S1411

INFANT FEEDING FOLLOW-ON STUDY

INTERVIEWER INSTRUCTIONS

Background

When interviewing for the Infant Feeding Survey was completed last January, we did not expect to have another wave of the survey but the Department of Health who are interested in evaluating the effect of diet on the development of anaemia and on Vitamin D status in young Asian children saw the opportunity of returning to the Asian children in that sample when they are about two years old to collect a sample of blood for analysis.

Asian under-fives are known to be nutritionally vulnerable. In the recent National Diet and Nutrition Survey, iron deficiency anaemia was identified as a common problem for all two year olds. About 1 in 8 children in the survey aged between 1 1/2 and 2 1/2 years who provided a blood sample had haemoglobin levels which defined them as anaemic. Local studies have shown a much higher prevalence in young Asian children with up to half of them in some studies found to be suffering from iron deficiency.

There are also long standing concerns about the Vitamin D status of Asian children. Vitamin D is usually made by the skin in sunlight, but because of their darker skin and the tendency for the women and young children to stay indoors, this often does not happen in young Asian children. So, they have to rely on their diet for Vitamin D and that may not contain a great deal of this vitamin.

The results of blood analysis for indicators of anaemia, iron status and Vitamin D from this study, together with the results of the infant feeding survey previously carried out among the same group of children, will give a basis for evaluating the effect of diet on the development of anaemia and on Vitamin D status.

The results of this study will be used to inform national public health policies so that these problems can be addressed in the different Asian communities. Individual children in the sample will benefit if we find low levels of iron or Vitamin D. In all of these cases, the family and with their consent, the GP, will be informed. Parents will be advised to see their GP so that if necessary, some treatment or dietary advice can be given. They can usually be treated by simple means such as supplementing their diet with vitamin and mineral drops.

Sample

The group of children for this study are the Asian children who participated in the fourth stage of the Infant Feeding Survey when they were about 15 months old and whose mother agreed to be interviewed again. The children in the White control sample are not included at this wave because the results of the blood analysis from the National Diet and Nutrition Survey, covering children aged 1 1/2 to 4 1/2 years, are available to be used as a comparison with the Asian sample.

Consent

Consent for taking part in the research (blue form-2 copies)
Signed consent is required before blood can be taken; the signature of the parent/guardian must be witnessed by an independent witness who is not a member of the survey team or a member of the household - not yourself, the phlebotomist or interpreter (unless the interpreter is a friend or member of the family).

Be sure to show the phlebotomist a copy of the signed, witnessed consent to blood taking.

On the same form, we are also asking for consent to store any residual blood. Consent to storing blood is not necessary for taking the blood sample and can be obtained at the blood taking visit.

Consent to informing GP (pink form-3 copies)
You can ask for the various consents listed on this form at the blood taking visit. If consent to passing information to Great Ormond Street Hospital/GP or to storing any residual blood is withheld or the child is not registered with a GP, a blood sample can still be attempted.

Who has been notified

We have written to:

Directors of Social Services.

Head of Police operations in each of the sampled areas, usually the Chief Superintendent or Chief Inspector.

Person responsible for Health Visitors in each NHS trust, usually the nurse manager.

The letter informed them that the survey will be taking place in the area for which they have responsibility and asks them to inform all members of their staff for whom the study is relevant.

Ethics committees

The local research ethics committee which covers your area has given approval to the study. The protocol which they approved stated that up to 4ml of blood will be taken by venepuncture and no more than two attempts will be made to take the blood sample. If after two attempts, a blood sample has not been successfully taken, further attempts cannot be made even if requested by a parent.

Some ethics committees have insisted on special requirements:

1) In East London (Hackney, Newham, Tower Hamlets) and Westminster, please will you give parents the green leaflet which explains the insurance cover for phlebotomists.

2) In East London (Hackney, Newham, Tower Hamlets) send the Advance Letter **A**.

3) In Wolverhampton, give parents the information sheet labelled **WOLVERHAMPTON**.

4) EMLA cream, which is a local anaesthetic cream will be used in:
   Birmingham (South)
   Birmingham (East)
   Wolverhampton
   Ealing
   Windsor or Slough

   If EMLA cream is to be used, your address list will be marked with **E** only if you are working in Birmingham or Wolverhampton, but not in Ealing, Windsor or Slough. You may need to tell phlebotomists when it is appropriate to use EMLA cream.

Phlebotomists

The phlebotomists have been recruited by Great Ormond Street Hospital/Institute of Child Health. They all have recent paediatric experience. They are covered by the Institute of Child Health's Insurance scheme.

The phlebotomists are responsible for labelling the blood samples. They do not have a supply of serial number labels. Please will you give them two of your labels.

They are responsible for despatching the samples; taking away all waste from the home and disposing of any equipment used to take the blood samples. You should not physically assist in any blood taking procedure, although obviously you can offer reassurance to the child or parent.

Feedback of results

Great Ormond Street Hospital will be feeding back the results of the analysis of the haemoglobin and Vitamin D to the parents and with their consent to the child's GP.

The measurement of iron will be done fairly quickly - within two to four weeks of the blood tests. If a result falls outside the normal range for a child of this age, the child's parent or guardian and their doctor (with permission) will be notified immediately.

The tests for Vitamin D will be done together at the end of the survey. Again parents will be notified straightaway if there is a problem.

For children with normal results, parents will not be notified until all the tests are complete. This means that results may not reach parents until the end of January.

Questionnaire

The questionnaire is short. It updates the information on food and drink collected on previous waves, although in less detail. The questions only ask about the types of food or drink most likely to affect whether the child is anaemic (DFREQU51 to DFREQU53, FFREQU51 to FFREQU56)

Some children of this age may have been prescribed extra vitamins or iron medicine so the questions on vitamins have been expanded to find out the type, frequency and quantity of vitamin/iron medicine given (VIT5 to IROPILL5)

There are new questions about

- illness in the last week/two weeks (LASTWK5 to XWKBEF5)
- time spent out of doors (GOWALK5 to GARDOFT5). This is important for Vitamin D

No information is being carried forward to the questionnaire from previous waves so you will need to enter the child's name and sex at the beginning of the interview.

Planning the work

Planning on this survey is not just going to involve planning your own time, but also taking account of the availability of the phlebotomist(s) you are working with and, in those cases where you need an interpreter, the times that the interpreter is available. There may be quite a bit of juggling to be done. Some phlebotomists (and some interpreters) may also be working with more than one interviewer, so this is an additional constraint you may have.

Wherever possible, phlebotomists will be invited to the same briefing as the interviewer(s) they are working with. This will enable you to discuss working arrangements. There will, of course, be some cases where the phlebotomist is not able to come to the same briefing as you. However, in all cases, we will be asking the phlebotomists to fill in availability calendars (including details of a telephone contact number) which you will be able to use in making appointments for the blood taking visit.

The majority of the phlebotomists recruited to work on this study will be working part time in a local hospital, and will need to fit our work in around their existing work commitments. Although the field period for the survey is quite long (from the date of your briefing to the end of November) there may be holiday dates (your own and the phlebotomists) to take into account. There will be no possibility of any extension beyond the end of November. If you are working in more than one quota area, and are therefore likely to be working with more than one phlebotomist, you will need to work out an approximate timetable of which weeks you hope to spend in each area.

Advance letters

All informants must be sent an advance letter before any contact is made. Advance letters are therefore not optional as they were on previous waves of the survey. As before on this survey, we are asking you to send out the advance letters, so you will be able to work out your own timetable for despatching these. Make sure you get a receipt for all the stamps you buy. Enough English advance letters should be in your materials pack for each informant. Asian language versions will be available at the briefings. Please come to the briefing knowing how many Urdu/Bengali etc letters you need. If you are taking over a quota new to you, the information sheets for each informant will tell you where interpreters were used and what language informants normally speak at home.

Please write the serial number for the informant on the advance letter so that we can identify people if they ring in to the office.

(NB There is a slightly modified version of the advance letter which has to be used in quota areas covered by the East London Ethics committee, which insisted on an extra sentence. If you are working in Tower Hamlets, Newham and Hackney (quota numbers 2011, 2012, 2013, 2014, 1911, 1912 and 1811) you should check that you have Version A of the advance letter. All other quotas are sent Version B).

First visit

At this call, you will be explaining what is involved in the blood taking, the information the blood analysis will provide, and the contents of the blood consent form. (The second consent form, with consents to notify the GP etc, should be completed at the blood taking visit). The blood consent form must be left with informants for a minimum of 48 hours. This is a requirement of all the ethics committees, and is a condition imposed to ensure that informants give their informed consent, with ample opportunity to discuss the proposed blood taking with friends and family members. As you will appreciate, many informants have developed a strong relationship with you over the four waves of the survey, and may agree to the blood sample because they want to please you. The consent forms should therefore **not** be signed at this first visit (or, if the informant insists on signing there and then, the form must be left with them for 48 hours so that they can continue to consider). The consent form can be signed by either the mother or father of the sampled child (you may want to involve fathers in the decision at this early stage). The parent's signature also needs to be witnessed - the witness has to be an adult from outside the household eg another adult family member, a friend or anyone else apart from members of the survey team. An interpreter provided by the family can therefore act as a witness, but not an interpreter you have provided.

Where the explanation of the survey and the blood sample needs to be done through an interpreter, you may find it useful to have a checklist of the points that need to be covered which the interpreter can use. This will help to ensure that all the necessary points have been included.

We are very conscious that health visitors need to know that this survey is going on and need to be reassured that the blood taking is above board. We are also very conscious that our attempts to inform health visitors centrally have not always been very successful (although for this wave we have improved our mailing list). We would therefore like you to try to find out at this initial call to each mother where her health visitor is based so that you can post (or drop in if the clinic is near) a letter about the survey. You may already know this information from earlier waves of the survey - if so, you can just post any health visitor letters that are needed.

Second visit

The purpose of this visit is to collect the signed and witnessed blood consent form and arrange a suitable date and time for coming back with the phlebotomist. A small pilot for this wave was carried out in the summer and the pilot interviewers suggested that in some cases this second visit could be replaced by a telephone call. This would obviously save time and money, but you need to be sure that you can rely on the consent form having been completed properly, so that the visit to collect blood is not aborted because consent has not been obtained.

Blood samples can be taken Monday to Thursday. They cannot be taken on Fridays because of possible delays in the post and the hospital lab being closed at the weekends. If there are real problems with the informant's availability or finding a time that also suits the phlebotomist, bloods can be taken on a Saturday **provided** the phlebotomist has access to a postbox with a Sunday collection. (She will need to put the blood in her fridge overnight). Depending on the availability of your phlebotomist, you should be able to arrange a number of consecutive blood calls, to make the best use of the blood taker's time in the field.

Blood taking visit

At the blood taking call, you will be ensuring that informants are clear on the procedure and that any questions they have are answered, completing the remaining consents with them and administering the brief questionnaire. At the pilot, interviewers generally felt that the short interview was a useful way of settling everyone down before attempting to obtain the blood sample. However, if mothers prefer to get the blood taking "over with" before the interview, this is also acceptable.

Phlebotomists can make no more than two attempts to obtain blood. If neither attempt succeeds the outcome simply becomes "blood attempt failed" . Blood will normally be taken from a vein in the child's arm. (The equipment used will be demonstrated at the briefings). However, if the phlebotomist feels the vein is not suitable, she can, with the mother's agreement, take blood using the finger prick method.

Those of you who worked on the Toddlers' Nutrition survey, where blood was taken from a similar age group, will know that some toddlers were fascinated by the whole procedure, although many predictably cried. However, where the child was distressed, in the vast majority of cases the distress was quite short-lived. Clearly it helps enormously if the mother is relaxed about the whole thing, so one of your main roles is to reassure the mother about the procedures and to suggest ways in which she can help. It is obviously helpful to avoid having a large audience, so you should tactfully get as many of the other relatives as possible out of the way! While it is usually best if the mother holds the child, if she is very anxious it may be better if the child is held by another family member. (Interviewers should not get involved in holding the child themselves). Distracting the child by using a favourite toy or game is obviously helpful. The Great Ormond Street organiser suggests that getting the child to blow at something, for example bubbles or a feather, often helps them to relax, as it acts like a deep breathing technique! Timing the distraction well is important - too early and you will run out of steam, too late and the child may be too distressed to notice. Obviously non-verbal techniques are going to be important especially for those toddlers who do not speak or understand English.

While you should not get involved in holding the child or holding the child's arm, the phlebotomist may appreciate your help in eg passing equipment, and of course in entertaining mother and toddler. Despatching the blood samples is the phlebotomist's responsibility. We are hoping that the majority of phlebotomists will have their own transport.

There is no recall question this time - we are determined that this is going to be the last time we call on these mothers!

Despatching work

For each serial number in your quota, we need you to complete a consent summary form (this includes non-responders so that we have a complete record for each informant).

Each week you should send to Room 425 summary forms for all addresses dealt with that week, plus one copy of the blood consent form and one copy of the GP consent form for all cases where at least some of the consents have been given. At the same time, you should send one copy of the blood consent and one copy of the GP consent form for each co-operating household to Anne Hardiman at the Institute of Child Health (address labels provided).

For all cases where the informant has given consent to pass information to the GP, you should also send a copy of the GP consent form and the covering GP letter.

Administration

Survey number 1411 Stage number 99

Field dates: Briefing until 30th November

Admin block - there are some additional codes to cover possible refusals at various stages in the procedure. Reasons for refusal has been left with an open frame. Any movers should be notified by phone to the Field Office, so that we can try to reallocate.

Study time: 1 hour

You should, of course, claim the cost and time spent on telephone calls to phlebotomists and interpreters.

Contact points:

Field	Anne Klepacz	2158
	Theresa Parker	2579
	Magee Moodaley	2007
Research	Margaret Thomas	2527

N1411

INFANT FEEDING FOLLOW-ON SURVEY

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1. NAME5
      "WRITE IN child's first name"

2. SEX5
      "Interviewer code whether .... is male or female"
       : (Male, Female);

3. START5
      "I would like to start by asking you some questions about
       how you feed .... now"

4. BOTTLE5
      "Do you give .... milk from a bottle at present
       even if only occasionally
       (apart from expressed breast milk)?"
       : (Yes "Yes (even if occasionally)",
          No);

5. CUP5
      "Do you give .... milk from a cup, glass or beaker
       at present, even if only occasionally?"
       : (Yes "Yes (even if occasionally)",
          No);

6. NBOTTLE5
       "How many bottles of milk does .... usually drink each          day?
        IF LESS THAN ONE A DAY, PLEASE ENTER '0'"
        : 0..10;

7. NOUNCE5
         "How many fluid ounces of milk does he/she usually drink      at each
      feed?
         INTERVIEWER - If amount is variable work out an average"
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         : 2..10;

8. NCUP5
       "How many cups of milk does .... usually drink each day?
        IF LESS THAN ONE A DAY, PLEASE ENTER '0'"
        : 0..10;

9. MILKTYP5
      "Which kind of milk do you give your
       child MOST of the time at the moment?"
       : (LiqCowOr "Liquid cows milk - ordinary/full fat",
          LiqCowSe "Liquid cows milk - semi-skimmed",
          LiqCowSk "Liquid cows milk - skimmed",
           Formula  "Infant formula milk",
          Other    "Other kind of milk
                    PLEASE SPECIFY AT NEXT QUESTION");

10. XMILKTY5
      "WRITE IN name of milk"
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11. DkIntro5
      "I am going to ask you how often .... has
       different types of drinks
       PRESS '1' TO CONTINUE"

12. DFrequ51
      "How often does .... drink other milk drinks
       such as chocolate, cocoa or malt drinks?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

13. DFrequ52
      "How often does .... drink pure or fresh fruit juices?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

14. DFrequ53
      "How often does .... drink Ribena, Baby or Toddler drinks?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

15. FdIntro5
      "Now I am going to ask you how often you give                    ....
different types of foods
       PRESS '1' TO CONTINUE"

16. FFrequ51
      "How often do you usually give .... breakfast cereal?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

17. FFrequ52
      "How often do you usually give .... bread, chapati or naan?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );
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18. FFrequ53
      "How often do you usually give .... margarine or low fat          spread,
NOT including butter or ghee?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

19. FFrequ54
      "How often do you usually give .... chicken or turkey?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

20. FFrequ55
      "How often do you usually give .... other meat?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

21. FFrequ56
      "How often do you usually give .... fish, including tuna?
       SHOW CARD A OR PROMPT IF NECESSARY"
       : (Moreday "More than once a day",
          Onceday "Once a day",
          Mostday "Three or more times a week",
          Oncewk  "At least once a week",
          LessWk  "Less than once a week",
          Never );

22. VIT5
      "Do you give your child any extra vitamins, iron medicine
       or tablets at the moment?"
       : YES NO;

23. VITDROP5
      "What type of vitamins or iron do you give ....?
       PROMPT IF NECESSARY"
       : SET [4] of
         (Chidrop "Children's Vitamin Drops",
          Multivi "Multivitamins",
          Ironmed "Iron medicine or tablets (include capsules)",
          Other    "or another type of vitamins?
                    PLEASE SPECIFY AT NEXT QUESTION");
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24. XVITDRP5
      "WRITE IN name of other vitamins"
       : STRING [20];

25. VITOFT5
      "PROMPT IF NECESSARY
       How often do you usually give .... extra vitamins,
       iron medicine or tablets?"
       : (Less "Less than once a day",
          Once "Once a day",
          Twice "Twice a day",
          Three "Three times a day",
          More  "More than three times a day");

26. CHIDROP5
      "How many Children's Vitamin Drops do you give each time"
       : 1..20;

27. MULMUCH5
      "How much multivitamins do you give each time?"
       : (Drops "Answer given as drops
                 RECORD NUMBER OF DROPS AT NEXT QUESTION",
          Liquid "Answer given as other liquid
                  RECORD NUMBER OF 5ML TEASPOONS AT NEXT
    QUESTION",
          Pills "Answer given for pills / tablets
                 RECORD NUMBER OF PILLS/TABLETS AT NEXT
   QUESTION");

28. MULDROP5
      "RECORD NUMBER OF DROPS"
        : 1..20;

29. MULLIQ5
      "RECORD NUMBER OF 5ML TEAPSOONS"
       : 1..10;

30. MULPILL5
      "RECORD NUMBER OF PILLS/TABLETS"
       : 1..10;

31. IROMUCH5
      "How much iron medicine do you give each time?"
       : (Drops "Answer given as drops
                 RECORD NUMBER OF DROPS AT NEXT QUESTION",
          Liquid "Answer given as other liquid
                  RECORD NUMBER OF 5ML TEASPOONS AT NEXT
    QUESTION",
          Pills "Answer given for pills / tablets
                 RECORD NUMBER OF PILLS/TABLETS AT NEXT
   QUESTION");

32. IRODROP5
      "RECORD NUMBER OF DROPS"
       : 1..20;
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33. IROLIQ5
      "RECORD NUMBER OF 5ML TEAPSOONS"
       : 1..10;

34. IROPILL5
      "RECORD NUMBER OF PILLS/TABLETS"
       : 1..10;

35. OTHMUCH5
      "How much 'other vitamins' do you give each time?"
       : (Drops "Answer given as drops
                 RECORD NUMBER OF DROPS AT NEXT QUESTION",
          Liquid "Answer given as other liquid
                  RECORD NUMBER OF 5ML TEASPOONS AT NEXT
    QUESTION",
          Pills "Answer given for pills / tablets
                 RECORD NUMBER OF PILLS/TABLETS AT NEXT
   QUESTION");

36. OTHDROP5
      "RECORD NUMBER OF DROPS"
       : 1..20;

37. OTHLIQ5
      "RECORD NUMBER OF 5ML TEAPSOONS"
       : 1..10;

38. OTHPILL5
      "RECORD NUMBER OF PILLS/TABLETS"
        : 1..10;

39. WHYVIT5
      "Why did you start giving your child vitamin supplements?"
       : SET [5] of
       (Good "Good for child",
        Unwell "Child not well",
        Advhv "Health visitor advised",
        Advgp "Doctor advised",
        Advfam "Family member or friend advised",
        Myself "Mother decided herself",
        Other  "Other PLEASE SPECIFY AT NEXT QUESTION");

40. XWHYVIT5
    "WRITE IN other reason for giving vitamins"

41. LASTWK5
      "During the last week, that is since last (day of
interview)
       has .... had ...
       PROMPT OR SHOW CARD B"
       : SET [4] of
         (Cough "a cough",
          Cold  "a cold",
          Throat "a throat infection",
          Ear    "an ear infection",
          Diarr  "diarrhoea",
          Chick  "chickenpox, measles or mumps",
          Other    "or been sick or unwell in any other way
                    PLEASE SPECIFY AT NEXT QUESTION",
          None   "none of the above");
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42. XLASTWK5
      "WRITE IN other illness"
       : STRING [20];

43. WKBEF5
      "PROMPT OR SHOW CARD B
      During the week before that did .... have ..."
       : SET [4] of
         (Cough "a cough",
          Cold  "a cold",
          Throat "a throat infection",
          Ear    "an ear infection",
          Diarr  "diarrhoea",
          Chick  "chickenpox, measles or mumps",
             Other  "or been sick or unwell in any other way
                        PLEASE SPECIFY AT NEXT QUESTION",
          None    "none of the above");


44. XWKBEF5
      "WRITE IN other illness"
       : STRING [20];

45. GOWALK5
      "Do you ever take your child out for a walk, for example,
       to a park or to the shops?"
       : YES NO;

46. WALKOFT5
      "How many times did you take .... out last week?
       PROMPT IF NECESSARY"
       : (More  "More than once each day",
          Every "Every day",
          Three "Three or more times",
          Once  "Once or twice");

47. GARDEN5
      "Is there a garden or other area attached to your
accommodation where .... could play outside?"
       : Yes No;

48. GARDOFT5
      "How often did .... play there last week?
       PROMPT IF NECESSARY"
       : (Every "Every day",
          Five  "Five or six times",
          Three "Three or four times",
          Once  "Once or twice",
          Didnot "Did not play outside last week");


49. INTERP4
      "INTERVIEWER CODE
       Was an interpreter used, or did you do the interview
       in another language?"
       : Yes
          No
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50. WHOINTR4
      "Who interpreted?"
       : (Husband   "Husband",
          Family    "Other family member",
          Friend    "Friend/ neighbour",
          OPCS      "OPCS/Other Govt. Interpreter",
          Prof      "Professional Interpreter",
          Interv    "Interviewer used another language",
          Other);

51. XWHOINT4
      "WRITE IN who interpreted"

52. LGEINTR4
      "Which language?"
      :(Gujarati,
        Punjabi,
        Bengali,
        Hindi,
        Urdu,
        Other);
```

DVBLD1

N1411 Asian Follow-On

Variable name: hbgrp

Label: Hb grouped

Program:[.bldtabs2]

Wave:5

Date created: Feb 24th. 1997

Created by: Margaret

Codes:
1 'less than 10'
2 '10 to 10.4'
3 '10.5 to 10.9'
4 '11 to 11.9'
5 '12 to 12.9'
6 '13 to 13.9'
7 '14 or more'

Missing values: -8,-9

Derivation:

```
Recode hb (0 thru 9.9=1)(10 thru 10.4=2)
(10.5 thru 10.9=3)
(11.0 thru 11.9=4)(12 thru 12.9=5)(13 thru 13.9=6)
(14 thru 21.3=7) into hbgrp
(-9=-9)(-8=-8)(else=8)
```

N1411 Asian Follow-on

Variable name: mchgrp

Label: Mean cell haemoglobin grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb 24th. 1997

Created by: Margaret

Codes:
```
1 'less than 20'
  2 '20 to 22.9'
  3 '23 to 23.9'
4 '24 to 24.9'
  5 '25 to 25.9'
6 '26 to 26.9'
  7 '27 to 27.9'
  8 '28 to 28.9'
9 '29 or more'
```

Missing values: -9,-8,-6

Derivation:
```
Recode mch (0 thru 19.9=1)(20 thru 22.9=2)
          (23 thru 23.9=3)(24 thru 24.9=4)(25 thru 25.9=5)
          (26 thru 26.9=6)
          (27 thru 27.9=7)(28 thru 28.9=8)(29 thru 32.9=9)
          (-9=-9) (-8=-8)(-6=-6)(else=10) into mchgrp
```

N1411 Asian Follow-On

Variable name: mchcgrp

Label: mean cell haemoglobin concentration grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Codes:
```
1 'less than 30 '
  2 '30 to 31.4'
  3 '31.5 to 32.4'
4 '32.5 to 33.4'
  5 '33.5 to 34.4'
6 '34.5 to 35.4'
  7 '35.5 or more'
```

Missing values: -9,-8,-6

Derivation:
```
Recode mchc (0 thru 29.9=1)(30 thru 31.4=2)(31.5 thru 32.4=3)
           (32.5 thru 33.4=4)(33.5 thru 34.4=5)
           (34.5 thru 35.4=6)(35.5 thru 45.5=7)
           (-9=-9)(-8=-8)(-6=-6)(else=8) into mchcgrp
```

N1411 Asian Follow-on

Variable name:mcvgrp

Label: Mean corpuscular volume grouped

Program: [.bldtabs2]

Wave:5

Date created: Feb. 24th. 1997

Created by: Margaret

Codes: 1 'less than 60'
2 '60 to 64.9'
3 '65 to 69.9'
4 '70 to 74.9'
5 '75 to 79.9'
6 '80 to 83.9'
7 '84 to 84.9'
8 '85 or more'

Missing values -9,-8,-6

Derivation:

```
Recode mcv (0 thru 59.9=1)(60 thru 64.9=2)(65 thru 69.9=3)
           (70 thru 74.9=4)(75 thru 79.9=5)(80 thru 83.9=6)
           (84 thru 84.9=7)(85 thru 97.2=8)
           (-9=-9)(-8=-8)(-6=-6)(else=9) into mcvgrp
```

N1411 Asian Follow-On

Variable name:ferrgrp

Label: Ferritin grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

derivation:

```
Recode ferritin(-7=1)(0 thru 4=1)(5 thru 9=2)(10 thru 19=3)
      (20 thru 29=4)(-9=-9)(-8=-8)(-6=-6)(else=5)
         into ferrgrp
```

Codes: 1 'less than 5' 2 '5 to 9' 3 '10 to 19' 4 '20 to 29'
5 '30 or more'

Missing values: -9,-8,-6

N1411 Asian Follow-on

Variable name: tibcgrp

Label: TIBC grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Derivation: Recode tibc(0 thru 69.9=1)(70 thru 79.9=2)
(80 thru 89.9=3)
(90 thru 99.9=4)(100 thru 117.7=5)
(-9=-9)(-8=-8)(-6=-6)(else=7) into tibcgrp

Codes: 1 'less than 70' 2 '70 to 79.9' 3 '80 to 89.9'
4 '90 to 99.9' 5 '100 or more'

Missing values: -9,-8,-6

N1411 Asian Follow-On

Variable name: serumgrp

Label: Serum iron grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Derivation:

```
Recode serumiro
(-7=1)(0 THRU 4.9=1)(5 THRU 6.9=2)(7 THRU 9.9=3)
(10 THRU 14.9=4)(15 THRU 17.4=5)(17.5 THRU 19.9=6)
(20 THRU 34.6=7)(-9=-9)(-8=-8)(-6=-6) into serumgrp
```

Codes: 1 'less than 5' 2 '5 to 6.9' 3 '7 to 9.9'
4 '10 to 14.9' 5 '15 to 17.4' 6 '17.5 to 19.9'
7 '20 or more'

Missing values: -9,-8,-6

N1411 Asian Follow-on

Variable name: redgrp

Label: red cell count grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Derivation: Recode redcell (0 thru 4.49=1)(4.5 thru 4.74=2)
(4.75 thru 4.99=3)
(5 thru 5.29=4)(5.3 thru 5.49=5)(5.5 thru 8.49=6)
(-9=-9)(-8=-8)(else=7) into redgrp

Codes: 1 'less than 4.5' 2 '4.5 to 4.74' 3 '4.75 to 4.99'
4 '5 to 5.29' 5 '5.3 to 5.49' 6 '5.5 or more'

Missing values: -8,-9

N1411 Asian Follow-On

Variable name: hypgrp

Label: Hypochromasia grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Derivation: Recode hypochro
(0 thru 1.4=1)(1.5 thru 2.9=2)(3.0 thru 6.4=3)
(6.5 thru 9.9=4)(10.0 thru 14.9=5)
(15.0 thru 19.9=6)(20.0 thru 84.6=7)
(-9=-9)(-8=-8)(-6=-6)(else=8) into hypgrp

Codes: 1 'less than 1.5'
2 '1.5 to 2.9'
3 '3 to 6.4'
4 '6.5 to 9.9'
5 '10 to 14.9'
6 '15 to 19.9'
7 '20 or more'

Missing values: -9,-8,-6

N1411 Asian Follow-On

Variable name: redwgrp

Label: Red cell width grouped

Program: [.bldtabs2]

Wave: 5

Date created: Feb. 24th. 1997

Created by: Margaret

Derivation: Recode redcellw
(0 thru 13.9=1)(14 thru 14.9=2)(15 thru 15.9=3)
(16 thru 16.9=4)(17 thru 17.9=5)(18 thru 22.4=6)
(-8=-8)(-6=-6)(else=7) into redwgrp

Codes:
1 'less than 14'
2 '14 to 14.9'
3 '15 to 15.9'
4 '16 to 16.9'
5 '17 to 17.9'
6 '18 or more'

Missing values: -8,-6

N1411 Asian Follow-on

Variable name: vitdgrp

Label: Vitamin D grouped

Program: [.bldtabs2]

Wave: 5

Date created: March 11th.

Created by: Margaret

Derivation:

```
Recode vitdnmol
    (0 thru 12.49=1)(12.5 thru 19.99=2)
(20 thru 24.99=3)(25 thru 49.99=4)
(50 thru 74.99=5)
(75 thru 99.99=6)(100 thru 160=7)
(-8=-8) (else=8)  into vitdgrp
```

Codes:

```
1 'less than 12.5'
    2 '12.5 to 19.9'
3 '20 to 24.9'
4 '25 to 49.9'
5 '50 to 74.9'
6 '75 to 99.9'
7 '100 or more'
```

Missing values: -8

N1411 Asian Follow-On

Varuiable name: crpgrp

Label: CRP grouped

Program: [.bldtabs2x]

Wave: 5

Date created: March 11rh. 1997

Created by: Margaret

Derivation:
```
recode crp
  (0 thru 0.999=1)(1 thru 1.999=2)(2 thru 3.999=3)
(4 thru 9.999=4)(10 thru 99.999=5)
(100 thru 499=6)(-9=-9)(else=7) into crpgrp
```

Codes:
```
1 'less than 1'
  2 '1 to 1.999'
  3 '2 to 3.999'
4 '4 to 9.999'
  5 '10 to 99.999'
  6 '100 or more'
```

Missing values: -8

N1411 Asian Follow-on

Variable name: crpgrp2

Label: CRP normal and above

Program: [.bldtabs2x.in]

Wave: 5

Date created: March 11th.

Created by: Margaret

Derivation:

Recode crpgrp (1=1)(2=1)(3=1)(4=1)(5=2)(6=2) intp crpgrp2

Codes: 1 'normal'
2 'above normal'

Missing values: -9

N1411 Asian Follow-On

Variable name: actgrp

Label: ACT grouped

Program: [.bldtabs2x.in]

Wave: 5

Date created: March 11th. 1997

Created by: Margaret

Derivation:

```
      Recode act (0 thru 0.199=1)(0.2 thru 0.249=2)
                 (0.25 thru 0.349=3)(0.35 thru 0.449=4)
                 (0.45 thru 0.5499=5)(0.55 thru 0.649=6)
                 (0.65 thru 10=7)
                 (-9=-9)(else=8) into actgrp
```

Codes:

```
      1 '0 to 0.199'
          2 '0.2 to 0.249'
          3 '0.25 to 0.349'
        4 '0.35 to 0.449'
          5 '0.45 to 0.549'
          6 '0.55 to 0.649'
        7 '0.65 or more'
```

Missing values: -9

N1411 Asian follow-on

Variable name: actgrp2

Label: act grouped

Program: [.bldtabs2x.in]

Wave: 5

Date created: March 11th. 1997

Created by: Margaret

Derivation:

```
Recode actgrp (1=1)(2=1)(3=1)(4=1)(5=1)(6=1)(7=2)
     into actgrp2
```

Codes:
```
1 ' normal'
2 'above normal'
```

Missing values: -9

N1411 Asian Follow-On

Variable name: saturate

Label: Serum iron as % tibc

Program: [.bldtabs2x.in]

Wave: 5

Date created: March 11th. 1997

Created by: Margaret

Derivation: If (serumiro=-7) serumiro=3

Compute saturate=(serumiro/tibc)*100

N1411 Asian Follow-On

Variable name: satgrp

Label: serum iron as % tibc grouped

Program: [.bldtabs2x.in]

Wave: 5

Date created: March 11th. 1997

Created by: Margaret

Derivation:

```
Recode saturate (0 thru 4.99=1)(5 thru 9.99=2)
                (10 thru 13.99=3)
                (14 thru 19.99=4)(20 thru 46.99=5)
                (missing=-9)(else=6) into satgrp
```

Codes:

```
1 'less than 5'
     2 '5 to 9.99'
     3 '10 to 13.9'
  4 '14 to 19.9'
     5 '20 to 47.0'
```

Missing values: -9

N1411 Asian Follow-On

Variable name: Chdrpday

Label: Number children's vitamin drops daily

Program: Wave5c

Wave: 5

Date created: March 12th. 1997

Created by: Margaret

Derivation:

```
Compute chdrpday=0

Do if chidrop5=-9
.compute chdrpday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute chdrpday=chidrop5*1
Else if vitoft5=3
.compute chdrpday=chidrop5*2
Else if vitoft5=4
.compute chdrpday=chidrop5*3
Else if vitoft5=5
.compute chdrpday=chidrop5*4
Else
.Compute chdrpday=99
End if
```

Missing values: -9

Variable name: Mdrpday

Label: Multivitamins-number of drops daily

Program: [.wave5c]

Wave: 5

Date created: March 12th.

Created by: Margaret

Derivation:

```
Recode muldrop5(missing=-9)

Compute mdrpday=0

Do if muldrop5=-9
.compute mdrpday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute mdrpday=muldrop5*1
Else if vitoft5=3
.compute mdrpday=muldrop5*2
Else if vitoft5=4
.compute mdrpday=muldrop5*3
Else if vitoft5=5
.compute mdrpday=muldrop5*4
Else
.Compute mdrpday=99
End if
```

Missing values: -9

N1411 Asian Follow-On

Variable name: Mliqday

Label: multivitamins-number of 5ml teaspoons daily

Program: [.wave5c]

Wave: 5

Date created: March 12th. 1997

Created by: Margaret

Derivation:

```
Recode mulliq5(missing=-9)

Compute mliqday=0

Do if mulliq5=-9
.compute mliqday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute mliqday=mulliq5*1
Else if vitoft5=3
.compute mliqday=mulliq5*2
Else if vitoft5=4
.compute mliqday=mulliq5*3
Else if vitoft5=5
.compute mliqday=mulliq5*4
Else
.Compute mliqday=99
End if
```

Missing values -9

Variable name: mpilday

Label: multivitamins-number of pills daily

Program: [wave5c]

Wave: 5

Date created: March 12 1997

Created by: Margaret

Derivation:

```
Recode mulpill5(missing=-9)

Compute mpilday=0

Do if mulpill5=-9
.compute mpilday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute mpilday=mulpill5*1
Else if vitoft5=3
.compute mpilday=mulpill5*2
Else if vitoft5=4
.compute mpilday=mulpill5*3
Else if vitoft5=5
.compute mpilday=mulpill5*4
Else
.Compute mpilday=99
End if
```

Missing values: -9

N1411 Asian Follow-On

Variable name: Irliqday

Label: Iron medicine-number of 5ml teaspoons daily

Program: [wave5c]

Wave: 5

Date created: March 12th. 1997

Created by: Margaret

Derivation:

```
Recode iroliq5(missing=-9)

Compute irliqday=0

Do if iroliq5=-9
.compute irliqday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute irliqday=iroliq5*1
Else if vitoft5=3
.compute irliqday=iroliq5*2
Else if vitoft5=4
.compute irliqday=iroliq5*3
Else if vitoft5=5
.compute irliqday=iroliq5*4
Else
.Compute irliqday=99
End if


Missing values irliqday (-9)

Frequencies variables=irliqday
```

N1411 Asian Follow-on

Variable name: Othliqday

Label: other medicine-number of 5ml teaspoons daily

Program: [wave5c]

Wave: 5

Date created: March 12th. 1997

Created by: Margaret

Derivation:

```
Recode othliq5(missing=-9)

Compute othlqday=0

Do if othliq5=-9
.compute othlqday=-9

Else if (vitoft5=1) or (vitoft5=2)
.Compute othlqday=othliq5*1
Else if vitoft5=3
.compute othlqday=othliq5*2
Else if vitoft5=4
.compute othlqday=othliq5*3
Else if vitoft5=5
.compute othlqday=othliq5*4
Else
.Compute othlqday=99
End if


Missing values othlqday (-9)

Frequencies variables=othlqday
```

N1411 Asian Follow-On

Variable name: anaemic

Label: whether anaemic at WHO level (Hb<11.0)

Program: [paptabs1.in]

Wave: 5

Date created: May 12th.1997

Derivation:

```
Missing values HB ( )

Do if (Hb=-8) or (Hb=-9)
.Compute anaemic=-9

Else if Hb<11.00
.Compute anaemic=1

Else
.Compute anaemic=2

End if
```

Missing values: anaemic (-9)

Codes: 1 'Hb<11.0'
2 'Hb GE 11.0'

N1411 Asian Follow-On

Variable name: Meatday

Label: Eats poultry or other meat

Program: Papfile2.in

Wave: 5

Date created by: Margaret

Derivation:

```
Recode ffrequ54 ffrequ55 (missing=-9)

Do if (any(ffrequ54,6) and any (ffrequ55,6))
.Compute meatday=0

Else if (any(ffrequ54,1,2) or any(ffrequ55,1,2))
.Compute meatday=1

Else if (any(ffrequ54,3,4) or any(ffrequ55,3,4))
.Compute meatday=2

Else if (any(ffrequ54,5) or any (ffrequ55,5))
.Compute meatday=3

Else if (ffrequ54=-9) or (ffrequ55=-9)
.Compute meatday=-9

Else
.Compute meatday=9

End if
```

Missing values: -9

Codes: 0 'does not eat meat'
1 'eats meat daily'
2 'eats meat weekly'
3 'eats meat lesswk'

Variable name: meatfish

Label: Meat or fish daily

Program: [.regvitd]

Wave: 5

Date created: July 10th. 1997

Created by: Margaret

Derivation:

```
Do if (meatday=1) or any(ffrequ56,1,2)
.Compute meatfish=1
Else
.Compute meatfish=0
End if
```

Codes: 1 'meat or fish daily'
0 'not daily'

N1411 Asian Follow-On

Variable name: meatfish

Label: Meat or fish daily

Program: [.regvitd]

Wave: 5

Date created: July 10th. 1997

Created by: Margaret

Derivation:

```
Do if (meatday=1) or any(ffrequ56,1,2)
.Compute meatfish=1
Else
.Compute meatfish=0
End if
```

Codes: 1 'meat or fish daily'
0 'not daily'

S1411 **A**

1. More than once a day

2. Once a day

3. Three or more times a week

4. At least once a week

5. Less than once a week

1. Cough
2. Cold
3. Throat infection
4. Ear infection
5. Diarrhoea
6. Chicken Pox
7. Measles
8. Mumps
8. Other