N1340/W3: Young Children's Dietary Survey BLOOD QUESTIONNAIRE

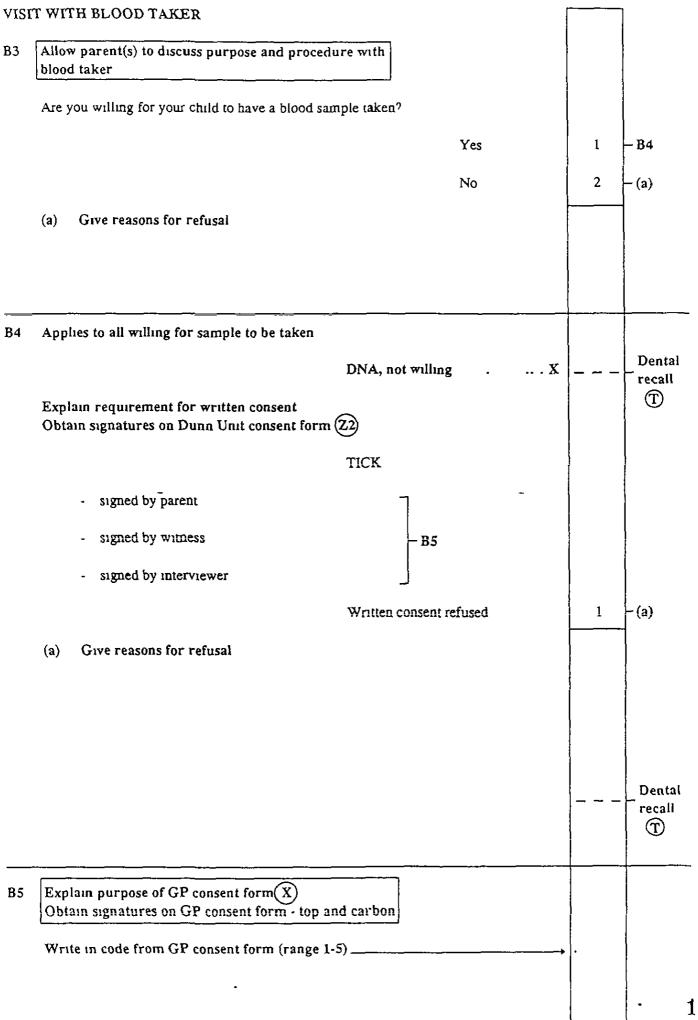
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	Serial number	label	
Hand	ain purpose and outline procedure for taking blood sample d 'Information Sheet for Parents' to parent(s) - ② ain that parent(s) will have opportunity to discuss purpose and procedure with person May I make an appointment to call back with the person who would be taking the blood sample? Yes, willing for sample to be taken Yes, wishes to discuss further/ think about it Yes, other conditional answer No, outright refusal Blood not introduced, no blood taker available (a) Give reasons for refusal and specify conditional answers	1 taking b 1 2 3 4 5	blood B2 - (a) Dental recall T
B2.	Applies to all "willing" or "conditional" - B1 coded 1, 2 or 3 DNA, outright refusal X Leave 'Information Sheet' (Z1) with parent(s) and make appointment to call with blood taker		_ Dental recall T
	Day: dayth Time: am/pm		

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•	Outo	come: ring code	1		
		A	ttempted, obtained blood	1	- B7
		A	ttempted, did not obtain blood	2	
		N	ot attempted	3	— (a)
	(a)	Specify reasons why blood sample not	attempted		
	-		-		
					•

B7	Applies if blood sample obtained or attempted	d DNA, not attempted		1	Dental Frecall
	Date sample obtained/last attempted		Month	Yeu	
		<u> </u>		9 3	B8
38	Time comple obtained/lest attempted		Hours	Mins	
10	Time sample obtained/last attempted ———— (Use 24hr clock)				- 89
89	Number of attempts made to obtain sample	1		1	
		2		2	
	-				_
B10	Site of attempt(s) to obtain sample				
B10	Site of attempt(s) to obtain sample Specified answers:		1st attempt	2nd attempt	
310		Venepuncture - arm	attempt	1	
810	Specified answers.	Venepuncture - hand	attempt 1 2	attempt 1 2	
810	Specified answers.	-	attempt	attempt 1	
310	Specified answers- 1st attempt site	Venepuncture - hand Finger prick	attempt 1 2 3	attempt 1 2 3	
	Specified answers 1st attempt site 2nd attempt site	Venepuncture - hand Finger prick Other (specify)	attempt 1 2 3	attempt 1 2 3 4	
B10	Specified answers 1st attempt site 2nd attempt site	Venepuncture - hand Finger prick	attempt 1 2 3	attempt 1 2 3	
	Specified answers 1st attempt site 2nd attempt site Amount of blood obtained	Venepuncture - hand Finger prick Other (specify) None	attempt 1 2 3 4	attempt 1 2 3 4 9	17

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B12.			e any difficulties in attempti aining the sample?	ing to]
					Yes, difficulties	1	-(a)
					No, no difficulties	2	– Check list
	(a)	Spec	ify difficulties				
			. –		GO TO CHECK LIST		
			Interviewer check list:	·		Tick	
		*	Blood consent form (\mathbb{Z}^2)	:	to blood taker		
		*	GP consent form X	:	top copy to blood taker carbon to HQ	 	
		*	GOSH analysis card	:	complete with serial no. label - to blood taker		
		*	Set of serial no. labels	:	to blood taker		
]

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NOW GO TO DENTAL RECALL T

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N1340/W4

Serial no. label

DENTAL RECALL SHE	ET
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Interviewer Auth No DAY	MONTH YEAR
Today's Date:	9 3
1. Ask mother or mother figure INTRODUCE DENTAL FOLLOW UP	
I would like to come back in a few weeks time to ask dental habits. I would also like to bring a dentist with of his/her teeth. Would it be alright if I called on you again ?	
Yes, (agreed to interview and examination)	1 (i)
Yes, (agreed to interview only)	
Yes, other/conditional	
No, unconditional	
(i) May I contact you Yes	2
2. If coded 1, 2 or 3 at Q1, enter informant's name, a Copy per. no from household box.	nd toddler's name and date of birth.
MOTHER/ MOTHER FIGURE	
PER NO MRS/MISS/MR INITIALS	SURNAME
CHILD	
FIRST NAME SURNAMI	CDate of birth) DAY MONTH YEAR
3. Does address differ CODE in any way from Yes 1 address list ? No 2	4. Is the child or the CODE informant moving in Yes 1 the next 4 months ? No 2
If yes, give full details below	If yes, give address and approx date of move below
······································	

5. IF Q1 IS CODED 2, 3, OR 4 , RECORD COMMENTS

Appendix B

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Blood consent forms

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Dunn Nutrition Group MRC Laboratories Fajara Nr Banjul P O Box 273 The Gambia West Africa

Dunn Clinical Nutrition Centre 100 Tennis Court Road Cambridge CB2 1QL

telegrams Tropmedres Banjul

(ox (0223) 460089 tel (0223) 312334

patron HRH The Princess Royal

Please reply to Dunn Nutritional Laboratory Downhams Lane Milton Road Cambridge CB4 1XJ

tel (0223) 426356 fax (0223) 426617 telex 818448 (DUNN UK)

INFORMATION FOR PARENTS

The Departments of Health and the Ministry of Agriculture, Fisheries and Food have decided that there is a need to measure the amount and type of food young children are eating in Great Britain. The Social Survey Division of the Office of Population Censuses and Surveys is undertaking these measurements and will be inviting you to record the amount of food your child eats, as well as measuring your child's height and weight

As part of the survey we would also like to take a small sample of blood from your child's arm

The Medical Research Council's Dunn Nutrition Unit have been asked by the Departments of Health and the Ministry of Agriculture, Fisheries and Food to take responsibility for the arrangements associated with obtaining the blood samples. We are working closely with the Social Survey Division and we together with Great Ormond Street Hospital will be analysing the blood samples.

The blood will be taken by a suitably trained person who is qualified and skilled in taking blood from small children. He or she will be accompanied by the Social Survey interviewer and they will take time to put your child at ease. We are asking for a sample to be taken from the child's arm because this is less painful than a finger prick. If you would prefer your child to have a finger prick then we are happy to do so.

We would be grateful if you would agree to your child providing us with a sample of blood This is a very important aspect of the survey as the analysis of all the blood samples will tell us a lot about the health of the children in the survey in relation to what they eat and their body measurements You are, of course, free to choose not to consent to a blood sample being taken

The blood sample will be sent to the medical laboratories for a number of analyses, including levels of haemoglobin, ferritin and vitamins, it will <u>not</u> be used to look for infections such as AIDS

Haemoglobin is the red pigment in the blood which carries oxygen A low level of haemoglobin in the blood is called anaemia. One reason for a low level of haemoglobin may be shortage of iron. Ferritin is a measure of the body's iron stores.

If any of these measurements are abnormal we will, if you agree, inform your general practitioner, who will be able to advise you about treatment





Dunn Nutrition Group MRC Laboratories Fajara Nr Banjul P O Box 273 The Gambia West Africa

telegrams Tropmedres Banjul

Dunn Clinical Nutrilion Centre 100 Tennis Court Road Cambridge C82 1QL Please reply to Dunn Nutritional Laboratory Downhams Lane Milton Road Combridge CB4 1XJ Z2

rel (0223) 426356 fox (0223) 426617 telex 818448 (DUNN UK)

YOUNG CHILDRENS DIETARY SURVEY

'ax (0223) 460089

el (0223) 312334

Consent for a Minor to take part in research (Ages under 16)

NAME OF CHILD

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acting as the parent/guardian of the above-named child give my consent to his/her taking part in the research project named above, and providing a blood sample

 I understand that the research is designed to add to medical knowledge, and will add to medical knowledge which will help other children

I have read the note of explanation about the study This is attached and I have had time to consider it	Yes/No
I have had the study explained to me by	Yes/No

I have been told that I may withdraw my consent at any stage without giving a reason, and without prejudice to the treatment of my child
 Yes/No

Signed

I also consent to the blood sample taken being analysed for haematological status, vitamin status, trace elements, fats, albumin and markers of immune function. The sample <u>will not</u> be tested for HIV (i.e. AIDS tests)

Signed

I also consent to any remaining blood being stored and that it may be analysed in other ways

Signed

Witness I confirm that the parent/guardian of

has given consent to the study freely and readily

Signed

(A witness should not be a member of the project team)

I confirm that I have explained to the parent/guardian the nature of this study, and have given adequate time to answer any questions concerning it

Signed

(Senior investigator or member of the project team acting on their behalf) (Survey Interviewer)

N1340 Young Children's Dietary Su	rvey - GP consent	form
Today's date	Г L	Serial number label
Name of child first name		surname
Sex of child Boy / Girl delete as appropriate		Child's date of birth
Address-		
Name of child's GP Dr		
Address:		
I consent to	_	
(1) The Social Survey Division of the Offic Research Council's Dunn Nutrition U		
Signature of parent/guardian		
(11) The Medical Research Council's Dun of my participation in this survey	n Nutrition Unit writing to r	ny child's GP informing him/her
Signature of parent/guardian		
(111) The Medical Research Council's Duni haemoglobin analysis, and of any abn		
Signature of parent/guardian		
	INTERVIEWER USE OF	VLY nng code
	Full consent given	1
	No GP	2
	Consent (1) refused Consent (11) refused	3 4
	Consent (11) refused	5 X

Appendix C

Sample design

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Sample design and response

1 Requirements of the sample

A representative sample of children aged $1\frac{1}{2}$ to $4\frac{1}{2}$ years living in private households in Great Britain was required

In determining the sample size, account was taken of the need to achieve adequate numbers for analysis by sex within three age groups, $1\frac{1}{2}$ to $2\frac{1}{2}$, $2\frac{1}{2}$ to $3\frac{1}{2}$ and $3\frac{1}{2}$ to $4\frac{1}{2}$ years, and a requirement to achieve dietary records for approximately equal numbers of these six sex/age cohorts. No oversampling would be required as the sex and age groups are approximately equally distributed in the population. Account also needed to be taken of the resources required for the survey, particularly the high unit cost of using a weighed intake dietary methodology, and the relatively large number of calls that would need to be made to each participating household. Bearing these factors in mind, it was decided that about 1500 dietary records should be obtained.

It was recognised that the survey would be very onerous for the parents and carers of young children, involving their commitment over a period of time. It was therefore decided that only one eligible child per household should be included in the survey. Because there is likely to be considerable similarity between the diets of children of similar ages in the same household, by selecting only one child in a household a greater variety of diets would be covered in a sample of 1500. It was also thought likely that collecting dietary information from more than one child in the same household would produce less accurate data. For example, food weights might be duplicated across eligible children in the household, rather than each child's food being weighed individually.

2 Selection of eligible households

A number of sampling frames were evaluated, but none were found which contained only households with children aged $1\frac{1}{2}$ to $4\frac{1}{2}$ years. One of the sampling frames evaluated was the Department of Social Security's (DSS) Child Benefit Register. However this was found to have a number of deficiencies which made it unsuitable for use at the time as a sampling frame for this survey. In particular the selection of a suitable primary sampling unit was made difficult by the way in which addresses were held on the Register and the fact that not all the addresses had a postcode. DSS could not estimate the number of deficient addresses and hence the potential sample bias could not be assessed. Thus the Postcode Address File (PAF) was used, with a sample of addresses being selected and households containing an eligible child being identified from response to a postal questionnaire

To achieve 1500 four-day weighed intake records the sample size took account of

- a) the proportion of households in Great Britain containing a child aged 1½ to 4½ years - estimated to be 8 9% from combined data from the General Household Surveys for 1988 and 1989¹²,
- b) an assumed overall response rate of 70%, and

c) the proportion of addresses on the PAF which are ineligible because they are not private households or do not exist because they have either been demolished, not yet built or are empty - about 12%.

It was estimated that a set sample of 28000 addresses would be required to achieve 1500 dietary records.

In selecting addresses a stratified multi-stage, random probability design was used. The stages in the selection of the sample were as follows:

(i) in order that addresses would be clustered giving areas of an economic size for interviewers to work, postal sectors, which are similar in size to wards, were selected as primary sampling units. All postal sectors in England, Wales and mainland Scotland³ were stratified by region, then according to the proportion of heads of household in socio-economic groups (SEGs) 1 to 5 and 13, and by the proportion of females in private households who were aged 16 and over and economically active⁴. The regional stratification differentiated between metropolitan and non-metropolitan areas within standard regions, and the Scottish Highlands were defined as a separate stratum in order to ensure at least one selection from this area. One hundred postal sectors were systematically selected, with the chance of selection of each sector being proportional to its size, as given by the number of delivery points in the sector.

(ii) Because dietary habits may be seasonally related, fieldwork was required to cover a 12 month period. For organisational reasons it was decided to conduct the survey in four fieldwork waves of approximately 10 to 12 weeks each. The 100 postal sectors were systematically allocated to one of four waves of fieldwork, ensuring as far as possible a similar distribution of all regions in each wave.

As the proportion of children aged $1\frac{1}{2}$ to $4\frac{1}{2}$ years is known to vary by area, possibly affecting the number of achieved interviews per wave, an attempt was made to allocate areas to waves in a way which would minimise this variability. This was done by stratifying selected areas by the proportion of pensioners and the proportion of females in private households who were aged 16 and over and economically active⁵.

Thus in each wave, fieldwork took place in 25 postal sectors throughout Great Britain.

(iii) For each of the 25 postal sectors in each wave, 280 addresses were systematically selected with a random start from the small users' file of the PAF.

(iv) Approximately three months before the beginning of each wave of fieldwork, each selected address was sent a sift form which asked for details of the sex and date of birth of every person living in the household. In order to avoid any response bias the accompanying letter did not mention an interest in any specific age group or the subject matter of the survey. A reminder letter was sent two weeks and four weeks after the date of the original mailing to those who had not responded. Residual non-responding addresses were subsequently called on by an interviewer who attempted to collect the same information. Sift procedures were carried out as close as possible to the start of each wave of fieldwork to minimise the number of households which might move. The sift form and letter is reproduced in *Appendix A*.

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Response to the postal and interviewer sift stages is shown at the end of this Appendix

3 Multi-household addresses

Most addresses listed on the PAF contain only one private household, a few, such as institutions, contain no private households. In England and Wales about 3 5% are known to contain more than one household but there is no indication on the PAF of how many households are contained at any address. For Scotland the PAF contains a multi-household indicator which is used in the selection of households.

In order to identify concealed multi-household addresses in England and Wales a question was asked on the sift form⁶ All multi-household addresses were visited by interviewers who listed all households and selected one using a random number grid. Interviewers had four different multi-household selection grid sheets which were used consecutively to vary the chance of selection of a household relative to the number of households found at the address and these are reproduced in *Appendix A*

This procedure gave each household an equal chance of selection at a multi-household address However the probability of selecting one household at a multi-household address was dependent on the number of households identified at the address, whereas addresses containing only one household had a unitary probability of selection. Because the sift procedures meant that only one household was selected at a multi-household address there is a bias in the selection of households, but this is small as only a small proportion of addresses contain concealed multi-households

As in the postal sift, details of the sex and date of birth of all members of the selected household were then recorded

4 Ineligible addresses

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Children living in non-private households, such as residential hospitals and care units, were not eligible for the survey. The small users' file of the PAF excludes any delivery point which receives more than 25 items of mail a day and hence excludes most large institutions and non-residential addresses, some small institutions may however be included on the small users' file. These were identified at the sift stage, and excluded as ineligible.

5 Selection of eligible children

A child's eligibility (being aged between $1\frac{1}{2}$ and $4\frac{1}{2}$ years) was determined by taking the mid-point of the fieldwork wave as the reference date of birth ' Households containing an eligible child were identified from completed sift forms. If more than one eligible child was present in the household, all eligible children were listed and one selected at random

Each wave of fieldwork covered a ten to twelve week period, and as the mid-point of the fieldwork period was taken as the reference date of birth for defining eligibility, a few children in this survey were slightly older than $4\frac{1}{2}$ years or slightly younger than $1\frac{1}{2}$ years

at the time of interview.

Where a child was included in the interview sample but subsequently found to be ineligible, mainly because the date of birth had been recorded wrongly, no interview was carried out.

In a very small number of cases at the main interview stage the selected child was found to have a medical condition which affected his or her diet, or growth and development. Interviews were conducted as for other children, but details of the condition (anonymised) were referred to DH and advice taken as to whether it was appropriate to include such children on the database.

6 Response to the postal and interviewer sift stages

Figure 1 represents the various stages in the identification of households containing an eligible child. At the postal sift households containing an eligible child were identified from returns from single-household addresses; multi-household addresses, along with non-responding addresses were issued to interviewers. Response rates for the sift stages are based on the number of private households identified, known as the eligible sample.

Response to the postal sift stage was 74%; the same response rate was achieved for the interviewer follow up. Overall response was increased by about a quarter, from 74% to 93%, as a result of the interviewer follow up. Only 4% of residents refused to co-operate with the postal sift and interviewer follow up. [Table 1]

Table 1 also shows the interviewer follow up boosted the number of households identified as containing an eligible child by 370; overall 8.3% of eligible addresses were found to contain a household with an eligible child. This is only slightly lower than the GHS and comparisons between this survey and the GHS provide no evidence of any bias in the preschool children's survey sample (see *Chapter 3 of the National Diet and Nutrition Survey: children aged 1½ to 4½ years Report, Volume 1*).

Response rates to the sift stages were very similar by wave, although in Wave 1 (July to September 1992) there was a higher number of ineligible addresses than in the other waves, as Table 2 shows. This was due to a large number of derelict addresses being selected in one sector in that wave.

A total of 2101 households containing eligible children were identified by the sift stages.

Not all informants completed all elements of the survey. The maximum response is defined as those agreeing to the initial questionnaire interview and Table 3 shows that this was achieved for 88% of the interview sample; only 7% of households refused to take part in any aspect of the survey.

The maximum response rate is almost constant across fieldwork waves, the varying numbers of co-operating cases reflecting variation in the number of eligible children identified in the different waves at the sift stages.

References and notes

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1 Breeze E Trevor G Wilmot A 1989 General Household Survey HMSO (London 1991)

2 Foster K Wilmot A Dobbs J 1988 General Household Survey HMSO (London 1990)

3 Areas of Scotland excluded from the sample were the Orkneys, Shetlands, Western Isles and other Scottish Islands. Also excluded from the sampling frame were the Channel Islands, Isle of Man and the Scilly Isles

4 As 1991 Census data was not available when stratification took place, 1981 Census variables were used to stratify postal sectors

5 1981 Census variables were used in the allocation of postal sectors to waves of fieldwork

6 For the definition of household see the Glossary

7 Eligible dates of birth were

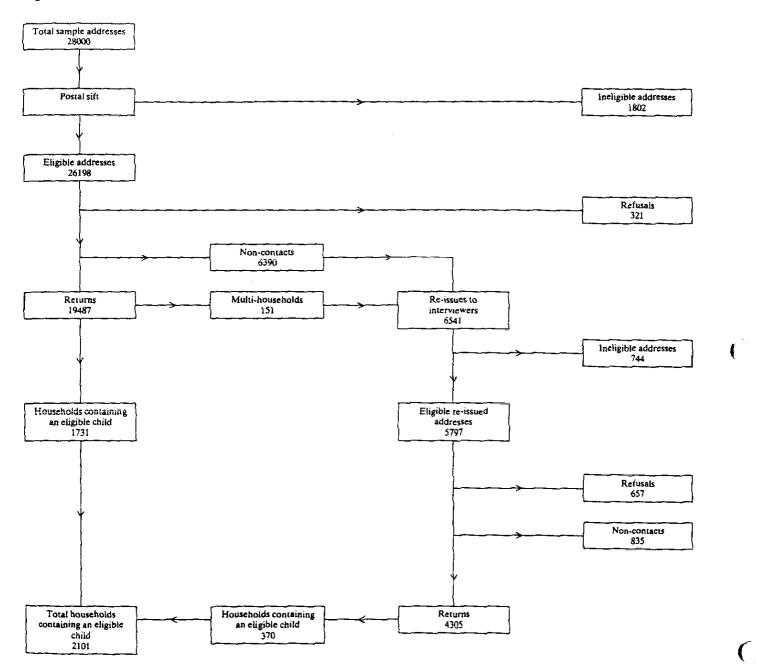
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wave	fieldwork dates	mid-point	eligible dates of birth
1	28/06/92 to 03/10/92	15/08/92	15/02/88 to 14/02/91
2	05/10/92 to 03/01/93	18/11/92	18/05/88 to 17/05/91
3	04/01/93 to 03/04/93	17/02/93	17/08/88 to 16/08/91
4	05/04/93 to 04/07/93	19/05/93	19/11/88 to 18/11/91

8 Gregory JR Collins DL Davies PSW, Hughes JM Clarke PC National Dict and Nutrition Survey children aged 11/2 to 41/2 years Volume 1 Report on the diet and nutrition survey HMSO (London 1995)

Figure 1 Postal and interviewer follow up sift stages

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Table 1Response to the postal sift and interviewer follow up of non-
responders and multi-households

(1) POSTAL SIFT

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		No	*
Total sample	e addresses	28000	100
	Ineligibles	1802	
Eligible ad	dresses	26198	100
	Refusals	321	1
	Non-contacts (re-issued to interviewers)	6390	24
	Returns multi-household addresses (re-issued to interviewers)	151	1
	Returns single household addresses	19336	74
	ehold addresses identified from the postal sift containing an ild	1731	6.6
(11) INTERV	IEWER FOLLOW UP		
		No	 ¥

	NO	8
Addresses issued to interviewers	6541	100
Ineligibles	744	
Eligible addresses	57 97	100
Refusals	657	11
Non-contacts	835	14
Returns	4305	74

(111) OVERALL RESPONSE

	No	
Total sample addresses	28000	100
Ineligibles	2546	
Total eligible addresses	25454	100
Refusals	978	4
Non-contacts	835	3
Returns	23641	93
Total households identified from returns as containing an eligible child	2101	8.3

									*
Table 2	Response	rates	for	sift	stages	(combined)	by	fieldwork	wave

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	Wave	of fiel	dwork							
	Wave 1		Wave 2		Wave 3		Wave 4		Total	
	No.	*	No,	ŧ	No.	융	No.	\$	No.	ş
Total sample addresses	7000	100	7000	100	7000	100	7000	100	28000	100
Ineligible addresses	834	12	575	8	505	7	632	9	2546	9
Eligible addresses sample	6166	100	6425	100	6495	100	6368	100	25454	100
Refusals	270	4	246	4	257	4	205	3	978	4
Non-contacts	206	3	223	3	194	3	212	3	835	3
Returns: of which	5690	93	5956	93	6044	93	5951	94	23641	93
addresses containing at least one eligible child	474	7.78	544	8.5%	559	8.6\$	524	8.2%	2101	8.3

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* Wave 1: July - September 1992 Wave 2: October - December 1992 Wave 3: January - March 1993 Wave 4: April - June 1993

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Table 3 Maximum response rate by fieldwork wave*

	Wave of	field	dwork							
	Wave	1	Wave 2		Wave	3	Wave 4		Total	
	No	ł	No	¥	No	ŧ	No	¥	No	*
Interview sample	474	100	544	100	559	100	524	100	2101	100
Γ										
Non-contacts	1	0	6	1	5	1	-	-	12	1
Movers	14	3	25	5	13	2	24	5	76	4
Refusals	33	7	41	7	38	7	42	8	154	7
Response to questionnaire	426	90	472	87	503	90	458	87	1859	88

Wave 1 July - September 1992 Wave 2. October - December 1992 Wave 3 January - March 1993 Wave 4 April - June 1993

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Appendix D

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Diary methodology

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Dietary methodology: details of the recording and coding procedures

1 Choice of dietary methodology

A number of different methodologies can be used to collect data on food consumption These include weighed intake records, duplicate diets, 24-hour recall methods and food frequency questionnaires Recall methods and food frequency questionnaires may include methods to estimate the quantity of food items eaten by reference, for example, to food models or photographs, but generally they do not involve direct weighing

Each method has advantages and disadvantages, and in deciding which to adopt a number of factors need to be considered. These include the aims of the study, the precision required for the results, the age and ability of the population, the likely effect of the methodology on the quality of the data, and on co-operation and response rates, and the resources available

The weighed intake methodology is the preferred method for collecting quantitative information on food and drink consumption when estimates of nutrient and energy intakes are required for individuals, with sufficient precision to be related to health indices, such as nutritional status as measured by blood analytes. Distributions of nutrient and energy intakes for groups can also be calculated. The method avoids recall errors and, for foods eaten at home, minimises estimates of quantities consumed, if carried out properly¹².

Nevertheless the method has disadvantages, it requires a high level of motivation from subjects assisted by regular calls from interviewers Precision scales must be provided. It is resource intensive and expensive, it requires an adequate level of comprehension by the subject, and, the most frequent criticism, it may cause changes in eating habits, or lead to under-recording. However, the feasibility study indicated that the method was feasible, and produced good quality information³.

Weighed intake methods provide information on a subject's current intake, whereas recall methods and food frequency questionnaires, because they generally cover a longer reference period, may be more likely to reflect a subject's usual diet

2 Recording in the 'home record' diary

Parents were asked to start a new diary page at the beginning of each day and record the day and date on every page used Each food or group of foods was preceded by an entry for a container, such as a plate, bowl or cup, which was first weighed The scales were then set to zero and the first food item put on the plate and weighed⁴, the scales were then 'zeroed' again and subsequent items added and weighed in the same way Each food item was recorded in the diary on a separate line, with a full description including brand information, as shown on the example page of the 'home record' diary, reproduced in *Appendix A*

Foods eaten straight from containers for some food items like yogurt, which are usually eaten directly from the container, it was difficult or inappropriate to follow this recommended method for weighing and recording. Therefore foods such as yoghurts were initially weighed as a complete item, container plus contents, and then the container was reweighed empty or with any leftovers. Such entries were later re-written to the standard format by the interviewer or office coders. Second helpings were weighed and recorded in the same way as the initial serving; the plate, with any items remaining was put on the scales and the scales zeroed. Each second serving of a food was then added to the plate and weighed and recorded separately. These items were then flagged for the attention of the nutritionists who combined the weights of first and second helpings giving an overall weight for each food item consumed.

Items too light to be weighed; for items which were too light to be weighed, for example a thin spreading of Marmite, a description of the quantity was recorded.

Leftovers were also recorded. At the end of each eating occasion the plate or container was reweighed with all the leftover items; the total weight was recorded in the leftover column next to the initial entry for the container with a tick in the leftovers column to indicate each food item that was left. Parents were encouraged also to record additional information on leftovers, for example, that half the mashed potato was left or all the serving of carrots. For foods which have inedible parts such as some meats, fish, fruit and nuts, the parent was asked to note whether the weight of leftovers included the weight of inedible parts, such as bones, peel or shells.

Spilt or dropped food. If any item was spilt or dropped after weighing, parents and carers were encouraged wherever possible to recover and reweigh it, for example by scraping food from the child's bib and reweighing it on the original plate together with any other leftovers. In some cases this was not possible, for example, because the spilt food was eaten by the dog, so an estimate was made of how much of the original item was lost, and recorded in the spillage column of the 'home record'.

Recipes for homemade dishes were recorded on the back of the recording sheets in the 'home record' diary. Informants were asked to give as much detail as possible about quantities of ingredients used, including liquids added during cooking, and the cooking method used.

3 Recording in the 'eating out' diary

Where items could not be weighed, generally because they were consumed away from home, a description of each item was required together with information on portion size, price, where it was bought and details of any leftovers. At the coding stage interviewers transcribed the entries from the eating out diary to the home record and split composite items such as sandwiches into their constituent parts (bread, spread and filling).

3.1 Strategies for obtaining information about items which had not been weighed

Weight information for foods eaten away from home which could not be weighed was collected in a variety of ways and added to the record. For items purchased from local shops or cafes, such as cakes, sandwiches and chips, interviewers used the information about price and place of purchase to buy a duplicate item which was either weighed directly or, if it was a composite item, split into its component parts and weighed. Interviewers were also asked to find out further details of foods purchased from takeaway outlets so that they could be correctly coded; for example the type of fat used for frying, and the type of spread used in sandwiches.

Where it was not possible to collect information on the weights of the components of a

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composite item, individual weights were estimated by the nutritionists. For prepackaged foods eaten outside the home, for example confectionery and soft drinks, weight information was obtained from the packaging. To encourage parents and carers to keep wrappers and cartons they were given small plastic bags which were then returned to the interviewer

All estimated weights entered by the record keeper or interviewer were checked by the nutritionists to make sure they were consistent, for example that the weight recorded for a standard 'chocolate' bar corresponded with the weight on the packaging

4 Children looked after by a childminder or other carer

If the child was looked after by a childminder or went to a nursery where food was served, the interviewer encouraged the parent to give the home record diary and a set of scales to the childminder or nursery teacher. If the parent agreed, and it could be arranged, the interviewer explained the weighing and recording procedure direct to the carer. In other cases the parent explained the procedure. Where carers were not able or willing to weigh the food the child ate, they were asked to record all details in the eating out diary, including a description of the amounts consumed and any leftovers.

5 Checks by the interviewer

Interviewers were required to call back on parents approximately 24 hours after placing the diary Feasibility work had shown that this call was essential in giving encouragement to parents to continue keeping the record and to help with any problems they were having with the weighing or recording.¹ At this call interviewers checked in particular that weights were not being recorded cumulatively, that leftovers were being weighed and recorded correctly, that descriptions of foods consumed were sufficiently detailed, and that composite items were being split before weighing. To help interviewers spot cumulative weights they were provided with a list of typical portion weights for commonly consumed foods, such as breakfast cereals.

Depending on how much support parents appeared to need interviewers made extra calls throughout the recording period, checking for any obvious difficulties in recording and probing for more details of foods that were inadequately described. At these calls interviewers also checked for food items that the parents might have forgotten to record, for example, drinks during the night. In such cases a duplicate item was weighed, recorded in the diary and noted as an estimated weight.

6 Eating pattern check sheet

As part of the checking process interviewers completed an eating pattern check sheet for each child, summarising the number of sweets, savoury snacks, biscuits, drinks and dietary supplements taken each day. This check sheet was designed to alert the interviewer to marked changes in the dietary record from day to day, such as a decline over time in the number of snacks or drinks being recorded, which could then be checked at the next call. At each checking call interviewers took away completed diary pages to be coded, any additional information needed to code the food item could then be asked for at the next visit.

7 Coding

Interviewers were responsible for food and brand coding; this ensured early identification of inadequate descriptions and gave them the opportunity to resolve queries quickly by calling back on informants.

A large amount of detail needed to be recorded in the dietary record to enable similar foods prepared and cooked by different methods to be coded correctly, as such foods will have different nutrient compositions. For example, the nutrient composition of crinkle cut chips made from new potatoes and fried in a polyunsaturated oil is different from the same chips fried in lard. Therefore, depending on the food item, information could be needed on cooking method, preparation and packaging as well as an exact description of the product before it could accurately be coded.

7.1 Food coding

The following information was required in order to code food items:

* the form in which the food was bought, for example, whether it was fresh, frozen or canned;

* whether the product was low-fat and whether any fat had been trimmed or skimmed from meat or meat dishes;

* the cooking method, for example whether the food item had been baked, grilled or fried, and if fried, the type of fat used;

* whether a coating was used for fish and meat, and whether sauces and gravies were thickened;

* whether foods had been sweetened and, if so, whether sugar or an artificial sweetener had been used;

- * details of the type of fat and flour used in home-baked items;
- * whether products such as cheese, fish and meat were smoked or not.

MAFF compiled the nutrient databank, details of which are given in Section 4, and associated food code list which contained over 3000 food codes. The food code list is reproduced in Appendix E. Interviewers were provided with this list and an alphabetical index to help them find particular foods. The code list was regularly updated to take account of products, commonly eaten by young children, which came on the market during the fieldwork period. A separate list of raw foods not expected to occur in food diaries, for example raw chicken, was also provided.

A number of check lists were prepared for interviewers by OPCS and MAFF which helped interviewers correctly code particular food groups which required a lot of detail, for example for soft drinks, and for fats used for spreading where codes differed according to the fat content. These are reproduced in *Appendix A*.

7.2 Composite and recipe items

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Composite items which could be split into their constituent parts

Where foods could be split into their individual components they were weighed and recorded separately, for example, a drink of orange squash would be weighed and recorded as orange squash concentrate and water, a sandwich as bread, spread and filling(s)

If such composite items had not been split and weighed separately then the interviewer recorded an estimate of the quantity of each of the constituent parts, this could be a relatively standard amount, such as the number of slices of bread, or could involve a description of the quantity or relative proportions of each component, for example the quantity of each vegetable in a mixed salad. Using this information the OPCS nutritionists apportioned the total weight between the components of the dish

Recipe items

Informants were asked to record recipes for most home-made dishes, such as chicken casserole or apple crumble. Where such foods were included in the food code list, they were identified by 'R' preceding the code number which indicated that their nutrient values were based on standard recipe ingredients. Recipes were individually checked by the OPCS nutritionists and the type and proportions of ingredients used were compared with those of the standard recipe to which the food code referred. If the ingredients differed from the standard recipe in a way which was nutritionally significant the existing food code was not used and a new food code allocated to the item, the appropriate nutrients for the new recipe code were calculated by MAFF and added to the nutrient database

Where recipe items were eaten away from the home, for example shepherd's pie eaten at a restaurant, and it was not possible to establish details of the ingredients, the standard food code for that item was used. However interviewers were encouraged to collect details of ingredients used in such recipes as this information enabled items to be coded appropriately. Codes were also included in the food code list for menu items purchased from national fast-food chains for example, MacDonalds where data on the nutritional content of the foods were available.

7.3 Brand information

Brand information was recorded for all pre-packaged foods. For some food items, for example, confectionery, biscuits and some breakfast cereals, the brand name was needed in order to code correctly the food item.

Artificial sweeteners, herbal teas and herbal infant drinks, soft drinks and mineral waters were the only food items to be brand coded. This was necessary to provide accurate information on non-nutrient components such as sweeteners.

References and notes

1 Fehily AM Epidemiology for nutritionists four survey methods Hum Nutr Appl Nutr 1983, 37A 419-425

2 Bingham SA. The dictary assessment of individuals methods, accuracy, new techniques and recommendations Nutr. Abstr. Rev. (Series A) 1987-57, 10, 705-742

3 White A, Davies PSW Feasibility Study the National Diet and Nutrition Survey of children aged 1½ to 4½ years Crown Copyright OPCS (1994) (NM22) 4. The scales had a digital display and a tare facility, and were calibrated in one gram units up to one kilogram and in two gram units thereafter.

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Appendix F

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(i) Main and subsidiary groups

(ii) Examples of foods in groups

MAIN AND SUBSIDIARY FOOD GROUPS

Food types are in bold and consist of 1 or more food group Food groups are expressed as integers Food subgroups are integers with an alphabetical suffix

- 1 Pasta, rice and other miscellaneous cereals
- 1A Pasta
- 1B Rice
- 1C Pizza
- 1R Other cereals
- 2 White bread
- 3 Wholemeal bread
- 4 Other breads
- 4A Soft grain bread
- 4R Other bread
- 5 Wholegrain and high fibre breakfast cereals
- 6 Other breakfast cereals
- 7 Biscuits
- 8 Buns, cakes, pastries and fruit pies
- 8A Fruit pies
- 8R Buns, cakes and pastries
- 9 Puddings and ice cream
- 9A Milk puddings
- 9B Ice cream
- 9D Sponge type puddings
- 9C Other puddings
- 1 9 Total cereals and cereal products
- 10 Whole milk

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- 11 Semi-skimmed milk
- 12 Skimmed milk
- 13 Other milk and cream
- 13A Infant formula
- 13R Other milk and cream
- 14 Cheese
- 14A Cottage cheese
- 14R Other cheeses
- 15 Yogurt and Fromage Frais
- 15A Fromage Frais

15R - Yogurt

10 - 15 Total milk and milk products

- 16 Eggs and egg dishes
- 17 Butter
- 18 'Polyunsaturated' margarine and oils
- 18A 'Polyunsaturated' margarine
- 18B 'Polyunsaturated' oils
- 19 Low fat spread
- 19A 'Polyunsaturated' low fat spread
- 19R Low fat spread NOT polyunsaturated
- 20 Block margarine
- 21 Other margarines, spreads and oils
- 21A Soft margarine (not polyunsaturated)
- 21B 'Polyunsaturated' reduced fat spread
- 21C Reduced fat spread (not polyunsaturated)
- 21R Cooking fats and oils (not polyunsaturated)

17 - 21 Total fats

- 22 Bacon and ham
- 23 Beef, veal and dishes
- 24 Lamb and dishes
- 25 Pork and dishes
- 26 Coated chicken and turkey
- 27 Chicken and turkey dishes
- 28 Liver and dishes, liver paté and liver sausage
- 29 Burgers and kebabs
- 30 Sausages
- 31 Meat pies and pastries (incl. chicken pies)
- 32 Other meat and meat products (incl. game and offal; excl. liver)

22 - 32 Total meat and meat products

- 33 White fish, coated or fried (including fish fingers)
- 34 Other white fish, shellfish and fish dishes

34B - Shellfish

- 34A Other white fish and fish dishes
- 35 Oily fish (incl. canned)
- 33 35 Total fish and fish dishes
- 36 Salad and raw vegetables
- 36A Carrots (raw)

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- **36B** Other salad and raw vegetables
- 36C Tomatoes (raw)
- 37 Vegetables (not raw)
- 37A Peas
- 37B Runner beans
- 37C Baked beans
- 37D Leafy green vegetables (incl broccoli)
- 37E Carrots (not raw)
- 37F Fresh tomatoes (not raw)
- **37R** Other vegetables
- 38 Fried or roast potatoes (incl chips)
- 38A Potato chips
- 38B Other fried or roast potatoes
- 38R Other potato products
- 39 Other potatoes
- 42 Savoury snacks
- 36 39 & 42 Total vegetables
- 40 Fruit and nuts
- 40A Apples and pears
- 40B Oranges, tangerines, etc
- 40C Bananas
- 40D Canned fruit in juice
- 40E Canned fruit in syrup
- 40F Nuts, fruit and nut mixes
- 40R Other fruit
- 40 Total fruit and nuts
- 41 Sugar, preserves and sweet spreads
- 41A Sugar

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- 41B Preserves
- 41R Sweet spreads, fillings and icing
- 43 Sugar confectionery
- 44 Chocolate confectionery

41, 43 & 44 Total sugar, preserves and confectionery

- 45 Fruit juice
- 46 Soft drinks (incl. diet or low calorie)
- 46B Diet soft drinks
- 46A Other soft drinks
- 46C Mineral water
- 47 Spirits and liqueurs

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47A 47B		Liqueurs Spirits						
48	Wine							
48A 48B	-	Wine (incl. low alcohol wine) Fortified wine						
49	Beer, o	cider and perry						
49A 49R	-	Beers (incl. low alcohol beers) Cider and perry (incl. low alcohol ciders)						
51	Tea, coffee and water							
51A 51B 51R	-	Coffee (made-up weight) Tea (made-up weight) Water - tap water only						
45 - 49 & 51 Total beverages								
50	Miscellaneous							
52	Commercial infant and toddler foods and drinks							

- 54 Vitamin and mineral supplements
- 54A tablet form
- 54B syrup/oil form
- 54C drops
- 54R drops
- 55 Artificial Sweeteners

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Examples of foods included in food groups

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FOC	D GROUP	
1	Pasta, rice and other miscellaneous cereals	includes boiled/fried rice, pasta - all types (dried, fresh and canned), Yorkshire pudding, dumplings, pizza
2	White bread	includes sliced, unsliced, french stick, milk loaf, slimmers' type, white pitta bread and white chapatis, white rolls
3	Wholemeal bread	includes sliced, unsliced, wholemeal chapatis and pitta breads, wholemeal rolls
4	Other breads	includes brown bread, granary, soft grain bread, high fibre white, rye, crumpets, muffins, pikelets, brown and granary rolls
5	Wholegrain and high fibre breakfast cereals	includes All Bran, Branflakes, Shredded Wheat, muesli, porridge, Weetabix
6	Other breakfast cereals	includes cornflakes, Rice Krispies, Special K, Sugar Puffs, Smacks
7	Biscuits	all types, including sweet and savoury
8	Buns, cakes, pastries and fruit pies	includes danish pastry, Chelsea bun, doughnut, Eccles cake, frangipane tart, jam tart, scones (sweet and savoury), sponge cake, fruit cake, meringue, fruit pies (all types)
9	Puddings and ice cream	includes instant whip, fruit crumble, Arctic roll, batter pudding, custard/blancmange, rice pudding, trifle, mousse, cheesecake, cream desserts, jelly, fruit fool, sponge pudding, milk pudding, sorbets, ice cream
10	Whole milk	all types including pasteurised, UHT, sterilised, Channel Island
11	Semi-skimmed milk	all types including pasteurised, UHT, flavoured, canned, milk with added vitamins
12	Skimmed milk	all types including pasteurised, UHT, sterilised, canned, milk with added vitamins

FOO	DD GROUP	
13	Other milk and cream	includes condensed, evaporated, dried milk, infant formula, goats' milk, sheep's milk, soya milk, milk shakes and all creams.
14	Cheese	all types including hard and soft cheese, cream cheese, processed cheese, cottage and curd cheese, low fat cheeses.
15	Yogurt and fromage frais	includes low fat, thick and creamy, soya yogurt, frozen yogurt, 'diet' yogurt and fromage frais, goats' and sheep's milk yogurt, yogurt drink.
16	Eggs and egg dishes	includes boiled, fried, poached, scrambled, omelette (sweet and savoury), souffle, quiche and flans, scotch egg.
17	Butter	includes butter ghee
18	'Polyunsaturated' margarines and oils	margarines and oils that can make a claim to be high in polyunsaturated fatty acids.
19	Low fat spread	spreads containing 40% or less fat (includes polyunsaturated and non-polyunsaturated).
20	Block margarine	
21	Other margarines, spreads and oils	includes soft margarines (not polyunsaturated) and reduced fat spreads (polyunsaturated and non-polyunsaturated).
22	Bacon and ham	includes bacon joints and rashers, gammon joints/steaks, ham (all types).
23	Beef, veal and dishes	includes beef (and veal) joints, steaks, minced beef, stewing steak, beef stew and casserole, meat balls, lasagne, chilli con carne, beef curry dishes, bolognaise sauce.
24	Lamb and dishes	includes lamb joints, chops, cutlets, lamb curry dishes, Irish stew, lamb stew and casserole.
25	Pork and dishes	includes joints, chops, steaks, belly rashers, pork stew and casserole, sweet and sour pork, spare ribs.

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FOC	DD GROUP	
26	Coated chicken and turkey	includes chicken and turkey drumsticks, chicken pieces, nuggetts, fingers, burgers etc coated in egg and crumb, Kentucky Fried Chicken
27	Chicken and turkey dishes	includes roast chicken and turkey, barbecued, fried (no coating), pieces, curry, stew and casserole, chow mein, in sauce, spread, chicken/turkey roll
28	Liver and dishes, liver pate and liver sausage	includes all types of liver (fried, stewed, grilled), liver casserole, liver sausage, liver pate
29	Burgers and kebabs	includes beefburger, hamburger, cheeseburger (with or without roll), doner/shish/kofte kebab (with pitta bread and salad)
30	Sausages	includes beef, pork, turkey, polony, sausage in batter, saveloy, frankfurter, pepperami
31	Meat pies and pastries	includes chicken/turkey pie, vol-au-vent, beef pie, steak and kidney pie, pork pie, veal and ham pie, pasty, sausage roll, meat samosa
32	Other meat and meat products	includes game (eg duck, grouse, hare, pheasant), rabbit, offal (not liver), faggots, black pudding, meat paste, tongue, luncheon meat, corned beef salami, meat loaf, chop suey
33	White fish coated or fried including fish fingers	includes cod, haddock, hake, plaice etc, coated in egg and crumb, batter or flour and any fried fish without coating, coated fried cartilaginous fish (eg dogfish, skate), scampi, fillet-o-fish, fish cakes, fish fingers, cod roe fried, prawn balls
34	Other white fish, shellfish and fish dishes	includes cod, haddock, hake, plaice etc, (poached, grilled, smoked, dried), shellfish, curried fish, fish paste, fish in sauce, fish pie, kedgeree
35	Oily fish	includes herrings, kippers, mackerel, sprats, eels, herring roe (baked, fried, grilled), salmon, tuna, sardines, taramasalata, mackerel paté

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FOO	FOOD GROUP				
36	Salad and raw vegetables	includes raw leafy green vegetables (eg endive, lettuce, chicory), other raw vegetables (eg cabbage, carrots, tomatoes, radish, spring onion), coleslaw, purchased prepared salad.			
37	Vegetables (not raw)	includes beans/pulses, baked beans, cooked vegetables, vegetable stew and casserole, vegetable curry dishes, tofu, ratatouille, vegetable lasagne and cauliflower cheese, vegieburgers.			
38	Fried or roast potatoes incl. chips	chips (fresh and frozen), oven chips, potato waffles, hash browns, roast, sautéed, croquettes.			
39	Other potatoes	includes boiled, mashed, jacket, potato salad, canned potato, potato based curry, instant potato.			
40	Fruit and nuts	includes fruit cooked (with and without sugar), raw, canned, dried, fruit pie filling (not fruit pie); nuts incl almonds, hazelnuts, mixed nuts, peanuts, peanut butter, bombay mix, seeds (eg sunflower, sesame).			
41	Sugars, preserves and sweet spreads	includes sugar (white and brown), glucose liquid/powder, black molasses, treacle, syrup, honey, jam, marmalade (incl/low sugar varieties), glace cherries, mixed peel, marzipan, chocolate spread, icing, ice cream sauce.			
42	Savoury snacks	includes crisps, other potato and cereal products (eg puffs, rings), Twiglets.			
43	Confectionery - sugar	includes boiled sweets, gums, pastilles, fudge, chews, mints, rock, liquorice, toffee, popcorn.			
44	Confectionery - chocolate	includes chocolate bars, filled bars, assortments.			
45	Fruit juice	includes single fruit and mixed fruit 100% juices; canned, bottled, carton; carbonated, still, freshly squeezed; includes vegetable juice			

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FOO	FOOD GROUP				
46	Soft drinks, including diet or low calorie	includes carbonated soft drinks (eg lemonade, coca cola), fruit squash, cordial, fruit drink (concentrated or ready to drink), Ribena, rosehip syrup, mineral water, tonic water			
47	Spirits and liqueurs	includes cream liqueurs, Pernod, Southern Comfort, 70% proof spirits, Pimms			
48	Wine	includes white, red, rose, sparking, champagne, port, sherry			
49	Beer/cider/perry	includes beer and lager (both non-premium and premium and low alcohol versions), stout, strong ale (bottled, draught and canned), cider and low alcohol cider, Babycham, perty			
50	Miscellaneous	includes sauces, ketchup, condiments, chutney, pickle, gravy, mayonnaise, soup, beverages (not tea or coffee) and herbal tea			
51	Tea, coffee and water	instant and leaf/bean, also lemon tea, vending machine tea and coffee, tap water			
52	Commercial infant and toddler foods and drinks	includes instant and ready to eat foods and drinks specifically manufactured for the infant and young child			
53	Vitamin and mineral supplements	includes vitamin and mineral preparations in tablet, liquid or syrup form, cod liver oil, fluoride supplements			
54	Artificial sweeteners	includes granulated table top sweeteners, liquid, tablet or mini cube sweeteners			

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Appendix G

Protocols for making anthropometric measurements

Protocols for making the anthropometric measurements

Measurements taken were height, weight, mid upper-arm circumference, head circumference, and for children under two years, supine length Weight was recorded to the nearest 100 grams, height and length, mid upper-arm and head circumferences to the nearest millimetre

As gaining the co-operation of young children in taking measurements can be difficult and more than one attempt is often needed, it was decided that measurements could be taken by the interviewer at any point after the initial interview, and that a particular time of day would not be specified

If interviewers were unhappy with the accuracy of any measurement they could repeat it until they were satisfied with its accuracy. However only one accurate measurement was required, feasibility work suggested that repeating a measurement to validate its accuracy might affect co-operation as some children would not tolerate remeasuring¹. Interviewers recorded the number of attempts made to obtain each measurement along with any special circumstances which might have affected its accuracy.

The date the measurement was taken and details of reasons for refusal of any measurement were also recorded on the questionnaire

Interviewers were encouraged to explain to the child what they were doing, for example that they wanted the child to stand up straight or be a statue, and with young or fractious children they tried to get parents and any brothers and sisters to assist

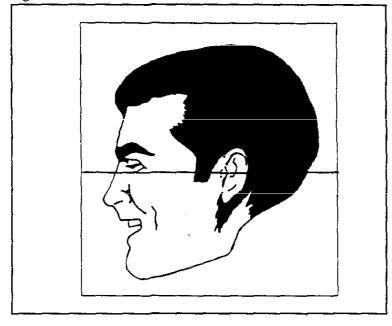
Interviewers were trained in accurate measurement techniques at the residential briefings They practised the techniques on each other and on young children recruited from local playgroups However it was not possible to assess intra-observer variation because it was not feasible to recruit the same children for each briefing, and the children would not tolerate repeated measurements by all interviewers

1 Stature (height)

Height was measured using a portable, telescopic stadiometer, with a digital display²

The child was undressed to vest and pants and any nappy removed Socks were also removed as these made it difficult to see whether the feet remained flat on the floor Parents were asked not to put their child's hair in elaborate non-permanent styles, such as buns, as this would make measurement difficult and inaccurate

Careful positioning of the child is crucial to obtaining an accurate measurement and the assistance of the parent was encouraged. The stadiometer was placed on a hard, level surface, switched on and the headplate extended above the height of the child. The child stood on the baseplate with his or her back to the rod. The interviewer then checked that the child's feet were together and flat on the ground, the legs and back were straight and that arms were at the sides. The headplate was then gently lowered until it was a little above the child's head. The head was positioned in the Frankfort plane, (Figure 1) and gentle traction was applied to the head to extend the child to maximum height.



To achieve the correct Frankfort position the bottom of the orbital (eye) socket should be in line with the external auditory meatus, the protruding flap of firm skin on the front edge of the ear above the ear lobe.

After gentle traction had been applied the headplate was lowered onto the child's head, checking that the child's feet were still flat on the baseplate. Once satisfied that the maximum height had been achieved the interviewer pressed the 'hold' button on the stadiometer freezing the measurement; the headplate was then raised above the child, allowing him or her to move away safely, and the measurement was recorded.

The interviewer recorded on the questionnaire any difficulties in making the measurements and any other relevant information, for example posture problems, or known growth deficiency.

Supine length

This was attempted for all children who were under 2 years of age on the day of measuring.

The child was undressed as for the measurement of standing height. The stadiometer was switched on, extended and laid on an even, preferably uncarpeted floor, ideally with the baseplate against a wall or other solid vertical surface.

The child lay with his or her back on the floor and feet against the baseplate. The child's heels were placed together and the interviewer checked that the back and shoulders were on the floor and arms to the sides. The child's head was positioned facing forward with eyes looking up and in the Frankfort plane. Gentle traction was applied as for the measurement of height to stretch the child to the maximum length. The headplate was then moved onto the child's head. Once the interviewer was satisfied with the position of the child the measurement was recorded.

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Weight was taken using Soehnle Quantratronic scales calibrated in 100 gram units. The scales were checked for accuracy before being issued to interviewers and the batteries regularly changed

The scales were placed on a hard, level surface If only a carpeted surface was available then this was noted on the questionnaire

The child was undressed to vest and pants and any nappy removed If this was not possible the additional clothing or nappy being worn was recorded on the questionnaire The scales were switched on, and when the display showed zero, the child was asked to stand on the scales with feet together, heels on the back edge, arms loosely at the sides, head facing forward and to remain still The measurement was recorded on the questionnaire

Mid upper-arm circumference

The measurement was made in two stages With the left arm bare and at 90° across the body the mid point of the upper arm was located Using a conventional tape the distance between the inferior border of the acromion and the tip of the olecranon process was measured, and the mid-point marked on the child's arm with a dermatological pen. To measure the circumference at the mid-point the child's arm was positioned loosely at the side. Using an insertion tape of non-stretchable material' the circumference was measured, ensuring that the tape was horizontal, in contact with the arm around the entire circumference, and without pressure to compress the tissue. The measurement was recorded on the questionnaire

Head circumference

This measurement was made with the child seated An insertion tape was passed around the child's head, over the hair, just above the brow ridges and its position adjusted to the maximum circumference Checking that the tape was horizontal, in contact with the child's head throughout its length, and under tension the reading was taken to the nearest millimetre

References and Notes

1 White AJ, Davies PSW Feasibility study for the National Diet and Nutrition Survey of children aged 1½ to 4½ years Crown Copyright (OPCS 1994) (NM22)

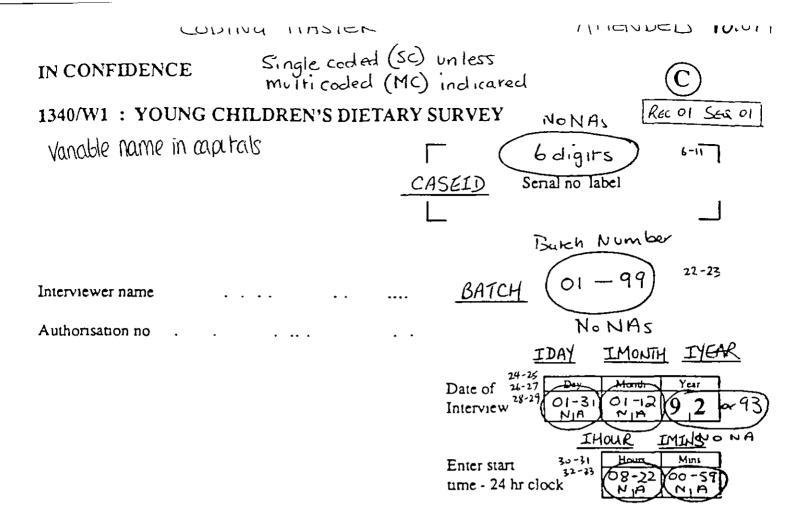
2 The stadiometer was modified, to OPCS specification from a Rabone building surveyor's measuring device by Glentworth Fabrications Ltd, Molly Millar's Bridge, Molly Millar's Lane, Wokingham, Berkshire, UK

3 The insertion tape used to take mid-upper arm circumference was made by Teaching Aids at Low Cost (TALC) and is commonly used by field workers in developing countries to measure the head circumference of children Tapes are available from TALC PO Box 49, St Albans, Heris AL1 4AX

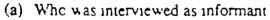
Appendix H

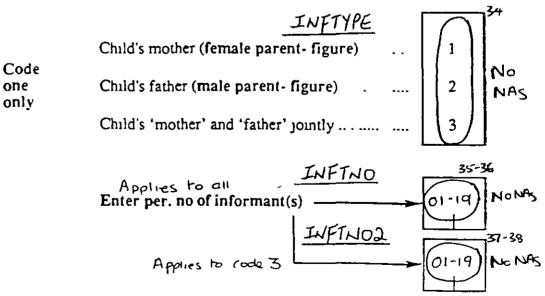
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Master coding and computing documents



INTERVIEWER CODE





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1. Applies if child's mother is married or cohabiting with no	Maximes = 19 [Rec 01 See 01]
husband/partner in household – Recanciship(B)=1, HARSTAT = 1 and $B \neq 2$ for any other parson DNA, others	Q2
	49
Is (your husband) absent because he usually works away from home, or for some other reason?	
Usually works away Inc. Armed Forces & Merchant Navy	$\left \begin{array}{c} 1 \\ NA \end{array} \right = Q^2$
Some other reason (specify)	2
(no new rodes)	

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PF	RESENT ACCOM	MODATION		Re	COL SE	2 01
R	ling codes at Q2 an	Id Q3				
2	Type of accommo	dation occupied by this l	household C2	Γ	50	
		whole house, bungalow	¥		$\begin{pmatrix} 1 \end{pmatrix}$	— Q4
	Code one from	purpose-built flat or m	assonette in block		2	
	observation, if in doubt	part of the house/conve rooms in house	erted flat or maisonette/		3	- Q3
	ask informant	dwelling with business	s premises		4	
		caravan/houseboat			5 NA	- Q4
			· · · ······· ··· ··· · · · ···		6	
		No new rox	des)		\bigcup	
					_	
			, <u></u> , <u>_</u>		ŚI	
3.	To households co	ded 2 - 4	<u>C3</u>			
	What is the floor le living part of the a				\cap	
			Basement/semi-basement.		(1)	
			Ground floor/street level		2	
			1st floor		3	
			2nd floor		4	
			3th floor		5 NA	
			4th to 9th floor		6	
			10th floor or higher		7	
					\cup	
-		<u> </u>				<u> </u>
4.	Ask or record		<u>C4</u>		52	
	Is there a garden of accommodation w play outside?	or other area attached to where . (CHILD) of				
	ping outside		Yes		\int_{1}	
					NA	
			No .		$\left \left \frac{2}{2} \right \right $	
					\sim	

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			c of SEQ 01
5.	Do you have a kitchen, that is a separate ro in which you cook?		53
		Yes	$\left(1\right)$ (a)
		No	2NA) (b)
	(a) Do you share the kitchen with any	~~^	54
	other household?	<u>C5A</u> Yes	
		No	$\left(\begin{array}{c} N H \\ 2 \end{array}\right) - Q6$
	(b) Are you able to cook a hot meal		
	in this accommodation?	<u>C5B</u>	
		Yes, hot meal	
	C- and an and a		
	Spontaneous:	Hot drink only	3
6.	Does your household have any of the follo items in your (part of the) accommodation		
	INCLUDE: Items stored and under re	pair	Yes No
	r	Refrigerator?	1 N A 2 56
	I	<u>C6B</u> Deep freezer or fridge freezer?	(1 NA 2) 57
	, M	Microwave oven? $\underline{C6C}$	$\left(1 \text{ NA } 2\right)$ 58
			51
7.	Is there a car or van normally	C7_	
	available for use by you or any members of your household?	Yes	$\left(1\right)$ (a)
1		No	2NA-Q8
	INCLUDE: Any provided by employer if normally available for private use by informant or members of the household		60
	EXCLUDE: Vehicles used solely for the carriage of goods.		
		\Box <u>$c7A$</u>	
	(a) Is there one or more than one?	1	
		2	$\begin{vmatrix} 2\\ NA \end{vmatrix} = \mathbf{Q8}$
		3 or more	3
			· 213

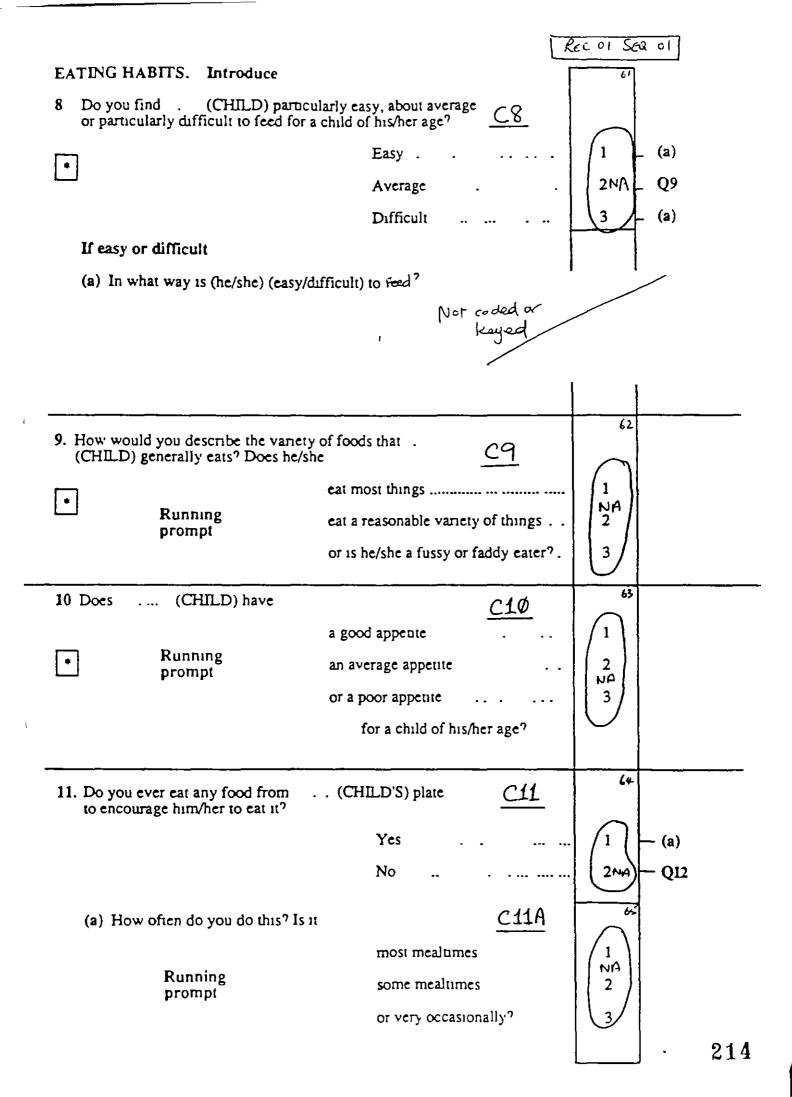
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		Rec o	I SER OI
12.	And does (CHILD) ever eat any (or anyone else's) plate?	y food from your <u>C12</u> Yes	<i>u</i> 1 (a)
	(a) How often does this happen? Is it	No	2 NA Q13
	Running prompt	most mealtimes some mealtimes or very occasionally?	2 JA 3
13.	Are there any foods that (CHIL eat because he/she does not like them?	LD) does not <u>C13</u> Yes No	68 1 - Specify () 2 Mb - Q14
	IF YES SPECIFY WHICH FOODS		
	Not Keyo		

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			REC 01 SEQ 02
14	Do you avoid giving . (CHILD) particular for because he/she is allergic to them?	C14	22
		Yes	$\begin{pmatrix} 1 \\ \end{pmatrix}$ (a) - (c)
	If yes	No	2 NA Q15
	(a) Which foods do you avoid?		
	Specify	NOT CODED	
		ORKE	EYED
	(b) What form does the allergy take? Specify	C14BM1-6	$M(=6) \begin{cases} 23-24 \\ 25-24 \\ 27-28 \\ 29-30 \\ 31-32 \\ 33-34 \end{cases}$
		DK NN= 99	(01-15) 99 - (c)
	(c) Has (CHILD'S) allergy been diagnosed by a doctor?	d <u>C14C</u> Yes No	1 1 2 35 35
15.	(Apart from these) Are there any (other) foods you give (CHILD) for health, religious or any or reasons?	ther <u>C15</u> Yes	36 1 - (a)
		No	2 UN Q16
	(a) If yes specify which foods and give reason	S	
	FOOD	_	
		DTCODED R KEYED	
	•••• •• •• •• •• •• ••••	····· · · · · · · · · · · · · · · · ·	
	••••• • • • • • • • • •	···· ··· ··· ··· ··· ··· ··· ···	
		····· ··· ·· ·	

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16. I'd like to ask you about what your child usually has to eat at different times of the day, but first I'd like to find out what times he/she gets up, has breakfast, has lunch and so on.

At what time approximately does(CHILD) usually(EVENT)

Not coded or keyed

Prompt each event for time on weekdays, on Saturdays and on Sundays. Record approx. times in the grid.

Event	Weekdays	Saturdays	Sundays
gets up onat:			
has breakfast onat:			
has lunch onat:			
has tea onat:			
goes to bed onat:			
			I

17. I'd now like to know, in general terms, what(CHILD) usually has to eat and drink at these different times. For example, at breakfast, does he/she have cereal, or toast, or a cooked breakfast? Some children don't eat breakfast, so if(CHILD) does not have anything at a particular time, please tell me.

What does he/she usually have to eat and drink, if anything

Not coded orkeyed

Prompt each event for what eaten on weekdays, on Saturdays and on Sundays. Record brief description in grid.

Weekdays	Saturdays	Sundays
	and the second sec	
Nilx	Nilx	Nilx

Not coded a keyed Event Weekdays Saturdays Sundays for breakfast on Nilx Nilx Nil X during the morning on Nil x Nil...... x Nil... X for lunch on Nil during the afternoon on Nil -x Nil x x Nil . . . for tea onx Nil.....x between tea and bed-time on Nil x Nil x Nil X in bed or during the night on Nil x Nil Nil X x

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				REC OI SEG	02	
DRI)	NKING Does ((Running prompt	 CHILD) usually drink from a feeder beaker/beaker with spout a plastic cup or beaker an ordinary cup, mug or glass a bottle or from something else? (specify) 		. (NA 2 3 4	Q19 Q20 Q20 Q19	
 19.	(May I check at all these da		<u>C19</u> has a bottle ever has a bottle		- Q20 Q21	—(^{.)} ,
20.	<u>On average</u> , i have a day? Prompt as necessary	1 a day 2 a day 3 a day 4 a day	<u>C20</u> day day (specify)	01 02 NA 03 04		('.

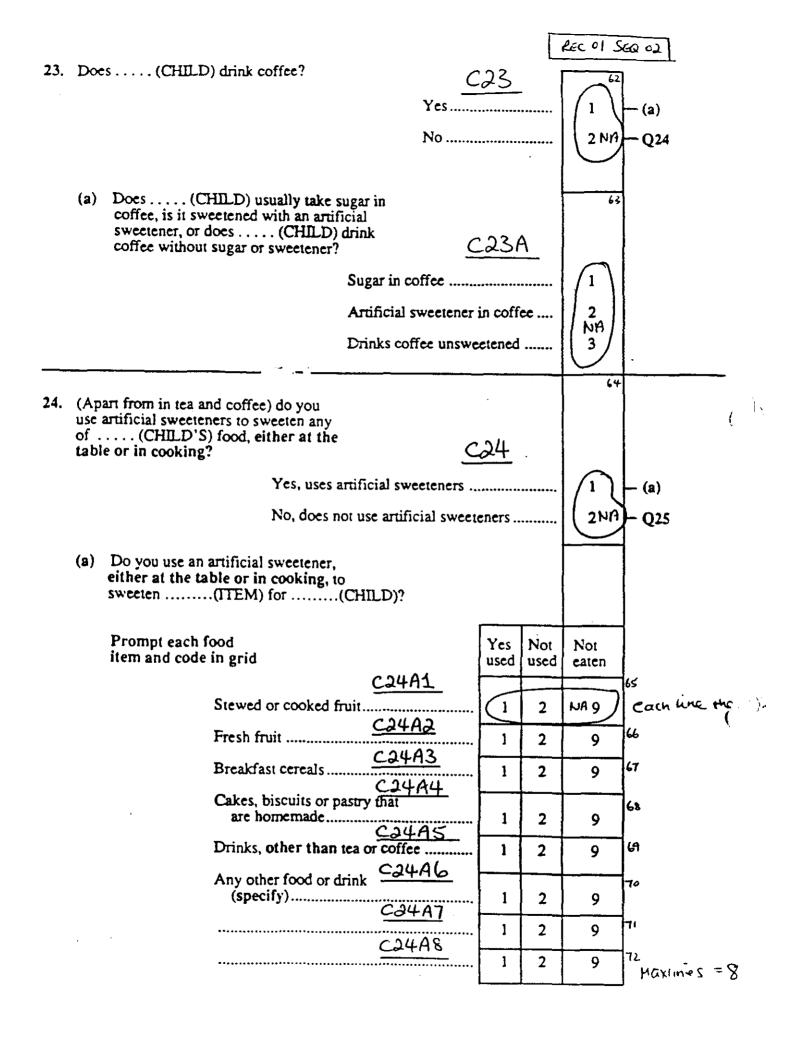
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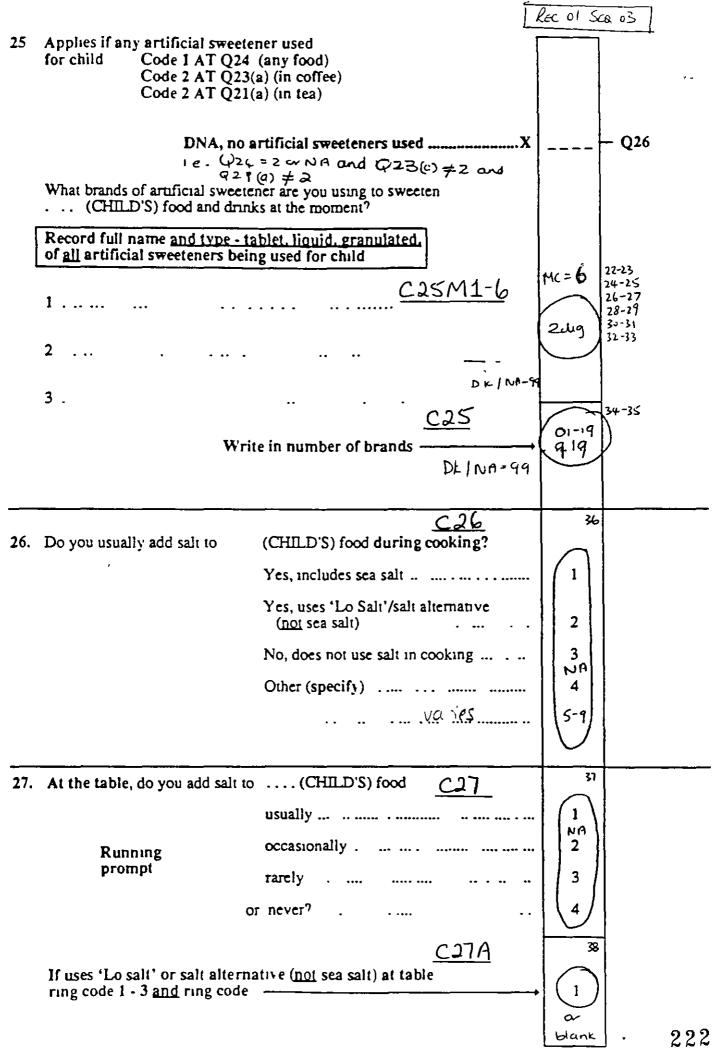
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2 1.	Do	es.	(CHILE)) drink tea?			C21	1	41	Rec of Se	202
						Yes	• • • • • • • • • • • • • • • • • • • •		$\left(1\right)$	— (a)	
						No	•••••••••••••••••••••••••••••••••••••••	•	2 NB	— Q22	
	(a)	is it sw or does	ectened v	ILD) usually ti with an artificia HILD) drink t	al sweetener,		C21A		¥		
					Sugar in	tea		•••••			
					Artificia	l swee	etener in tea		NA 2		
					Drinks t	ca uns	weetened	•••••	3		
22.	(M her	ay I che bal infa	ck) does nt drinks'	your child drin	k herbal teas g	DI.	<u>C22</u>		43		
			Yes,	drinks herbal	teas <u>or</u> herbal	infant	drinks		1	— (a)(b)	
			No,	drinks neither	• •• ••			• •	(2NA)	-Q23	
	(a)	drink l	erage, ho herbal tea drink?	w often does or have a hert	(CHILD) Dal)	CZZA		44		
		Shov	v card A]							
					More than o	once a	day	••••••			
					Once a day		• •		2		
					Most days	•	•••••		3 NA	– (b)	
					At least one	ce a w	cck	•	4		
					At least one			••••• ••	5		
					Less than o	nce a	month	• • •	6		
	(b)			nerbal tea or he our child at the			222BM1-	5		45-47 48-50 51-53 54-56 57-59	
				nd name <u>and</u> bal infant drii					HK=5		
		1							(3 dug)	
		2.						[NA =			
		3					<u>C22</u> 7	999 <u>3</u>			
				Write in nu	mber of bran	ds -	DIC NA = 9	9	01-19 9 19	60-61	220

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REC 11 SEQ CI

28. I would now like to ask you about some foods your child may eat. Can you tell me about how often, on average, (CHILD) eats these foods. Please choose your answer from this card.

Hand informant Card A Prompt each food listed below and code in grid. For 'seasonal foods' eg ice cream, prompt if necessary "..... at this time of year". each the same

		····, •		•		•••	eutr	
		More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never
<u>C28A</u>	Breakfast cereals ²	2	2	3	4	5	6	NA7)
C28B	Cakes 2	3 1	2	3	4	5	6	7
2280		4 1	2	3	4	5	6	7
<u>C28</u> D	Chocolate 2	^د 1	2	3	4	5	<i>:</i> 6	7
CASE	Other sweets 2	6 1	2	3	4	5	6	7
C28F	Ice cream or ice lollies	7 1	2	3	4	5	6	7
<u>286</u>	Yogurt (flavoured or plain but not fromage frais)	8	2	3	4	5	6	7
<u>C28H</u>	Cheese or cheese spread	eq 1	2	3	4	5	6	7
<u>C28I</u>	Milk	0 1	2	3	4	5	6	7
<u>C28J</u>	Eggs	์ 1	2	3	4	5	6	7
C28K	Blackcurrant drinks	2]	2	3	4	5	6	7
C28L	Fruit juice (not squash)	* 1	2	3	4	5	6	7
C28M	Fizzy drinks	# 1	2	3	4	5	6	7
<u>C281</u>	Fish or shellfish, includin fish fingers	e g 1	2	3	4	5	6	7
<u>C280</u>	Sausages	1	2	3	4	5	6	7
C28P	Liver	57 1	2	3	4	5	6	7
C28Q			2	3	4	5	6	7
<u>C28R</u>	chops, in stews etc	37	2	3	4	5	6	7
<u>C285</u>	chops, in stews etc	40	2	3	4	5	6	7
<u>C287</u>	Chicken and poultry, eg a roast, in casseroles	as 41 1	2	3	4	5	6	7

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REC 11 SER 01

			More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never
<u>18u</u>	Baked beans	42	1	2	3	4	5	6	7
28V	Peas, in any form	43	1	2	3	4	5	6	7
28W	Leafy green vegetables eg spring greens, sprouts, broccoli	44	1	2	3	4	5	6	7
<u>28x</u>	Chips	45	1	2	3	4	5	6	7
28 Y	Other potatoes	Ψ.	1	2	3	4	5	6	7
	Fresh fruit	47	1	2	3	4	5	6	7

79. And how often, on average, does

(CHILD) eat each of these foods?

19929=1-6

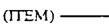
Show Card A Prompt each food listed and code in grid. For 'seasonal foods' prompt if necessary "at this time of year". Each line the source

	For 'seasonal foods'	' pı	ompt if	necessar	y "at thi	s time of	year".ec	while the	a sume	(a)	
			More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never	Sk cau Yes	en?	þ
<u>c29A</u>	Raw carrots	48	1	2	3	4	5	6	7 NB)	1	2 59	<u>279AA</u>
<u>C29B</u>	Cooked carrots	49	1	2	3	4	5	6	7	1	2	C29AB
<u>C29C</u>	Other root vegetables, apart from carrots and potatoes e g parsnips, turnips, swedes	50	1	2	3	4	5	6	7	1	2	Cagac
<u>(29</u>)	Button or baby mushroom	≯I ms	1	2	3	4	5	6	7	1	2,62	C29A2
	Other mushrooms	ິນ	1	2	3	4	5	6	7	1		1
<u>C24E</u> C <u>29</u> F C <u>2</u> 9G	Apples (fresh)	53	1	2	3	4	5	6	7	1		
<u>c.29</u> G	Pears (fresh)	54	1	2	3	4	5	6	7	1	2	CIANG
C29H		ধ	1	2	3	4	5	6	7	1	2	Сган
<u>C291</u>			I	2	3	4	5	6	7	1	2 ₆	C29AI
	Fresh tornatoes	\$7		2	3	4	5	6	7	1		CIGAJ
CJAK	Cucumber	58	1	2	3	4	5	6	7	1	2 69	C29AK

If child eats any of above ask for each food eaten

(a) Can you tell me whether

(CHILD) usually eats the skin on



70

Q31

30. Applies if child ever eats potatoes or chips (see Q28) - chip or other porato = 1-6

<u>C30DNA</u> DNA, <u>never</u> eats potatoes or chips (Chipline = 7 or NA) (and other points line

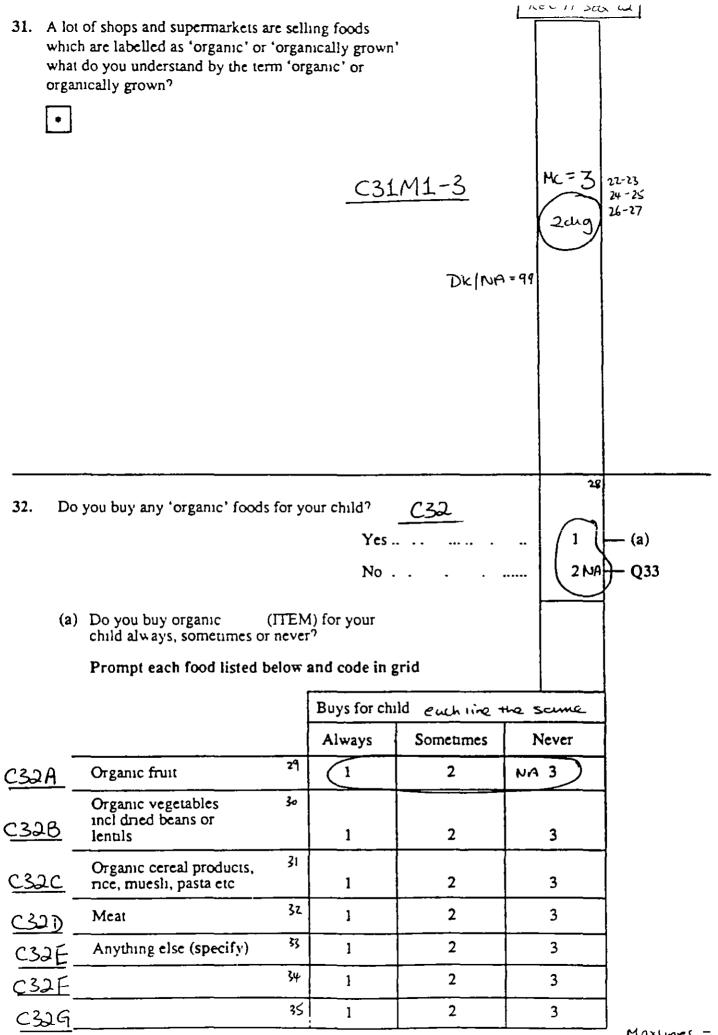
Does your child eat the skin on (TYPE OF POTATO) = 7 or NA) always, sometimes or never?

Prompt each type of potato listed below and code in grid.

			۲	each line me	Same.
	[Eaten with skin	left on		Never
		Always	Sometimes	Never	eaten
<u>30A</u>	Baked/jacket potatoes	1	2	3	4 NA
C30B	Boiled new potatoes 72	1	2	3	4
<u>c30C</u>	Boiled old potatoes 73	1	2	3	4
 C30D	Roast potatoes 74	1	2	3	4
3DE	Fried potatoes or chips 75	1	2	3	4

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				Rec	11 Sea	2	
	you grow any of your own f etables, either in your garde			3	36		• # • .
Incl	ude : salad vegetables		Yes			- (a)(b)	
Exc	<u>lude</u> : herbs		No		210	- Q34	
(a)	Do you grow them withou pesticides?	using		<u>53A</u>	37		
			Yes, some	······	2 NA		
			No, none.	••••			
(b)	Do you grow them withou artificial fertilizers?	t using	Yes, all Yes, some	<u>33B</u>	ζβ 1 2 ΝΑ 3		. (
	es(CHILD) ever put s uth or eat soil?	soil into		<u>-34</u>	39 (1 NA 2		
toda	nking about any food you h ay, which of the following i e today?	ave in t tems de	the house o you have				
Pro	mpt each type of food list	ed belo	w and code in grid ϵ	ach line the	same		
			Has in house	Does have in			
C3SA	A breakfast cereal	40	(1	NA 2	~		C
	Bread, or bread rolls	4(1	2			
<u> 235C</u>	Milk, or liquid or powdere baby milk	2d 42	1	2			
<u>C3SD</u>	A tin of baked beans or spaghetti	43	1	2			
CZSE	Eggs	44	1	2			
<u>c35F</u>	Biscuits, of any kind	45	1	2			
C35G	Potatoes	46	1	2	 		
C35H		41	1	2]	
<u>C351</u>		48	1	2]	

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36. Thinking now about different foods that come in cans How long, on average, would you keep (ITEM) in an opened can before eating/drinking it/them?

Show Card B

Prompt each type of food and code in grid below each une the same

Spontaneous only Code from Card B Never Not eaten/ More than Use on 4 or 5 2 or 3 I day stored in drunk a week same day days days open can Canned soft drinks 236A eg cola, lemonade 7 NA C36B Canned fruit j C36C Baked beans C36D Spaghetu → Canned soup Canned fruit juice LSOE . Corned beef sS Canned fish, eg, sardines, tuna

		REC OI SEQ 03
37.	At present are you giving(CHILD) fluoride tablets or drops?	<u>C37</u> Yes No
38.	And at present (apart from fluoride tablets/drops) are you giving(CHILD) any extra vitami or minerals, as tablets, pills, powders, syrups or o	ns $\frac{C>8}{C>8}$
		Yes No
3 9.	Applies if taking fluoride tablets/drops and/or supplements.	DNAX Q40
	For each type taken record full description fro including brand name and product licence nu record dose; how often taken, and form.	mber;
	WRITE IN BLOCK CAPITALS	CLUDE FLUORIDE
r		each supprement the same Hax = 10
	SUPPLEMENT 1	SUPPLEMENT 2
	Full name, incl brand: 22-23 AND DK/NH = 99 (Tren rest of Qn DNA) (2dig)	Full name , incl brand:
]	Dose: no. of tablets, drops, 5ml spoons: 24-25	Dose: no. of tablets, drops, 5ml spoons:
	$\frac{0SE}{DE} = \frac{DE}{NA} = 99$ Frequency: no. of times and period $\frac{2409}{26-27}$	Frequency: no. of times and period eg 3 x day
	FRER DK/NH = 99 [2quig]	
	Form: ring code Drops	Form: ring code Drops 1 Pills/tablets 2
	Form Liquid/syrup 3 Powder	Liquid/sytup 3 Powder 4
P	Product licence number (if any) N1 29-32 PLN2 33-36	Product licence number (if any)
	Pl bapic 1 dayit	PL:

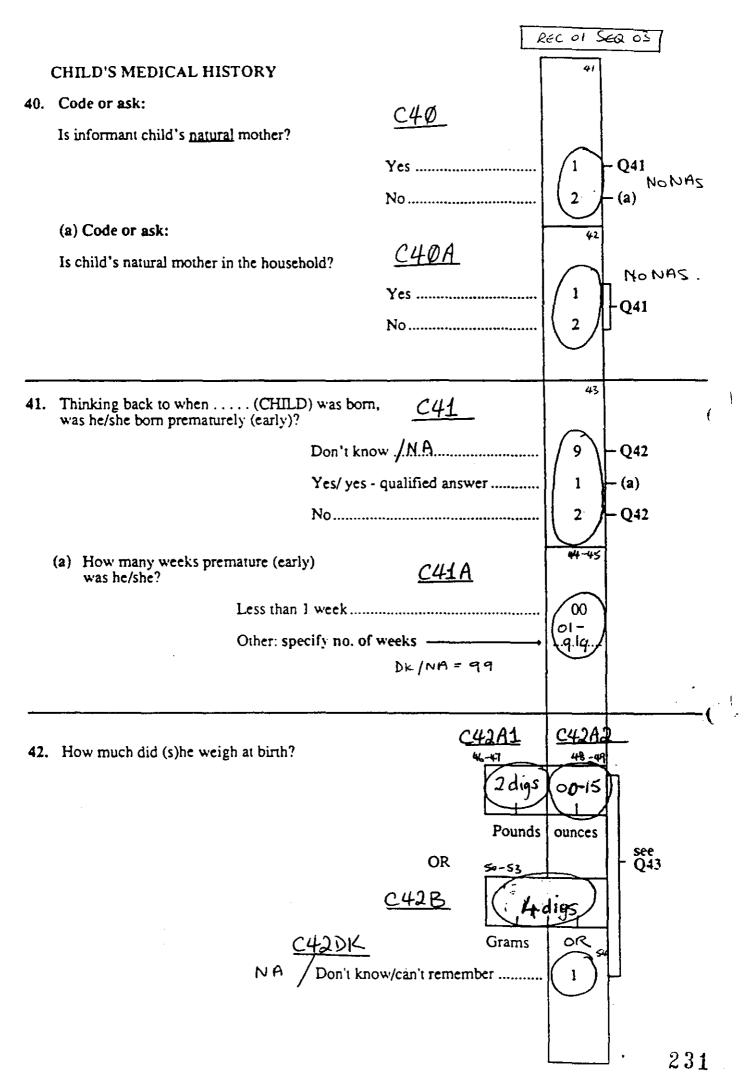
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Q39. (cont)

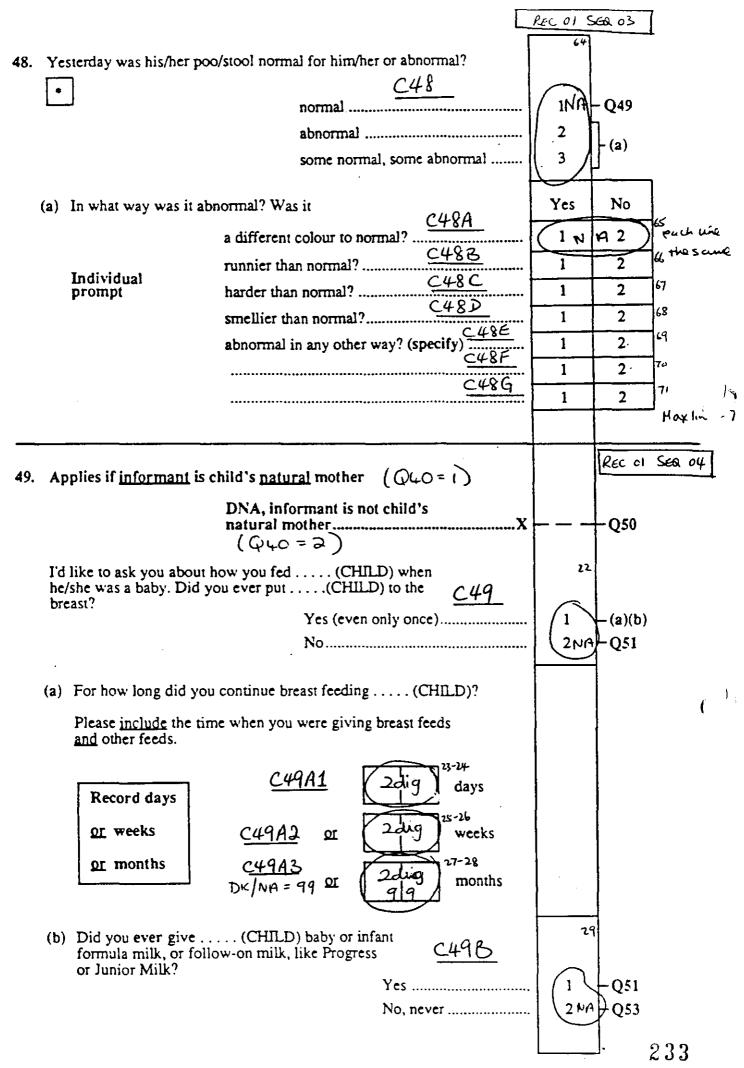
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SUPPLEMENT 3	SUPPLEMENT 4
Full name, incl brand	Full name, incl brand
Dose no of tablets, drops, 5ml spoons	Dose no of tablets, drops, 5ml spoons
Frequency no of times and period eg 3 x day	Frequency: no of times and period eg 3 x day
Form ring code Drops 1 Pills/tablets . 2 Liquid/syrup 3 Powder 4	Form ring code Drops 1 Pills/tablets 2 Liquid/syrup 3 Powder 4
Product licence number (if any)	Product licence number (if any)
SUPPLEMENT 5	SUPPLEMENT 6
SUPPLEMENT 5 Full name, incl brand	SUPPLEMENT 6 Full name, incl brand
······································	<u> </u>
Full name, incl brand	Full name, incl brand
Full name, incl brand Dose no of tablets, drops, 5ml spoons	Full name, incl brand Dose no of tableis, drops, 5ml spoons Frequency no of times and period
Full name, incl brand Dose no of tablets, drops, 5ml spoons Frequency no of times and period eg 3 x day Form ring code Drops 1 Pills/tablets 2 Liquid/syrup 3	Full name, incl brand Dose no of tableis, drops, 5ml spoons Frequency no of times and period eg 3 x day Form ring code Drops 1 Pills/tablets . 2 Liquid/syrup . 3



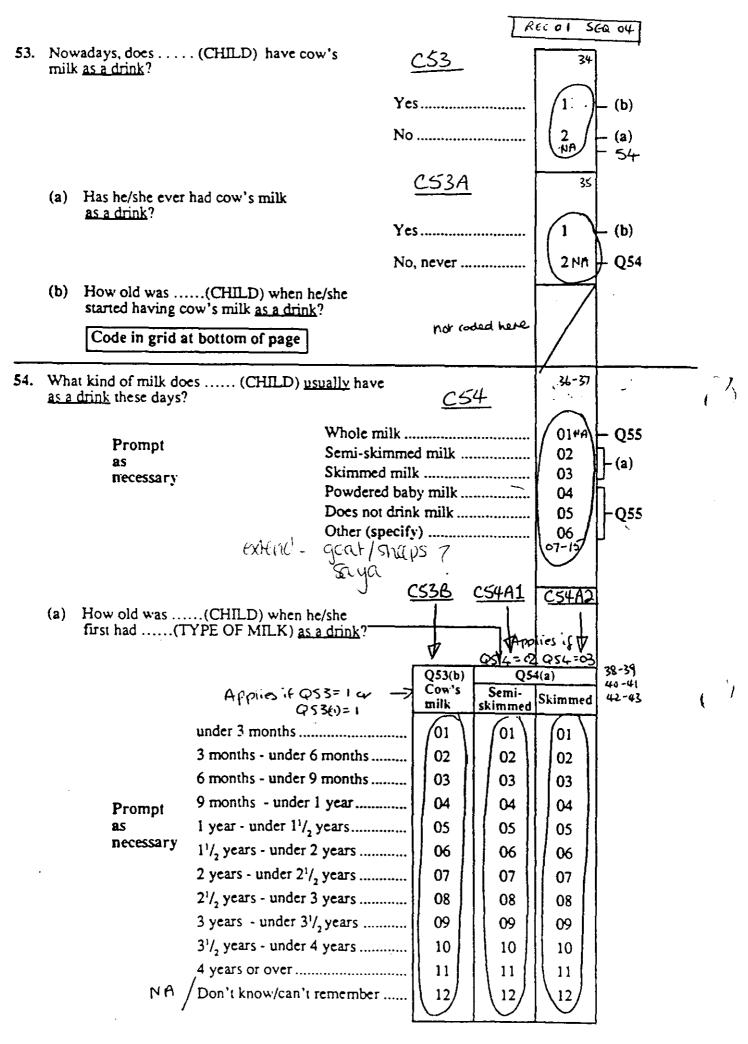
43.	Applies if informant is child's natural mother, (Qn 40 coded 1)	03
	DNA, informant is <u>not</u> child's natural mother	Q44
	Can I just check, how many children have you had, I mean all those who are living now (no matter what age) plus any who have died since birth including (CHILD)?	
	Exclude stillborn, step, adopted and foster children $\frac{C43CHILD}{Record number} \xrightarrow{Dk/NA = 99} 01 - 19$	
	(a) If more than one ask Was (CHILD) your first child, your second (or which)? C43A Record birth order number DK/NA = 99	- Q44 57-58 - Q44
44.	Has (CHILD) ever had an accident which resulted in a hospital admission? Yes	
45.	Has (CHILD) ever had an operation? $C45$ Yes 1 No 1	
46.	Has (CHILD) ever stayed in hospital as an inpatient, overnight or longer? Exclude period after birth unless baby stayed in hospital after mother had left $C46$ Yes	
47.	We would like to know about bowel movements of young children (as this is linked to their diets and health) How many times did . (CHILD) open his/her bowels yesterday? <u>C47</u> Don't know NA	- Q48
	None W'rite in number of times	- Q49 - Q48 2 3 2

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50	Can I check, when . (CHIL ever have baby or infant formula follow-on milk like Progress or . (not liquid cow's milk)?		I (s)he <u>CSO</u> Yes No, never Don't know /	 Na	30 (1 2 3	- Q51 - Q53
51.	At present is . (CHILD), ha infant formula milk, or follow-o like Progress or Junior Milk, eve bedume? Exclude liquid cow's milk	n milk	<u>C51</u> Yes No		<i>ξι</i> (1ΝΑ 2	Q53 Q52
52.	How old was (CHILD) wh having any baby, infant, formula milk, even at bedume? Exclude liquid cow's milk Prompt as necessary	under 1 month . 1 month - under 2 months - under 3 months - under 6 months - under 9 months - under 1 year - under 1 ¹¹ $1^{1}/_{2}$ years - under 2 years - under 1 ²¹	2 months	••••••• •••••	32-33 00 01 02 03 04 05 06 07 08 09 10 NA	

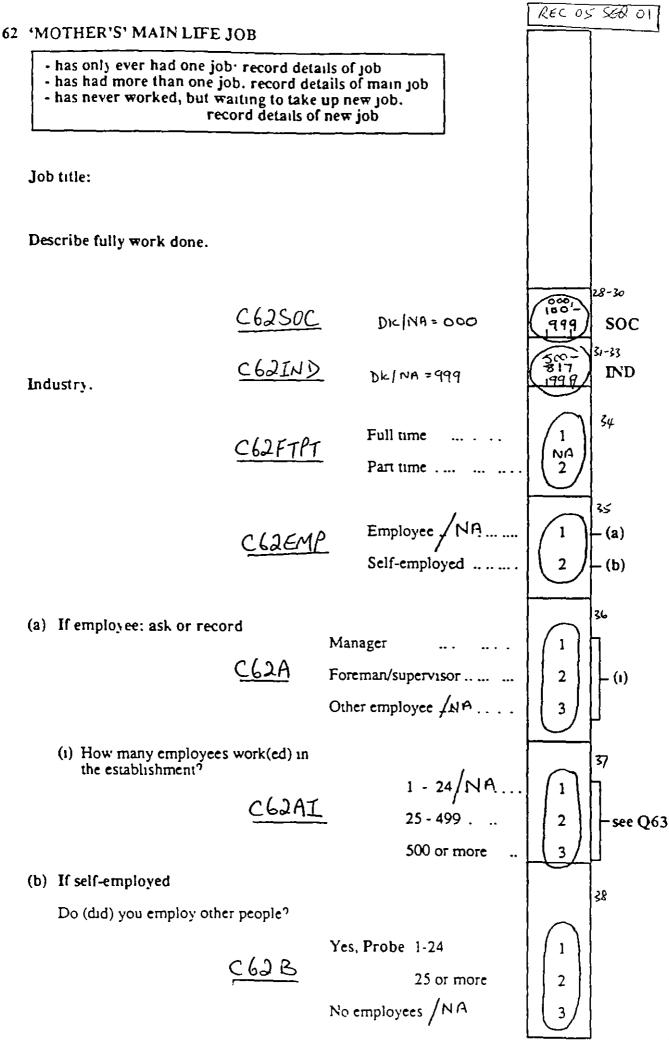
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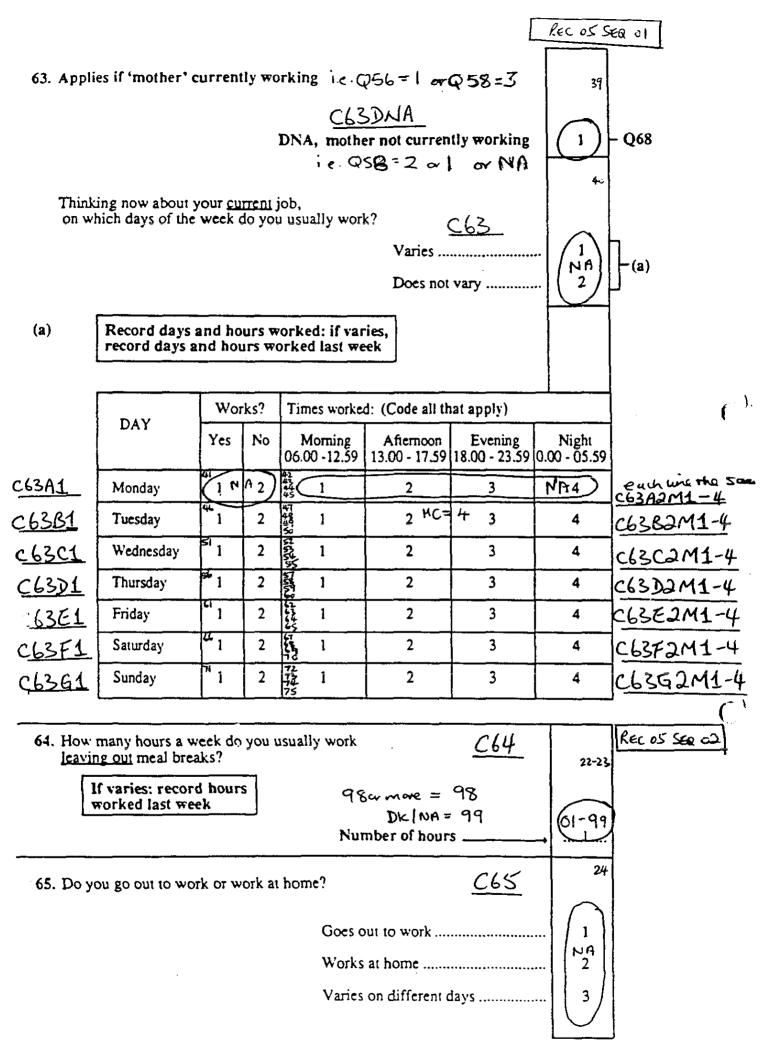


LAEL UI JEA UY 1 Apart from as a drink, what kinds of milk do you 44-45 46-47 CSSM1-3 55 Hc=3 (CHILD) on cereal, in puddings etc? give 48-49 Whole milk 01 Prompt 02 NJ 03 Semi-skimmed milk 85 necessary Skimmed milk Powdered baby milk 04 Code all that Doesn't have any milk 05--sc apply Other (specify) 06 07-15 exitin' gais/shaps; saya

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						lec oi Se	ia cy	
56.	'MOTHER'S	'EMPLOYMEN DNA, par	no mother/fe	<u>C56</u> male household	DNA_	50	- Q68 Rec 05 SE	20 01
		y paid work last we nday - either as an o			<u>C56</u>	δκ (1 2μβ	²² Q57	
57.	Were you wor	rking full or part tin	ne?		<u>c57</u>	23		
		more than 30 hrs 30 hrs or less		Full time Part time		$\begin{pmatrix} 1\\ N \\ 2 \end{pmatrix}$	-Q62	
58.		you were not worki were away from la		ve	<u>C58</u>	24		
	les, on materni Yes, otter reaso NO		Yes, im	Y. maternity le	ave	31NA 2	- Q62 - Q59	(
59.	Last week we	re you: waiting to take up	a job that you	u had already o	<u>C59</u> obtained?	25	- Q60	
	Individual prompt	looking for work? intending to look temporary sickr	for work but p	prevented by		2		
	Code first that	(Check: 28) going to school o	days or less) r college full t			4		
	applies	(aged 16 - 4 permanently unab long-term sicks (aged 16 - 5	ble to work be ness or disabil			NA 5	- Q61	
			ped work aft	er 50)		6		(
		looking after the Or were you doir		•		7		
			ī j	o newcodas				
60.		ne job you are waiti b or done any paid		have you ever	<u>C6ø</u>	24	•	
				Yes No		$\begin{pmatrix} 1\\ \aleph A\\ 2 \end{pmatrix}$	- Q62	
61.	May I just ch paid work?	eck, have you ever	had a paid jot	o or done any	<u>c61</u>		7	
				Yes No			Q62 Q68	237
							_	



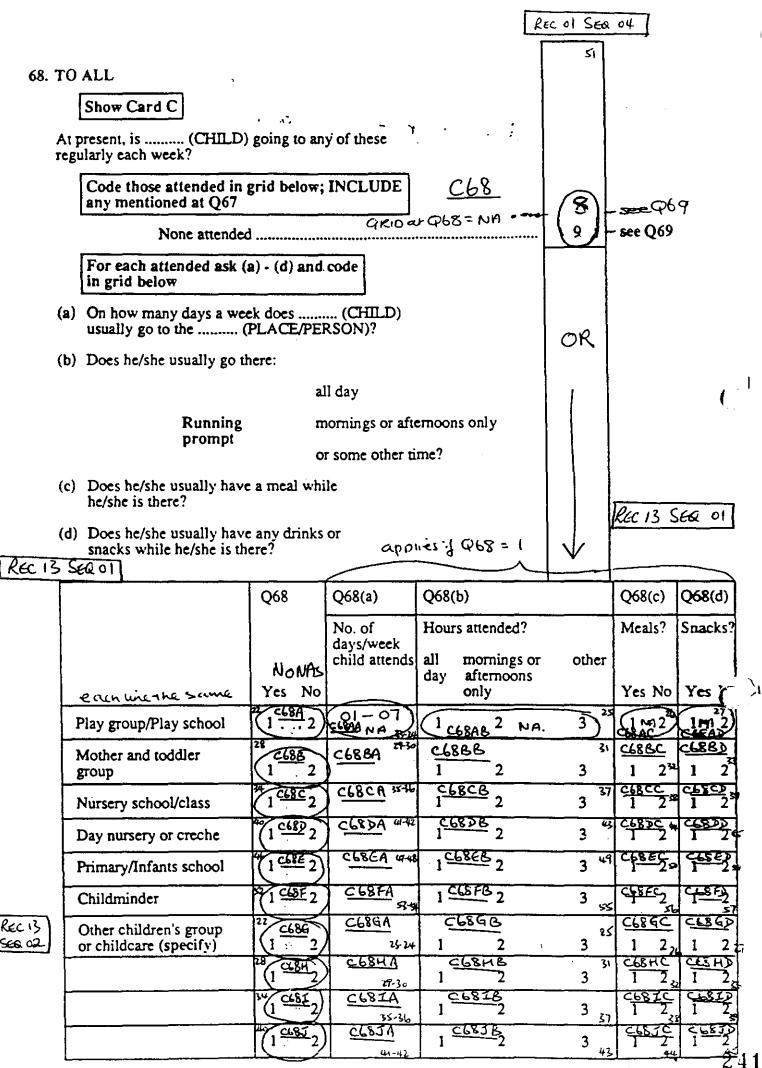


1		ł	REC OS	500 2	
6 6	When you are working is looked after at home or awa	(CHILD) usually <u>C66</u>	25]	
	If sometimes at home sometimes away, reco place child spends mo time while mother wo	, Looked after at home	$ \left \begin{array}{c} 1\\ \nu \\ 2\\ 3\\ \end{array} \right $		
67.	At present who looks after are working?	<u>C61M1-6</u> 24-27 28-29 30-31	HC= Q67 All	Q67(a) Main	<u>C67A</u> 38-59
		Child's 'mother', at home	01	01	
		Child's 'mother', takes child to work with her.	02	02	
		Child's 'father'	03	03	1
		Child's grandparent	04	04	
	Code	Child's brother/sister	05	05	
	all	Other relative of child in household	06	06	
	that	Other relative of child outside household	07	07	
	apply	Fnend/neighbour	08	08	}
		Nanny	09	N A 09	
		Paid childminder.	10	10	
		Nurseryschool/class	11	11	
		School	12	12	
, ,		Day Nursery or Creche	13	13	
-		Play group	14	14	
		Other (specify)	15	15	
			(16-19)	16-19	
	Applies if more than one p looks after child	oerson Only one	X		-Q68
	Who mainly looks afte while you are working	r (CHILD) ? Code in column above		Î	ł

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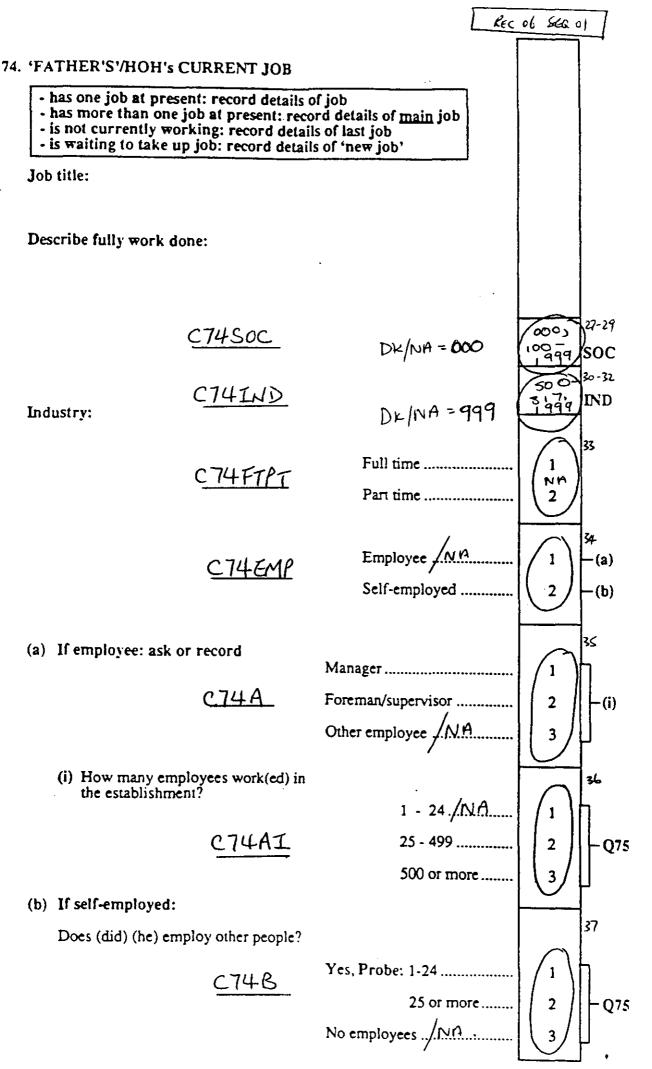


Haxlines = 10

32

				• • • • • •
69 'FATHER'S' I	EMPLOYMENT (male parent-figure)		KEL OI SEG 04
II no "lather" i	n household, ask about HOH	<u> </u>	01-19)	52-53 No NAS
	Enter per no. from h	'hold box	OR	54
	DNA, no 'father' and		$\left(\begin{array}{c} \\ 1 \end{array}\right)$	-Q75 MOTHER
	,			
Did (your husb	and/HOH) do any paid work last week,			REC OL SEQ 01
	ven days ending last Sunday, either e or self-employed?	C69A	21	
		Yes	$\left(\begin{array}{c} 1 \end{array} \right)$	– Q74
		No	2 NG	_
	ne) was not working, did (he) have a a away from last week?	<u>C7ø</u>	23	
		Yes	INA	- Q74
		No	2	- Q71
			\square	
71. Last week was	(he)	<u>C71</u>	24	
	waiting to take up a job that (he) had a	ilready obtained?.		- Q72
Individual	looking for work?		2	h
prompt	intending to look for work but preven	ied by		
	temporary sickness or injury? (Check 28 days or less)		3	
	going to school or college full time?	• • • • •••	4	
Code first that	(aged 16-49 only) permanently unable to work because of	of long-term	NA	- Q73
applies	sickness or disability? (men 16-64, women 16-59 only)		5	
	retired?	after age 50)	6	
6	looking after the home or family?		7	
	or was (he) doing something else? (sp		8/	
<u> </u>		ew codes)	25	[
72. Apart from the has (he) ever h	bob (he) is waiting to take up, and a paid job or done any paid work?	<u>C72</u>		
		Yes	$\left \right\rangle_{1}$	
		N.	(NA)	Q74
				뉟
·······			26	· · · · · · · · · · · · · · · · · · ·
73. May I just cheo or done any pa	ck, has (he) <u>ever</u> had a paid job, nd work?	<u>C73</u>	1	ł
5, 56, c any pa		Yes	\int	
				-Q74
		No	2 100) -Q75

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75. 'PARENTS' EDUCATION Ask Qns 75 and 76 about 'mother' present in household	and 'father' if <u>C75MUM</u> Enter per no <u>C75MUMNA</u> DNA, no 'mother' <u>C75DADNA</u> DNA, no 'father'	Mother figure	Father figure 4 0_{1-14}
How old were you (was your husban finished your (his) continuous full-the $DNH - \times \text{mstrade}$ $DNH - \times \text{cale 1}$	d) when you (he)	43 (1 2 3 NA 4 5 6 7 8	41 1 2 3 NA 4 5 6 7 8

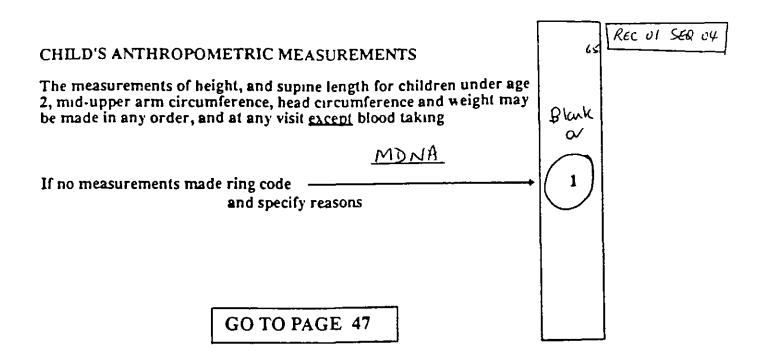
		REC 05 S	EQ 02	RECOL	Sea ol
76. Pl ha lis	ease look at this card and tell me whether you (your husband) ive (has) any of the qualifications listed. Start at the top of the it and tell me the first one you come to that you have/he has par	ssed	Mother figure	Father figure	
	now Card D	<u>C1</u>	GMUM	CT6DAD	
6		. 44 9్		42	
- 17	Degree (or degree level qualification)				
	Teaching qualification	٦			
	HNC/HND, BEC/TEC Higher, BTEC Higher				1
/	City and Guilds Full Technological Certificate	<u> </u>	2	2	
7	Nursing qualifications (SRN, SCM, RGN, RM RHV, Midwife)		N=-4.71		
. .	'A' levels/SCE higher	-			
Code first	ONC/OND/BEC/TEC not higher		3	3	
that applies	City and Guilds Advanced/Final				(
	'O' level passes (Grades A-C if after 1975)]			
	GCSE (Grades A-C)	343			
	CSE (Grade 1)				
	SCE Ordinary (Bands A-C)				
	Standard Grade (Levels 1-3)	-	4	4	
	SLC Lower				
	SUPE Lower or Ordinary				
	School Certificate or Matric		NA	NA	
	City and Guilds Craft/Ordinary level]			
		-			(
	CSE Grades 2-5 GCE 'O' level (Grades D & E if after 1975)				
	GCSE (Grades D, E, F, G)				
	SCE Ordinary (Bands D & E)				
	Standard Grade (Level 4, 5)	- 150	5	5	
	Clerical or commercial qualifications				
	Apprenticeship				
	L L L L	_			
	CSE ungraded	a]	6	6	
	Other qualifications (specify)	,	7	7	
	(No more codes)				
	No qualifications	⊅3 <i>℃</i>	8		

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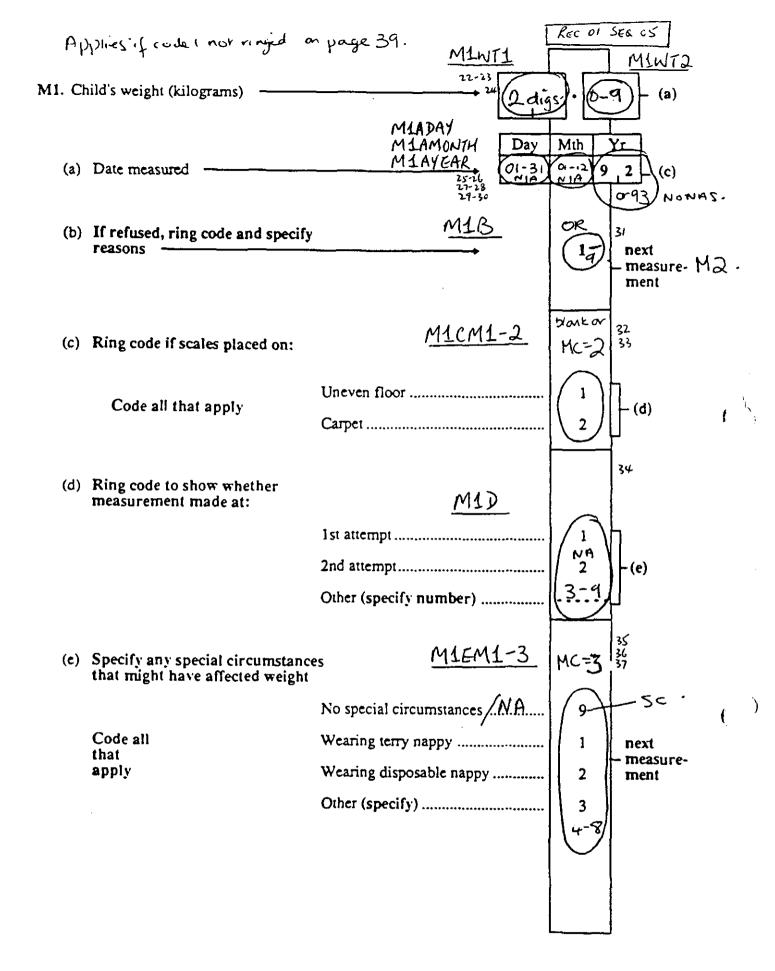
	REC OS SER C2	REC OL SED OI
77. Do you (does your husband) smoke ci	CTIMUM	Mother Father figure figure
	Yes	
	No	$\left \begin{pmatrix} \mathbf{N}_{2}^{\mathbf{A}} \\ \mathbf{Z} \end{pmatrix} \right \left \begin{pmatrix} \mathbf{N}_{2}^{\mathbf{A}} \\ \mathbf{Z} \end{pmatrix} \right \frac{C77DAD}{C77DAD}$
Applies if mother/father smoke		43
(a) About how many cigarettes a day	do you (does he) usually smoke	AMUM CTTADAD
	46.47 Less than 1	
	No. smoked a day	01-98 01-98
NA	/Don't know	99/99/
78. 'MOTHER'S' PLACE OF BIRTH	female parent figure (78 DNA	45
	DNA, no 'mother'	$\left(\begin{array}{c} 1 \end{array} \right) - Q80$
In which country were you born?	England $\frac{C78}{3}$	
	—	12 - no nictlizer
	Wales	l⊇ X
	N Ireland	
	Outside UK	
		50
79. To which of the groups listed as this c	C70	
Show Card E	White CIT Black - Caribbean	
[*]	Black - African	
	Black - Other	- (a)
	Indian	
	Pakistani	
	Bangladeshi.	6 - Q80 7
	Chinese	
	None of these	(3) - (a)
(a) How would you describe the raci which you belong?		
	XI <i>i</i> I	
<u>*</u>	Nor coded.	

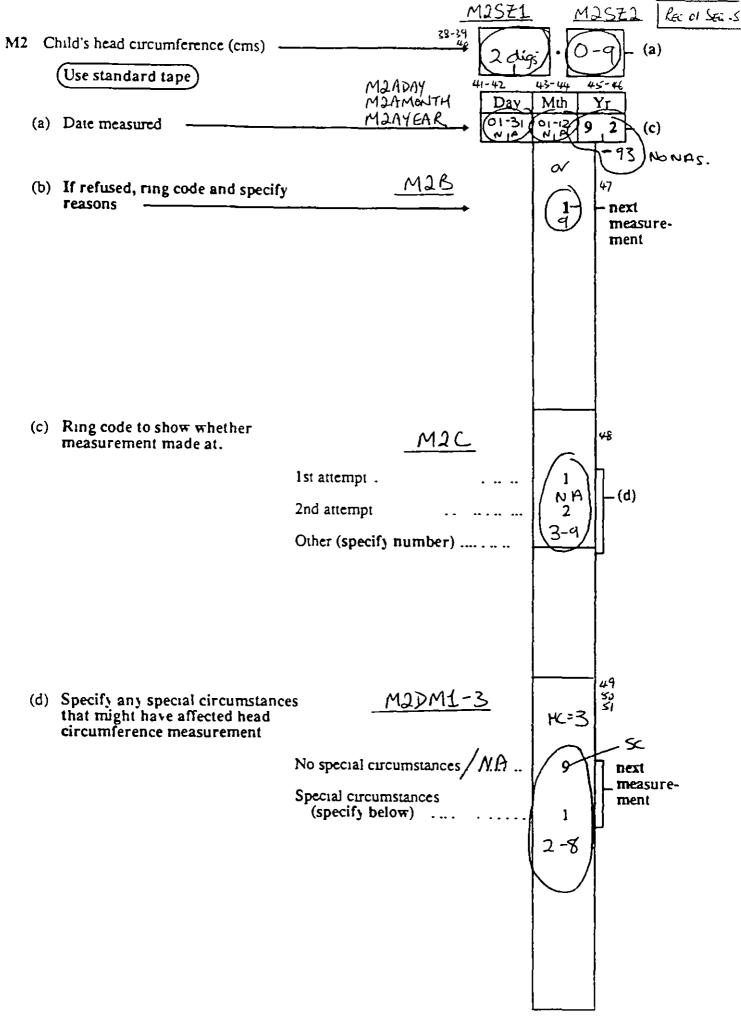
			REC CI SEQ 04
80. D	Prompt as necessary	rent this house or flat? Owns - with mortgage/loan - outright Rents - local authority/new town - housing association - privately unfurnished - privately furnished - from employer - other with payment Rent free	02 03 04 05 N M 06 07 08 09
81.	Can I just check are you (or receiving Family Credit?	your husband) currently <u>C81</u> Yes No	I NA I
82.	And have you (or your husb Support at any time in the la	and) drawn Income <u>C&Q</u> st 14 days? Yes No	
83.	Could you please look at thi tell me which group represe income of the whole househ Please include income from compulsory deductions such insurance and superannuation Show Card F Remind informant who is included in the household	all sources before any as income tax, national on contributions. Group number Don't know /NPA. Refused	
84.	Enter finish time for questionnaire	24 hr. clock	Hours Mins. $(3-44)$ $8-22 \times 59$ N A N A C84B



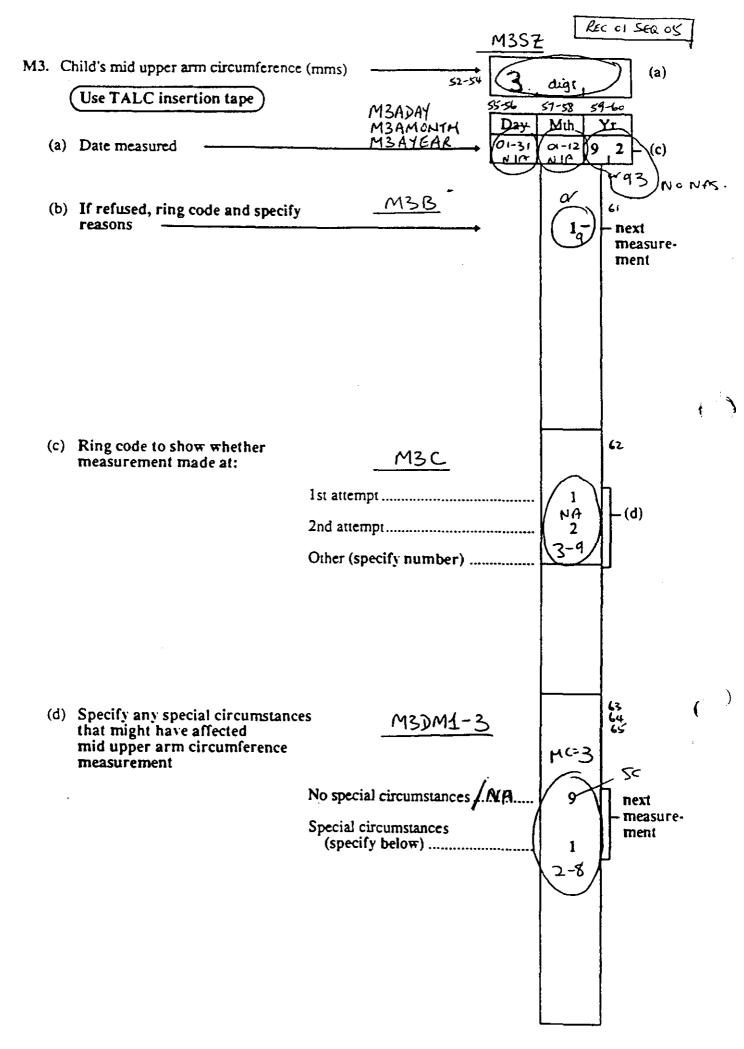
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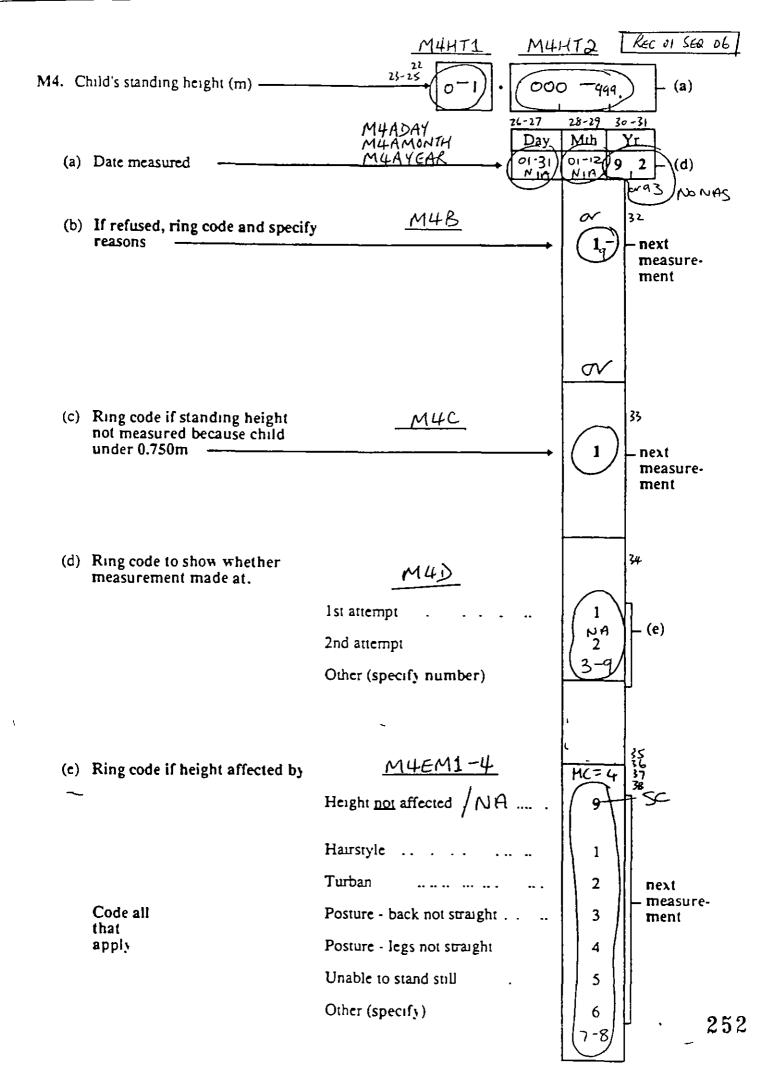
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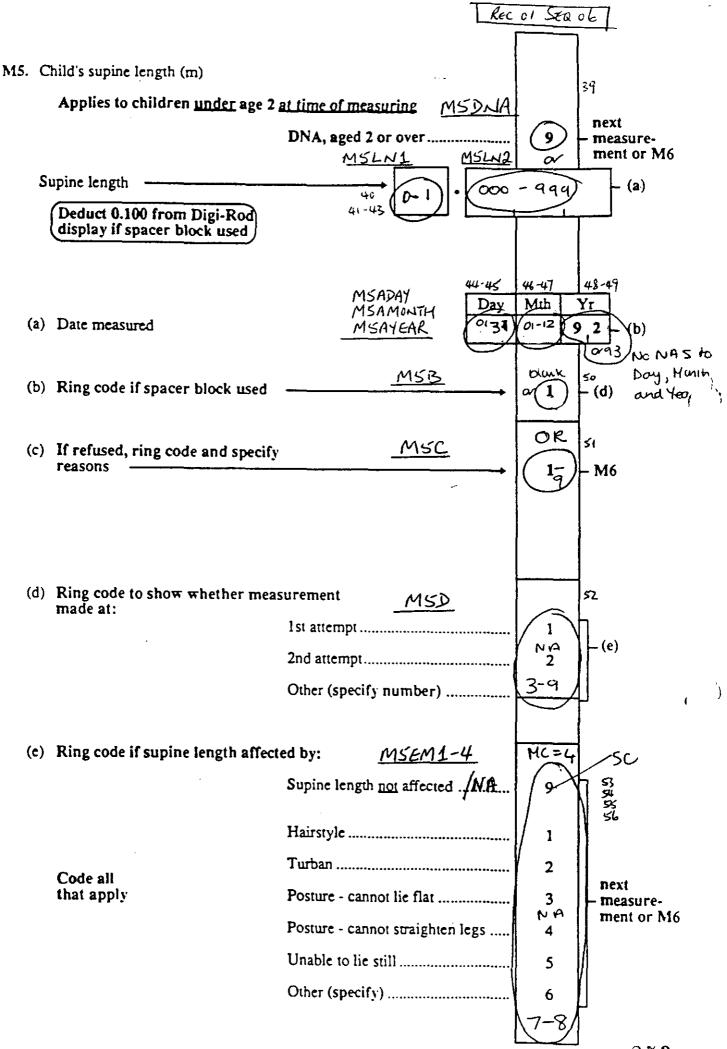


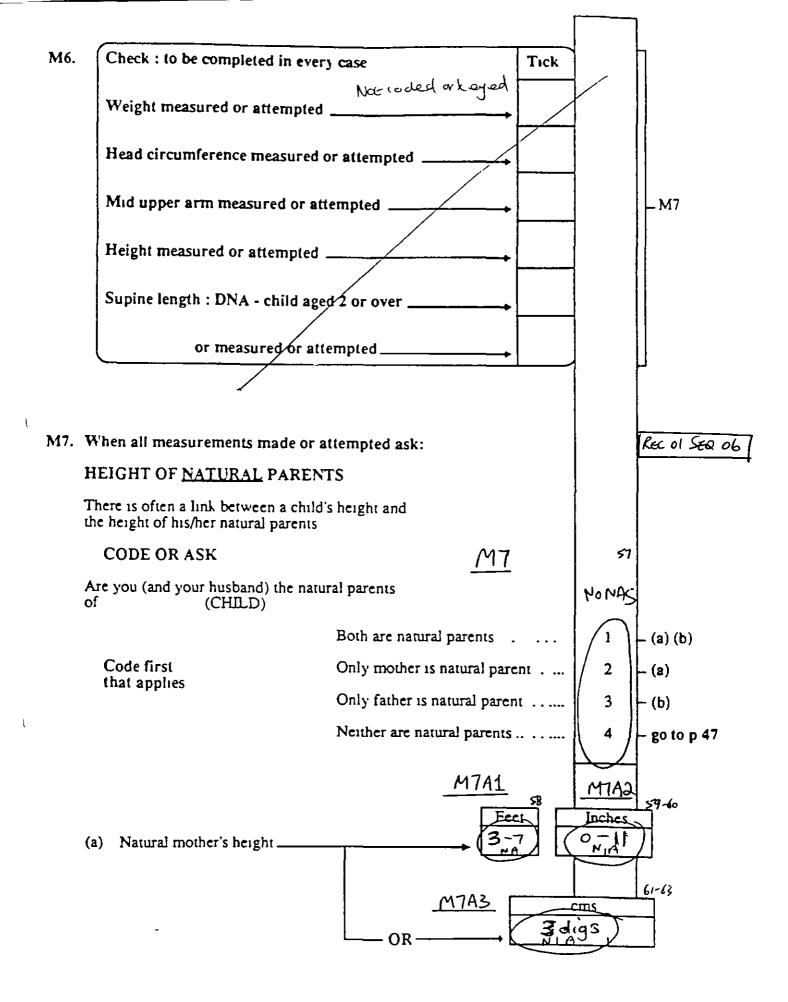


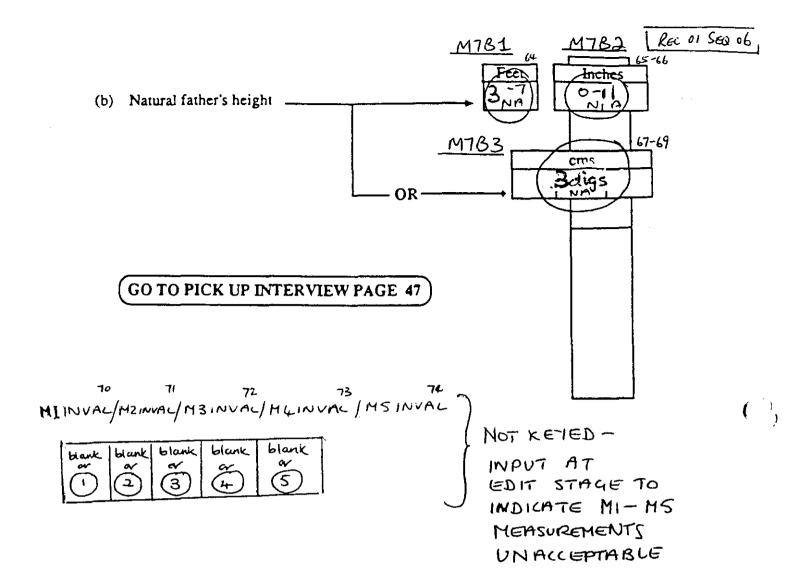
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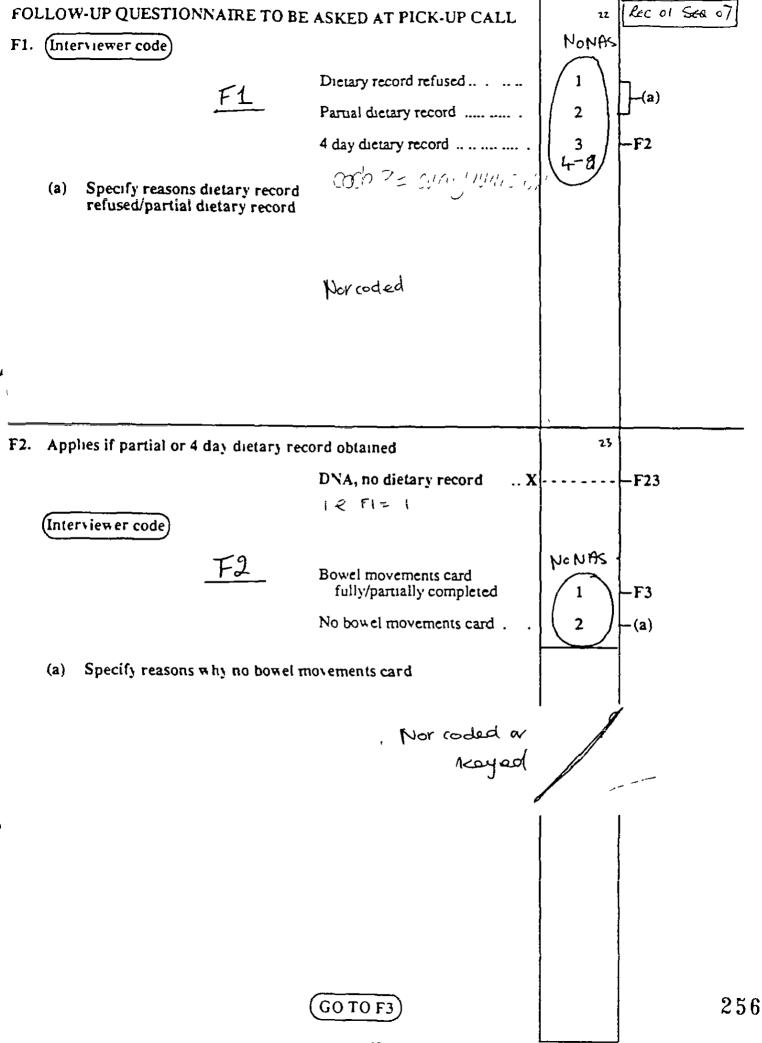


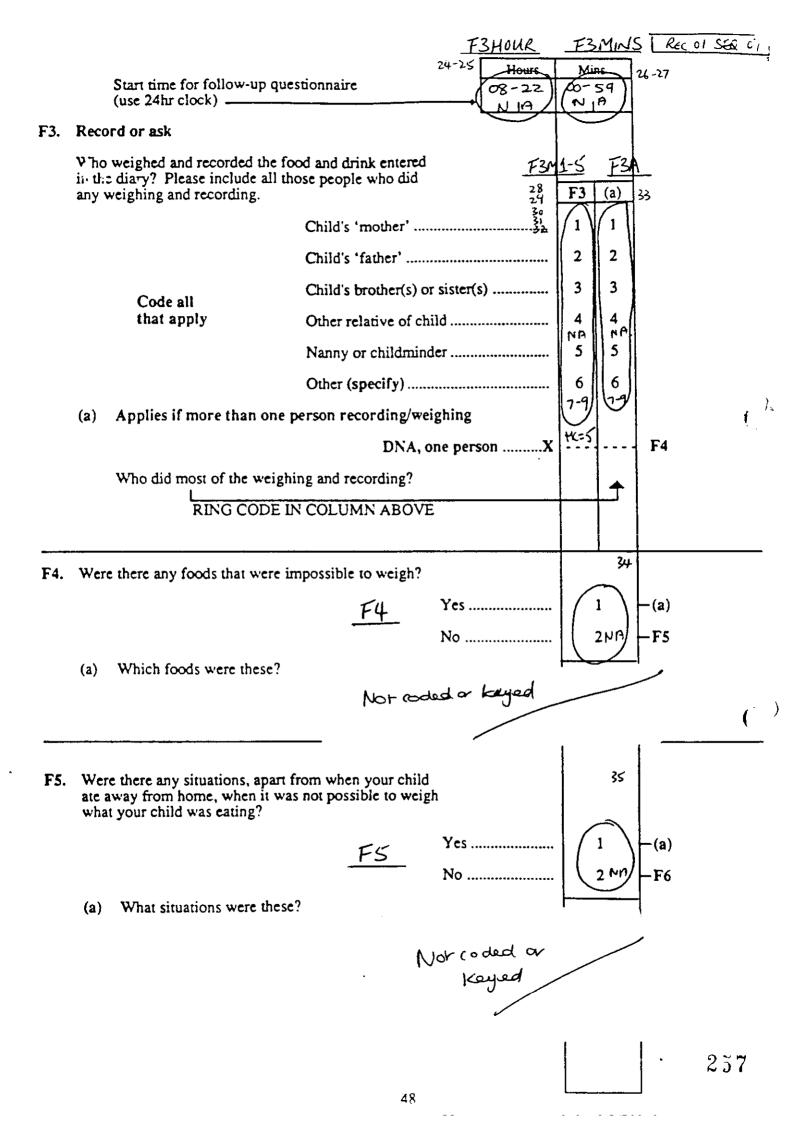






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r6	Wer and	e there any occasions where there any occasions where the second any food or drink	en you forgot to weigh that your child had?	F6	36	REC OI SEQ 07
				Yes No	1 2NA	- (a) (b) (c) - F7
	(a)	How often did this happ	Several times a day About once a day Once or twice during Other (specify)	<u>F6A</u> 	37 1 2 N ^A 3 4 5-9	
	(b)	What sorts of foods or d	lnnk did you forget to ሁ	leigh? Not-coded arkeyed		
	(c)	What did you do if you		ng ²	HC=3	38 39 40
، ۱		Prompt as necessary Code all that apply	Missed it out complet Put it in the diary wit Weighed a similar ite weight in the diar Noted it down in the Other (specify)	h no weight m and entered this y instead eating out diary	1 2 NA 3 4 5 6-9	
F7.	Do 3	you consider your child to	be a messy eater?	<u>F7</u> Yes No	41 (1 2 NR	- (a) - F9
	(a)	Did this cause you any p keeping the diary?	problems with	<u>F7A</u> Yes No	42 (1 (2 NP)	(i) F8
	(1)	What sorts of problems	did you have?			
		*	No 1 44	r coded or ceyed		258

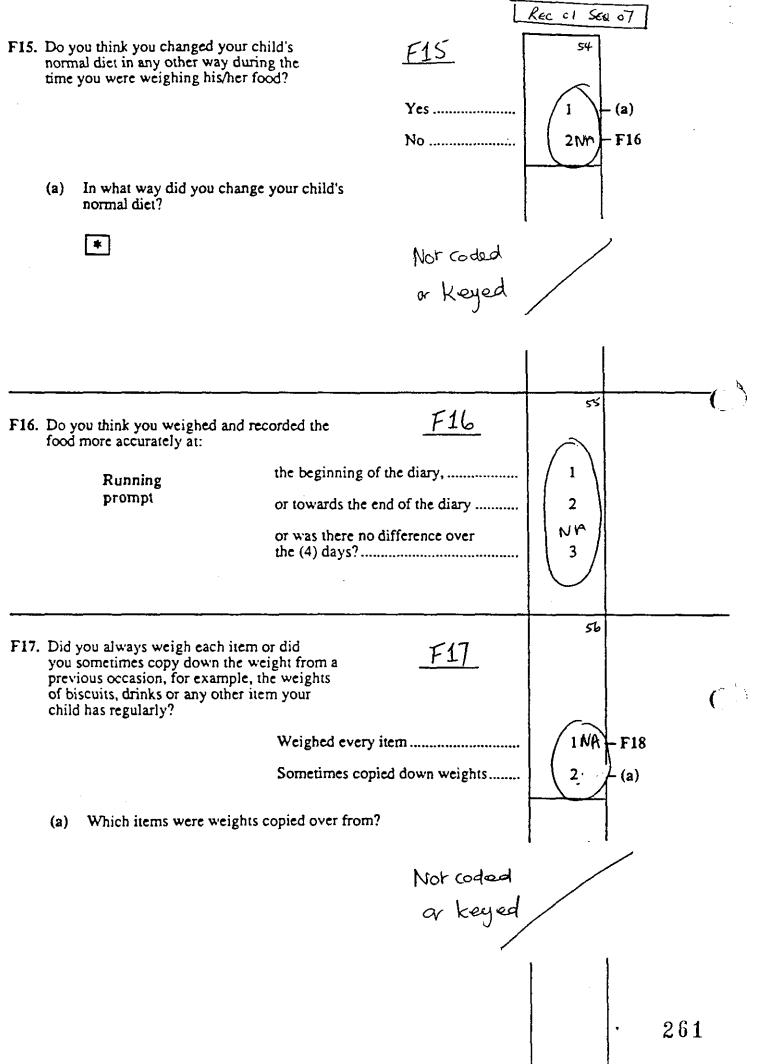
			REC 01 SER	07
F8.	If your child made a mess with their food did you manage to scrape it up and reweigh it as leftovers: Running prompt	F8 always most of the time only sometimes or never?	$ \begin{array}{c} $	
 F9.	If your child ever left any of the food he/she was served, did you remember to weigh the le and write the weight of them down in the diar	y:	44	
	Running prompt	always most of the time only sometimes or never?	$ \begin{pmatrix} 1 \\ 2 \\ 3 \\ N \\ 4 \end{pmatrix} $	
F10.	If any food was wasted or eaten by someone e could not be reweighed as leftovers, did you remember to write this down in the diary: Running	else and therefore $\underline{F10}$ always	45	
	prompt	most of the time only sometimes or never?	2 3 N/A 4	
	•			
		50		• 259

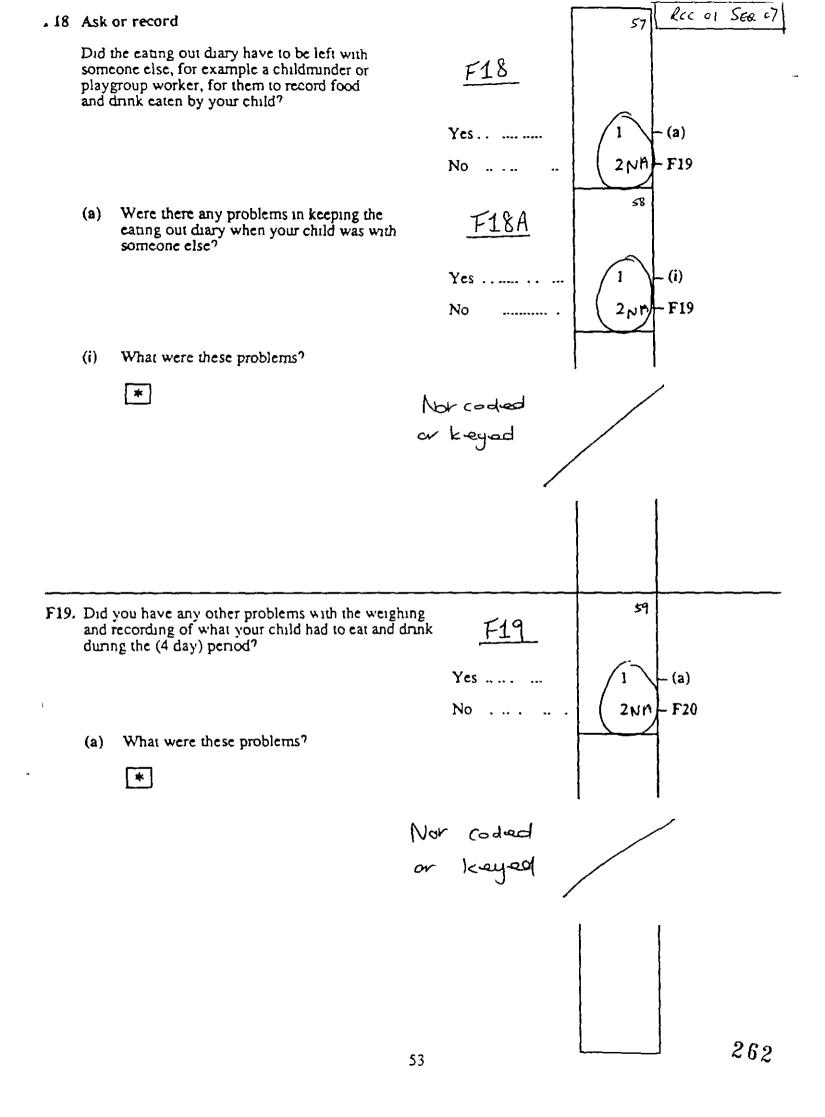
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F11.	During the (4) of child's food do y about the same	lays that you were wer you think you offered y amount of	your child mo	ording your re, less or as usual?			Rec 01 560 07
	Prompt each it	em listed below and o	code in the gr	id			
			DNA,	Foods	offered to	your child	
			never eats item	More	Less	Same	
	F11A	Biscuits	9	1 N	A 2	3)	each line The Sam
	F118	Sweets	9	1	2	3	47
	FJ1C	Crisps	9	1	2	3	48
	F11)	Drinks	9	1	2	3	49
	<u>F11E</u>	Snacks	9	1	2	3	50
	F12. On the whole, do you think that you offered your child F12 bigger bigger Running smaller prompt or the same size portions as usual while you were keeping the diary? F13. During the (4) days do you think your child ate out of the home including at friends or nursery F13 Running more often f13 Prompt less often f13					$ \begin{array}{c} 51 \\ 1 \\ 2 \\ N 1^{n} \\ 3 \end{array} $ $ \begin{array}{c} 51 \\ 2 \\ N 2^{n} \\ 3 \end{array} $	
F14.	did you give yo	e weighing and keepin our child food that was i would normally give	easier to him/her? Yes	, easier to w same as usi	-	ss	260





					Г	REC OI SE	0 07
					L		
F20.	(During the past few days/w	hile you w	ere keeping	the			
	diary) has(Cl has he/she:		n unwell at a	<u>all;</u>		Yes No	
		been teetl	hing?	<u>F2ØA</u>	_	(1NA2)	60
	-		liarrhoea?	7700		1 M2	61
	Individual prompt	1. · ·		F20C	×		62.
	• •	been sick or vomited? $F_{2} \sigma C$ $F_{2} \sigma D$				(1 MA2)	
		been unw	ell in any ot	her way (spe <u>F2Ø</u>	ecify)	(1 NH2)	63
		•••••••••••		<u>F</u> ZØ		1 MA2	64
		•••••			<u> </u>	1 Mp2	65
(-)		_					
(a)	Applies if <u>any</u> F20 coded 'y			F20A)			66
		DNA, no	t unwell du	ring diary d	ays		- F21
	On which day did he/s						REC 01 SEQ 08 1 3
		E	20A1M1-3				
			Day 1	Day 2	Day 3	Day 4	
	DNA, not unwel	-	9 22 9 23 24	9 21 27	9 29 30	9 52 33	each as Dayl.
	DNA, no diary t	his day	8	8	8	8	<u>> s</u>
	tecthing		1	1	1	1	
	diarthoea	•••••	2	2	2	2	
	vomiting	••••	3	3	3	. 3	
	other (specify)		ŇA	4	4	4	
			5	5	5	5	
							1
	************************************	••••	6	6	6	6	€
	· · · · · · · · · · · · · · · · · · ·		$\left \left\langle \frac{7}{7} \right\rangle \right $	7	7	7	
	(b) Ask for each day on v	which	V 11/- 2				
	child was unwell		нс=3				i
			F20B1	F24B2	F2ØB3	F2\$84	
	Did being unwell affec		34		36		
	eating habits on this da	•	\frown				
	Yes, eating affec	ted	$\begin{pmatrix} 1\\ NA \end{pmatrix}$	1	1	1	
	No, eating not af	fected	2	2	2	2	
	RECORD COMME	NTS AND	PRORE				
	AMBIGUITIES				i		_
							263
			54		1	L.,	

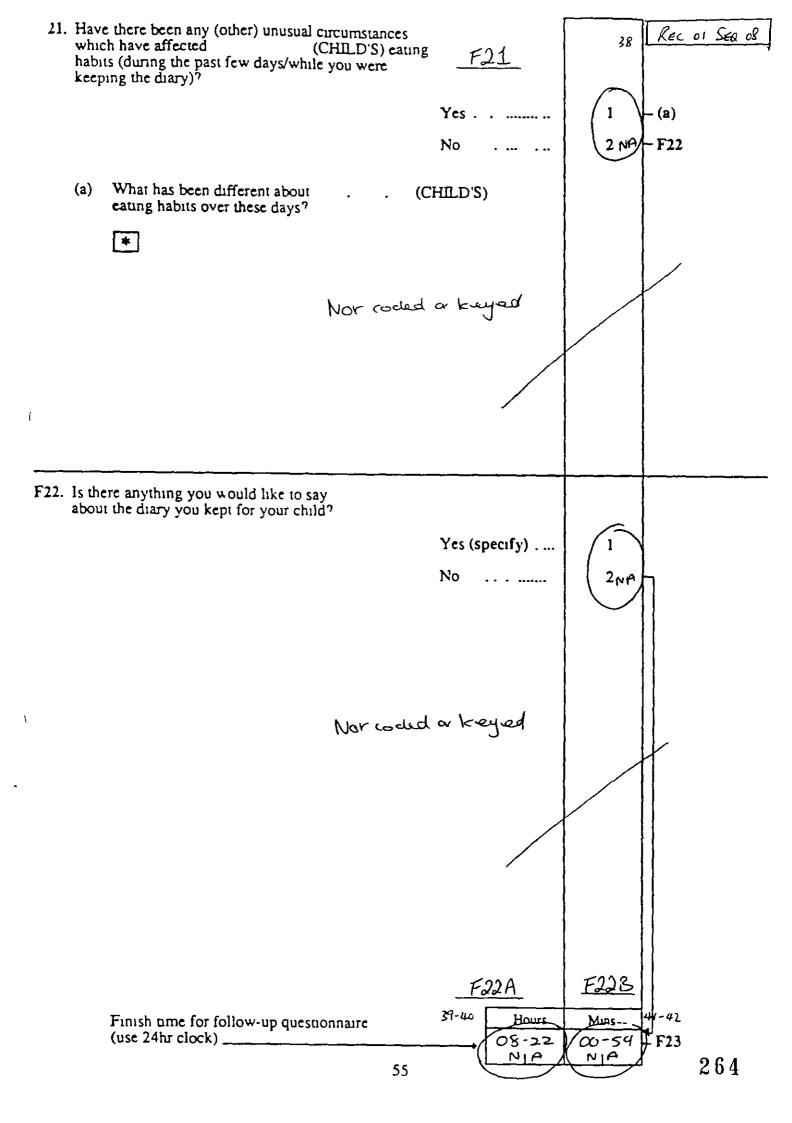
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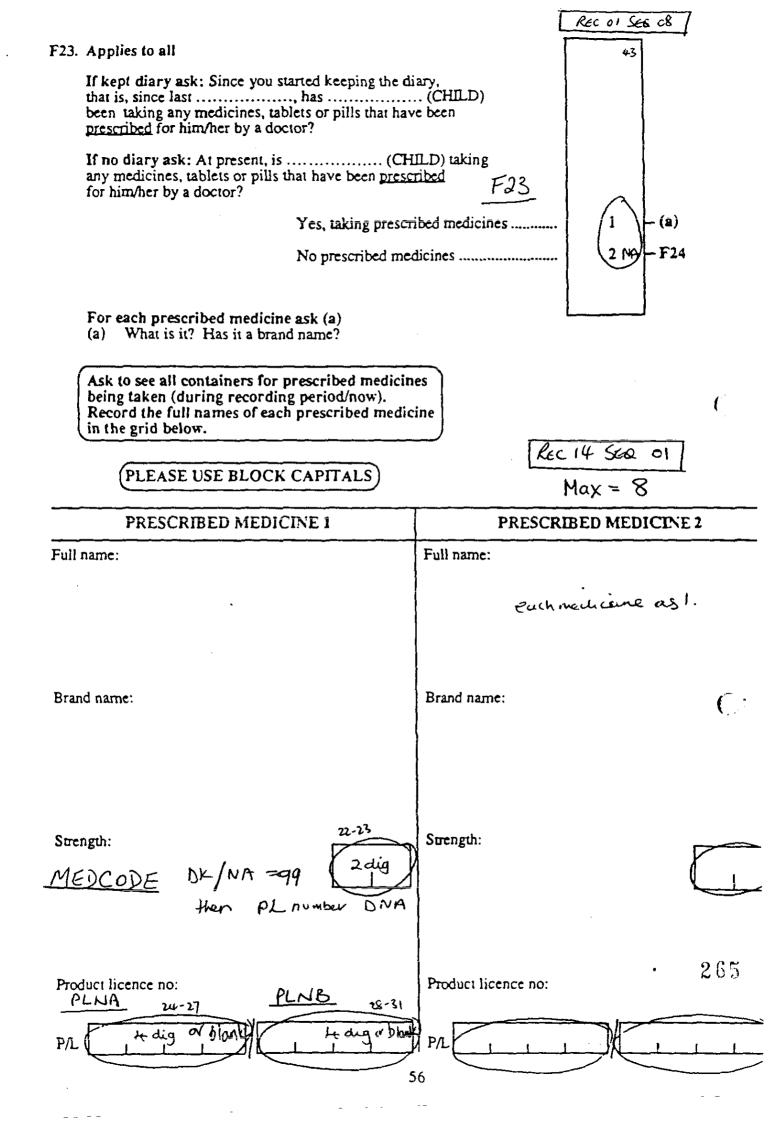
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PRESCRIBED MEDICINE 3	PRESCRIBED MEDICINE 4				
Full name	Full name				
Brand name	Brand name				
Strength	Strength				
Product licence no	Product licence no				
P/L					
PRESCRIBED MEDICINE 5	PRESCRIBED MEDICINE 6				
U name	Full name				
Brand name Strength	Brand name Strength				
Product licence no	Product licence no				
	P/L				
PRESCRIBED MEDICINE 7	PRESCRIBED MEDICINE 8				
Full name	Full name				
Brand name	Brand name				
Strength	Strength				
Product licence no	Product licence no				
P/L					
,	57 266				

F24. INTERVIEWER'S ASSESSMENT SHEET To be completed in every case where diary kept. DNA, no diary......X Please record your own assessment of the quality of weighing and recording in the home record and eating out diary. Note any circumstances that you think might have affected eating habits or the quality of the diaries Nor coded or Kayed

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