
If (Sex = 1 and ALCOHLT1 GE 400) or (Sex = 2 and ALCOHLT1 GE 280)	0,3	HARMFUL
Else If ALCOHLT1 < 0	-,8	

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : NVMQ41

Survey no.: D1241

Priority Coded : Yes/No

Label : SMOKING

Multi Coded : Yes/No

Depth

Unit of analysis =

Definition	Code	Text
IF MQ41 = 2	0,1	NON-SMOKER
IF MQ41A LT 20	0,2	LIGHT SMOKER
IF MQ41A GE 20	0,3	HEAVY SMOKER
Else if MQ41 = -8 or MQ41A = -8	-,8	
Else if MQ41 = -9	-,9	

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : UNWELL

Survey no.: S1241

Priority Coded : (Yes)/No

Label : WHETHER UNWELL DURING 7 DAYS

Multi Coded : Yes/No

Depth

Unit of analysis = Case

Definition	Code	Text
IF PQIC = 1	0,1	EATING AFFECTED
IF PQ1 = 1 and PQ1C NE 1	0,2	EATG NOT AFFECTD
Else If NODIARY = 0	0,3	NOT UNWELL
Else If NODIARY = 1	0,0	NO DIARY

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : REGION

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : STANDARD REGION

Unit of analysis = Case

Definition	Code	Text
(ROUND = 1 and AREA = 29 or 30) or (ROUND = 2, 3 or 4 and AREA = 28, 29 or 30)	0,1	SCOTLAND
(ROUND = 1, 2 or 3 and AREA = 01 or 02) or (ROUND = 4 and AREA = 01)	0,2	NORTHERN
(ROUND = 1, 2, 3 or 4 and AREA = 03 or 04) or (ROUND = 1 and AREA = 05) or (ROUND = 4 and AREA = 02)	0,3	YORKS/ HUMBER
(ROUND = 1 and AREA = 06, 07 or 08) or (ROUND = 2 or 3 and AREA = 05, 06, 07 or 08) or (ROUND = 4 and AREA = 05, 06 or 07)	0,4	NORTH WEST
(ROUND = 1, 2, 3 or 4 and AREA = 09 or 10) or (ROUND = 4 and AREA = 08)	0,5	EAST MIDLANDS
(ROUND = 1, 2 or 3 and AREA = 14) or (ROUND = 4 and AREA = 13)	0,6	EAST ANGLIA
(ROUND = 1, 2 or 3 and AREA = 11, 12 or 13) or (ROUND = 4 and AREA = 11 or 12)	0,7	WEST MIDLANDS
(ROUND = 1 and AREA = 25 or 26) or (ROUND = 2 or 3 and AREA = 24, 25 or 26) or (ROUND = 4 and AREA = 24 or 25)	0,8	SOUTH WEST
(ROUND = 1 and AREA = 27 or 28) or (ROUND = 2 or 3 and AREA = 27) or (ROUND = 4 and AREA = 26 or 27)	0,9	WALES

W2518 OPCS 4/85

continued

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : REGION

(continued)

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : STANDARD REGION

Unit of analysis = Case

Definition	Code	Text
(ROUND = 1 and AREA = 15 or 16) or (ROUND = 2 or 3 and AREA = 15) or (ROUND = 4 and AREA = 14 or 15)	1,0	INNER LONDON
(ROUND = 1 and AREA = 17 or 18) or (ROUND = 2, 3 or 4 and AREA = 16 or 17) or (ROUND = 2 and AREA = 18)	1,1	OUTER LONDON
(ROUND = 1 or 2 and AREA = 19 THRU 23) or (ROUND = 1 and AREA = 24) or (ROUND = 3 or 4 and AREA = 18 THRU 23)	1,2	REST OF SE

N2318 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : EMPSTI

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : EMPLOYMENT STATUS OF INFORMANT

Unit of analysis = Informant

Definition	Code	Text
FOR PERSNO = 01, IF EMPLOY = 1	0,1	F/T JOB
FOR PERSNO = 01, IF EMPLOY = 2	0,2	P/T JOB
IF MQ6INF = 01 or 02	0,3	JOB TO GO TO
IF MQ6INF = 03 or 04	0,4	UNEMPLOYED
IF MQ7INF = 02	0,5	F/T EDUCATION
IF MQ7INF = 04	0,6	KEEPING HOUSE
IF MQ7INF = 01, 03, 05 THRU 08	0,7	OTHER
IF MQ6INF = 09 or MQ7INF = 09	0,9	DK/NA

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EMPSTH

Survey no.: 5124

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : EMPLOYMENT STATUS OF HOH

Unit of analysis = Head of household

Definition	Code	Text
For persno where HOH = 1		
If EMPLOY = 1	0,1	F/T JOB
For persno where HOH = 1		
If EMPLOY = 2	0,2	P/T JOB
If HOH = 1 for PERSHO = 1		
use MQ6INF and MQ7HOH		
Else If HOH NE 1 for PERSHO = 1		
use MQ6HOH and MQ7HOH		
- If MQ6INF/HOH = 1 or 2	0,3	JOB TO GO TO
If MQ6INF/HOH = 3 or 4	0,4	UNEMPLOYED
If MQ7INF/HOH = 2	0,5	F/T EDUCATION
If MQ7INF/HOH = 4	0,6	KEEPING HOUSE
If MQ7HOH/INF = 1,3,5,6, 7 or 8	0,7	OTHER
If MQ6INF/HOH = 9 or MQ7INF/HOH = 9	0,9	DK/NA

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : DEPCHILD

Survey no.: S1241

Priority Coded : Yes/~~No~~

Multi Coded : ~~Yes~~/No

Depth

Label : DEPENDENT CHILD IN HOUSEHOLD

Unit of analysis = case /household

Definition	Code	Text
FOR PERSNO = 2 TO 22	.	
	.	
IF [RELATINF = 4 AND AGE	.1	DEP CHLD YGST<5
= 0 THRU 4]	.	
	.	
ELSE IF [RELATINF = 4 AND AGE	.2	DEP CHLD YGST>5
= 5 THRU 15] OR	.	
[RELATINF = 4 AND AGE = 16	.	
THRU 18 AND EMPLOY = 3]	.	
	.	
ELSE	.0	NO DEP CHLD
	.	
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W2518 OPCS 4/83

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

BLOOD AND URINE ANALYTES

AND MEASUREMENT DVS

Adult Dietary Survey: List of blood and urine analytes

NB. For analyses in report, sex and age of subject were taken from the schedule variables SEX and AGE.

1. Urine

SODC	Sodium concentration (mmol/l)
POTC	Potassium concentration (mmol/l)
URCR	Creatinine concentration (mmol/l)
UREAC	Urea concentration (mmol/l)
FLVOL	Urine volumne (mls)
PC	Period of collection (hours)
COLLST	Date collection started
SODT	Sodium total (mmol)
POTT	Potassium total (mmol)
UREAT	Urea total
URSEX	Sex of subject
URAGE	Age of subject

1a Urine - derived variables

CREATTA	Total creatinine adjusted for length of collection
POTTA	Adjusted potassium total
SODTA	Adjusted sodium total
UREATA	Adjusted urea total
URINDEX	Ratio of Urea N2: Creatinine N2
URINPER	Period of urine collection

2. Haematology

HB	Haemoglobin
HCT	Haematocrit (PCV)
MCV	Mean Corpuscular Volume
MCHC	Mean Corpuscular Haemoglobin Concentration
B12	Vitamin B12
RCF	Red Cell Folate
RCFTIME	Whether sample analysed within 48 hours
VITB6	Vitamin B6
HAESEX	Sex of subject
HAEAGE	Age of subject

3. Serum

ALP1	Alkaline Phosphotase
CA1	Calcium (mmol/l)
CHOL1	Total Cholesterol (mmol/l)
CREAT1	Creatinine (mmol/l)
FERIT	Ferritin
GGT1	Gamma Glutamyl Transpeptidase
HDL	High density Lipoprotein Cholesterol
TP1	Total Protein
ALB1	Albumin
GLOB1	Globulin
SERSEX	Sex of subject
SERAGE	Age of subject

3a. Serum - Derived variable

LDL	Total cholesterol - HDL cholesterol

4. Plasma

BCAR	Beta Carotene
ACAR	Alpha Carotene
LYCO	Lycopene
VITA	Vitamin A Retinol
VITB2	EGRAC (Erythrocyte glutathione reductase activation coefficient)
VITE	Vitamin E and Tocopherol
CRYPTO	Beta Cryptoxanthin
ECHOL	Tocopherol:Cholesterol Ratio
PLASEX	Sex of subject
PLAAGE	Age of subject

"Flag" variables to indicate cases to be excluded from various measurement analyses

Variable	*Exclusion for analysis of:*
EXHGHT	PQ8HGHT (Height)
EXWGHT	PQ8BWGHT (Weight)
EXBMI	BMI (Body Mass Index)
EXFFM	FFM (Fat Free Mass)
EXBP	Blood pressure measurements
Urine analytes	
EXTOTUR	All urine analytes SODT, POTT, CREATT, UREAT etc
EXURINE	Urinary sodium, urea and creatinine
EXPOT	Urinary potassium

Blood analytes		*Drugs taken*
EXB12	Vitamin B12	Antiobotics, treatment of anaemia, sex hormones
EXCA	Calcium	Coticosteroids, cytotoxics, prescribed vitamin and mineral supplements
EXCAROT	Carotenoids	Laxatives, lipid-lowering
EXCHOL	Serum, HDL and LDL Cholesterol	Lipid-lowering, thyroid and anti-thyroid, sex hormones, anti-diabetic
EXFERRIT	Serum Ferritin	Antacids, anti-coagulants, analgesics, antibiotics, sex hormones, treatment of anaemia
EXRCF	Red Cell Folate	Antacids, anti-malarials, treatment of anaemia, sex hormones, cytotoxics, antibiotics
EXVITB6A	Vitamin B6	Anti-hypertensives, anti-malarials

New Variable Specification

Name : CREATT

Survey no.:

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : CREATININE TOTAL

Unit of analysis =

Definition	Code	Text
IF URCR = -9 or -8	-9	
OR IF FLVOL = -9 or -8		
Else CREATT = URCR x (FLVOL/ 1000)		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ].

New Variable Specification

Name : CREATTA

Survey no.: D1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : ADJUSTED CREAT IN INE TOTAL

Unit of analysis =

Definition	Code	Text
IF CREATT = -9	-9	
Else IF URINPER = -8 or -9	-9	
ELSE CREATTA = CREATT x (24/ URINPER)		
Ditto for SODTA POTTA URCRTA and UREATA		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : POTTA

Survey no.: S1241

Priority Coded : (Yes)/No

Label : ADJUSTED POTASSIUM TOTAL

Multi Coded : Yes/No

Depth

Unit of analysis = Case

Definition	Code	Text
If POTT = -9 or -8	-9	
If URINPER = -9 or -8	-8	
Else		
POTTA = (24/URINPER) x POTT		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. 5124 1	DATE: 11/6/87
VARIABLE NAME URINPER	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 9

VARIABLE LABEL PERIOD OF URINE COLLECTION

CODE LIST	SPECIFICATION	NOTES
	(IF PQ22ENDD NE PQ22STAD)	
	URINPER = (PQ22ENDT - PQ22STAT) + 24hrs	
	(IF PQ22ENDD EQ PQ22STAD)	
	URINPER = (PQ22ENDT - PQ22STAT)	

New Variable Specification

Name : URINDEX

Survey no.: D1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : UREA NZ:CREATININE NZ RATIO

Unit of analysis =

Definition	Code	Text
IF UREAC = -9 or -8		
OR URCR = -9 or -8	-8	NA
ELSE		
URINDEX = (UREAC * 0·4665) /		
(URCR * 0·3715)		
ie. Urea conc^n × 0·4665 / Creat conc^n × 0·3715		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : LDL

Survey no.: 5124 1

Priority Coded : Yes/No

Label : LDL CHOLESTEROL

Multi Coded : Yes/No

Depth

Unit of analysis = Case (Blood analysis)

Definition	Code	Text
IF CHOL1 = -8 OR HDL = -8	-8	NA
IF CHOL1 = -9 OR HDL = -9	-9	DNA
Else LDL = CHOL1 - HDL		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : BLOOD

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : ~~Yes~~/No

Depth

Label : IF BLOOD SAMPLE OBTAINED

Unit of analysis = Case / Individual Informant

Definition	Code	Text
ANY ONE OF		
RECTYPES FOR BLOOD ANALYSIS	1	SAMPLE
PRESENT ON WOLFSON DATABASE		
NONE OF RECTYPES PRESENT	0	NO SAMPLE

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : SERUM

Survey no.: 8124

Priority Coded : Yes/No

Multi Coded : ~~Yes~~/No

Depth

Label : IF SERUM SAMPLE OBTAINED

Unit of analysis = Case / Individual Informant

Definition	Code	Text
RECTYPE FOR SERUM ANALYSIS	1	SAMPLE
PRESENT ON WOLFSON DATABASE		
RECTYPE NOT PRESENT	0	NO SAMPLE

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : URINE

Survey no.: 31241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : IF URINE SAMPLE OBTAINED

Unit of analysis = Case / Individual informant.

Definition	Code	Text
RECTYPE FOR URINE ANALYSIS	1	SAMPLE
PRESENT ON WOLFSON DATABASE		
RECTYPE NOT PRESENT	0	NO SAMPLE

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : BMI

Survey no.: 81241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : BODY MASS INDEX

Unit of analysis = Informants

Definition	Code	Text
For all cases		
BMI = PQ8BWGHT / (PQ8HGHT/100)^2		
[Weight in kg; Height in m]		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page of

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE:
VARIABLE NAME FFM	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 1
VARIABLE LABEL FAT FREE MASS					

CODE LIST	SPECIFICATION	NOTES
(A)	SEX = 01 for PERSNO = 01 (male inf.)	
	AGE = 16 : FFM = [15.2 × (PQ8HGHT/100)]	+ [0.542 × PQ8BWGHT]
	+ [0.186 × (PQ8F/10)]	+ [2.15 × PQ8C] − 24.8
	AGE = 17 THRU 19 : FFM = [17.4 × (PQ8HGHT/100)]	+ [0.466 × PQ8BWGHT]
	+ [0.181 × (PQ8F/10)]	+ [2.75 × PQ8C] − 27.6
	AGE = 20 THRU 24 : FFM = [20.0 × (PQ8HGHT/100)]	+ [0.41 × PQ8BWGHT]
	+ [0.29 × (PQ8F/10)] +	[2.91 × PQ8C] − 38.6
	AGE = 25 THRU 29 : FFM = [22.3 × (PQ8HGHT/100)]	+ [0.387 × PQ8BWGHT]
	+ [0.487 × (PQ8F/10)]	+ [2.52 × PQ8C] − 40.1
	AGE = 30 THRU 39 : FFM = [17.1 × (PQ8HGHT/100)]	+ [0.487 × PQ8BWGHT]
	+ [0.219 × (PQ8F/10)]	+ [2.17 × PQ8C] − 27.3

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE:
VARIABLE NAME FFM	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 2
VARIABLE LABEL FAT FREE MASS					

CODE LIST	SPECIFICATION	NOTES
(A)	SEX = 01 for PERSNO = 01 (male inf.)	
	AGE = 40 THRU 49 : FFM = [20.5 × (PQ8HGHT/100)] + [0.354 × PQ8BWGHT] + [0.353 × (PQ8F/10)] + [2.39 × PQ8C] - 32.3	
	AGE = 50 THRU 64 : FFM = [26.1 × (PQ8HGHT/100)] + [0.354 × PQ8BWGHT] + [0.19 × (PQ8F/10)] + [3.96 × PQ8C] - 40.5	
(B)	SEX = 02 for PERSNO = 01 (female inf.)	
	AGE = 17 THRU 29 : FFM = [10.9 × (PQ8HGHT/100)] - * [0.51 × (PQ8E/10)] + [0.363 × PQ8BWGHT] + 5.6	
	AGE = 30 THRU 64 : FFM = [14.7 × (PQ8HGHT/100)] + [0.14 × (PQ8E/10)] + [0.397 × PQ8BWGHT] - 9.6	

Final Male Regression Equations for the Prediction of FFM **Table 45**

16yrs

FFM = (15.2 x Height) + (0.542 x Weight) + (0.186 x Calf) + (2.15 x Ulna) - 24.8

17-19yrs

FFM = (17.4 x Height) + (0.466 x Weight) + (0.181 x Calf) + (2.75 x Ulna) - 27.6

20-24 yrs

FFM = (20.0 x Height) + (0.410 x Weight) + (0.290 x Calf) + (2.91 x Ulna) - 33.6

25-29yrs

FFM = (22.3 x Height) + (0.367 x Weight) + (0.487 x Calf) + (2.52 x Ulna) - 40.1

30-39yrs

FFM = (17.1 x Height) + (0.487 x Weight) + (0.219 x Calf) + (2.17 x Ulna) - 27.3

40-49yrs

FFM = (20.5 x Height) + (0.354 x Weight) + (0.353 x Calf) + (2.39 x Ulna) - 32.3

50-56yrs

FFM = (26.1 x Height) + (0.354 x Weight) + (0.190 x Calf) + (3.96 x Ulna) - 40.5

Units: Height (m)
Weight, FFM (kg)
Calf, Ulnar (cm)

Height = PQ8HGHT/100
weight = PQ8BWGHT
Calf = PQ8F/10
Ulna = PQ8C

Females: Equations for Predicting FFM in 2 Age Groups Table 38

17-29y

FFM = (10.9 x Height) - (0.51 x Upper Arm C) + (0.563 x Weight) + 5.6 (1)

30-39y

FFM = (14.7 x Height) + (0.14 x Upper Arm C) + (0.397 x Weight) - 9.6 (2)

Units

Height (m) PQ8HGHT/100 Weight (kg) PQ8BWGHT

Upper Arm (cm) PQ8E/10 FFM (kg)

These equations can be simplified slightly, with a difference* in the end result in equation 1 of between 0.1 and 0.2 kg and in equation 2 of between 0.1 and 0.3 kg, as follows:

17-29y

FFM = 10.9 H + 0.56 W - 0.51 A + 5.6 I

30-39y

FFM = 14.7 H + 0.4 W + 0.14 A - 9.6 II

* The difference was calculated for 2 extreme women, one being small, height-weight with thin arms (1.5 m, 40 kg, 20 cm), and the other tall, heavy, with thick arms (1.73 m, 90 kg, 32 cm).

New Variable Specification

Name : FAT

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : WEIGHT MINUS FFM

(Excludes cases where measurements invalid)

Unit of analysis = Case

Definition	Code	Text
If (FFM = -8 or -9) or (PQ8BWGHT = -8 or -9)	-8	NA
If PQ10M1 to 3 = 2	-8	
If SEX = 1 and PQ10M1 to 3 = 3 or 5	-8	
If SEX = 2 and PQ10M1 to 3 = 4	-8	
Else		
FAT = PQ8BWGHT - FFM		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page of

New Variable Specification

Name : PCTFAT

Survey no.: S1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : FAT AS PERCENT OF WEIGHT

(Excludes cases where any measurements invalid)

Unit of analysis = Case

Definition	Code	Text
If FAT = -8	-8	
Else		
PCTFAT = (FAT x 100)/ PQSBWGHT		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE: 11/6/87
VARIABLE NAME SYS2AV	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 1

VARIABLE LABEL AVERAGE OF 2 SYSTOLIC READINGS

CODE LIST	SPECIFICATION	NOTES
	(PQ112SYS + PQ113SYS)/2	
	etc for MEAN2 AV DIA2AV HEA2AV	

NV .

74

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. 51241	DATE: 11/6/87
VARIABLE NAME SYS3AV	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 5

VARIABLE LABEL AVERAGE OF 3 SYSTOLIC READINGS

CODE LIST	SPECIFICATION	NOTES
	(PQ111SYS + PQ112SYS + PQ113SYS) / 3	
	~~etc~~ for MEAN3AV DIA3AV HEA3AV	

W2458E OPCS 1/84

New Variable Specification

Name : BMR

Survey no.: D1241

Priority Coded : Yes/No

Label : BASAL METABOLIC RATE

Multi Coded : Yes/No

Depth

Unit of analysis =

Definition	Code	Text
IF PQBBWGHT = -8 or -9	-9	
IF SEX = 1 and AGE = 16-18 BMR = 2·72 + (0·0732 × PQBBWGHT)		
IF SEX = 1 and AGE = 19-30 BMR = 2·84 + (0·064 × PQBBWGHT)		
IF SEX = 1 and AGE = 31-60 BMR = 3·67 + (0·0485 × PQBBWGHT)		
IF SEX = 1 and AGE = 61+ BMR = 2·04 + (0·0565 × PQBBWGHT)		
IF SEX = 2 and AGE = 16-18 BMR = 3·12 + (0·051 × PQBBWGHT)		
IF SEX = 2 and AGE = 19-30 BMR = 2·08 + (0·0615 × PQBBWGHT)		
IF SEX = 2 and AGE = 31-60 BMR = 3·47 + (0·0364 × PQBBWGHT)		
IF SEX = 2 and AGE = 61+ BMR = 2·49 + (0·0439 × PQBBWGHT)		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐.

New Variable Specification

Name : NGMEAS

Survey no.: S1241

Priority Coded : (Yes)/No

Multi Coded : Yes/No

Depth

Label : ALL MEASUREMENTS REF USED

Unit of analysis = Case

Definition	Code	Text
If SEX=2 and PQ8HGHT GT 0 & PQ8BWGHT GT 0 and PQ8C GT 0 and PQ8E GT 0	0	MEAS TAKEN
If SEX = 1 and PQ8HGHT GT 0 & PQ8BWGHT GT 0 and PQ8C GT 0 and PQ8E GT 0 and PQ8F GT 0	0	MEAS TAKEN
Else If PQ8DMA = 9 or PQ9 = 9	1	REFUSED
Else (some measurements)	-8	MISSING

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : NOBP

Survey no.: 9241

Priority Coded : (Yes)/No

Label : BLOOD PRESSURE REFUSED

Multi Coded : Yes/No

Depth

Unit of analysis = Case

Definition	Code	Text
IF SYSRAV GT 0	0	MEAS TAKEN
Else If PQ8DNA = 9 or PQ11NA = 9	1	REFUSED
Else (some readings)	-8	MISSING

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ___ of ___

New Variable Specification

Name : EXB12

Survey no.: 1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : DRUGS AFFECTING VITAMIN B12

Unit of analysis = individual

Definition	Code	Text
IF ANY PCMEDI-9 = 15, 17, OR 12	1	
ELSE	0	
15 Anaemia		
17 [illegible]		
12 Antabs		

Specified by .... Date ....

Coded by .... Date ....

Page [ ] of [ ]

New Variable Specification

Name : EXBP

Survey no.: 1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : DRUGS AFFECTING BLOOD PRESSURE

Unit of analysis = [illegible]

Definition	Code	Text
If any		
PGMED1 — 9 = 04, 09 or 11	1	
ELSE	0	
04 Anti hypertensive		
09 Cardiovascular		
11 Diuretics		

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXCA

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING CALCIUM

Unit of analysis = Individual

Definition	Code	Text
IF ANY PQMEDI - 9 = 9, 16, 02 18	1	
ELSE	0	
9 - Corticosteroids		
16 - Vit and mineral supplements		
18 = Cytotoxics		

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXCARDT

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING CARDTENES

Unit of analysis = Individual

Definition	Code	Text
IF ANY PQMEDI-CI = 02 OR 05	1	
ELSE	0	
02 Laxatives		
05 Lipid lowering		

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXCHOL

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING SERUM AND HDL CHOLES

Unit of analysis = Individual/case.

Definition	Code	Text
IF PQMED1-9 = 05, 10, 17, or 08	1	
ELSE	0	
05 Lipid lowering		
10 Thyroid/antithyroid		
17 Oral contraceptive		
08 Antidiabetic		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : EXFERRIT

Survey no.: 1241

Priority Coded : Yes/(No)

Multi Coded : Yes/(No)

Depth [ ]

Label : DRUGS AFFECTING SERUM FERRITIN

Unit of analysis = Individual

Definition	Code	Text
IF ANY PGMED1-9 EQ 01, 03 06, 12, 15 OR 17	1	
ELSE	0	
01 Antacids		
03 Anti coagulants		
06 Analgesics		
12 Antibiotics		
15 Anaemia		
17 See list above		

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : EXPOT

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING URINARY PGTASSIUM

Unit of analysis = Individual

Definition	Code	Text
IF ANY MEDI-Q EQ 11 OR 18	1	
ELSE	0	
11 Diuretics		
18 Anti-diabetics		

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : EXRCF

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING RED CELL FOLATE

Unit of analysis = Individual

Definition	Code	Text
IF ANY PCMEDI-9 EQ 01, 13, 15, 18,		
17 OR 12	1	
ELSE	0	
01 = Antacids		
13 = Anti malarials		
15 = Drugs for anaemia		
18 = Cytotoxics		
17 = Sex hormones		
12 = Antibiotics		

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : EXURINE

Survey no.:

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : DRUGS AFFECTING AREA AND CREATINE

Section, urea and fluid chemistry

Unit of analysis =

Definition	Code	Text
IF ANY PQMED1-9 EQ 11	1	
ELSE	0	
11 = Diuretics		

Specified by..... Date .....

Coded by ..... Date .....

Page [ ] of [ ]

New Variable Specification

Name : EXVITB6A

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth ☐

Label : DRUGS AFFECTING VIT B6 VERSION A

Unit of analysis = Individual.

Definition	Code	Text
IF ANY PQMEDI-9 EQ04 OR 14	1	
ELSE	0	
04 = Anti-hypertensive		
14 = Anti-malarial		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : EXVITB6B

Survey no.: 1241

Priority Coded : (Yes)/No

Multi Coded : Yes/(No)

Depth

Label : DRUGS AFFECTING VIT B6 VERSION B

Unit of analysis = Indiv.

Definition	Code	Text
If ANY PQMED1-9 EQ 14	1	
ELSE	0	
NB This version accepts individuals taking anti-hypertensives but excludes those on antimalarials.		

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXHGHT

Survey no.: S\241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth ☐

Label : PROBLEM WITH HEIGHT MEASUREMENT

Unit of analysis = Case

Definition	Code	Text
IF PQ10M1 = 1 or PQ10M2 = 1 or PQ10M3 = 1	0,1	REJECT HEIGHT
IF PQ8AM1 or PQ8AM2 = 1,2 or 3	0,1	REJECT HEIGHT
Else If PQ8HGHT = -8 or -9	-,9	DNA
Else If PQ8HGHT GT 0	,0	ACCEPT HEIGHT

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXWGHT

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : PROBLEM WITH WEIGHT MEASUREMENT

Unit of analysis = Case

Definition	Code	Text
IF PQ1OM1 or PQ1OM2 or PQ1OM3 = 2	0,1	REJECT WEIGHT
Else If PQ8BWGHT = -8 or -9	-,9	NA
Else If PQ8BWGHT GT 0	,0	ACCEPT WEIGHT

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXBMI

Survey no.: S1241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : PROBLEMS WITH MEASUREMENTS FOR BMI

Unit of analysis = Case

Definition	Code	Text
IF EXHGHT = 1 or EXWGHT = 1	0,1	REJECT BMI
Else If EXHGHT = -9 or EXWGHT = -9	-9	DNA
Else If PQBWGHT GT 0 and PQBHGHT GT 0	.0	ACCEPT BMI

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

New Variable Specification

Name : EXFFM

Survey no.: S\241

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : PROBLEMS WITH MEASUREMENTS FOR FFM

Unit of analysis = Case

Definition	Code	Text
IF EXBMI = 1	0,1	REJECT FFM
Else If SEX = 1 and PQ10M1, 2 or 3 = 3 or 5	0,1	REJECT FFM
Else If SEX = 2 and PQ10M1, 2 or 3 = 4	0,1	REJECT FFM
Else If PQBHGHT = -8 or -9 or PQBWGHT = -8 or -9	-9	DNA
Else If SEX = 1 and PQ8C = -8 or -9 or PQ8F = -8 or -9	-9	DNA
Else If SEX = 2 and PQ8E = -8 or -9	-9	DNA
Else	0	ACCEPT FFM

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

New Variable Specification

Name : EXTOTUR

Survey no.: DIZ41

Priority Coded : Yes/No

Multi Coded : Yes/No

Depth

Label : ALL URINE EXCLUSIONS

Unit of analysis =

Definition	Code	Text
If SERNO eq 10231 or 12630 or 21032 or 22209 or 30217 or 30601 or 41726 (FLVOL & Q24 differ by > 200ml)	0,1	EXCLUDE
If EXURINE = 1	0,1	
If URINPER LT 18 or GT 30	0,1	
If PQ25 NE 2	0,1	
ELSE	0,0	INCLUDE

W2518 OPCS 4/85

Specified by..... Date .....

Coded by ..... Date .....

Page ☐ of ☐

NUTRIENT VARIABLES

Adult Dietary Survey : Nutrient variables

(a) Average daily / total weekly intakes

nutrientA1	Average daily intake (all sources)
nutrientA2	Average daily intake (exc. supplements)
nutrientT1	Total intake in week (all sources)
nutrientT2	Total intake in week (exc. supplements)
nutrientD	Nutrient intake per 1000 kcal
nutrientT3	Total intake out of home
nutrientP3	Intake out of home as % total intake (exc. supps)

(b) Proportions

CARBPE	Carbohydrate as % total energy
PROTPE	Protein as % total energy
ALCPE	Alcohol as % total energy
FATPE	Fat as % total energy
SATSPE1	Sats as % total energy
SATSPE2	Sats + Trans as % total energy
TRANSPE	Trans as % total energy
N3PPE	N3Polys as % total energy
N6PPE	N6Polys as % total energy
MONOPE	Monos as % total energy
CHOLPE	Cholesterol as % total energy
POLYP1	Ratio of polys : sats
POLYP2	Ratio of polys : sats + trans
COMACAL	Total calories from food (excluding alcohol)
COMAFAT	Total fat as % food energy
COMASATS	Sats + Trans as % food energy
COMA2SAT	Sats as % food energy
COMATRNS	Trans as % food energy
COMAN3P	N3Polys as % food energy
COMAN6P	N6Polys as % food energy
COMAMONO	Monos as % food energy
COMACHOL	Cholesterol as % food energy

(c) Calculated nutrients

RETEQ	Retinol + (Carotene/6)
POLY	N3Poly + N6Poly
SATTR	Satfat + Transf
FDKCAL	kCal - (Alcohl x 7)

(d) Nutrients from food groups (files GROUP1-3)

(nut)TOT	Total nutrient intake derived from summing over all food groups

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME Adult Dietary	SURVEY NO. S1241	DATE: 25/8/87

VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 1

VARIABLE LABEL

CODE LIST	SPECIFICATION	NOTES
	For each nutrient on database	Names
	Calculate per person	
	1) Total intake in recording week	(nutrient)T1
	ie Σ(nutrient$_{(a)}$)	
	2) Total intake in recording week excluding food supplements	(nutrient)T2
	ie Σ(nutrient$_{(a)}$ - nutrient$_{(a)}$ in food supplements)	
	3) Average daily intake including food supplements.	(nutrient)A1
	ie Σ(nutrient$_{(a)}$) / no. of days (7)	
	4) Average daily intake excluding food supplements	(nutrient)A2
	ie Σ(nutrient$_{(a)}$ - nutrient$_{(a)}$ in food supplements) / no. of days (7)	

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME Adult Dietary			SURVEY NO. S1241	DATE: 25/8/87
VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L. FOSTER	SHEET 2
VARIABLE LABEL					

CODE LIST	SPECIFICATION	NOTES
	For each nutrient on database	Names
	Calculate per person.	
	1) Total intake in recording week from meals eaten away from home	(nutrient) T3
	ie Σ (nutrient(a) where HOMEAWAY = 2)	
	2) Intake of nutrient from foods eaten away from home as % of total nutrient intake (excluding food supplements)	(nutrient) P3
	ie (nut) T3 × 100 / (nut) T2	
	(stored as %age)	
	- selected nutrients only	

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE: 1/9/87
VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L.FOSTER	SHEET 3
VARIABLE LABEL					

CODE LIST	SPECIFICATION	NOTES
	Proportion of total energy from:	
	i) Carbohydrates = $\frac{(\text{g. carbohydrate} \times 3.75) \times 100}{\text{total kcals}}$	CARBPE
	ii) Protein = $\frac{(\text{g. protein} \times 4.0) \times 100}{\text{total kcals}}$	PROTPE
	iii) Alcohol = $\frac{(\text{g. alcohol} \times 7.0) \times 100}{\text{total kcals}}$	ALCPE
	iv) Saturated fatty acids	SATSPE1
	(a) = $\frac{(\text{g. saturated} \times 9.0) \times 100}{\text{total kcals}}$	
	(b) = $\frac{(\text{g. saturated} + \text{g trans} \times 9.0) \times 100}{\text{total kcals}}$	SATSPE2

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE: 1/9/87
VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C. L. FOSTER	SHEET 4
VARIABLE LABEL					

CODE LIST	SPECIFICATION	NOTES
	Proportion of total energy from:	
	v) Fat = $\frac{(\text{g. fat} \times 9.0) \times 100}{\text{total kcals}}$	FATPE
	Ratio of polyunsaturated to saturated fatty acids.	
	a) $\frac{\Sigma(n-3) + (n-6) \text{ polyunsaturates (g)}}{\Sigma \text{ saturated fatty acids (g)}}$	POLYP1
	b) $\frac{\Sigma(n-3) + (n-6) \text{ polyunsaturates (g)}}{\Sigma \text{ saturated fatty acids + trans fatty acids (g)}}$	POLYP2

66

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE: 1/9/87
VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L. FOSTER	SHEET 5
VARIABLE LABEL					

CODE LIST	SPECIFICATION	NOTES
	Energy for comparison with COMA guidelines.	
	i) Ekcals - (Ealcohol x 7·0)	COMACAL
	ii) $\frac{[(\Sigma \text{saturates} + \Sigma \text{trans-fatty acids}) \times 9{\cdot}0] \times 100}{\text{COMACAL}}$	COMASATS
	iii) $\frac{(\Sigma \text{fat} \times 9{\cdot}0) \times 100}{\text{COMACAL}}$	COMAFAT

100

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY	SURVEY NO. S1241	DATE: 1

VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L FOSTER	SHEET 6

VARIABLE LABEL Nutrient Density

CODE LIST	SPECIFICATION	NOTES
	Nutrient Density	
	$\frac{\text{nutrient(a) T2}}{\text{kcals T2}} \times 1000$	(nutrient) D
	(For the following nutrients :	
	VITC, VITE, VITB6, VITB12, VITD, PROTEIN,	
	SODIUM, POTASSIUM, CALCIUM, MAGNESIUM,	
	PHOSPHORUS, IRON, COPPER, ZINC, IODINE,	
	RETINOL, CAROTENE, THIAMIN, RIBOFLAVIN,	
	NICOTINIC ACID EQUIVS, FOLATE, PANTOTHENIC ACID	
	- 22 nutrients)	

101

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE:
VARIABLE NAME	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L. FOSTER.	SHEET 7
VARIABLE LABEL (Nutrients within food groups)					

CODE LIST	SPECIFICATION	NOTES
	Nutrients from each of the 51 food	SUGARG1 to SUGARG51
	groups listed (see attached list).	FIBREG1 to FIBREG51
	- selected nutrients as attached (Appx. A)	etc.
	Nutrients from combinations of food groups	
	- as indicated on attached list.	
	ie Sum (SUGARG1 to SUGARG9)	SUGARCER
	Sum (SUGARG10 to SUGARG15)	SUGARMLK
	Sum (SUGARG17 to SUGARG21)	SUGARFAT
	Sum (SUGARG22 to SUGARG32)	SUGARMET
	Sum (SUGARG33 to SUGARG35)	SUGARFSH
	Sum (SUGARG36 to SUGARG39 + G42)	SUGARVEG
	(SUGARG41 + G43 + G44)	SUGARSUG
	Sum (SUGARG45 to SUGARG49 + G51)	SUGARREV

FOOD GROUPS FOR ANALYSIS REQUIREMENTS (V)

1. Pasta, rice and other miscellaneous cereals
2. White bread
3. Wholemeal bread
4. Other bread
5. Wholegrain and high fibre breakfast cereals
6. Other breakfast cereals
7. Biscuits
8. Buns, cakes, pastries, fruit pies
9. Puddings including ice cream — TOTAL CEREALS

10. Whole milk
11. Semi-skimmed milk
12. Skimmed milk
13. Other milk and cream
14. Cheese
15. Yoghurt — TOTAL MILK AND MILK PRODUCTS

16. Egg and egg dishes — TOTAL EGGS

17. Butter
18. Polyunsaturated margarine
19. Low fat spread
20. Block margarine
21. Other margarine and spreads — TOTAL FATS

22. Bacon and ham
23. Beef, veal and dishes
24. Lamb and dishes
25. Pork and dishes
26. Coated chicken etc
27. Chicken and turkey dishes
28. Liver, liver pate, liver sausage and dishes
29. Burger and kebabs
30. Sausages
31. Meat pies and pastries (incl chicken pies)
32. Other meat and meat products incl. other offal and game — TOTAL MEAT AND MEAT PRODUCTS

33. White fish in batter or crumb coating (or flour) fried
34. Other white fish and dishes
35. Oily fish (including canned) — TOTAL FISH

36. Salad vegetables
37. Vegetables (42. (+ savoury snacks))
38. Fried potatoes incl. chips
39. Other potatoes — TOTAL VEGETABLES

40. Fruit and nuts — TOTAL FRUIT + NUTS

41. Sugars and preserves

* 42. Savoury snacks

43. Confectionery-sugar

44. Confectionery-chocolate

TOTAL SUGARS, PRESERVES + CONFECTIONERY

(Not savoury snacks → vegetables)

45. Fruit juice

46. Soft drinks

47. Spirits and liqueurs

48. Wine

49. Beer/cider/perry

(+ tea + coffee)

TOTAL BEVERAGES

50. Miscellaneous

TOTAL MISCELLANEOUS

51. Tea and coffee

NV

NEW VARIABLE SPECIFICATION	SURVEY NAME ADULT DIETARY			SURVEY NO. S1241	DATE 3/8/88
VARIABLE NAME QG1T etc. QG1A	LOCATION	DEPTH IF MULTICODED	PRIORITY CODED YES/NO	AUTHOR C.L. FOSTER	SHEET
VARIABLE LABEL					

CODE LIST	SPECIFICATION	NOTES
	Quantity (weight) of food consumed from each food group.	
	For each of NEW food groups (ie original 51 groups plus sub divisions) calculate:	
	a) Total weight of food consumed during week	QGT01A, QGT01B, QGT01R etc
	b) Average daily weight of food from each group. ie (QGT01A/7)	QGA01A, QGA01B, QGA01R etc
	[There are 51 original groups + 35 sub groups so there will be 86 T-variables & 86 A variables.	

W245BE OPCS 1/84

Supplementary Codes for foods for Special Analysis

Pasta	1a
Rice	1b
Ice cream	9b
Fruit pies	8a
Milk puddings	9a
Sponge type puddings	9d
Other puddings	9c
Cottage cheese	14a
Polyunsaturated margarine (added to 18R on save file)	18a
Soft margarine (not polyunsaturated)	21a
Yellow spreads	21b
Shellfish	34b
Other white fish and dishes excluding shell fish	34a
Peas	37a
Green beans	37b
Baked beans	37c
Leafy green vegetables including broccoli	37d
Carrots	37e + 36a
Fresh tomatoes	37f + 36c
Salad vegetables excluding tomatoes and carrots	36b
Apples and pears	40a
Oranges, tangarines etc.	40b
Bananas	40c
Canned fruit in juice	40d
Canned fruit in syrup	40e
Potato chips	38a
Other fried/roast potatoes and potato products	38b
Unsalted nuts and fruit and nut mixes	40f
Sugar	41a
Preserves	41b
Coffee	51a
Tea	51b
Wine	48a
Fortified wine	48b
Liqueurs	47a
Spirits	47b
Beers	49a
Diet soft drinks	46b
Other soft drinks (not fruit juice or juice drinks)	46a

J. Lewis 6/5/88

D1

CONFIDENTIAL

S1241 ADULT DIETARY SURVEY

Serial no. label

Sex

M	F

Age

Interviewer number

HOME RECORD BOOK

Please record all food and drink as shown inside. Thank you

The interviewer will call again on:

Day	Date	Time

Office of Population Censuses and Surveys
Social Survey Division
St Catherines House
10 Kingsway London WC2B 6JP

SS 2836

107

THE FOOD RECORD BOOKS

The instructions at the front of this book tell you how to use the food weighing scales, and how to describe the food and drink items in this book and in the blue pocket notebook.

Please read through these notes carefully before starting your seven days of weighing and recording. The interviewer will go over the main points with you, and can help you with any difficulties you might have.

REMEMBER :

- write down everything you eat or drink, whether at mealtimes or in between; medicines, tablets and drinks of water must be included.
- start each day on a new sheet; you can use more than one sheet a day, if necessary.
- write in the day and date at the top of each sheet.

HOW TO WEIGH

Press button on scales to switch on and make the green or red zero show.

Weigh container (plate, cup or bowl) and write the weight in column E.

Leave plate on scales and press button to set scale back to zero.

Write down the brand name and a full description of first food in columns C and D, then put it on the plate and write weight in column E.

Leave plate on scales and set scale back to zero (press button).

Write down brand name and description of second food in columns C and D, then put it on the plate and write weight down in column E.

Leave plate on scales and set scale back to zero.

Repeat for each item of food or drink.

NOW EAT IT!

Weigh plate with any leftovers (if there are any), write the weight against the plate entry in column F and tick in column F to show which foods were leftover.

DESCRIBING FOOD AND DRINK: as full a description of each food, together with its brand name is needed

Column A: Write down the time the food will be eaten, indicating whether the time was a.m. or p.m.; if you prefer, you can use the 24 hour clock. If you are preparing food for lunch or work tomorrow, record the information on tomorrow's sheet.

Column B: Ring code 1 if the food is being eaten at home; ring code 2 if the food was, or will be eaten away from home.

Column C: Write down the brand or product name of the food. Please give as much information as possible. Describe EACH ITEM ON A SEPARATE LINE. Fresh meat, fresh fish, fresh fruit and vegetables, doorstep milk, unwrapped bread and cakes and other unwrapped fresh foods (eg unwrapped cheese, cooked meats, and pasta) do not need brand or product names. In these cases no information is required, so leave the space in this column blank. Do not write in the name of the shop where the item was purchased. However, remember to record 'own brand' names in this column, for example,'Sainsbury's baked beans'.

Column D: Put down the description of the food. Please give as much information as possible - type of food, name, and how it was cooked. If the food was fried or roasted, please write down the type of fat or oil it was cooked in. If the food includes homemade pastry please write down the type of fat used to make the pastry. If you need to, you may use more than one line, but please put EACH ITEM ON A SEPARATE LINE. If the item was a cooked dish made from several items, for example, Shepherd's pie, weigh the portion and write in the information as described above, against a single entry. Do not try to weigh the potato and meat parts separately; when the interviewer calls she will record more information about the cooked dish.

Column E: Write in the weight of the food or drink.

Column F: Write down the weight of the plate with leftovers on it and tick which items were left.

After everything on your plate is written down, leave a line blank before your next plate.

60

Whenever you weigh anything always start with a plate, bowl or cup, please never put food directly onto the scales.

For foods that already come in containers like yoghurt or trifles you can weigh the full container and then weigh the container again when you have eaten the food. Or, if you prefer, you can tip out the food into a bowl which you have just weighed.

To weigh bread and butter or anything else you spread on bread, start by weighing the plate as usual. Press the button again to set scale back to zero and weigh the bread. Press the button again to set the scale back to zero then remove the bread and quickly spread the butter. Put the bread back on the scales and it will show the weight of the butter or margarine you have just spread. Now set the scale back to zero and then remove the bread again to quickly spread the jam or marmalade. Put the bread back on the scale and it will show the weight of the jam you have put on. If the scales switch off before you have buttered your bread, or spread the filling, do not worry. Switch the scales on again and record the total weight of plate, bread, butter etc. However, please make a note against the entry to show what happened, for example, 'total wt. of plate, one slice of toast, butter and marmalade'.

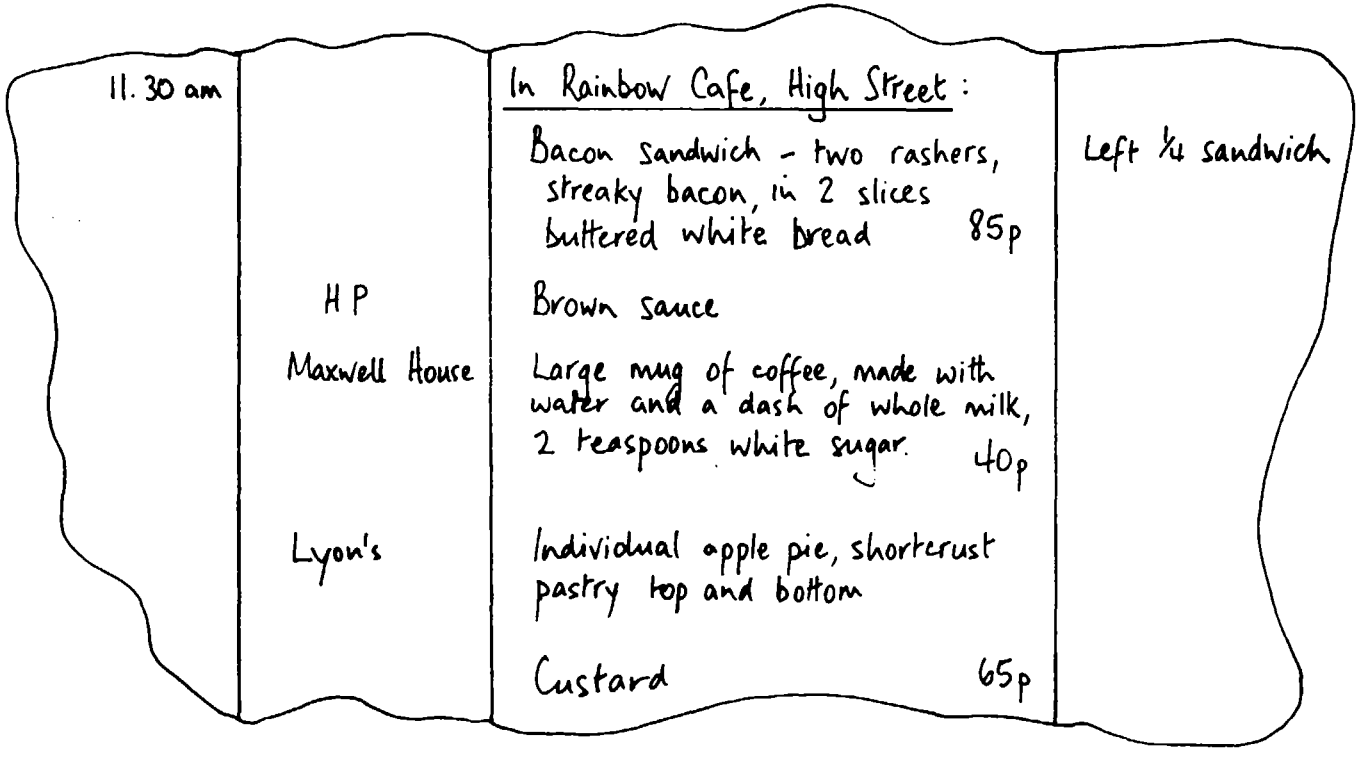
If there are any leftovers we need to know about them. You should weigh the plate with the leftovers on it and put the weight in column F next to the weight you wrote down for the empty plate. Then be sure to put a tick next to each type of food that was left over.

If something was spilt write into the leftovers column about how much you think was lost; for example "about ½ spilt".

USING THE BLUE POCKET NOTEBOOK

If you are eating somewhere that you cannot weigh the food, then write down the most information you can, including brand names, if possible, in your blue pocket notebook.

For example a meal in a cafe like this:



A COMPLETE PAGE IN THIS HOME RECORD BOOK SHOULD LOOK LIKE THIS

Remember to write in day and date at top of each page

Day ..... TUES. day Date

Day	Month	Year
2 1	1 0	8 6

If you do not eat everything you have put on the plate, remember to weigh the plate with leftovers.

And show what you left.

Always weigh everything on a plate or cup. Remember to weigh the plate first.

Leave a line before starting a new plate or cupful of something

A	B	C	D	E	F
12.15 p.m.	(1) 2		Plate	200	240
	1 2		Steak pie, homemade, 1 crust, shortcrust pastry made with Blue Band	140	
	1 2	Bejam	Crinkle cut frozen chips: deep fried in Corn oil	100	✓
	1 2	Birds Eye	Frozen peas: boiled	60	✓
	1 2				
12.15	(1) 2		Plate	100	120
	1 2	Hovis sliced loaf	2 Slices bread	60	✓
	1 2	Blue Band	Margarine	10	✓
	1 2				
12.25 p.m.	(1) 2		Bowl	120	
	1 2	Whitworth's rice	Rice pudding, made with whole milk, no sugar	104	
	1 2		Homemade plum jam	24	
12.30 p.m.	(1) 2		Cup	150	
		Nescafe Gold Blend	Coffee powder	2	
			Hot water (no milk)	120	
		Silver Spoon	Sugar - white	8	
	1 2				
1.00 p.m.	(1) 2		Plate	110	126
	1 2		Apple	110	✓ core

Please remember to put each food item on a separate line.

Day .....day Date | Day | Month | Year 8 | Day order | OFF USE | Serial number

Please use a separate line for each item eaten; write in weight of plate; leave a line between different 'plate' entries

A	B		C	D	E	F	OFFICE USE ONL	
Time eaten am/pm	Food eaten at home	away	Brand name of each item, in full, (except for fresh produce)	Full description of each item including: - whether fresh, frozen, dried, canned - how cooked; what type of fat food fried in	Weight served gms.	Weight of leftovers TICK ITEMS	Brand	Food
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						
	1	2						

S1241 : ADULT DIETRARY SURVEY

INTERVIEWERS INSTRUCTIONS

ROUND 1 : October 1986

CONTENTS

General points	Page
Background and purpose of the survey	1
Outline of the survey methodology	1
The survey package	2
The sample	3
The letter sent in advance of your calling - A1	3
The labels	4
Introducing the survey	6
The 7-day dietary record	7
Weighing and recording	7
The scales	8
The food recording diaries	10
Home record diaries	10
Recording leftovers	14
Pocket diaries	16
Food descriptions	18
Brand information	19
Summary	20
Coding the diaries	21
Composite foods and recipe dishes	22
Coding leftovers	23
Brand coding	26
Field procedures in relation to the weighing and recording tasks	28
The meals check sheet - D5	31
The incentive payment	32
The yellow interview questionnaire	
Introduction	33
The questions	34
Questions to be asked at the pick up call	41
Anthropometric measurements	45
Purpose	45
Personal height	46
Personal weight	48
Wrist diameter	49
Upper mid-arm circumference	49
Mid-calf circumference	50
Blood pressure measurement	51
Purpose and method	51
Interpreting the blood pressure readings	51
The GP consent forms and summary sheet	52
Taking the blood pressure measurements using the Accutorr 1 sphygmomanometer	53
The machine controls	54
Taking the measurement	55
Zero readings	56
Operating manual	57
The blood and urine samples: introduction	59
The blood samples	61
Purpose	62
Taking the blood sample	62
Recording	65

The urine collection and urine samples 67
Method and purpose 67
Making the 24 hour collection 68
Measuring the volume of urine collected 69
Recording 69
Taking the four samples of urine 70
The doctor's payment claim forms 72

Field administration 73

Queries 74

Background and purpose of the survey. Following successful completion of a small feasibility study in summer 1985 and a larger pilot study in January/February 1986, Social Survey Division has been asked by the Ministry of Agriculture, Fisheries and Food (MAFF) and the Department of Health and Social Security (DHSS) to carry out, during 1986 and 1987, a weighed dietary survey among adults aged 16 to 64 living in private households in Great Britain. The results from the survey will provide information about current dietary habits against which any changes in national nutritional habits could be assessed. The data from the survey will also help DHSS in implementing the recommendations in a report by the Committee on the Medical Aspects of Food Policy (COMA) on diet and cardiovascular disease, by identifying the types of persons who are at particular risk of developing heart disease. In particular, DHSS need information on the population of working age which could help relate dietary behaviour and intake to factors such as obesity, high blood pressure, anaemia, and blood cholesterol levels. MAFF, who are responsible for ensuring the supply of wholesome food to the the nation are interested not only in nutritional intake, but also in obtaining national data on the intakes of food additives.

Outline of the survey methodology

The methods used in the survey will include many of the techniques used successfully on the survey of children's nutrition we carried out a few years ago.

The survey involves the informant in keeping a diary of the foods they eat over a 7-day period, recording the weights of the foods eaten as well as the description of the item and its brand name (if any). In addition, there is a comparatively short interview, and a number of anthropometric and physiological measurements. All the foods eaten and recorded in the diary are coded in such a way as to allow detailed analyses to be made of the amounts of various nutrients and additives they contain. An important part of the survey is the anthropometric and physiological measurements. The informant's height, weight, wrist diameter, upper mid-arm circumference, mid-calf circumference, and blood pressure are all measured by the interviewer. A doctor then accompanies the interviewer on a call when blood and urine samples are collected. An incentive payment of £10 is made to informants who keep the dietary record for the full 7 days.

The feasibility study, in summer 1985, was carried out in six areas, and tested the basic methodologies for collecting the dietary information, taking the blood and urine samples, and making the anthropometric and blood pressure measurements. After the feasibility study, it was decided to alter radically the brand and food code lists; previously the food code list was basically the same as that used on the survey of schoolchildren's diets. The revised food code list incorporated a much greater level of detail than previously. In particular, the various types of fats and oils used both for spreading and cooking were classified in much greater detail to allow the separate identification of mono and poly-unsaturated fats, saturated fats and trans fatty acids; this differentiation is important if the relationship between diet and cardiovascular disease is to be investigated. The main change to the brand list was organisational. The pilot study, in January 1986, was primarily intended to show whether it was possible to collect dietary information at the much greater level of detail required. This study was carried out in 15 areas, including one in Scotland and one in Wales, using different interviewers from those who had worked on the earlier feasibility study. In addition to testing the application of the new code lists it was decided to make an incentive payment to informants who kept dietary records for the full 7 day period, and to send a letter to the sampled households in advance of the interviewer calling. Both these measures appeared to have the desired effect of raising the level of response. About 75% of eligible informants on the pilot survey kept a dietary record and nearly all agreed to provide blood and urine specimens; one interviewer managed to achieve a magnificent 100% co-operation from her quota.

This mainstage survey, which only slightly modifies the approach adopted on the pilot study, will be carried out in four fieldwork periods (as eating habits change with the time of year) starting in October and then again in January, April and July 1987. A sample from 120 areas in Great Britain will be taken and we aim to achieve interviews with about 2,000 adults aged 16-64.

THE SURVEY PACKAGE

For a fully co-operating informant the survey package has the following format:
1st call: identifying the individual to take part in the survey at the sampled address:

introducing the survey;
completing the main part of the interview questionnaire;
demonstrating the weighing technique and explaining the recording required in the home record diary and pocket diary;
placing the 7 day dietary record.

2nd call - 24 hours later: checking that the weighing and recording tasks have been understood.

Intermediate calls during the 7 day period: checking the information recorded to date, probing for more detail, inconsistencies, missing information, etc.

Pick-up call at the end of the 7 day recording period: collecting the completed dietary record;

arranging for the incentive payment to be made;
asking the remaining questions on the interview questionnaire;
taking the anthropometric measurements and blood pressure readings;
placing the equipment for a 24 hour collection of urine and explaining the procedure;
making an appointment for a doctor to call (with you) to take a blood sample and sample from the urine collected.

Final call - interviewer and doctor: taking the blood and urine samples;
recording the volume of urine collected in 24 hours;
recording and coding any prescribed medicines taken since the first call;

Experience on the childrens dietary survey and on the earlier feasibility study has shown that a number of calls at the address during the 7-day recording period are vital to maintaining co-operation throughout the period and to achieving high quality in the recording of the nutritional information.

NOTE: the above format assumes full co-operation with all aspects of the survey. Where informants only agree to co-operate with some aspects of the survey the order in which the various tasks are dealt with may change.

During the 7-day recording period you will also:

i. code the food and brand information recorded in the diaries for the preceeding days, refering queries on recipes and foods not listed in the code lists to nutritionists who will be working for us during the survey.

ii. where possible, purchase duplicates of foods eaten away from home, recording and coding in the home record diary the weight and description of the food items;

iii. transfer and code the information recorded in the pocket diaries to the main home record diary.

THE SAMPLE

The sample has been selected from the Electoral Register, and will be of addresses (not a named person sample). You are to call at the sampled address and select one person from the household for inclusion in the survey There are separate sampling instructions dealing with the address lists, and telling you how to select the individual eligible for interview.

THE LETTER SENT IN ADVANCE OF YOUR CALLING - A1:

A short letter has been sent to the residents at the sampled address telling them BRIEFLY the purpose of the survey, and explaining that you will be calling sometime in the following four weeks. The letter says that you will explain more fully the purpose of the survey, and MAY select one person from their household for inclusion in the survey. If there is no-one aged 16-64 in the household then no-one will be selected for interview and the address will become part of the ineligible sample. You should expect about one quarter of your address sample to be ineligible for this reason; we are sorry, but there is no reliable way we can identify them in advance You will probably find it useful to have a copy of the letter we sent with you when you make your first call at an address.

THE LABELS

You are being issued with sets of serial number and address labels for each address in your sample.

For each address there are 30 small serial number labels, and four address labels. One further address label has already been attached to the back of the corresponding sheet of serial number labels, for reference.

The address labels

These are of two types: it is important that you use them correctly.

1: Postal address and district/ward at bottom of label (2 copies)

eg

```
                                                    1/01/01
30 Bavington Gardens
North Shields
Tyne and Wear
NE30 3QE

District:   North Tyneside
Ward:       Cullercoats
```

One of these labels should be stuck into your notebook; the other should be attached (in the space indicated) to the outside of the wallet containing all the documents relating to that address.

2. Postal address only (2 copies)

eg.

```
                                                    1/01/01
30 Bavington Gardens
North Shields
Tyne and Wear
NE30 3QE
```

These two labels are for the incentive payment letter and form (D4), which are used to authorise payment of £10 to informants who keep a dietary record for a full 7 days. The full name of the informant should be written above the address on both copies of the label. One label should be attached to the letter which accounts will return with the postal order for £10, the other label should be attached to the authorisation sheet (blue) which is for our records.

The serial number labels

One should be attached to each of the following:

cover of home record diary, D1
cover of pocket diary, D2
meals check sheet, D5
yellow interview questionnaire, S1
personal weight self-completion sheet, S2
home grown fruit and vegetable self completion sheet, S3

blood pressure results sheets (top and two copies) BP2(a)-(c)

blood specimen tubes (x5)
urine specimen tubes (x4)
urine collection container(s)

blood analysis request cards (x2)
urine analysis request card

doctors payment authorisation (top and carbon) B4

If all of these are used, and assuming only one urine collection container is used, you should be left with six spare serial number labels.

We have prepared these labels so as to avoid transcription errors in copying the serial number onto the large number of documents and equipment associated with the survey It is particularly important that the correct serial number is attached to the blood and urine specimens; should the analysis of these samples indicate that medical intervention is advisable we would have to inform the respondent and his/her GP. Informing the wrong respondent could have serious implications Therefore please ensure that the serial number is the correct one for the address

INTRODUCING THE SURVEY.

It is important that you keep the introduction simple. It is quite likely that it can be sold as the Ministry of Food and the Department of Health wanting to know what people eat; most people are very interested and keen to participate. You must explain that the diary is needed for the full seven days, because the foods that people eat often vary throughout the week. In particular, eating habits at the weekend are often different from those during the week. If the informant mentions that his habits vary from week to week, then you can explain that this is covered in the interview part of the survey. You should mention that £10 will be paid to informants who keep the dietary record for the full 7 days.

If you are asked why these government departments want to know about eating habits, then you can explain about the relationship between diet and health. The Chief Medical Officer is responsible for the health of the nation and needs to know about the food intakes of the adult population. If the research should show cause for concern then it would be the Chief Medical Officer's job to make appropriate recommendations to the government. In the past the government has always followed the research recommendations put to them by the Chief Medical Officer.

For guidance on when and how to introduce the blood and urine tests see the introductory notes to that section.

WEIGHING AND RECORDING

This section describes the method of weighing and recording the foods eaten. Detailed instructions on weighing and recording are given, followed by a summary which should help you to introduce the task to your informant in a systematic way.

Weighing the food items

The scales:

You will be issuing people with a lightweight electrical scale, powered by batteries, called the "Digita". These scales proved very popular in our previous survey of schoolchildren's diets; the children soon became used to operating them and were happy with weighing and recording in grams.

The scales are easy to read because they give a readout figure in illuminated numbers. But apart from the weight of a weighed object, the readout panel can tell you other things about the scale.

When you first switch on the scales 8888 appears briefly then a zero 0 should appear. The scale is now ready for the container to be added.

If ---- appears when you first switch on it means that the machine is not set, so press the button again.

If when you weigh something E E E E appears, the scale has been overloaded, so use a lighter food container, (plastic plates are provided).

If 7.2.5 appears (or any numbers with dots/points between) it means the batteries are failing, so replace them with six AA type batteries, and claim for the cost.

If the green (or red) numbers disappear altogether and you are left with a red flashing light, this is battery saver mode. Simply press the start button again to recall the weight of what is on the scale.

---- will also appear after the scale is zeroed and the container removed to add a food to it. This is normal.

The machine will switch off automatically about two and a half minutes after the red light starts flashing (unless you press the button again to recall the value).

Weighing and recording with the scales:

1. Switch on the scales by pushing the button to the right of the readout.

2. Record the type of container in the diary eg plate.

3. Place the container on the scales and record its weight on the same line but in the weight served column.

4. Leaving the plate on the scales, press the button so that the scale reads zero again.

5. Write down the description of the first food in the brand and food description columns eg 2 Birds Eye Economy Cod Fingers in breadcrumbs, grilled.

6. Place them on the plate (still on the scales) and record the weight.

7. Leaving the plate on the scales, press the button so that the scale reads zero again.

8. Record the next food - Tesco frozen peas, boiled - in the diary.

9. Place the helping of peas on the plate and record the weight. - and so on.

Note

Once you have zeroed the scales you can remove the plate (and previously weighed foodstuffs) to add the next food to it, and return all to the scales. The weight shown will then be that of the last food added. But remember that when the scales have been zeroed, and the food has been removed (for example, bread taken off the scale to spread butter on it), the scale will only stay switched on for about a quarter of a minute. If more time is taken to spread the bread when the scales are switched on again the weight will be the weight of bread and butter. If this happens "bread with butter on" should be written in the diary and the combined weight which the scale shows recorded.

The food recording diaries

We need a record of all food and drinks consumed which can be coded in such a way that a computer can convert it to a measure of the intake of energy, protein and a wide range of other nutrient values. Brand names of foods are also required so that we can identify the additives in foods; for the same food type these may vary between manufacturer, for example, the amount of preservative in different brands of sausages. In order to do this we need very exact details of the food and its preparation. Obviously we do not expect the informant to remember or understand this completely and you must expect omissions and mistakes in the recording of the food information; you will need to identify and correct this at your checking calls. Notes on the sort of detail required are given later.

There are two recording diaries; a large white diary called the 'home record diary' which is used for all foods eaten or prepared at home or for foods eaten away from home which are weighed, and a small blue 'pocket diary' used for all foods obtained and eaten away from home which cannot be weighed, including snacks, sweets, drinks and meals. The pocket diary should always be carried when informants are away from home during the 7-day recording period, together with the small pencil. Less information is recorded in the pocket diary than in the home record diary but the pocket diary should show the description and brands of the foods eaten, and, if they were purchased, the price and place of purchase.

The instructions below apply to both recording in the home record diary and in the pocket diary, unless otherwise stated.

Completing the diaries : general points

1. Put a serial number label on both the cover of the home record and the pocket diary before issuing it to an informant. Write in the serial number on each page of the home record diary.

2. On the front cover of the home record diary you will find an appointment table. Use this to record the time of your next visit (checking calls) as a reminder to the informant.

3. On both the home record diaries and the pocket diaries a new sheet should be started at the beginning of each day. That sheet and any continuation sheets for the same day should have the day of the week and the date filled in. This should be done by the informant, but you should check that each day of the record is complete with this information before returning the diaries to HQ.

4. Both the home record and pocket diaries have a column for recording the time of day when the food is eaten: this information is required for all entries.

5. On both the home record diary and the pocket diary each food eaten should be described on a separate line. For foods eaten and prepared at home where there is more than one component to a food item, for example, a cup of tea, each component should be weighed and fully described on a separate line. Example A on the next page shows a home record diary entry for a cup of coffee and a Jacob's Club biscuit.

6. Home record diaries only

a. Everything eaten should be weighed on a plate or in a container. The plate/container should be weighed first, and the details (weight and description) entered on a separate line.

If a food is eaten from the container in which it was purchased, eg yoghurt, then EITHER of the following methods can be used:

i. weigh the food and container together, then weigh the empty container after eating the food

ii. empty the contents into a previously weighed container.

Example A:

Day Monday Date | Day 18 | Month 08 | Year 86 | Day order 1 | OFF USE | Serial number

Please use a separate line for each item eaten; write in weight of plate; leave a line between different 'plate' entries

A Time eaten am/pm	B Food eaten at home	B Food eaten away	C Brand name of each item, in full, (except for fresh produce)	D Full description of each item including: - whether fresh, frozen, dried, canned - how cooked; what type of fat food fried in	E Weight served gms	F Weight of leftovers TICK ITEMS	OFFICE USE ONLY Brand	OFFICE USE ONLY Food
1 30 pm	(1)	2		Cup	370			
	1	2	Nescafé Blend 37	Coffee granules	2			
	1	2		Water	160			
	1	2	Silver spoon	1 teaspoon white sugar	6			
	1	2		White milk - silver top	20			
	1	2						
1 30 pm	(1)	2		Plate	340			
	1	2	Jacobs Club	Club biscuit chocolate full-coated with fruit	60			
	1	2		"				
	1	2						
	1	2						
	1	2						
	1	2						

The description should show which method has been used; for example

this →	Low fat, vanilla flavoured, sweetened yoghurt and container	120
	Empty container	10
or		
this →	Bowl	190
	Low fat, vanilla flavoured, sweetened yoghurt	110

If the first method has been used, then, when you code the completed record, you must subtract the weight of the container from the combined weight and enter the net weight of the yoghurt, so that the entry now looks like this:

	Low fat, vanilla flavoured, sweetened yoghurt and container	~~120~~ 110
	Empty container	10

b. A blank line should be left between the description of items that were on the same plate and subsequent items on another plate or container: see example B.

It is important that all items are weighed on a plate so that any leftovers can be correctly allocated (see later) and for your own purposes when checking the entries in the diary. Even items not normally eaten from a plate, eg an apple, should be weighed on a plate or container with a plate/container entry in the diary. If the informant forgets to weigh on a plate you must write an entry for a plate in the appropriate place in the diary, with a weight of 1 gram. If there is no spare line between one entry and the next for you to write in the weight of a plate, then you should divide off the item weighed without a plate by means of a horizontal line where the plate entry should be, like this:

```
Plate
Pork chop, lean and fat, fried
frozen peas, boiled
boiled new potatoes
--------------------
apple, skin and core eaten
```

Subsequently you must rewrite the entry with a plate entry added in.
It is important always to weigh a container; without this information it can be difficult to calculate the net weight of leftovers.

c. Second helpings should be weighed on the original plate. The plate should be weighed before the 'seconds' are put on (it will probably weigh more than when it was a clean plate). Then the 'seconds' should be put on the plate in the normal way, weighed, and the weight and description entered in the diary. The

Example B'

Day ..Tues.....day	Date	Day	Month	Year	Day order	OFF USE	Serial number
		19	08	8	2		

Please use a separate line for each item eaten, write in weight of plate, leave a line between different 'plate' entries

A	B		C	D	E	F	OFFICE USE ONLY	
Time eaten am/pm	Food eaten at home	Food eaten away	Brand name of each item, in full, (except for fresh produce)	Full description of each item including - whether fresh, frozen, dried, canned - how cooked, what type of fat food fried in	Weight served gms	Weight of leftovers TICK ITEMS	Brand	Food
7 00 pm	(1)	2		Plate				
	1	2	Findus	6 frozen cod balls in batter deep fried in corn oil				
	1	2	Bejam	Frozen crinkle cut chips, deep fried in corn oil				
	1	2						
7 10 pm	(1)	2		Bowl				
	1	2		Stewed apples with sugar				
	1	2						
7 15 pm	(1)	2		Glass				
	1	2	Tesco	Low calorie cola, from can				
	1	2						
	1	2						
	1	2						
	1	2						

leftovers, if any, will be weighed after the second helping has been eaten, with the ticks and leftover weight written against the 'seconds' entries (see instructions on dealing with leftovers),

Summary: completing the diaries - general points

i. Everything eaten or drunk must be recorded either in the home record diary or in the pocket diary, including drinks of water, medicines, tablets and vitamin pills or drops.

ii. A new page must be started each day in both the home record and the pocket diary.

iii. The time of day when the item was consumed must be written into the first column of the diary.

iv. The food should be described, and, for foods eaten or prepared at home, weighed.

v. Each item of food must be weighed and recorded on a separate line of the home record diary. For example, for a cup of coffee, the weights and descriptions of the coffee granules, milk, water and sugar should be shown separately

vi. There must be a plate entry preceding every item or group of item served together.

Recording leftovers

When food is leftover we need to know the total weight of leftovers and what items were left.

Informants should weigh the plate or container containing the leftovers and record this total weight in the leftovers column, to the right of the weight of the plate or container, and then tick those items that were leftover in the column to the right of the food description. Here is an example of how it should look:

	Plate	140	220
	Cheese and tomato pizza, deep pan, homemade	168	✓
	Frozen, crinkle cut chips, fried at home in corn oil	140	✓
	Baked beans in tomato sauce, canned	74	

Here the leftovers consisted of some of the pizza and some chips. Weighed on the plate this was 220 grams - entered in the leftovers column opposite 'plate'. The pizza and the chips lines are ticked to show that both were left.

On the survey of schoolchildren's diets we found that children or their mothers were sometimes able and willing to weigh the different leftover items on the same plate individually, and had entered the separate weights in the leftover column adjacent to the particular item not fully eaten. If this appears to have happened on a recording sheet you are checking, ask the informant if this is what they have done, and if so, 'pink flag' the entry so that the coders at HQ will know what has happened. There is no need to change it back to the conventional way of recording leftovers.

Summary: recording leftovers

The total weight of any leftovers should be recorded against the plate/container entry and the items leftover ticked. If food is leftover when eating away from home then you should write in the pocket diary, against the relevant entry, an indication of how much was left, eg "half a round of the sandwiches", "2 slices of tomato".

Pocket diaries

Transfers of information from the pocket diary to the home record diary:

The blue pocket diary will have entries for all items bought and eaten away from home, and for foods prepared at home but eaten away, eg sandwich lunches. All blue pocket book entries must be transferred onto the blue home record style transfer sheets and tagged into the white home record diaries, following on from the other home record sheets for that day. The foods entered in the pocket diary will generally not have their weights given. This information is needed and in many cases it will be possible for you to find out the weight of the food item. This information can then be added to the blue transfer sheets when you are copying over the entries from the pocket diary to the home record diary.

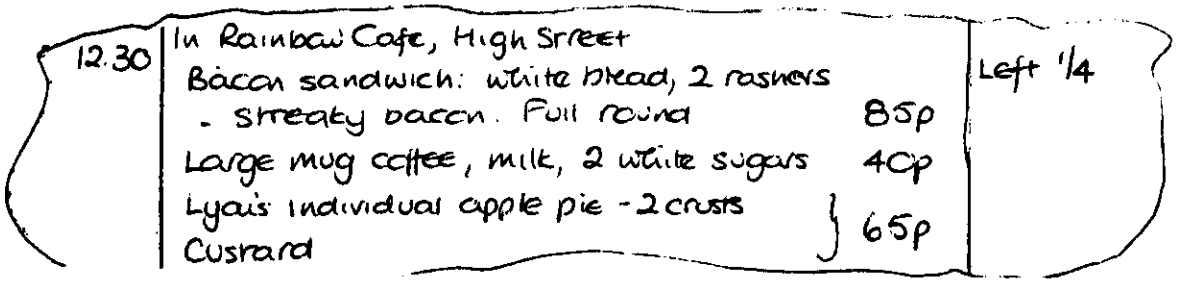
There are two main methods for finding the weights of foods eaten away from home.

i. Buying duplicates: when food is bought out as a 'take-away' you are authorised to buy a duplicate of what was eaten and weigh it yourself (and then you can eat it!). The pocket diary should show you where the food was purchased and the price paid. You should expect to have to buy duplicates of:

ice creams: to weigh the ice cream and wafer components separately:
sandwiches: to weigh the bread and fillings separately;
fish and chips;
take-away hamburgers, kebabs, pizzas etc, from local non-national cafes and shops.

Take-away food purchased from national fast food chains, eg Wimpy, Kentucky, McDonald's, Pizza Hut, Wendy's, Huckleberry's, Little Chef, Happy Eater, etc will be dealt with at HQ, as portion sizes are roughly similar from all outlets in a chain. If you have any doubts as to whether you should purchase a duplicate ring the nutritionist or Field Officer at HQ for guidance.

Please note that you are not authorised to purchase duplicate meals to eat in a cafe or restaurant - sorry! (but see ii below). In these and similar cases, eg meals at a friend's house, informants should have given as much detail about portion size as possible, see Example C below.



ii. For meals eaten in a staff canteen or restaurant you may be able to get some good information on portion size/weight by contacting the catering supervisor at the establishment. They may be able to tell you all you need to know, or may provide you with a duplicate meal for you to weigh (take your scales!). Use this method in any other situation you feel appropriate, eg at a motorway service station. If you have any doubts about whether you will be authorised to pay for the meal ring the Field Officer at HQ (in a staff canteen the meal may well be at a price subsidised by the company and hence relatively inexpensive, or you may be offered a free meal).

NOTE: for foods eaten or bought away from home you may need to contact someone at the place of purchase before you can adequately code the food description. Instructions on this are given in the sections on food and brand coding, and will also be given at the briefing.

Summary the blue pocket diary

i. The pocket diary and pencil should be carried whenever the informant is away from home.

ii. Anything eaten or drunk away from home should be entered in the small diary. NB if the informant is willing to take the scales with them when eating away from home then foods eaten out can be entered in the home record diary.

iii. The time of day that the item was consumed must be recorded in the small diary.

iv. For items bought and consumed away from home, the price and place of purchase must be recorded.

v. The description of the item should be as detailed as possible with an indication of portion size.

vi. Brand names should be recorded (when known), encourage informants to keep wrappers of sweets and snacks for you to see. These will be useful to you when checking/coding foods and brands, and you will need to see them for information on weight.

vii. All entries in the pocket diaries must be copied onto the blue transfer sheets and tagged into the home record diary in the appropriate place.

viii. Where possible the weights of foods eaten away from home should be determined by buying duplicates if so authorised.

Food descriptions:

Introduction

The description of the food in either the home record diary or the pocket diary should be sufficiently detailed to allow the item to be coded. However, the food code list not only separates different food items, but also takes account of how any particular food item was processed before it was purchased, eg was it bought as a frozen, canned, fresh, or dehydrated produced: how it was cooked eg fried, boiled, roasted, grilled, etc; and its fat content, eg low fat products, meat dishes with the fat skimmed or removed. This amount of detail is necessary in order to determine precisely the nutrient value of the food item.

Separate instructions will follow on the special sorts of detail that are required for different food groups, and at the briefing there will be exercises to help you familiarise yourself with these points.

Because we need very detailed description of the food items, and because informants will not always record all the information we need, we are asking you, the interviewers, to undertake the coding of the food items. In this way you will see when an item cannot be coded because the description is inadequate, and you will have the opportunity to try to collect the information from the informant by calling back on them shortly after the diary entry was made. Also as you become more familiar with the food code list you will be able to probe inadequate food descriptions when you call at an informant's home to collect completed records.

A prompt card will also be available to remind you about the sort of probing questions you will need to ask in order to get a description detailed enough for you to select the correct food code. These notes will serve as a summary of the more detailed written and verbal instructions on food coding that will follow.

Probes for food descriptions

As well as the basic, but full, description of the food item, eg All Bran cereal Danish blue cheese, mushrooms etc, you will need to check that you have information on:

i. the bought form: eg fresh, frozen, canned, dehydrated, bottled, or was the item homemade or homegrown (fresh)

ii. any coatings: was the item cooked in a coating; what was the coating - flour, batter, egg, breadcrumbs etc.

iii. any thickenings in sauces, gravy, stews or casseroles.

iv. details of pastry products: what type of pastry was it - shortcrust, flakey etc; was there a pastry crust top and bottom or only one crust; what type of flour was used - wholemeal or white; what type of fat was used - see vi.

v. cooking method: grilled, shallow fried, deep fried, boiled, poached, roasted (with fat), baked (no fat), or reconstituted ie water added to dried product eg Pot Noodles. For poached items probe for what the food was poached in - milk, milk and water, or water only. For fried items you will often need to probe for the type of fat the food was fried in: see vi.

vi. the fat content: for dairy products probe for low fat/high fat items eg low fat milks (semi-skimmed or skimmed) low fat/creamy yoghurts, and low fat cheeses. Also check for low fat sausages.
for items cooked in fat (fried or roasted) which will absorb fat during cooking eg fried fish, chips, or products in batter or coated, probe for the type of fat used. Also probe for the type of fat used in homemade pastry and cakes. See later for notes on the different types of fats and oils.

for meat, meat products and meat dishes probe for whether the fat was removed before or after cooking (ie not eaten) or, if appropriate, whether the fat was skimmed from the dish before serving. *NOTE* accurate information on the amount and nature of the fat in adults' diets is VITAL to this survey because of the apparent association between cholesterol levels in the blood and coronary heart disease. The importance of collecting accurate information on the fat content of the diet will be discussed fully at the briefing.

vii. sweetener used check and record whether the item was sweetened or unsweetened. If sweetened we need to know whether the sweetener was sugar or an artificial sweetener. For cooked items sweetened with an artificial sweetener, eg stewed fruit, the fruit and artificial sweetener should be weighed, recorded and coded separately, coding the fruit as 'unsweetened'.

viii. As well as weighing each food item it is useful if the description can include information on the portion size, eg 2 slices of bread, 1 teaspoon of brown sugar, 6 eating cherries. This information will alert us to any problems in weighing, or if a weight is omitted in error, it means we can make an estimate of the weight consumed.

Brand information

The brand or product name should be recorded for every food item EXCEPT fresh meat, fresh fish, fresh fruit and vegetables, unwrapped bread and cakes, doorstep delivered milk, and other unwrapped fresh items, such as fresh cheese, and fresh pasta. Note: shrink wrapped/vacuum packed cheese and cooked meats have a brand. Fresh foods bought as fresh and then frozen at home are regarded as fresh produce and hence will not have a brand name.

In many cases the brand name will be an 'own brand' eg Sainsbury's, Tesco's, St Michael etc. Local shops may also market 'own brand' products.

The 'brand' information for wines, bottled mineral water and for biscuits is treated rather differently than for other food groups; this will be explained at the briefing.

It is important that the brand and product name are as detailed as possible. Again you will be coding the brand information because it may only be at the point of coding that a brand description is found to be inadequate. You can then probe for the required detail at your next call. Note: you are not required to code brands on your own dietary record.

Summary: food descriptions

The detail required for food descriptions should answer these questions:

i. what type of food or drink was it?

ii. did it have a brand or product name?

iii. how was it bought - fresh, canned, frozen etc?

iv. how was it cooked - boiled, poached, fried etc?

v. if it was cooked in fat, or fat was used in pastry or cakes, what sort of fat or oil was used?

vi. was fat skimmed from any meat dish? Was fat on meat eaten or removed before or after cooking?

vii. was the food item coated before cooking?

viii. were any sauces thickened?

ix. what type of flour was used in pastry?

x. was it unsweetened, sweetened with sugar, or artifically sweetened?

xi. is it a low fat item?

xii. is there a description of the portion size as well as the weight?

When introducing this part of the survey to your informant we suggest that you go over with them the foods that they have eaten so far that day and ask them to record the descriptions as practice. Try also to get the informant to weigh something he would normally eat and to weigh and record the components. He may be willing to make a cup of coffee or a sandwich, and you can then help in the weighing and recording. If this is not possible then demonstrate the procedure using pens, pencils, or whatever you have to hand. There is an example of what a completed page in the record book should look like at the front of the home record diary.

Coding the diaries

Food coding: general points

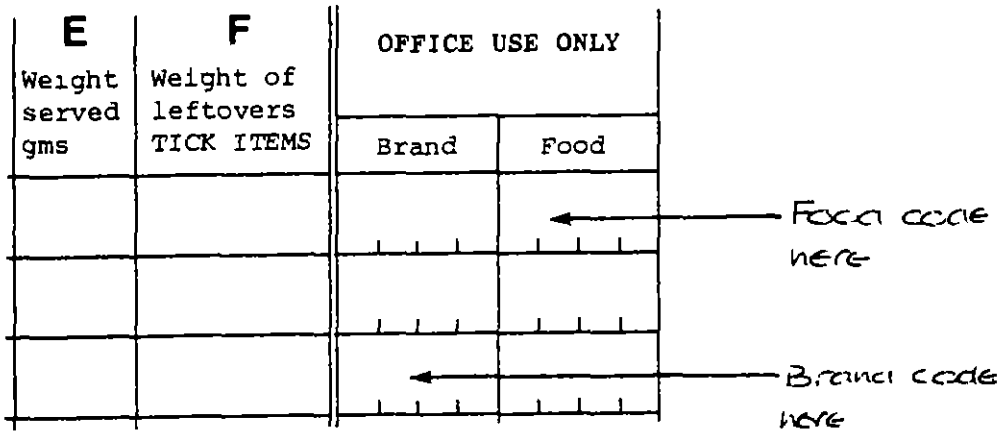
The description of the food, with the recorded information on its bought form, how it was cooked etc, should enable you to identify the correct food code.

The food code is a number with a maximum of 4 digits, and should be written in the second four boxes in the column of the recording sheet headed 'For office use only' adjacent to the food weight to which it refers. (The 'office use only' is to discourage informants from writing in the boxes.) Where a food code has fewer than 4 digits the numbers should be 'right adjusted' there is no need to fill the empty boxes with leading zeros.

NB: some food code are prefixed by the letter 'R', this is not part of the food code and should not be recorded in the four digit coding column . Its purpose is explained later.

CONTAINERS, plates, cups, bowls etc should be coded as 9999

WATER should be coded 5000



The food group code list you have been given classifies foods according to their type - bread and rolls, fruit, eggs and egg dishes etc, and within each group food items are generally listed alphabetically. For some foods inclusion in more than one group might be appropriate; where possible we have included them (with the same code number) in all places, but inevitably there will be some cases where the food item does not appear where you might first expect it. Before you start the main fieldwork you will be given an alphabetical food code list, which lists in alphabetical order all the food items and where to find them in the main code list. This will help you locate food items which may not be in what seems to you the most obvious food group. However, the alphabetical food code list does not give the same amount of detail about a food item as in the food group code list and should only be used to help locate an entry in the more detailed code list.

Eventually every line entry in the home record diary should have a food code. However you may not be able to code all the entries. This is because:

i. the code list does not cover every possible food item, only those for which information on the nutritional content is available or can be calculated.

ii. because the food item as recorded is not discreet, but is a composite food item or a recipe dish, eg homemade pies, cakes, casseroles etc. Some common recipe dishes have their own single code in the food group code list, but for others special treatment is required.

Composite foods and recipe dishes which do not have their own code

Although we ask informants to make separate entries for each food item some foods are served in combinations which cannot easily be weighed separately eg fruit in jelly. In some cases a single code covers a combination, for example, code 542 covers the fruit and sponge in a fruit sponge pudding. For other combinations there are no such single codes and the foods must be split into their separate components.

For all items in the food code list with a numerical code prefixed by the letter 'R' - 'Recipe' - you need to record the ingredients and their relative quantities in the whole dish (not just in their serving), as well as coding the composite food item. For cooked dishes or other composite items which do not have a composite food code you need to record the ingredients and their relative quantities in the whole dish as previously, but you will not be able to attribute a food code to the serving.

Examples:

i. mixed salad: how much lettuce: a few large leaves, half a small lettuce?

how many tomatoes: 3 large, half a pound?

how much celery: a few sticks, a medium sized head?

anything else?: No food code

ii. canned oranges in jelly: what size can of oranges in what volume of jelly

: No food code

iii. toad-in-the-hole: how many sausages? pork or beef sausages?

what quantity of Yorkshire (batter) pudding: made with one egg and half a pint of whole milk? : No food code

iv. lasagne: probe for recipe, and code 1348

eg 8 oz dried lasagne
12 oz minced beef
12 oz can of tomatoes
2 large onions
1 dessertspoon cornflour
pinch of mixed herbs
½ pint packet mix cheese sauce made with whole milk
2 oz English cheddar cheese

NB food items recorded for recipes do need their brand names recorded EXCEPT when a recipe dish was eaten away from home and it is not possible to obtain this information

Having obtained this information you record it on the blank sheet facing the original entry. All recipe dishes which you record in this way should be flagged with a pink flag and a reference back to the original entry. The HQ nutritionists will allocate weights to the components of a recipe dish where there is no composite code, they will code items not on your food code list, and will check your coding of recipe data where there is a composite food code.

Where a combination food or recipe dish can be coded straight from the food group code list, we need the recipe so that the nutritionists can check that the informant's recipe is sufficiently similar to the 'standard' recipe on which the nutritional information for the food is based and hence that the single code can be used. If the recipe differs significantly then the nutritionists will have the information in the home record diary to allow them to code the separate components.

Coding fats and oils: for the main fieldwork you will be given a list showing how all the various fats and oils that can be used in cooking are classified, ie what products are polyunsaturated fats and oils, what fats should be included under the heading of 'dripping' etc. This will help you allocate the correct food code to foods cooked in, or made with fats and oils.

Coding leftovers.

The food codes and the associated weight information should reflect the actual amount of the item consumed, and should not include the weight of any wastage. For example, for a banana, the food code should relate to the edible flesh and the weight recorded against that code should be the weight of the edible flesh only, not the skin.

If foods are weighed with parts that are not eaten, eg nuts weighed in shells, bananas weighed in skins, the wastage or inedible portion should be weighed and shown as a leftover. The food code used will be for the edible portion of the food only and the computer will calculate the net weight eaten, ie the total weight less the weight of the leftovers. For example, a fresh peach should be weighed whole, on a plate, eaten, and then the weight of the stone shown as a leftover, as follows.

	Wt	Leftovers		
Plate	200	210		9999
Fresh peach	100	✓ stone		2101

The food code for the peach is 2101 - 'peaches, fresh, flesh and skin only, no stones, or leftover stones weighed', ie weight of fruit eaten is known. The computer will calculate the weight associated with that code as 90 grams ie 100 grams less 10 grams leftovers (stone).

Unfortunately informants will not always record in the way we would like and in your own dietary record you may forget to weigh leftovers: for example a peach may have been weighed whole (on a plate) but the weight of the stone leftover is not shown. The computer will then have to estimate the weight of the fruit eaten. To indicate this estimation is necessary the food code should show that the stone was not weighed as a leftover and the the weight recorded is greater than the weight of fruit eaten. In this case code 2102 should be used, 'peaches, fresh, leftover stone not weighed'. The entry should then look like this:

	Wt	Leftovers		
Plate	200			9999
Fresh peach	100	✓ stone		2102

Here are two more complicated examples.

A: a grilled lamb chop

i. Lamb chop, grilled, weighed with fat and bone. Fat and bone not eaten, weighed as leftovers.

	Wt.	Leftovers		
Plate	200	260		9999
Lamb chop, grilled, lean and fat	120	✓ bone + fat		990

The code used, 990, is for a lamb chop, grilled, lean only, leftover bone weighed; the weight of meat eaten is known.

ii. Lamb chop, grilled, weighed with fat and bone. Bone not eaten, weighed as leftovers.

	Wt	Leftovers		
Plate	200	240		9999
Lamb chop, grilled, lean and fat	140	✓ bone		988

The code used, 988, is for a grilled lamb chop, lean and fat, leftover bone weighed; the weight of lean and fat meat eaten is known.

iii. Lamb chop, grilled, weighed with fat and bone. Fat and bone not eaten, not weighed as leftovers.

	Wt	Leftovers		
Plate	200			9999
Lamb chop, grilled, lean and fat	120	✓ bone + fat		991

The code used, 991, is for a grilled lamb chop, lean only, leftover bone not weighed; the weight of lean meat eaten is not known.

iv. Lamb chop, grilled, weighed with fat and bone. Bone not eaten, not weighed as leftovers.

	Wt	Leftovers		
Plate	200			9999
Lamb chop, grilled, lean and fat	140	/ bone		989

The code used, 989, is for a grilled lamb chop, lean and fat, leftover bone not weighed, the weight of lean and fat meat eaten is not known.

Example B: Skate (cartilaginous fish)

i. Skate, fried in butter, weighed with flesh. skin and bones. Skin and bones not eaten, weighed as leftovers.

	Wt	Leftovers		
Plate	200	220		9999
Skate, fried in salted butter	130	✓ Skin & bones		1549

Code 1549 skate, fried in butter, leftover bones and skin weighed, weight of flesh eaten is known.

ii. Skate, fried in butter, weighed with flesh, skin and bones. Skin and bones not eaten, not weighed as leftovers.

	Wt	Leftovers		
Plate	200			9999
Skate, fried in salted butter	130	✓ Skin & bones		1550

Code 1550: skate, fried in butter, leftover bones and skin not weighed, weight of flesh eaten is not known.

Brand Coding

The brand code list is organised so that the brands associated with each food group are listed together; a separate section lists 'own brand' names and codes. The brand code list should be filed in the blue ring binder, the brand codes following on from the food codes for each group. The brand code has a maximum of four digits and should be entered in the 4-digit space at the left of the 'Office use only' column. Codes with fewer than four digits should be right adjusted; there is no need to enter leading zeros.

It is an almost impossible task to compile a fully up-to-date and comprehensive list of brand names, so do expect to find brands which are not on the code list (and flag them for attention at HQ). However where a recorded brand name does not appear on your list, do please check with your informant that this is the brand name of a packaged commodity, and not the name of the retail outlet.

It would help us in compiling our brand code list if you can make a note where a brand name not on the brand code list is an 'own brand label'.

Use of the brand code list.

i. 'Own brands' are listed in the first section of the brand code list; this is the only section which is not linked to a specific food group or set of food groups. The 'own brand' codes should be used for all food groups EXCEPT biscuits, wine and bottled water.

ii. Brand codes must only be used for the food groups with which they are associated; codes cannot be transferred between sections. Thus Cadbury's (code 2507) is a valid brand code for drinking chocolate in the 'beverages' food group, but this code is not valid in relation to biscuits or confectionery made by Cadbury's.

iii. Brands are required for all purchased foods except, in general, for items which are fresh and not pre-packed. The items which do NOT require a brand code are listed after the contents page of the brand code list, and at the head of the relevant section of the list. They should be coded 9999 in the brand coding column.

No brand is required for all fresh fruit, fresh vegetables, eggs and doorstep deliveries of bottled milk.

In addition, no brands are attached to the following fresh items when they are sold loose, not pre-packed: fresh pasta; bread and rolls; cakes, buns and pastries; fruit pies and puddings; cheese; egg and cheese dishes; meat and meat products; fish and fish products; fish cakes, fish fingers and frozen fish; nuts.

There are no brand codes associated with tap water, vitamins, minerals and medicines.

iv. For most food groups brand codes are associated with the manufacturer's name, eg 'Gales' for honey, or 'Typhoo' for tea. For some foods, however, the brand required is the name of the particular product, which is usually linked with the manufacturer's name; together these allow identification of the food item. This level of detail is required for potato snacks eg KP Hula Hoops or Smiths Monster Munch, and for confectionery, eg Cadbury's Picnic or Fry's Peppermint Cream. The identification of the particular product by name is required in other instances, eg some yoghurts, fats breakfast cereals, coffee and soft drinks. Where the product name is needed it should be clear from the entries on the brand code list.

v. Three sections of the brand code list follow a different pattern with the coding system based on a description of the food item. For these groups 'own brands' should NOT be used.

a. Biscuits. The codes identify the type and flavour of the biscuit in greater detail than does the food code list. Valid codes are, for example, 'pink wafers' (code 620), or 'coffee creams' (codes 489).

b. Water. Bottled waters are brand coded according to the product name eg 'Cwm Dale' or Highland Spring', and own brands should not be used.

c. Wines The brand list identifies the type of wine, eg 'Bordeaux' or Riesling'. We are not interested in the brand or the importer of the wine.

FIELD PROCEDURES IN RELATION TO THE WEIGHING AND RECORDING TASKS: SUMMARY

At the placement call

i. Explain the purpose of the survey.

ii. Demonstrate the scales, and the weighing technique by means of an example.

iii. Demonstrate the recording technique, again by means of an example.

iv. Explain that detailed descriptions are required, but be careful not to go into too much detail or your informant may be discouraged from participating. You can explain and probe for more details on the brand and food descriptions at subsequent calls, and as the need arises.

v. Tell the informant that you will be calling back after 24 hrs to see how they are getting on, and to help with any difficulties. Tell the informant that in our experience, most difficulties arise during the first day while people are getting used to recording and weighing, so you would like to call back in about 24 hours. Use the appointment table on the front of the home record diary to remind your informant when you will be calling again.

At the 24 hour checking call

At your 24 hour recall, and any other checking calls, you are there to:

a. encourage the informant who may become disheartened or bored by the amount of weighing and recording required;

b. to probe for missing detail, or even missed food, on the diaries;

c. to query weights of items which seem excessively high or low, or so badly written that you are unsure of what they are;

d. to make sure that the informant is remembering to record items eaten away from home in his blue pocket diary.

On the 24 hour recall in particular, it is worth checking every single diary entry while you are still with the informant. (You can detach the sheets and take them away to check and code them).

CHECKS TO BE MADE

Time eaten: must be entered for each group of foods on the same plate.

Survey day order and date: must be shown for each sheet. The informant should start a new sheet at the beginning of each day; if he has not done so, you should find, and clearly mark, where the new day starts.

Description of foods and drinks: must be adequate for you to code them. Can you code from written description? Are brand names included? Have you checked for special cases, as in the "food group" notes?

Weight served must be correctly recorded: has each food item been separately weighed? Are the individual weights sensible? If the weight seems a bit unusual but not so way out as to be suspicious then query it with the informant (making a note to show that you have done so). If you are very suspicious of the weight it might be better to ask if the informant has another example of the food item in question for which you could check the weight because "we have found that x food is often difficult to weigh".

Leftovers must be weighed. Certain types of food are likely to include leftovers.
eg meat/poultry often yield bones
apples (fresh). usually cores are not eaten.

Check for leftovers in these and other cases where they are likely.

We must have a weight and ticks to show us what was left from the items shown in the diary (eg chicken bones left tick would appear by chicken value with the word "bones" next to it).

Time periods most adults will eat at breakfast, lunch, evening meal times, whilst this will vary as to exact time and the types of food consumed you should expect to have entries for all time periods - or a note to explain why not, eg informant does not eat breakfast.

Drinks. there should normally be a minimum of 500 grams of drink in a day's diet - if not probe for missed drinks. (The informant may have recorded nothing because he drank water and he thought that water did not count). Should the informant genuinely not have had any fluids note this clearly.

Snacks. if no snacks or sweets are recorded this should be queried, and a note made of the answer.

Vegetables. if a meat dish is recorded without any vegetables this should be queried, and noted.

Separate weighing

Although you will of course be stressing to the informant the importance of separately weighing every item, our experience shows that some informants tend to forget. In particular they seem to forget to weigh bread and butter separately and the components of a cup of tea/coffee separately. If possible, when this happens try to persuade the informant to make up a duplicate cup of tea or whatever and weigh the items (you may already have a duplicate example from the practice weighing on the placing day). If that is not feasible try to gather sufficient informaton about the components to enable us to make up a duplicate. Even with the most forgetful or careless person you should try to achieve at least one fully detailed weighed record of tea/coffee, and bread and spread(s).

Nevertheless, when pointing out to the informant that he has forgotten to separately weigh the items in a particular cup or bowl, you should make it clear that you are pleased that he did at least record the items. After all, we do not want to encourage people who have forgotten to separately weigh the components of a dish to therefore "forget" to record it at all, least we grumble about their failure to weigh properly. We would rather have an inadequately weighed dish than a non-recorded one.

Other checking calls

It is VITAL that you keep up with the coding of the diaries and do not leave this work until the end of the recording period. If you do leave it, you will find the task onerous, and if you find you need additional information before you can code an item, the informant may not remember the detail. You should therefore be calling back on your informant at least once more (after the 24 hour recall) during the recording period).

On these intermediate calls you should carry out the same checks as at the 24-hour checking call, collect completed days' entries and query any points that have arisen from your coding work on previous days' entries.

BEFORE SENDING THE DIARIES IN you must check that all the food items and brand information have been coded as far as you are able. Any food description or brand name that you cannot code should be checked with the nutritionist and, whether or not you get a ruling or a request for further information, you should 'flag' the query with a pink flag for attention at HQ. Any code about which you have doubts should also be flagged and detailed notes given. Before sending in the diaries you should also check that:

- you have recorded all recipes, including those for dishes included in the food code list, which are prefixed by the letter 'R';

- every group of foods eaten together has a plate or container entry

- all entries from the pocket diary have been transferred to the home record diary onto the blue transfer sheets, that the food and brand information has been coded, and that where you bought a duplicate item the weights are shown in the weight column;

- that leftovers have been recorded against foods where leftovers would be expected, or that there is a note attached to explain an unexpected situation;

- that foods eaten from the same plate or container have been separated from the next entry by a blank line, and that you have entered missing plate entries with a weight of 1 gram where necessary;

- that if more than one entry has been written on the same line you have transferred the entries to two separate lines;

- that each page is correctly dated and serial numbered; if there are entries for more than one day on the same page, you should transfer one day's entries to a separate page; the pages should be tagged into correct day order;

- that the meals check sheet is complete and tagged to the back of the home record diary (see separate instructions);

- that you return the pocket diary with the home record diary in all cases, even when it has not been used;

- please use a pen of a different colour to that used by the informant for all your notes on the diaries, so that your entries and amendments can be distinguished;

- if you rewrite any pages, return the original entry, crossed through.

NOTE: for artificial sweeteners, tablets, vitamin drops, medicines etc, that do not register a weight on the scales, the quantity taken or used must be fully described, eg the number of tablets, the number of 5ml or teaspoons, the number of drops etc. For artificial sweeteners the weight entry should be left blank. For medicines etc 9999 should be entered in the weight column.

ADULT DIETARY SURVEY S1241

INTERVIEWER'S MEALS CHECK SHEET

D5

Serial number label

Complete one sheet for each dietary record. ring code for number of items eaten each day

subjective definition

Interviewer number

Day	Main meal (at least 2 foods at one time)	Other meals (at least 2 foods at one time)	Drinks with meals	Drinks NOT with meals	Crisps, snacks or sweets	Tick if a note made on diary about eating pattern that day.
...day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
..day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
...day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
...day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
...day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
..day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	
...day	1 2 3	1 2 3 4	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	1 5 2 6 3 7 4 8	

THE MEALS CHECK SHEET D5

The meals check sheet is a working document for the interviewer which should be completed as pages of the dietary record are checked and coded. One sheet must be filled in for each dietary record.

Purpose

Most people have a fairly stable pattern of meals and snacks from day to day, this pattern may, however, differ between weekdays and weekends. The check sheet is intended as a summary of the detailed information in the dietary record, so that the informant's eating pattern can readily be compared for each day of the record. Marked differences can be identified from the sheet and should be probed fully, it is therefore important that the sheet is completed at the same time as the checking and coding so that the informant can be easily contacted.

Completing the check sheet

i. Label the check sheet with the appropriate serial number label.

ii. Take the pages of the dietary record for each day in turn. One row of the check sheet should be completed for each day, the name of the day should be written in the left hand column.

iii. Check off the number of main meals, other meals, drinks or snacks eaten for each day. The numbers in the appropriate columns can be either ringed or crossed through as each meal, drink or snack is checked off.

The check sheet can be completed by scanning through the diary entries for one day at a time, looking first for main meals, then for other meals, then drinks with meals, ie for each column in turn. Alternatively each group of entries in the record can be looked at in order and put into one of the categories on the check sheet.

The categories listed at the head of the columns are not strict definitions, but allow flexibility so that the check sheet can be used for a variety of different eating patterns. It is important that you use the definitions consistently for each informant, to allow comparison of their eating pattern from day to day.

iv. If you identify marked differences in the number of meals or drinks taken on a particular day, you should check with the informant that the record is complete. Make FULL notes of the informant's comments and of any unusual circumstances in the record book, and refer to this entry in the right hand column of the check sheet.

v. Return the completed meals check sheet to HQ, tagged to the home record diary. Check first that the sheet has a serial number label and your interviewer number.

THE INCENTIVE PAYMENT : D4

We are offering an incentive payment of £10 to informants who keep a dietary record for the full 7-days.

i. Payment cannot be made if the diary is kept for fewer days, or not at all.

ii. Payment is NOT dependent on the informant co-operating with the other parts of the survey - the anthropometric measurements, the blood pressure readings, or the blood and urine samples. The Government cannot be seen to be paying for blood!

iii. The other conditions for payment are as on the FES:

- the payment can only be made to the informant, not to anyone else, nor to any organisation, eg a charity. If this is what the informant wishes, then it is up to him to pass on the money.

- the payment will be made by postal order, and may take 3 to 4 weeks to come through.

iv. Documentation: the payment letter (D4) should be completed by you with a 'postal address' type serial number label attached and the full name of the informant written in at the top of the label. If the address is different in any way from the printed label, do not use it; but write the informant's full name and address, and the serial number in the space for the label on the letter. The 'authorisation for payment' form should be completed in a similar way, with the informant's full name written at the top of a postal address type label and attached to the sheet. Please sign and date this form.

Both documents should be returned attached to the home record diary.

THE YELLOW QUESTIONNAIRE

Introduction

The interview questionnaire should be asked at the initial, placement, interview, before explaining how to complete the dietary record There are also a few questions at the end of the interview questionnaire which are asked at the 'pick up' call at the end of the 7-day recording period. The documentation necessary for recording the anthropometric and physiological measurements is also at the end of this interview questionnaire.

The interview questionnaire has three purposes: to provide basic classificatory information about the informant and his/her household; to provide basic information about their diet; and to provide information about dietary habits which will be of use to you when checking and coding the dietary record.

People who refuse to keep a dietary record: at the earlier feasibility and pilot studies we found that many people who were unwilling to keep a 7-day dietary record were nevertheless willing to tell us something about their general eating habits Therefore we would like you to try to complete the interview questionnaire for all contacts, even those who refuse the detailed weighing and recording. Even for those who will tell us nothing about their dietary habits we would like you to attempt to ask the classificatory questions and the questions on occupation, ie Qs 1-16 on the yellow interview questionnaire This information will help us to identify any non-response bias, eg whether people of a particular age or in a particular social class are less willing to co-operate than other age groups and social classes It would also be very useful if the physical measurements could be completed for those who refuse the detailed dietary record, ie weighing, measuring, taking blood pressure, giving blood and urine samples

NOTE: informants who do not keep a 7 day dietary record cannot be paid the £10 we are offering as an incentive payment

Front page — Attach serial number label, and transfer the information in boxes (i) - (iv) of the sample address sheet to the box marked 'A'. The area type code will be a single digit in the range 1 to 6, which identifies the population density in the sampled area. Boxes (ii) - (iv) can only be completed after you have collected full information about the sampled address and selected household, as described in the sampling instructions.

Q1 — List all members of the household aged 16 and over in terms of their relationship to the sampled informant. Use the standard SSD definition of a household on this survey.

HOH: ring one code to indicate who is head of household.

Employment status:

'full time' means working over 30 hours per week.

'part time' means working any number of hours per week totalling 30 or less.

'none' covers all other situations including unemployed.

A family unit can consist of:

a married couple on their own, or

a married couple/lone parent and their never married children, provided these children have no children of their own.

Persons who cannot be allocated to a family unit as defined above, form separate family units of their own.

In general, families cannot span more than two generations, ie grandparents and grandchildren cannot belong to the same family unit. The exception to this is where it is established that the grandparents are responsible for looking after the children.

Adoptive and step-children belong to the same family unit as their adoptive/step-parents. Foster children however are not part of their foster parents' family unit as they are not related to their foster parents.

All members of the informant's family unit should be numbered as family unit 1; number other family units separately.

ACWN: code from observation.

A = Asian, by appearance
C = Other coloured
W = White
N = Not seen

Q2 — List all other members of the household aged under 16 in terms of their relationship to the informant.

Q3 — Ask in respect of length of residence of informant.

Q4 — This question has been lifted from the General Household Survey, and should be handled in the same way.

Note: the periods up to 1944 are asked as a running prompt; for buildings constructed after 1944, construction dates may be individually prompted as shown on the questionnaire; the question relates to the construction of the building, not the accommodation unit; if the informant cannot answer, you should code your own estimate.

Q5 — This question has also been taken from the household schedule of the General Household Survey.

6 1/2 feet is approximately equal to 2 metres.

Qs 6 & 7 Ask Qs 6 and 7 about informants who are not currently working either full or part time. Record answers in the column headed 'INFORMANT' and follow the signposts to the right of the column If the informant is working, ring code X and go to Q8

Q8 If the informant is the head of household, ring code W and go to Q9 If the informant is not the head of household check whether the HOH is currently working (full or part time) If they are working, ring code Y and go to Q9 If the HOH is not working, ring code Z and go (back) to Qs 6 and 7 Record the answers to these questions in the column headed 'HOH' and follow the signposts to the right in that column

Q9 Occupation of the informant. If the informant is aged under retirement age (generally 65 for men, 60 for women) record their current, or most recent job If the informant is of retirement age or over, record the main job they held during their working life

Q11 Applies only to informants who are currently working full or part time

Qs 12 & 13 These questions have been taken from the Annual Labour Force Survey The instructions that follow are reproduced from the interviewers' instructions for that survey.

Q12 'Shiftwork' can be interpreted as unsocial hours, in the sense of night, evening or weekend work It can also be interpreted as working at different times on different days, eg mornings one week and afternoons the next. Leave the decision as to whether shiftwork is worked to your informant.

Q13 Show Card A There are many shiftwork patterns in Great Britain The list provided reflects the types that are more common. The names for different types of shiftwork may vary from area to area. If the informant gives you a name for shiftwork that is not included in the list, ask for a description of the shift pattern and see if it fits into any of the listed precodes. Do not, however, 'lead' your informant; allow them to describe the shiftwork that they do. You will probably find patterns that will not fit into codes 01 - 10, so you should use code 11, 'Other type of shiftwork', in these cases, and specify the working pattern. As the different types of shift may be hard to remember, we have provided, on Card B, a description of the more complex shift patterns This card should be used as a quick aid for reference and kept with you during the interview Information about the shiftwork categories included in the precodes is given below.

Three-shift working (code 01): the 24-hour day is divided into three working periods, eg morning, afternoon and night. Someone doing this kind of shiftwork will usually, but not always, do one or more weeks of mornings, followed by one or more weeks of afternoons, followed by one or more weeks of nights.

Continental shifts (code 02): This is a continuous three-shift system that rotates rapidly, eg three mornings, then two afternoons, then two nights. Usually there is a break between shift changes. Sometimes called metropolitan shifts

Two shift system with earlies and lates or double day shifts (code 03): normally two shifts of eight hours each, eg 0600 - 1400 and 1400 - 2200. The worker usually alternates between shifts, often weekly but it can be at longer intervals.

Sometimes night and sometimes day shifts (code 04): it is recognised that other alternating systems of days and nights exist, apart from those referred to above. Use this code for any other pattern of working which involves working shifts both during the hours of daylight and at night. See also the definition of night shifts, below.

Split shifts (code 05): these are full shifts, divided into two distinct parts with a gap of several hours in between. Used in passenger transport, catering and service industries, where there is a need to meet peak demands at different times of the day.

Morning shifts (code 06): If full time, most commonly 0600 - 1400. Use this code only if the morning shift is the only shift worked. Use also for part time during the morning.

Afternoon shifts (code 07): Most commonly 1400 - 2200 if full time. Can also be used for a part-time shift between 1200 and 1800.

Evening or twilight shifts (code 08): Most commonly between 1500 and 2400 if full time. Also use for a part-time shift from 1700 to 2100 or from 1800 to 2200. 'Twilight shift' is a term for part-time evening shifts.

Night shifts (code 09): These are full-time shifts, usually between 1800 and 0600, and usually continuing after midnight. Use this code only for permanent night work, as any rotating system should be covered by codes 01 - 04.

Weekend shifts (code 10): This code should be used for work during the day on Fridays, Saturdays and Sundays (0600 - 1800), when there is no other work.

Other type of shiftwork (code 11): Use this if none of the other codes apply.

Q15 Note that this question refers to the occupation of the head of the household. If the informant is the HOH, Q15 DNA. If the head of household is aged under retirement age (generally 65 for men, 60 for women) record their current or most recent job. If the head of household is of retirement age or over, record the main job they held during their working life.

Q16 Include as 'receiving' anyone whose payment has been delayed, or who should be receiving benefit but has not (yet) received a payment.

Q17 This information will be coded, and will also be used to explain the possible absence of expected common foods from the informant's diet.

Q18 This question will also help explain particularly low intakes of some foods or nutrients.

Q19 It is important that the reasons why some foods are avoided are fully probed; however it is not necessary to establish an exhaustive list of foods that are not eaten. 'Health reasons' for avoiding foods should be explained for example 'diabetic', 'coeliac', low carbohydrate, weight-reducing diet etc. 'Other reasons' for avoiding foods may include religious reasons. Note that not all diets are weight-reducing diets.

Qs 20 & 21 These are a guide to breakfast habits to help you when checking the informant's home record diary.

Qs 22 & 23 These questions will guide you as to whether or not to expect sugar to be reported with drinks of tea and coffee in the diaries. It will also identify informants who use artificial sweeteners in drinks.

Q24 As a supplement to the information recorded in the food diaries, we are asking here about the brand of sweetener used. Card C lists the most frequently used brands of artificial sweetener: on one side the sweeteners are grouped into calorie and non-calorie types, on the reverse they are listed with their codes, in alphabetical order. The use of artificial sweeteners is growing and the number of brands increasing, this area is of such importance to the survey that you must record the full brand name even where you can code the type of sweetener, and you should always try to see the container.

Qs 25 & 26 High levels of salt intake are associated with hypertension (high blood pressure) and the only reliable way of measuring salt intake is by analysis of the urine, so one of the main purposes of the urine collection and analysis will be to measure levels of sodium (salt) Note that salt added at the table is not recorded in the food diaries (its weight would not register on the scales) The answers to question 25 and 26 will validate the urine analysis and help in the interpretation of the results Do NOT discuss the medical reasons for our interest in salt consumption with the informant lest they change their habits during the recording period. If asked, simply explain that we cannot expect them to weigh the salt they add to their food, and that anyway the weight would not register on the scales.
Note that <u>sea salt</u> is coded as ordinary table or cooking salt - nutritionally there is very little difference - but that 'Lo-salt' and similar proprietary low salt products or salt alternatives, should be separately coded at Q25

Q26 Show card D for the prompts at Q26 Note that where 'Lo salt' or a similar product is used, one of the codes 1-4 should be ringed, <u>and</u> code 5 should also be ringed

Qs 27-35 These questions are included as a guide to the household's food patterns and eating habits and may help you when checking the informant's diary However, it is possible that the answers will differ from what the informant has recorded as eating during the 7-day period

Qs 27 & 28 As explained earlier, The Ministry of Agriculture, Fisheries and Food and the Department of Health are especially interested in the amount of fat in people's diet because of its apparent association with coronary heart disease Animal fat is particularly implicated; hence we ask about general practices with regard to skimming the fat from stews etc, and trimming the fat from meat which has both lean and fat Note that at these questions, codes are provided for cases where the informant <u>spontaneously</u> mentions that they buy only trimmed meat, do not eat meat, or do not eat meat dishes made with meat that needs skimming. Remember that it is not only red meat that contains fat; chicken casseroles may need skimming. Q28 covers all meat dishes not just red meat casseroles, stews etc.

Q29 Cornflour and flour add thickening to gravy, but no flavour, Oxo cubes and Bovril flavour, but do not thicken. Bisto (and gravy granules) browns, thickens and flavours - all in one go!
Gravy without thickening or flavouring is just meat juices, with/without additional water/vegetable water.

Qs30 & 31 Because of the client department's interest in the possible relationship between dietary fat and coronary heart disease, we are asking for detailed information on the informant's consumption of fat in the dietary record. To help you when checking and coding the diaries we also ask about the household's general practices with regard to deep and shallow frying of foods. We want to know what 'type' of fat is generally used for deep and shallow frying, eg blended vegetable oil, polyunsaturated oil or margarine etc. The informant is unlikely to answer in the terms we want; the answer will probably be either a brand name, eg Cookeen, Crisp 'n' Dry, or the vegetable or seed the oil is made from, eg corn oil, sunflower oil etc. To help you code the answer you should refer to the blue 'fats and oils' card which you will be using when you code the diaries. If the fat or oil mentioned by your informant is not listed on the card, record the full brand name of the product. The 'fats and oils' card lists all the most frequently used types and brands of fats and oils used for cooking: it is not the card for coding fats for spreading that are recorded in the dietary records. These are coded from the food and brand code lists in the normal way. This card will however help you to identify what type of fat was used for cooking when you have to code a fried, roasted, or other product cooked with fat that has been recorded in the diary.
On one side of the fats card the products are listed alphabetically, while on the reverse, the most frequent brands of fats and oils in each of the different categories are grouped together.

Q32-35 Again, these questions are included as a guide to the household's food patterns and eating habits, and may be helpful to you when checking the food diaries. However, it is possible that the foods recorded in the diaries will differ in type from those recorded here.

Q 36 The clients for this survey are interested in the frequency with which certain, less common, foods are eaten, and the amounts consumed. This is because these foods even if eaten only very occasionally can make a very large difference to the nutritional status of the individual.
Seven food items are listed in the grid, and, for each in turn, you should ask your informant how often, on average, that item, is eaten, and if at all, about how much they eat on any one occasion.
Please note the following points:

Free range eggs:	ie labelled as free range
Fresh fish:	excludes frozen and canned fish
Kidney:	this can be in any form, eg in a chop, as part of steak and kidney, or as the discreet food item.
Shellfish:	fresh shellfish and canned/frozen shellfish are dealt with separately.

Q36(a) For any of the prompted items that are eaten, we need to know how often, on average, they are consumed. You can prompt, if necessary, with the categories shown on the questionnaire, then ring the appropriate code or specify an answer.

Q36(b) Categorising the amounts eaten may be more difficult, as different measures are appropriate for different foods. At the earlier feasibility and pilot stages interviewers found the most useful probe was to ask how much of the item would be purchased for the family/household and work from that. Eg, 12oz lamb's liver bought for two people: informant eats about 6oz; but beware of this approach as the bought amount may not be divided equally among all household members.

Q37 Applies to all Informants should record in the home record diary all medicines, pills, tablets, and drops that they take during the 7-day recording period, so the answers to this question will again help you when checking the diaries for comleteness. However, this question is restricted to dietary supplements, which may or may not have been prescribed by a doctor, but it will exclude things like cough mixture, aspirin and prescribed medicines which are not dietary supplements. The most usual dietary supplements are iron tablets, vitamin tablets, multivitamin tablets, or drops, kelp, lecithin and garlic capsules.

If a dietary supplement is being prescribed, make a note to yourself to check that this is also recorded later in response to questions asked at the pick-up call (Q28), where ALL prescribed medicines are recorded. The entry should appear in both places, and of course, in the diary

Q37(a) Record a full description, including brand name, if appropriate, of each supplement being taken For multivitamin tablets or drops probe for, and record, whether or not they contain iron. For ease and accuracy of recording, we advise you always to ask to see the dietary supplement container.
Record the strengths of the dietary supplement; this will always be shown on the container eg. iron 15mgm; Vitamin C 500mgm; Vitamin C 50mgm. Record the dose taken; ie the number of tablets, drops, 15ml spoons, teaspoons etc taken on each occasion.
Record how often each dose is taken, eg three times a day; once a week; once a day etc.

Q38 Most obviously pregnant female informants will have been identified on contact, and, as noted earlier, they are ineligible to take part in the survey. This question, which applies only to women aged between 16 and 45, acts as a check finally to sift out any remaining pregnant women. If your informant is pregnant then, as a courtesy, continue with the questionnaire to the end of Q43 but then terminate the interview, explaining why you are doing so.

Qs 39 & 40 Apply only to female informants with children aged under 1 year living in their household. The diets and blood analysis of lactating women may well be different from women who are similar in other respects but who are not breastfeeding. We need this information to help interpret the data from the food diaries and the results of the blood analyses.

Q40 Nursing mothers in families on Supplementary Benefit, Family Income Supplement or in families who have a low income are entitled to free tokens which they can exchange for free milk and vitamins. In particular they receive 5 bottles of mother's vitamin tablets for themselves every three months from the birth of their baby until he/she is one year old.
The tokens can be exchanged at a child health clinic or welfare distribution centre, and mothers will frequently refer to them as 'Welfare Vitamins'.
DHSS are interested in the take-up of free vitamin tablets for mothers among eligible groups and we, of course need to know whether such tablets are being consumed, since they form part of the woman's nutrient intake.

This question applies to all mothers with a child aged under 1 year in the household (not just those on Supplementary Benefit or FIS).

Note that we are only interested in those receiving tokens for free vitamin tablets for themselves; we are not interested here in the receipt of free vitamin drops for the baby.

We would expect those receiving tokens to exchange them, and to take the vitamin tablets, so welfare vitamin tablets for mothers should appear at Q37, and of course in the food record diary. If your informant is not taking the tablets or exchanging the tokens please note this clearly at Q40.

Q41 Applies to all. The relevance of this question will not be explained! The question itself has been taken from the General Household Survey individual schedule.

Q42 This question is a guide to you and us when checking the food record diaries. As with other such questions it is NOT an infallible guide to the diet of the informant during the recording period. Nevertheless you should compare this guide with the daily recording sheets. If for example, the informant in answer to this question says he usually has cornflakes for breakfast, but cornflakes are not mentioned in the diary, you should ask whether he had cornflakes on any of the recording days, and make a note in the diary of his response. The underlined sub-headings at Q42 are prompts to structure the informants' recall, but you do not have to stick to this pattern of eating if the informant's behaviour is different.

That completes the questions to be asked prior to the informant keeping a dietary record for 7 days. HOWEVER, if your informant has refused to keep a dietary record, there are further questions and recording on the yellow interview questionnaire that you will need to deal with at this call. For informants who agree to keep a dietary record the remainder of the yellow interview questionnaire is dealt with at the 'pick-up call' and at the final call, when you will be accompanied by a doctor.

QUESTIONS TO BE ASKED AT THE PICK UP CALL

The following questions should be asked at the pick-up call at the end of the 7-day dietary recording period. If the informant refuses to keep a dietary record continue with this questionnaire after asking Qs 1-43.

Qs 1-7 Apply to all completing a 7-day dietary record. Informants who refuse to keep the dietary record go on to Q8 on page 17 of the questionnaire (anthropometric measurements).

Qs 1-3 These questions may help explain particularly low, or otherwise abnormal intakes on a day, or days during the recording period.

Q1(a) Do not fully probe the cause of an illness, but check that you have a record of all illnesses

Q1(c) Although this question is precoded, and the answers should generally not be probed, please record comments and probe to resolve any ambiguities.

Q4 Applies to all informants working shiftwork (Q12 coded 1) We are interested in people who work shifts because their work pattern may affect their eating habits, particularly if they work variable shifts. The answers to Q12 do not tell us what hours the informant was working during the 7-day dietary recording period, and whether they are likely to have a disruptive effect on eating patterns

Take the informant through day-by-day for each of the 7-day dietary recording period Record times using the 24 hour clock

Day order: the first day of the 7-day recording period is day 1; the second day, day 2. etc
Day . the day of the week corresponding to the day order.
Same hours as previous day: if the hours worked were identical on one day to those worked the previous day, then, after completing the 'day order' and 'day' information, you may ring code 9. A line entry must be completed for each day in the 7-day period.

There are more than seven recording lines at Q4, because some informants may have two periods of work in the same day, particularly when they are changing shifts. eg from 24.00 hrs to 06.00 hrs then again from 18.00 to 24.00 hrs.
In such cases it is necessary to use more than one recording line at this question: the 'day order' and 'day' should be recorded as the day on which the shift started.

Q5 The Ministry of Agriculture are interested in the extent to which people consume home grown vegetables because they know that in some parts of the country there are comparatively high concentrations of some minerals in the soil that may pass into fruit and vegetables. Even differences in the 'hardness' of the water in a particular area may make a difference There is no need for you to prepare a special introduction to this question: simply read the full question as printed on the questionnaire. The explanation of the purpose of this question is adequate in the form of words given.

Include: homegrown fruit and vegetables passed to the informant by local friends, neighbours and relatives;

Exclude: gifts of homegrown fruit and vegetables from friends, relatives etc. who live outside the informant's area.

If the informant has eaten any home grown fruit or vetgetables during the 7-day dietary recording period they should be handed the self-completion sheet (S3). They should then list all the fruit and vegetable items eaten during the recording period which were home grown.

When you are checking the coding the record diaries, keep a note of any items that are described as being homegrown, and prompt your informant with these if necessary. Collect the self-completion sheet, check that a serial number label has been attached, and tag to the end of the questionnaire.

Q6 This must be completed by the interviewer for every informant keeping a dietary record. Comments on how conscientious you think they were in weighing and recording are invaluable. Your views on the size of their appetite are also useful. Please also make a note here of any special circumstances you think may have affected their eating habits, which are not covered elsewhere in the questionnaire, for example 'special occasions', the absence of another member of the household, the presence of visitors etc.

Q7 At this point, check that you have taken back the food scales and the plastic plate, and that you have the complete record diary and blue pocket diary.

Check that you have completed the incentive payment forms, D4: separate instructions are given for completing these.

Qs 8-27 These 'questions' relate to the recording of the anthropometric measurements, the blood pressure and heart rate measurements, and the taking of the urine and blood samples.
Separate instructions are given on all these topics.

Q28 Prescribed medicines: we need to know what prescribed medicines the informant is currently taking, if any. This information is necessary for interpreting the results of the blood and urine analyses, the blood pressure readings and the dietary data. The question should be asked of all informants.

If the informant has kept a dietary record, ask about any prescribed medicines taken since the start of the dietary record. If the informant refused to keep a dietary record, ask about any prescribed medicines currently being taken.

Note that food supplements, both prescribed and non-prescribed have been dealt with at Q37 in the first part of the questionnaire, but prescribed food supplements should also be recorded here. All prescribed (and non-prescribed) medicines, tablets, drops etc, including the contraceptive pill, should appear in the food diaries on each occasion they were taken during the 7-day recording period.

If prescribed medicines are being taken, ask to see the container(s). If you are accompanied by the doctor on this visit (because blood/urine samples are being taken) ask the doctor to dictate the exact name of the medicine to you, and record this in the grid. If you are alone at this visit check the name of the drug very carefully. Record in BLOCK CAPITALS in the grid, the full name, including strength, of the drug It is better to record too much information rather than too little

For women aged 16 to 49 check whether they are taking the contraceptive pill (Q29). Ring the code to show that you have checked, and if the pill is being taken record the name and strength in the grid, as described above.

Coding the prescribed medicines. If you are accompanied by the doctor, we would like him/her to code as many of the prescribed medicines being taken, as possible, into the categories shown on Card F This shold be done once you have left the informant's house Hand the doctor the card and ask him/her to tell you into which category each of the drugs fall Record the code in the column headed 'CODE', not in the 'OFF USE ONLY' column. Multi-coding is possible.
Note: this is not a test of the doctor's knowledge, and we would much prefer that code 20 'not known' was used, rather than a guess made! All the drugs that cannot be coded by the doctor will be coded by a doctor at DHSS, we are simply trying to reduce the volume of work for him.

If you are not accompanied by a doctor on this visit DO NOT ATTEMPT to code any of the drugs yourself.

Q30 There is no 'courtesy question' printed on the questionnaire, but naturally you should allow informant's the opportunity to comment on the survey etc. Thank the informant for their co-operation, check that you have all the equipment and documentation and, before leaving, hand the informant the purpose leaflet 'A2'.

ANTHROPOMETRIC MEASUREMENTS

The anthropometric measurements should be carried out at the end of the 7-day recording period if the informant agreed to complete the dietary record or, for those who refuse to keep a dietary record, following completion of the questions on the yellow interview questionnaire. All the measurements should be recorded on the yellow questionnaire. The anthropometric measurements to be taken are as follows: height, weight, wrist diameter, upper mid-arm circumference and mid-calf circumference (men only).

Purpose

Obviously what people eat affects their weight so we are interested in the weight of sampled informants. By itself though, weight is of limited use because taller people will probably weigh more anyway. Hence we need weight in relation to size - not just height, but also bone size and the amount of fatty tissue. The anthropometric measurements with the stadiometer, personal weighing scales, calipers and tapes will give us this information.

All the equipment is lightweight and easy to put into action, so for informants who have kept a dietary record it would be practicable to take these measurements at the pick-up call or the final call. Do not take these measurements during the 7 day recording period or your informant may subsequently go on a diet! For informants who have not kept the dietary record take these measurements at the end of the interview, or when you call back for blood and urine samples.

1. Personal height - measurement:

Measuring someone's height is more complicated than some people imagine. Height varies throughout the day, being at its maximum first thing in the morning, and then gradually declining, by up to 2 - 3 cm, as previously relaxed muscles and the spinal cord compress. Posture will also affect measured height. We are aiming to measure the maximum achievable height under defined conditions.

To measure the informant:

i. Set up the stadiometer in the following way:

a. depress the locking spring - the silver coloured rectangular plate inside the 'U' shaped blue cross piece on the base board. You can now swing the silver coloured top strut upwards. Lock this into position with the pin (on captive chain).

b. hold down the blue button to release the measurement arm friction lock and move the measurement head to the top of its travel.

ii. Explain the importance of correct posture to achieve maximum height (see note below).

iii. Ask the informant to remove his/her shoes and to step onto the baseboard with his/her back to the upright. Check that "heels are against the cross-bar, legs together, arms loosely by your side".

iv. Reaffirm the importance of correct head position (see note below) and adjust the informant's position, if necessary. Release the friction lock on the measurement arm and slide the arm down to contact the crown of the head. Engage the friction lock again, by releasing the button.

v. Tell your informant, "now keep your head in that position and your heels on the ground ... (pause) ... now stand up as tall as you can".

vi. Check heels are on the ground. Check heel position; correct if necessary. You may find that some informants hunch their shoulders, if so, try a touch on the shoulder, and say "relax your shoulders please".

vii. Read the cursor TO THE NEAREST MM - the red line on the reading point.

viii. Ask the informant to step off and show him/her the reading while you double check it.

Personal height - recording:

Record the reading in centimetres and millimetres on the yellow questionnaire. Note that the decimal point is printed on the questionnaire.

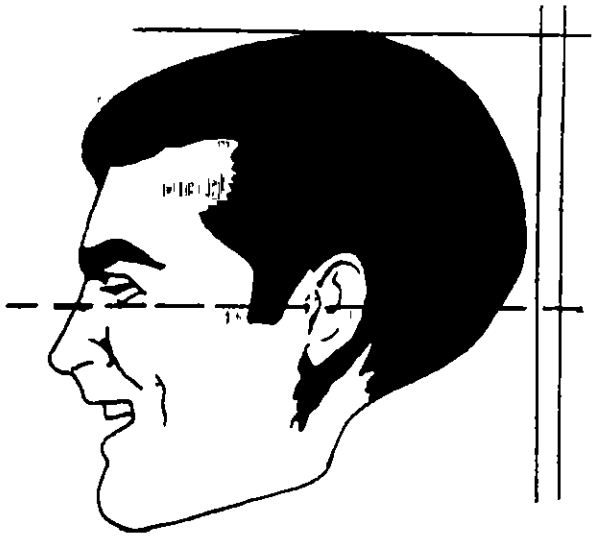
If the informant is unable, or unwilling, to adopt quite the right posture for the height measurement, ring code 3 adjacent to the recording boxes.

If your informant is a Sikh wearing a turban, take the measurement over the turban, record it as normal, but ring code 2 to show that the height includes the turban.

For women (?) whose hairstyle cannot be compressed, eg buns, french pleats etc, take the measurement but also ring code 1.

Personal height the correct head position

i. The Frankfort Plane this is the correct head position when measuring height.



Position the informant's head so that the bottom of the eye socket (top of the cheek bone) is in line with the protruding flap of firm skin on the front edge of the ear above the ear lobe. In medical terms, so that the lower orbit is in line with the external auditory meatus. This position is important if an accurate measure is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, ie the top back half.

ii. Persons who fidget you can steady such a person by holding their head in the Frankfort Plane position, and then asking them to, 'stand up as tall as you can'.

2. Personal weight - measurement:

You will have Soehnle digital personal weighing scales which are calibrated in kilograms and 200 gram (0.2kg) units. Your measurement will always result in a two, or possibly three digit number, followed by .0, .2, .4, .6, or .8. When recording the weight the decimal point has been printed on the questionnaire for you.

To weigh the informant:

i. Make sure the master switch at the front of the scales is set to metric (kilogram) readout.

ii. Place the scales on a hard flat surface. (The base of the stadiometer is suitable.) If there is no hard surface available ring code 1 on the questionnaire - 'carpet'

iii. Get the informant to remove their shoes, any heavy outer garments, and any loose change or keys from their pocket, and step on the scales.

iv. Position his/her heels on the back edge, and get the informant to look striaght ahead, not downward.

v. Press the 'Push' button. The scale will take a short time to stablize its reading and will then 'freeze' the weight it displays. This helps you read the weight, but it does mean that you may get a false reading with a restless person. If you think your subject has moved excessively as the machine froze their weight, reweigh.

vi. Record the weight: see below.

vii. Be certain to SWITCH OFF AT THE MASTER SWITCH.

viii. The batteries should last the field period, but will not if you forget to turn off the master switch. In case of battery failure or low output (shown by the display .7.2.5, or any other series of numbers all separated by decimal points) replace batteries, if possible from the spares provided.

Personal weight - recording

The informant's weight should be recorded on the yellow questionnaire. The informant should also record on the self-completion sheet 'S2' the items of clothing he/she was wearing whilst being weighed: the lists for men and women are printed on either side of a buff coloured sheet. This sheet should be completed with a serial number label and your authorisation number, and should then be tagged to the back of the yellow questionnaire.

3. Wrist diameter - measurement

The small vernier calipers are used for measuring wrist diameter. The technique will be demonstrated at the breifing but the following are the principles of taking the measurement.

i. Measurement is made of the informant's LEFT wrist. The hand should be in a relaxed position, palm downwards, resting on a flat surface, while the measurement is made.

ii. The caliper jaws, once positioned, should be closed as tight as possible using the adjustment wheel, across the joints at the side of the wrist. Remove your finger from the adjustment wheel and the jaws will open only slightly. The reading on the scale can then be made. DO NOT remove the calipers from the wrist until you are sure of the reading.

Wrist diameter - recording.

The reading should be taken at the red mark on the scale. The scale is calibrated in centimeter and millimetre units, so your reading will probably be a one digit figure (cms) followed by .1, .2, .3 etc. The decimal point is printed on the yellow interview questionnaire.

4. Upper mid-arm circumference - measurement

The paper measuring tape (TALC) is used for measuring upper mid-arm circumference. The technique will be demonstrated at the briefing, but the following principles apply.

i. Measurement is made of the informant's upper LEFT arm and is made in two stages. The first measurement is made with the informant standing, left lower arm across the front of the body, and a 90° angle between the upper and lower arm at the elbow joint. Using the cloth tape measure the upper arm length, that is the distance from the top of the left shoulder to the tip of the elbow (in medical terms from the tip of the acromium to the top of radius). Record this reading on the questionnaire. Divide the measurement in half and this will be the point for measuring the mid-arm circumference. Ask the informant if a small pen mark can be made on the arm to show this mid-point (A water based marker pen is provided). Alternatively, attach a small piece of masking tape (again provided) with a mark to locate this mid-point, to the informant's arm. This tape does not pull the skin when removed, nor will it mark clothes if the measurement has to be taken over a sleeve, but see point (iii) below about clothing.

ii. The second measurement is made with the left arm now at the side of the body, relaxed and just away from the body. Pass the paper tape (TALC) around th arm, at the mid-point marked on the skin or masking tape, and insert the end of the tape through the narrow window. The measurement is the three-digit figure which shows most completely in the wider, left hand, window. Check that the tape is passing horizontally around the arm and that it is in continuous contact with the skin, but not compressing the tissue of the arm.

iii. Ideally the measurement should be taken UNDER clothing, your informant may be willing to slip his/her arm out from a sleeve. If this is not possible and the sleeve is of thinnish material, locate the mid-point, as described above, by measuring over the sleeve, and then measure the mid-arm circumference over the sleeve as well. DO NOT ROLL UP THE SLEEVE, as the bunching at the top of the arm will affect your measurement of the length of the upper arm. If you have to measure over thicker clothing please make a clear note that this was so on the yellow interview questionnaire.

Upper mid-arm circumference - recording

The reading of mid arm circumference is in millimetres so will be a three-digit number (mms) which should be recorded directly on the questionnaire. Note that the total length of the upper arm, recorded at Q8(d) on the questionnaire, is recorded as a measurement in centimetres and millimetres.

5. Mid-calf circumference (males only) - measurement

The paper measuring tape (TALC) should be used for mid-calf circumference. The technique will be demonstrated at the briefing but the following principles apply.

i. Measurement is made of the informant's LEFT calf. Ideally the informant should be seated on a table, or at a level high enough for his left leg to hang free. If this is not possible, the informant should be seated in an upright chair such that when his left foot is flat on the ground there is a 90° angle between the lower and upper left leg at the knee joint.

ii. Pass the tape around the calf and insert the end of the tape through the narrow window. The measurement to be recorded is the three digit figure which shows most completely in the wider (left hand) window. Adjust the tape until the measurement is at the maximum circumference of the calf. Check that the tape passes horizontally around the leg and that it is in continuous contact with the skin, but NOT compressing the tissue of the leg.

iii. The measurement cannot be made over clothing: the trouser leg must be rolled up! If on your earlier calls at the household you notice that your informant tends to wear very tight trousers or jeans, tell him that when you call back at the end of the 7 days you will be wanting to measure around his calf and ask if he could be wearing looser trousers on that occasion.

Mid-calf circumference-recording

The reading from the tape is in millimetres, so will be a three-digit number (mms) which should be recorded directly on the questionnaire.

BLOOD PRESSURE MEASUREMENT

Purpose

The informant's blood pressure will be used in conjunction with the other data collected on the survey, ie the dietary information, the anthropometric measurements, the results of the analyses of the blood and urine samples, and the data from the interview questionnaire. In particular, the blood pressure readings will identify hypertensive individuals (persons with high blood pressure). Their blood pressure can then be related to their dietary habits and, for example, the level of cholesterol in their blood and the level of salt in their urine. Note: even if an informant refuses to co-operate with the 7-day record keeping the blood pressure readings will still be of great use, you should therefore attempt to obtain co-operation in making this measurement.

Method

The blood pressure readings are to be taken by you, the interviewer, using an automatic sphygmomanometer. Two types of machine were tested at the pilot stage and interviewers were trained in their use at the briefings. The Accutorr machine, which we are using for the mainstage, was both easier to use and gave more reliable measurements.

Instructions for using the Accutorr machine follow after the description of the procedure for taking measurements.

i. When to take the blood pressure: blood pressure measurements should not be taken before the end of the 7 day dietary recording period. The most suitable occasion will be at the pick up call after you have collected the final pages of the diary and asked the last few questions on the yellow interview questionnaire.

However, in some circumstances you might find it more practical to take blood pressure, wrist, upper mid-arm and mid-calf measurements at the pick-up call, and postpone the measurements of height and weight until you call back with the doctor on the final call. This will avoid your having to carry three large pieces of equipment into the house on the same occasion. If your informant refuses to co-operate in giving blood and urine, then this will be your last call at the address and you will have to take the measurements of height and weight on this occasion, so make sure you have the equipment in your car in case it is needed.

Blood pressure readings should NOT be taken while the doctor is with you.

ii. Interpreting the blood pressure readings.

Your informant will probably ask you what their blood pressure is, and whether they are "alright". You may tell them the reading, but YOU MUST NOT COMMENT ON ITS MEANING. The blood pressure reading will be sent to the informant's GP, and it is his responsibility to interpret the reading and take action, if necessary. As an added safeguard, all the blood pressure readings will be scrutinised by a doctor at the Department of Health, and he will advise us at HQ if any reading suggests that the individual concerned should seek medical advice. In such cases we will then contact that informant's GP to make sure that they have spotted it and are taking action. If your informant presses you for an interpretation of the reading say something like. "I've only been asked to take the reading, I'm afraid I don't know what it means, whether it's high, low or normal, your own doctor is the best person to advise you."

iii. The GP consent forms and summary sheet. (BP2a, 2b and 2c):

These three sheets are attached together in pad form. The upper two sheets are the GP consent form and a carbon copy; the lower sheet is an anonymised blood pressure summary which will be passed to a doctor at DHSS.

You should ask the informant for the name and address of their GP. This should be recorded on the GP consent forms (top copy BP2a, plus carbon BP2b) and on the yellow interview questionnaire. You should then ask your informant if they are willing for us to send their blood pressure reading to their GP and, if so, they should sign the GP consent form. There is provision on the GP consent forms and on the yellow interview questionnaire both for people who are not registered with a GP and for those who refuse to give us the name of their GP or their consent to our passing the reading to him. The top copy of the GP consent form should be completed with a serial number label, the informant's details and blood pressure readings (see below) and posted immediately to the GP; we have provided envelopes and 1st class postage stamps. The carbon copy of the GP consent form (BP2b) should be completed with a serial number label and then attached to the yellow interview questionnaire and returned to HQ.

The lower sheet (BP2c) is the blood pressure summary sheet that will be passed by HQ to DHSS. For each informant attach a serial number label, record the informant's sex and age and their blood pressure reading, as recorded on the GP consent form. Finally ring the appropriate code as to the outcome of the request for consent to inform their GP. This copy should also be attached to the yellow questionnaire and returned to HQ.

You will see from the following notes that you will be taking three blood pressure readings from each informant. All three readings are recorded on the yellow questionnaire together with the associated heart rate. Only one reading is recorded on the GP consent form and the summary sheet. This is the reading at which the LOWEST SYSTOLIC PRESSURE was recorded. Identify which of the three readings this was, and record the systolic pressure together with the diastolic pressure and heart rate associated with that measurement entry on the GP consent form and the summary sheet.

TAKING THE BLOOD PRESSURE MEASUREMENTS USING THE ACCUTORR 1 SPHYGMOMANOMETER

General Points

1. Three measurements should be taken from each informant. The measurements should be made at the pick-up call, after asking the last few questions on the yellow interview questionnaire.

2. The informant should have been sitting quietly for about five minutes before you begin the measurements. While the measurements are being made the informant should remain relaxed, still and as quite as possible. The informant should not be smoking or drinking (even coffee) whilst the measurements are being taken, and where possible these should also be avoided for 10-15 minutes prior to your taking their blood pressure.

3. All the measurements should be taken from the left arm. If the informant is wearing a sleeve, the sleeve should be rolled up, but it should not restrict the circulation of blood in the arm. If this is likely, ask the informant if they would mind slipping their arm out from the sleeve while you make the measurements.

4. The three blood pressure and heart rate readings that you obtain should be recorded on the yellow interview questionnaire. The blood pressure reading with the lowest systolic measurement is also recorded on the form (top and carbon) that is sent to the informant's GP, and on the summary sheet. See the preceding instructions for these procedures, and also for guidance on what should be said to an informant about their blood pressure readings.

5. Please treat these machines with great care, they are on loan to us and are very expensive. You will be told at the brieting what arrangements we are making for the machines to be handed on to another interview at the end of the fieldwork period. You will also be told at the briefing how to pack the machine. It is very important that these instructions are followed if damage to the machine is to be avoided.

6. Please practice taking measurements on members of your family before you use the machine in the field. The machines are easy to use, but it is important that you appear confident.

General description of the machine

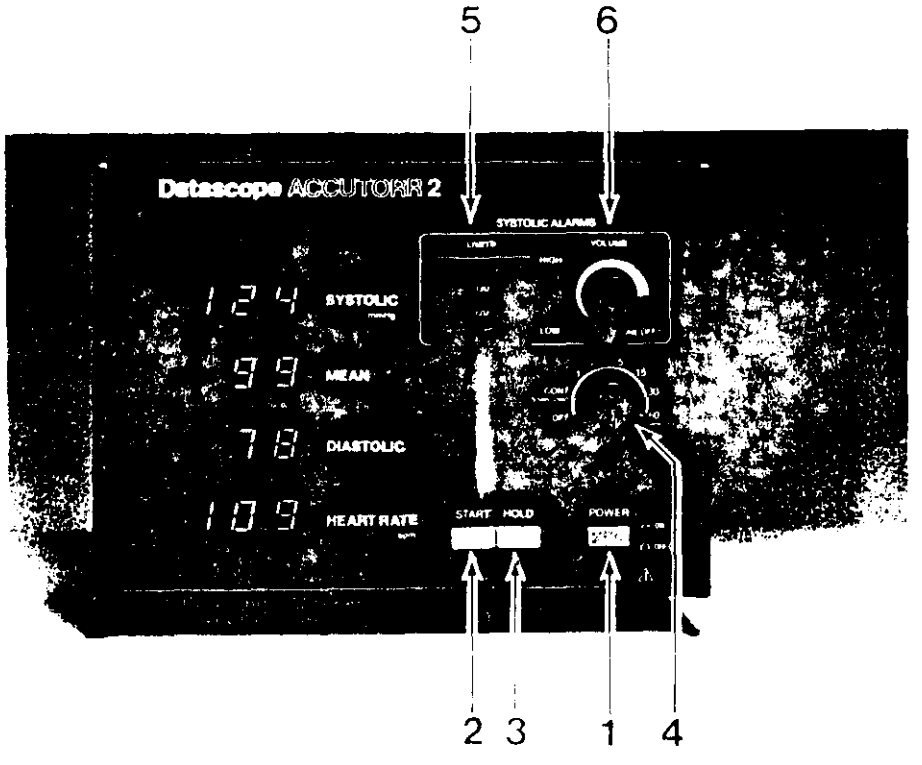
1. The Accutorr machine will take blood pressure and heart rate readings automatically at pre-selected time intervals. If necessary, the measurement cycle can be interrupted at any time by depressing the HOLD push button. This immediately deflates the cuff, and deactivates the timer until the HOLD button is pressed again.

2. Two cuffs are provided with the machine, a standard adult size, and a larger cuff for informants with very large upper arms.

3. The machine is fitted with a standard 13amp plug. A 5amp plug, attached to the end of a 13amp socket, is also provided, should this be required.

The machine controls

The picture below shows the various controls and functions on the FRONT PANEL of the machine.



1 POWER ON/OFF BUTTON: Push to turn on; push again to turn off.

2 START BUTTON: Push to start a measurement cycle.

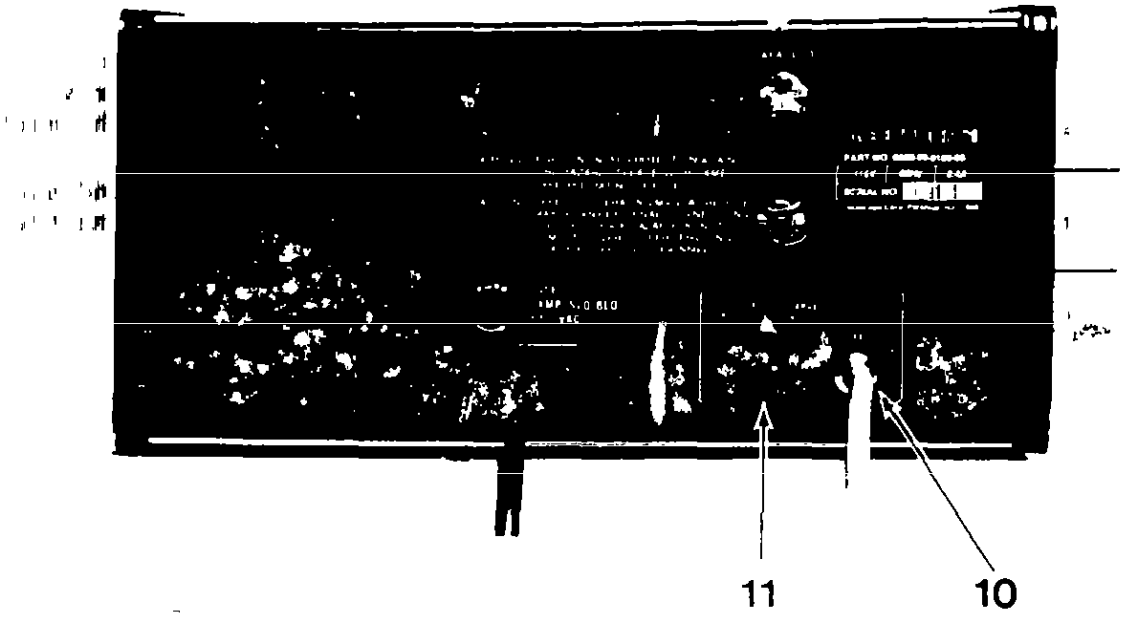
3 HOLD BUTTON: Push to stop during a measurement cycle, and to stop an automatically timed series of measurements. When this button is pushed, two decimal points and a zero will appear in the 'MEAN' display panel. Pushing the HOLD button again restarts the measurement cycle.

4 THE TIMER: This switch selects the automatic measurement intervals. The pointer should be set at '1'; the machine will then take measurements at one minute intervals.

5 LIMITS: These two switches should be set to OFF.

6 VOLUME CONTROL: This dial controls the volume of the alarm tone, from OFF to maximum volume. Adjust to suit yourself.

The picture below shows the relevant controls on the REAR PANEL of the machine



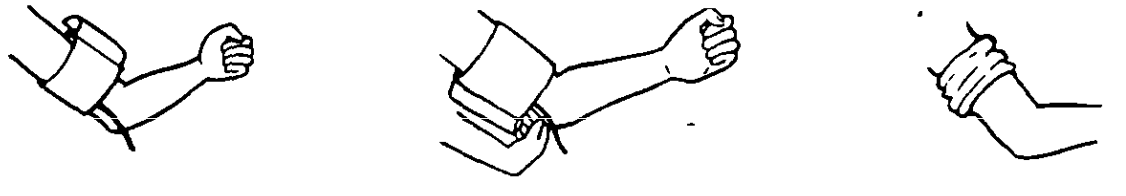
10 CUFF-C — The fitting for the cuff hose. The 'female' end of the grey cuff hose attaches at this point with a 'push and turn' movement. Always detach the hose at the end of a measurement cyle

11 CUFF-SEL SWITCH — Set to correspond with the cuff size you are using. Normally set at 'Adult', but you may need to use the 'Large Adult' setting very occasionally. Always check the setting before starting a measurement cycle.

Taking the measurement.

1. Select the 'normal adult size' cuff. Check that the rear panel CUFF-SEL control is set at 'Adult'.

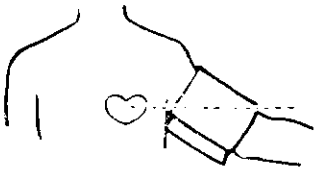
2. Fit the cuff on the informant's left arm. The black connection hose should be pointing down towards the informant's fingertips, and should be approximately in line with the third finger. Wrap the cuff around the arm with the lower edge of the cuff about one inch above the elbow, the cuff should be tight enough so that two fingers can just be placed between the cuff and the arm. If the cuff is wrapped more tightly or more loosely than this, then you will not get an accurate measurement. If the informant has to roll up a sleeve, make sure that it is not so tight as to restrict the blood flow, if possible ask them to slip their arm out from their sleeve.



3. When the cuff is wrapped the white index line, marked on one edge of the cuff, must fall between the two white range lines marked on the cuff. If it does not then the larger cuff must be used, and the CUFF-SEL control on the rear panel of the machine must be set to 'Large Adult'.

4. Join the end of the hose on the cuff (black) to the end of the grey connection hose, with a 'push and twist' movement. Check that the other end of the grey connection hose is attached at the CUFF-C connector on the rear panel of the machine.

5. Make sure that the informant is sitting with his forearm extended, and supported on a table or the arm of a chair. The arm and fingers should be relaxed and the upper arm should be about level with the heart.



6. Check that the LIMITS are set to OFF; that the TIMER is set to '1'; that the mains power is plugged in and switched on, and that the volume is adjusted for you.

7. Press the POWER button on. Wait. The display panel will read '8's', and then display '0's, and the audible alarm tone will sound. You CANNOT start a measurement cycle until this sequence has been completed.

8. Press START. The cuff will inflate. As the measurement is being taken, the pressure in the cuff is temporarily displayed by the MEAN digital read-out. The measurement of the systolic and diastolic pressures and heart rate will take place automatically, and when complete the readings will be displayed in the digital display panel. All FOUR displays are to be recorded on the yellow interview questionnaire.

9. Having taken one measurement the cuff will automatically deflate, and after about a minute will automatically start the second measurement cycle. There is no need to press the START button for the second and third measurements; these will be initiated automatically. At the end of each measurement cycle record the four digital displays on the questionnaire.

10. When the third measurement cycle has been completed, and you have recorded the readings, push the POWER button to stop the machine.

11. Unplug the machine from the mains supply. Disconnect the grey connector hose at both ends, from the cuff and from the rear of the machine. Pack the machine as instructed at the briefing.

CHECK ALL THE SETTINGS BEFORE USING THE MACHINE EACH TIME.

Zero readings

1. First readings are all zero: for the initial measurement the cuff automatically inflates to an appropriate point for measuring most people's blood pressure. If this level is insufficient, or the measurement attempt on an informant is otherwise unsuccessful, the display will show zero for all readings. DO NOT alarm the informant

or alter the machine, but wait for the next measurement cycle to start. At the next inflation the cuff will reach an adjusted pressure and a reading should be possible. Continue recording until three valid measurements have been achieved.

2. Mean is zero for subsequent reading When a measurement attempt is unsuccessful but follows a successful reading, the previously recorded systolic, diastolic and heart rate readings are retained on the display but the mean pressure reads zero. These readings should not be recorded. DO NOT alarm the informant but continue measuring until three valid sets of readings have been achieved.

Operating manual

The operating manual for the ACCUTORR machine is packed with it, if you do have any problem which is not dealt with in these instructions, have a look at pages 22 and 23 in the manual. It you need help or advice, please ring me, Janet Gregory, and I will do my best to assist you.

THE BLOOD AND URINE SAMPLES: INTRODUCTION

Separate instructions follow on the purpose of these samples, and the methods for obtaining them. These introductory notes cover some of the more general issues and queries you may have.

1. All the blood and urine samples are being sent to a laboratory in Birmingham for analysis. It is very important that once the samples are obtained they are despatched to catch the earliest possible next postal collection This is particularly vital in respect of the blood samples. You should try to familiarise yourself with the local postal collection times and try to work around these if possible. Note that the nearest post box may not have the earliest next collection.

2. Introducing these topics to informants: you may introduce these topics at whatever point you feel is most appropriate, although the tests should only be carried out after completion of the 7-day dietary record On the feasibility and pilot studies some interviewers preferred to leave mention of the blood and urine samples until after the dietary recording period, only introducing it at the pick-up call. Others preferred to present the whole package to the informant at an early stage. We have no evidence that the point at which these aspects of the study are mentioned affects the likelihood of obtaining co-operation. Co-operation with the blood and urine tests is not difficult to obtain; most informants fully appreciate the need for them, and take it as evidence of the serious nature of, and importance attached to the survey.

3. The payment of £10 for completing a 7-day dietary record is NOT dependent on co-operation with these tests; the informant must be given the opportunity to co-operate or refuse to take part in these aspects of the survey, independent of their co-operation with the rest of the survey

4 The blood sample will be taken by a medically qualified person - in most cases, a pathologist or haematologist working at a hospital serving the local area where you will be interviewing. The 'doctors' have been specially recruited for the survey by DHSS and will be paid £10 for each blood and/or urine sample they take Doctors calling to take blood, can also take the urine samples and assist you in weighing the total volume of urine collected in 24 hours They will also help you in recording the names of any prescribed medicines the informant is taking, and code these categories from Card F A copy of the letter recruiting the doctors is provided for your information.

5. You will need to make appointments with your informant for you and the doctor to call; you must always accompany the doctor on his visits Liaise with the doctor over suitable appointment times. The doctors have been told that you will collect them from their home or place of work, take them to the informant's address,, then back to their hospital, and from there back to their home if they require

Before making your first appointment to visit with the doctor, contact your doctor, find out how to get hold of him at different times of the day, check his availability, and decide on the transport arrangements. We cannot pay doctor's travelling expenses if they choose to use their own car.
If there are any problems concerning the arrangements with the doctor please 'phone Janet Gregory, ext 2315, immediately.

6. You will be supplied with all the equipment and documentation the doctor will need. Keep it with you, to give to him at the address. DO NOT PASS THE BLOOD AND URINE PACKS OVER TO THE DOCTOR. Before your first visit with the doctor, make time to show him what is in each of the packs and go through with him in detail, the procedures. Instructions for taking and despatching the samples are provided for you and the doctor.

7. The Ethical Committee of the British Medical Association has approved this study, and the Family Practicioner Committees in the sampled areas have been informed that it is taking place. We do not need the consent of the informant's own doctor to proceed with these tests; for informants aged 18 and over their own consent to giving a blood sample is adequate. We will however, as a matter of course, inform a respondent's GP of their participation in the survey and notify them should any gross abnormality be revealed by the analysis of the samples.

THE BLOOD SAMPLES

Outline of method

(i) Only informants aged 18 and over are eligible to provide a blood sample Informants aged 16 and 17 should not be asked to provide a specimen. For those who have kept a 7-day dietary record, the blood sample should be taken after the end of the recording period For informants who refuse to keep a dietary record, the blood sample may be taken as soon as possible. Blood should not be taken during the dietary recording period.

(ii) Co-operation with this aspect of the survey should be sought specifically; it should not be assumed that co-operation with other parts of the survey implies that the informant is willing to provide a blood sample

(iii) The reasons for our wanting a blood specimen should be explained and, if co-operation is obtained, an appointment should be made for you to call with a doctor.

(iv) Only doctors recruited by DHSS to work on the survey are permitted to take blood samples, and they must always be accompanied on visits to an informant's home by you. Blood samples can only be taken on Mondays, Tuesdays and Wednesdays. Some of the analyses that will be performed on the blood samples are very sensitive to the condition of the sample; if the delay between collection and receipt at the Wolfson Laboratory is too great the sample will have deteriorated and be of no use. By restricting the days on which blood samples can be taken to Mondays, Tuesdays or Wednesdays there should be no possibility of samples being held in the post over a weekend.

(v) The doctor will take a 20ml blood sample from the informants left arm and immediately dispense amounts into four different tubes. One of the tubes must be posted immediately to the General Hospital in Birmingham for analysis. The other three tubes should be taken back to the doctor's hospital. One sample will be centrifuged by the doctor and the serum pipetted into a fifth specimen tube This tube of serum, and the remaining other two tubes of whole blood must be packed and despatched to the Wolfson Research Laboratories as soon as possible

(vi) The equipment to take the blood samples is provided in a polystyrene supply pack; the sample tubes are in a polystyrene despatch pack. When filled three of the sample tubes are put back into the despatch pack, which is then placed in an addressed, postage pre-paid cardboard transit carton, and posted to the Wolfson Research Laboratories. The fourth sample of whole blood is packed separately into an addressed, pre-paid envelope and sent to the General Hospital in Birmingham.

(vii) An analysis request card must be completed and packed with each despatch of samples and the relevant parts of the interview questionnaire must also be completed.

(viii) The informant's GP should be notified that their patient is providing a specimen of blood. Provision is made for this on the letter sent to GP's with the blood pressure readings.

Purpose

The blood samples will be analysed for vitamins, minerals and other indicators of nutrient status, for example vitamin E, cholesterol, haemoglobin, iron and other indicators of iron status. The results of these analyses will be compared with the dietary intakes of nutrients and, together with the other anthropometric and physiological measurements, relationships betwen diet and indicators of health and obesity can be examined. It is important to note that the blood samples will not be examined for evidence of non-nutritionally related diseases or virus diseases.

As with other parts of the survey it is very important that you do not cause your informant to change his or her dietary habits as a result of mentioning an interest in the intake of particular nutrients. When introducing the blood test, it is therefore important to avoid mentioning our specific interest in, for example, iron and cholesterol. Instead, explain that we are interested in how food affects the composition of the blood. You can add that the intake of some important nutrients is very difficult to estimate from dietary records and is best measured by an analysis of the blood, and you may need to reassure people that we will not be looking for evidence of, for example, virus diseases or other diseases which are not related to diet.

If your informant refuses to co-operate in providing a sample of blood, please record the reasons at Q14 on the yellow questionnaire.

Taking the blood sample: the doctor will be provided with detailed instructions, but you should be familiar with the procedure.

(i) The supply pack contains: two graduated plastic Pasteur pipettes
one 20ml syringe
one standard 21 gauge hypodermic needle
one alcohol sterilizing wipe
cotton pledgets
an adhesive dressing

The base of this pack has holes to hold the specimen tubes while dispensing the samples.

You should have with you the torniquet and the small box containing a selection of other sizes/types of hypodermic needle, which the doctor may prefer to use.

(ii) The despatch pack contains the following specimen tubes.
1 x 5ml pink capped EDTA tube
1 x 5ml orange capped lithium heparin tube
1 x 2ml white capped lithium heparin tube
1 x 10ml white capped tube with beads
1 x 5ml white capped plain tube

It also contains two plastic bags, and a pre-paid envelope for despatching one sample to the General Hospital, Birmingham.

(iii) The doctor must use the alcohol wipe to sterilize the informant's arm. He should then take as much blood as possible from the informant's left arm using the 20ml syringe. It is preferable not to use the torniquet. If the informant proves 'difficult to bleed', the doctor should not make more than two attempts to obtain the sample.

(iv) The doctor should carefully remove the needle from the end of the filled syringe before dispensing the sample. This is important. Failure to do so will effect changes on the composition of the blood which will render the sample useless for some of the analyses. The used needle should be disposed of by the doctor in the supply pack, on his return to his own hospital.

(v) The blood should then gently be dispensed into the tubes in the following priority order:

(a) 5mls into the pink capped EDTA tube.
(b) 4mls into the orange capped lithium heparin tube
(c) 2mls into the smallest white capped lithium heparin tube
(d) the remainder into the 10ml plain tube with beads

Note that at this stage, one 5ml white capped tube is unfilled The base of the supply pack is drilled to hold the specimen tubes whilst dispensing the blood

(vi) Each tube should be labelled with a serial number label, the cap secured, and the contents well mixed Take great care with the smallest tube that you do not obscure the serial number when affixing the serial number label At this point you should also label the, as-yet unused, 5ml plain white tube.

(vii) The two blood analysis request cards, should be completed by the interviewer and the relevant section of the questionnaire coded (see later).

(viii) The interviewer must then wrap the 5ml pink capped EDTA tube in some of the kitchen towel and place it in one of the plastic bags provided. This, together with one of the completed blood analysis request cards should then be put into the prepaid envelope addressed to Dr Leeming at the General Hospital, Birmingham The interviewer should then seal the envelope and post it to catch the earliest possible next post collection.

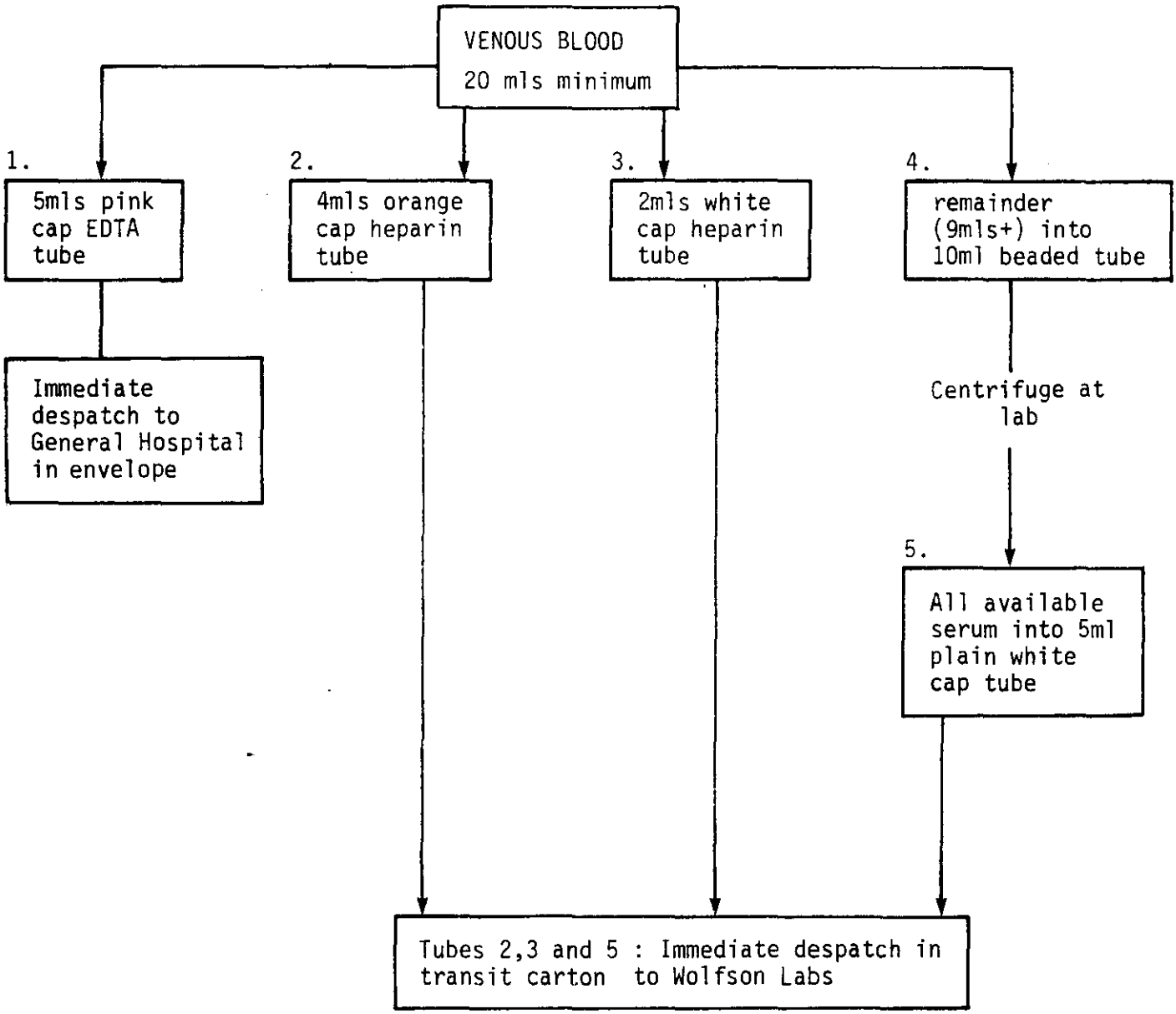
(ix) Within three hours the doctor should return to his own hospital laboratory with the remaining tubes. He should centrifuge the 10ml white capped tube with beads containing whole blood, and then transfer all the available serum (without any red cells) to the remaining, labelled, 5ml white capped plain tube, using a Pasteur pipette. The beaded tube containing the red cells can then be disposed of.

(x) The interviewer should then check that the following tubes are labelled and the caps secure:

orange capped lithium heparin tube, containing 4ml whole blood
2ml white capped lithium heparin tube, containing 2ml whole blood
5ml white capped serum tube, containing maximum available amount of serum

The interviewer should then wrap these three tubes in some of the kitchen towel and place them in the other plastic bag provided The tubes should then be placed in the polystyrene despatch pack and, with the other fully completed blood analysis request card, put into the transit carton. This is already addressed to Wolfson Research Laboratories.

(xi) The interviewer should despatch the transit carton immediately.


VENOUS BLOOD
20 mls minimum
1.
5mls pink cap EDTA tube
2.
4mls orange cap heparin tube
3.
2mls white cap heparin tube
4.
remainder (9mls+) into 10ml beaded tube
Immediate despatch to General Hospital in envelope
Centrifuge at lab
5.
All available serum into 5ml plain white cap tube
Tubes 2,3 and 5 : Immediate despatch in transit carton to Wolfson Labs

(xii) At all times the samples should be kept out of direct sunlight, and in a cool place Refrigeration is acceptable, but the samples should not be deep frozen.

(xiii) The doctor should dispose of all waste materials in the supply carton

(xiv) The 'doctor's authorisation for payment forms' (B4) should be completed, one for each informant giving a blood sample (see separate instructions)

NOTE: only the equipment provided should be used. On no account should the doctor use his own specimen tubes, pipettes, syringes etc If there is a problem with any of the equipment provided please ring Janet Gregory, ext 2315, immediately.

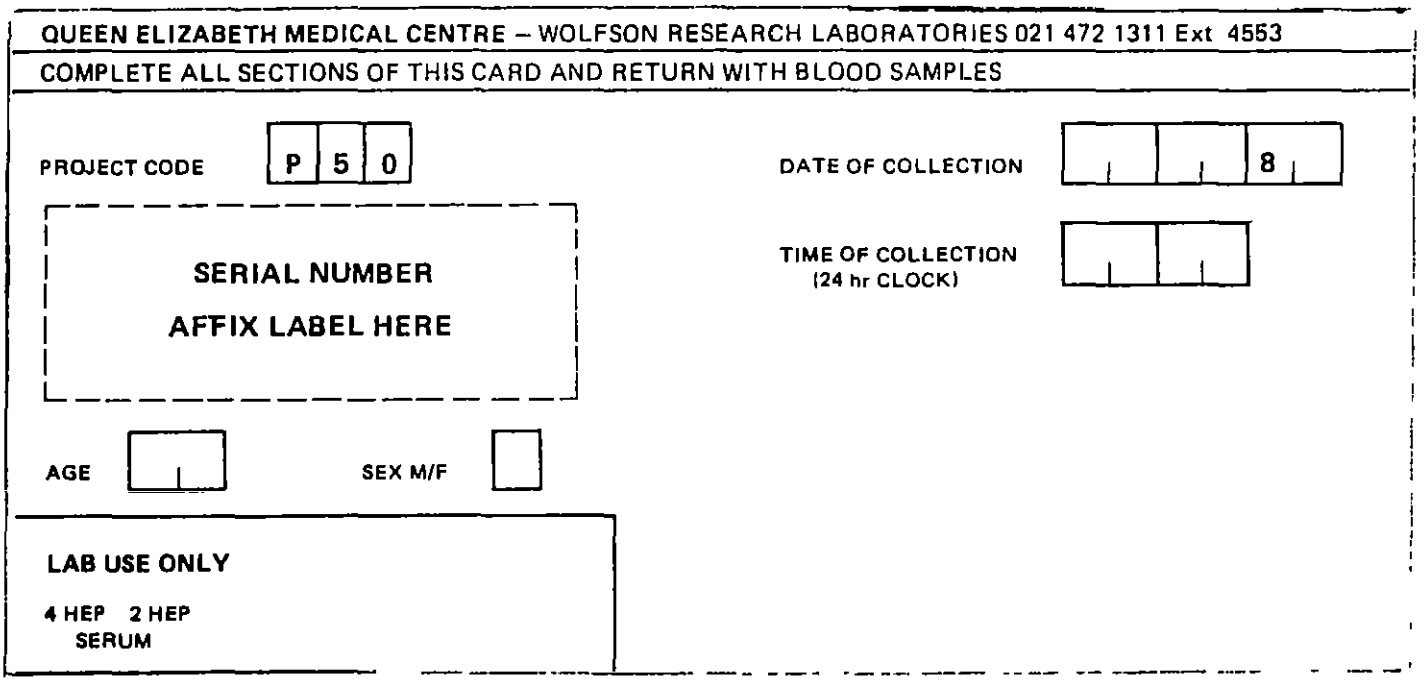
Recording

(i) Record on the questionnaire: the date the blood sample was taken - Q18

If there were any difficulties in taking the blood sample, these should be recorded at Q19.

If a sample was not taken, or refused, (after agreement had originally been obtained) record the reasons for this at Q17.

(ii) Record on two blood analysis request forms:
the date the sample was collected;
the time the sample was collected;
the informants age and sex.
Attach a serial label to each card as indicated.



(iii) The letter being sent to the informant's GP (BP1) should have indicated that the informant (his patient) was providing a sample of blood (and urine). This should have been completed at an earlier call when the blood pressure measurements were taken and the informant's agreement to provide blood/urine specimens was obtained. If blood pressure readings were not taken, then you will still need to notify the informant's GP about the blood/urine samples. Follow the instructions given earlier for obtaining the GP's name and address, and the informant's consent to his/her doctor being notified. Complete the relevant sections of the yellow interview questionnaire (Qs 12 and 13), and amend the letter to GP's to an appropriate wording before posting. Note that when blood/urine samples are taken but measurement of blood pressure is refused, all three parts of the blood pressure summary forms (BP2(a)-(c)) should be completed as far as possible, and returned to HQ.

URINE COLLECTION AND URINE SAMPLES

Outline of Method

(i) All informants are eligible to make a 24-hour urine collection For those who have kept a 7-day dietary record, the 24-hour urine collection should be made as soon after the end of the recording period as possible For informants who refuse to keep a dietary record, the 24-hour collection may be made as soon as convenient. Collections should not be made during the dietary recording period

(ii) Co-operation with this aspect of the survey should be sought specifically, it should not be assumed that co-operation with other parts of the survey implies that the informant is willing to make a 24-hour urine collection

(iii) The reasons for making the collection should be explained and, if co-operation is obtained, the equipment and instructions for making the collection left with the informant

(iv) As soon as possible after completion of the collection, a call should be made to measure the volume of urine collected, and to take four small samples for analysis

(v) If the informant also agrees to provide a specimen of blood, the doctor should take the urine samples when he calls with the interviewer to take the blood sample. If the informant is ineligible to provide a blood sample (ie is aged 16 or 17) or refuses to provide a blood sample, then it is permitted for you to take the samples If you have objections to doing so, then arrange for the doctor to call

(vi) The equipment to take the urine samples is provided in a polystyrene supply pack; the sample tubes are in a polystyrene despatch pack. When filled, the tubes are put back into the despatch pack, which is then placed in an addressed, postage pre-paid cardboard transit carton, and posted as soon as possible after collection to the Wolfson Research Laboratories, for analysis

(vii) An analysis request card must be completed and packed with the samples, and the relevant parts of the interview questionnaire must also be completed.

(viii) The informant's GP should be notified that their patient is participating in this aspect of the survey. Provision is made for this on the letter sent to GP's with the blood pressure readings

Purpose

The dietary intake of sodium, mainly in the form of salt, is thought to be related to hypertension, and other associated health problems Intakes of salt are particularly difficult to measure, since the amount of salt added in cooking and at the table is not easily quantifiable The only reliable way to measure salt intake is indirectly, as the amount excreted in the urine. Thus the samples collected in this survey wil be analysed principally for sodium levels, although estimates of the amounts of potassium, urea and creatinine will also be made

As with other parts of the survey it is very important that you do not cause your informant to change his or her dietary habits as a result of mentioning an interest in the intake of particular nutrients. When introducing the 24-hour urine collection it is therefore important to avoid mentioning our specific interest in salt; instead explain that we are interested in some important nutrients which cannot reliably be measured in the diet, but which can be estimated from a sample of urine. A 24-hour collection of urine is required since the amounts of these nutrients vary considerably depending on the last meal eaten before excretion. Taken over a 24-hour period the total volume of urine excreted is more likely to be representative.

If your informant refuses to co-operate in making a 24 hour urine collection please record the reasons at Q15 on the yellow questionnaire.

Making the 24-hour collection

Informants who agree to make a 24-hour collection should be left the following items:
one or more collection containers, depending on the volume of urine expected.
a polypropylene jug; useful for men - essential for women!
a plain plastic bag, for carrying the collection container(s) and jug when away from home
a safety pin, for pinning pants to trousers/petticoat as a reminder not to miss a collection
an instruction leaflet; B2
an appointment/explanation leaflet; B1

(i) Construct the urine collection box, as shown. If your informant is likely to be drinking a considerable volume of liquid, leave two containers. Check each container has a plastic clip.

(ii) Transfer the required amount of the thymol preservative to each collection container. Thymol is an irritant so avoid getting in onto your hands; a wooden spatula is provided. Tell your informant that you have added a preservative, so that they do not wash it out before use. Also note that the plastic jug should be rinsed with water only after use. Soap should not be used.

(iii) Go through each point on the instructions leaflet (B2) and make sure your informant fully understands what is required: Making a 24-hour collection is not as easy as one might think.

(iv) Stress the importance of making a full collection. If a collection is lost, we need to know, and an estimate of how much was lost.

(v) Stress the importance of noting the date and time the collection started and finished, on the collection container(s).

(vi) The informant should keep the collection in a cool place, out of direct sunlight, and you should arrange to return as soon as possible after the collection is completed to take the samples. Most informants will find it convenient to collect over a weekend, and as blood samples can only be taken on Mondays, Tuesdays or Wednesdays, you should be calling back with the doctor within an acceptable time period.

Measuring the volume of urine collected: this is to be done by the interviewer, although the assistance of the doctor may be useful

(i) A telescopic spring balance, calibrated in 25gm units is provided for weighing the filled urine boxes We are assuming that 1ml of urine weighs 1gm therefore the weight in grams will equal the volume in mls.

(ii) Each container of urine must be weighed following this procedure·
(a) Check that the pointer on the scale is at zero; adjust if necessary Always read the scale at eye level
(b) Suspend an EMPTY urine container with plastic clip from the spring balance and adjust the scale until it again reads zero, thus allowing for the weight of the container and clip
(c) Check that the top opening of the container containing urine is closed with the plastic clip
(d) Suspend the container with the collected urine from the spring balance and steady the container with your other hand. This operation should be performed over a sink, basin or bath, in case of accident'
(e) Remove your hand from the container and allow the reading to stabilize
(f) Read the weight, at eye level This wil be the weight of the urine without the container, since you adjusted for this before making the measurement.
(g) If more than one container has been used, repeat steps (a)-(f) and add the two weights. Note: before each weighing, check the scales read zero when empty, and tare with an empty container.

Recording:

(i) Record on the questionnaire· the date and time the collection started. Q22
the date and time the collection finished. Q22
the date the samples were taken Q23
the total volume of urine colleted (ie total weight) Q24

If any collections were missed ring code 2 at Q25, and ask the informant to estimate the number and volume of collections lost. Record at Q25(a) and (b).

Ask the informant if he/she had any difficulties in making the collection and if so, record what these were at Q26

If no collection was made (after agreement had been obtained) record the reasons for this at Q21.

(ii) Record on the urine analysis request form:
the date and time collection started;
the date and time collection finished;
the total volume of urine collected (ie total weight);
the period of collection; this will usually be 24-hours but may be slightly more or less;
write in whether any collections were missed - Y = Yes, N = No;
record the informant's age and sex;
attach a serial number label to the card as indicated.

QUEEN ELIZABETH MEDICAL CENTRE – WOLFSON RESEARCH LABORATORIES 021 472 1311 Ext. 4553

COMPLETE ALL SECTIONS OF THIS CARD AND RETURN WITH URINE SAMPLES

PROJECT CODE P 5 0

SERIAL NUMBER

AFFIX LABEL HERE

AGE

SEX M/F

LAB USE ONLY

1 3

2 4

COLLECTION STARTED

DATE 8

TIME 24 HR CLOCK

COLLECTION FINISHED

DATE 8

TIME 24 HR CLOCK

TOTAL URINE VOLUME

MLS

PERIOD OF COLLECTION

HRS

WERE ANY COLLECTIONS MISSED? Y/N

(iii) The letter being sent to the informant's GP (BP1) should have indicated that the informant (his patient) was providing a sample of urine (and blood). This should have been completed at an earlier call when the blood pressure measurements were taken and the informant's agreement to provide blood/urine specimens was obtained. If blood pressure readings were not taken, then you will still need to notify the informant's GP about the blood/urine samples. Follow the instructions given earlier for obtaining the GP's name and address, and the informant's consent to his/her doctor being notified. Complete the relevant sections of the yellow interview questionnaire (Qs 12 and 13), and amend the letter to GP's to an appropriate wording before posting. Note that when blood/urine samples are taken but measurement of blood pressure is refused, all three parts of the blood pressure summary forms (BP2(a)-(c)) should be completed as far as possible, and returned to HQ.

Taking the four samples of urine: the doctor will usually take the samples, but the interviewer may do so in the absence of a doctor. The doctor will be provided with detailed instructions for taking the samples.

(i) The supply pack contains two plastic Pasteur pipettes, and a pair of disposable gloves. The base of this pack has holes to hold the specimen tubes while pipetting.

(ii) The despatch pack contains three x 5ml and one x 10ml specimen tubes. These should have serial number labels attached to each of them by the inteviewer.

(iii) With the clip on the collection container the doctor should ensure that the urine is well mixed. The container should not be inverted. If the informant has filled more than one container then the contents of both containers should be well mixed together.

(iv) About 5mls of urine should be pipetted into each of the three smaller labelled specimen tubes and about 10ml into the larger labelled tube. The tubes should not be overfilled as the urine is to be frozen and the tubes will split if filled to the top. Each 5ml tube filled to capacity, would hold about 6mls.

(v) The interviewer should ensure that the caps are secure on all the tubes and that they are all correctly labelled The interviewer should wrap the tubes in some of the kitchen towel provided and then place the four wrapped tubes in the plastic bag found in the despatch pack. The tubes should then be placed in the polystyrene despatch pack and with the fully completed urine analysis request card, put into the transit carton. This is ready addresssed and postage is pre-paid

(vi) The informant should be asked to dispose of the remaining collected urine, the collection containers, plastic jug, carrier bag and safety pin. The doctor should dispose of the gloves, pipettes and any empty thymol containers, in the original supply pack.

(vii) The interviewer should despatch the transit carton to the Wolfson Research Laboratories immediately

(viii) If the doctor has taken the urine samples the 'doctor's authorisation for payment forms' (B4) should be completed, unless you have already done so in respect of a blood sample (see separate instructions).

NOTE: only the equipment provided should be used. On no account should the doctor use his own specimen tubes, pipettes etc If there is any problem with the equipment provided please ring Janet Gregory, ext 2315 immediately

THE DOCTORS' PAYMENT CLAIMS FORMS - B4

We are paying the doctors £10 for each blood and/or urine sample they take.

Each time a call is made and a sample of blood and/or urine taken, both you and the doctor should sign a claim form (top and carbon copy). You will need to date the claim form and attach a serial number label to the top and carbon copy.

The doctor should retain his top copy until you have completed the quota, when he should return all his copies to Janet Gregory at HQ. Please pass him an addressed and ready stamped envelope (these are provided).

You should return the carbon copy of the claim with the other interview documents for that serial number.

FIELD ADMINISTRATION

Separate instructions will be provided by the Field Officer on the following topics

Planning your quota of work

field dates

returning work

calls and outcome sheets

progress returns

claims, including claims for purchase of duplicate food items and telephone calls to the nutritionists

returning equipment

QUERIES

Research queries, including queries about arrangements with recruited doctors, and blood and and urine packs	Janet Gregory and Kate Foster	ext 2315/2012
Field queries	Madge Brailsford	ext 2274
Sampling queries	Sandy Stefan	ext 2347
Nutritionists	Ann Wheeler Clarke and Katrine Sutherland	ext 2429