

Interviewer CAPI program

Program Documentation

Interviewer Schedule

This 'paper version of the program' has been created to indicate the wording and content of the interviewer questionnaire.



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PART 1: Interviewer Schedule

- Instructions for the interviewer are given in capital letters, and questions the interviewer is to ask the respondent are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of respondent's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

BACKGROUND AND DEMOGRAPHICS: HOUSEHOLD GRID

ASK ALL

Name

RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR EACH MEMBER OF THE HOUSEHOLD.

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS 'Page Down'.

ASK ALL

SHGInt

I'd like to know a little about the members of your household. Can you tell me the names of everyone in your household?

INTERVIEWER: Press '1' to continue and record the respondent (the child's parent) as the first person in household.

PRESS <ENTER> TO CONTINUE.

1 continue

(The following questions are asked about each household member. "You / X" is substituted with the appropriate name for X).

ASK ALL

Sex

INTERVIEWER: Ask or record sex of NAME

1 Male

2 Female

ASK ALL**DoB**

What is your / X's date of birth?

INTERVIEWER: If day not given...enter 15 for day.
If month not given...enter 6 for month.

: DATETYPE

IF (DOB = Don't know / Refusal) THEN**Age1f**

What was your / X's age last birthday?

98 or more = CODE 97

INTERVIEWER: If year of birth not given: 'What was your / X's age last birthday?'

INTERVIEWER: If respondents refuse to give their age, or cannot, then give your best estimate.

:0..97

ASK ALL**MarStat**

ASK OR RECORD MARITAL STATUS OR CODE FIRST THAT APPLIES.

Is X / Are you...

INTERVIEWER: The aim is to obtain legal marital status, irrespective of any de facto arrangement. The only qualification to this aim is that you should not probe the answer 'separated'.

INTERVIEWER: Should a respondent query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not). Ignore temporary absences, e.g. on oil rig.

INTERVIEWER: A person whose spouse has been working away from home for over 6 months, e.g. on a contract overseas or in the armed forces, should still be coded as married and living with husband/wife if the separation is not permanent.

- | | | |
|---|-----------|---|
| 1 | NevMarr | ...single, that is never married |
| 2 | MarrLiv | married and living with (husband/wife) |
| 3 | Civil | civil partner in a legally recognised Civil Partnership |
| 4 | Separated | married and separated from (husband/wife) |
| 5 | Divorced | divorced |
| 6 | Widowed | or, widowed? |
| 7 | CivilSep | formerly in a legally recognised civil partnership and separated from civil partner |
| 8 | CivilDis | formerly in a legally recognised civil partnership and civil partnership is now legally dissolved |
| 9 | CivWid | a surviving civil partner (his/her partner has since died) |

LiveWith

May I just check, are you / is X living with someone in the household as a couple? ASK OR RECORD...

INTERVIEWER: Only respondents who are living with their partner in this household should be coded as living together as a couple.

INTERVIEWER: You may code No without asking the question ONLY if all members of the household are too closely related for any to be living together in a de facto marital relationship.

- 1 Yes
- 2 No
- 3 SameSex "Spontaneous only: Same sex couple"

NatID

SHOW CARD A

What do you consider your / X's national identity to be? Please choose your answer from this card.

- 1 English,
- 2 Scottish,
- 3 Welsh,
- 4 Irish,
- 5 British,
- 6 Other "Other answer"

IF (NatID = Other) THEN

NatOth

How would you describe your / X's national identity?

INTERVIEWER: IF SOMEONE DESCRIBES THEMSELVES AS HALF ENGLISH AND HALF IRISH OR ANY OTHER COMBINATION OF WELSH / SCOTTISH / IRISH / ENGLISH CODE THEM AS 'Mixed British'.

- 1 Mixed "Mixed British - SPECIFY AT NEXT QUESTION"
- 2 Describe "Other - SPECIFY AT NEXT QUESTION"

IF (NatOth = Describe) THEN

XNatOth

INTERVIEWER: ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

EthGrp

SHOW CARD B

To which of these **ethnic groups** do you consider you / X belong(s)?

INTERVIEWER: THIS IS A QUESTION OF RESPONDENT'S (OR PROXY'S) OPINION.

- 1 WhtBrit "White - British"

2	WhtOth	"Any other white background (please describe)"
3	MixedWBC	"Mixed - White and Black Caribbean"
4	MixedWBA	"Mixed - White and Black African"
5	MixedWAS	"Mixed - White and Asian"
6	MixedOth	"Any other mixed background (please describe)"
7	Indian	"Asian or Asian British - Indian"
8	Pakistan	"Asian or Asian British - Pakistani"
9	Bngldesh	"Asian or Asian British - Bangladeshi"
10	AsianOth	"Any other Asian/Asian British background (please describe)"
11	BlackCrb	"Black or Black British - Caribbean"
12	BlackAfr	"Black or Black British - African"
13	BlackOth	"Any other Black/Black British background (please describe)"
14	Chinese	
15	Other	"Any other (please describe)"

**IF (EthGrp = WhtOth OR MixedOth OR AsianOth OR BlackOth OR Other) THEN
EthOth**

Please can you describe your / X's ethnic group?

INTERVIEWER: ENTER DESCRIPTION OF ETHNIC GROUP.

:STRING [100]

R

SHOW CARD C

INTERVIEWER: CODE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE OTHERS - X is Y'S...

INTERVIEWER: YOU MAY WISH TO INTRODUCE THIS SECTION. ONE POSSIBLE INTRODUCTION IS: 'There are a lot of changes taking place in the make-up of households/families and this section is to help find out what those changes are. I'd like you to tell me the relationship of each member of the household to every other member'.

INTERVIEWER: This section must be asked for all households consisting of more than one person. Please ask in every case. You should not make assumptions about any relationship.

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple are a same sex couple.

Half-brothers/sisters should be coded with step-brothers/sisters.

Ask respondent to give code number on the card rather than the relationship.

See interviewer instructions for further details.

1	Spouse	"Husband / Wife"
2	CivilP	"Civil Partner"
3	Cohabitee	"Partner / Cohabitee"
4	Child	"Natural son / daughter"
5	AChild	"Adopted son / daughter"

6	FChild	"Foster child"
7	StChild	"Stepson / stepdaughter"
8	ILChild	"Son-in-law/daughter-in-law"
9	Parent2	"Natural Parent"
10	AdParent	"Adoptive parent"
11	FParent	"Foster parent"
12	StParent	"Step-parent"
13	ILParent	"Parent-in-law"
14	Sib	"Natural brother / sister"
15	HSib	"Half-brother / sister"
16	StSib	"Step-brother / sister"
17	ASib	"Adopted brother / sister"
18	FSib	"Foster brother / sister"
19	ILSib	"Brother / sister-in-law"
20	GChild	"Grand-child"
21	GParent	"Grand-parent"
22	OthRel	"Other relative"
23	NonRel	"Other non-relative"

YOUR BABY

ASK ALL

Intro

I am going to start with a few questions about your/(NAME) and any other children you may have.

- 1 Continue

ASK ALL

ChAgeChk

The date of birth of your/(NAME) is (DOB), so that means (NAME) is (age in months) months old. Is this correct?"

- 1 Yes
2 No

IF (ChAgeCHK = No) THEN

ChAge

What is the correct date of birth for your/(NAME)?

INTERVIEWER: ENTER DAY, MONTH, YEAR; E.G. 30/01/2009

: DATETYPE

ASK ALL

FCh

Is (NAME) your first child?

- 1 Yes
2 No

ASK ALL

NumCh

How many children do you have in total, including (NAME)?

Please exclude stepchildren or foster children.

:1..20

ASK ALL

Mult

Is (NAME) one of twins, triplets or other multiple birth?

- 1 No
2 Twin "Yes, twin",
3 TripMult "Yes, triplets or other multiple birth"

ASK ALL**Born**

Where was (NAME) born?

- | | | |
|----|-------|---------------|
| 1 | Hosp | "In hospital" |
| 2 | Home | "At home" |
| 97 | Other | |

Intro2

I am now going to ask about (NAME)'s birth, and any health problems that he/she may have.

- 1 Continue

DueDate

You have told me that (NAME) was born on (DATE). Can I just check, on what date was (NAME) was due to be born?

INTERVIEWER: ENTER DAY, MONTH, YEAR EG 30/01/2009.

IF UNSURE, ENTER <Ctrl+K>.

NOTE: IF MORE THAN ONE DATE, ENTER FINAL ONE RESPONDENT WAS TOLD.

: DATATYPE

CWgtMeas

ASK RESPONDENT TO CONSULT PERSONAL CHILD HEALTH RECORD IF AVAILABLE (ALSO KNOWN AS RED BOOK).

How much did (NAME) weigh when he/she was born?

INTERVIEWER: CODE IF ANSWER GIVEN IN KILOS OR POUNDS.

- | | | |
|---|------|---------------------|
| 1 | Kilo | "Kilos and grammes" |
| 2 | Pnd | "Pounds and ounces" |

IF (CWgtMeas = Kilo) THEN**CWgtKilo**

INTERVIEWER: ENTER BABY'S WEIGHT IN KILOS AND GRAMMES.

: 99.999

IF (CWgtMeas = Pnd) THEN**CWgtPnd**

INTERVIEWER: ENTER POUNDS.

: 1 .. 20

CWgtOun

INTERVIEWER: ENTER OUNCES.

0 .. 15

ASK ALL**Elig**

The next question is about any possible feeding problems (NAME) has had, just to check if (NAME) is eligible for the study.

INTERVIEWER: THESE QUESTIONS DETERMINE WHETHER THE INFANT (NAME) IS ELIGIBLE TO TAKE PART IN THE SURVEY.

1 Continue

Tube

Can I just check, did (NAME) need the help of a stomach tube to help with his/her feeding when he/she was aged one week or older?

1 Yes

2 No

IF (Weight < 2kilo) OR (Tube = Yes) THEN**Termin**

Thank you for your help. Unfortunately due to (NAME) (having health problems after birth which affected his/her feeding) / (having a low birth weight, which may have affected his/her feeding) we are not able to include them further in the survey. I would like to thank you very much for being involved up to this point.

1 Continue.

BREASTFEEDING/ WEANING PRACTICES

ASK ALL

BMEv

Has your child EVER been given breast milk or been put to the breast, even if this was only once?

- 1 Yes "Yes (even if only once)"
- 2 No

IF (BMEv = Yes) THEN

StillBF

Can I just check, is (NAME) still being breastfed at all or has this stopped?

- 1 Still "Still breastfeeding"
- 2 Stopped "Has stopped breastfeeding"

IF (StillBF = Still) THEN

OnlyBM

Can I just check, are you still ONLY giving (NAME) breast milk (that is no other type of milk or food)?

- 1 Yes
- 2 No

IF (StillBF = Stopped) THEN

BMLast

How old was (NAME) when he/she was LAST given breast milk or put to the breast?

INTERVIEWER: PLEASE RECORD HERE WHETHER THE RESPONDENT IS ANSWERING IN MONTHS + WEEKS, OR JUST WEEKS ONLY.

- 1 Months "Months and weeks, e.g. 6 months 2 weeks"
- 2 Weeks "Weeks ONLY, e.g. 10 weeks"
- 3 DKnow "Can't remember or don't know"

IF (BMLast = Months) THEN

BMLastM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (BMLast = Months) THEN

BMLastMW

... and number of weeks?

: 0..3

IF (BMLast = Weeks) THEN

BMLastW

Number of weeks?

: 1..100

IF (StillBF = Still) THEN

BFEvD

Currently, do you breastfeed your child everyday?

1 Yes

2 No

IF (BFEvD = Yes) THEN

BF7D

On average how many times a day do you breastfeed (NAME)?

: 1. 20

IF (BMEv = No) OR (StillBF <> Still) OR (OnlyBM <> Yes) THEN

Drink

SHOW CARD D

Thinking of the drinks that you give (NAME), which is the one that he/she drinks most often?

INTERVIEWER: CODE ONE ONLY.

INTERVIEWER: IF NECESSARY, EXPLAIN THAT FOLLOW ON FORMULA MILK IS DESIGNED FOR INFANTS AGED SIX MONTHS OR MORE.

- | | | |
|----|----------|---|
| 1 | Breast | "Breast milk" |
| 2 | Formula | "Infant Formula" |
| 3 | FolMilk | "Follow on milk (designed for infants aged six months or more)" |
| 4 | SoyForm | "Soy formula" |
| 5 | LiqWhol | "Liquid Whole cow's milk" |
| 6 | LiqSemi | "Liquid Semi-skimmed cow's milk" |
| 7 | LiqSkim | "Liquid Skimmed cow's milk" |
| 8 | LiqGoat | "Liquid Goat's milk" |
| 9 | Water | "Water (tap or mineral)" |
| 10 | FlavWat | "Flavoured water" |
| 11 | FruitJu | "Fruit juice" |
| 12 | Squash | "Squash/soft drink non-low calorie" |
| 13 | SquashLo | "Squash/soft drink low calorie" |
| 14 | TeaCof | "Tea/coffee/herbal drinks" |

96	None	"None"
97	Other	"Other"

**IF (Drink = Other) THEN
DrinkO**

What is the drink that (NAME) drinks most often?
: STRING [30]

DrFreq

On average, how many times a day does (NAME) have a drink of (drink from Drink)?

1	One	"1"
2	Two	"2"
3	Three	"3"
4	Four	"4"
5	Five	"5"
6	Six	"6"
7	Seven	"7"
8	Eight	"8"
9	Nine	"9"
10	TenPlus	"10+ "
11	LessOnce	"Less than once a day"

Drink2

SHOW CARD D

What is the second most commonly consumed drink that (NAME) has?

INTERVIEWER: CODE ONE ONLY.

1	Breast	"Breast milk"
2	Formula	"Infant Formula"
3	FolMilk	"Follow on milk (designed for infants aged six months or more)"
4	SoyForm	"Soy formula"
5	LiqWhol	"Liquid Whole cow's milk"
6	LiqSemi	"Liquid Semi-skimmed cow's milk"
7	LiqSkim	"Liquid Skimmed cow's milk"
8	LiqGoat	"Liquid Goat's milk"
9	Water	"Water (tap or mineral)"
10	FlavWat	"Flavoured water"
11	FruitJu	"Fruit juice"
12	Squash	"Squash/soft drink non-low calorie"
13	SquashLo	"Squash/soft drink low calorie"
14	TeaCof	"Tea/coffee/herbal drinks"
96	None	"None"
97	Other	"Other"

IF (Drink2 = Other) THEN

Drink2O

What is the second most commonly consumed drink that (NAME) has?

: STRING [30]

DrFreq2

On average, how many times a day does (NAME) have a drink of (drink from Drink2)?

- | | | |
|----|----------|------------------------|
| 1 | One | "1" |
| 2 | Two | "2" |
| 3 | Three | "3" |
| 4 | Four | "4" |
| 5 | Five | "5" |
| 6 | Six | "6" |
| 7 | Seven | "7" |
| 8 | Eight | "8" |
| 9 | Nine | "9" |
| 10 | TenPlus | "10+" |
| 11 | LessOnce | "Less than once a day" |

IF (Drink <> Formula, FolMilk or SoyForm) AND (Drink2 <> Formula, FolMilk or SoyForm) AND (OnlyBM <> Yes) THEN

Form

Can I just check, does (NAME) ever drink any infant formula at the moment?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Drink = Formula, FolMilk or SoyForm) OR (Drink2 = Formula, FolMilk or SoyForm) OR (Form = Yes) THEN

FFMake

The following questions are about how you make up infant formula feeds. Please think about how you **usually** make up the feeds. If this varies think about the way you do it **most often**.

When making infant formula feeds do you USUALLY...

- | | | |
|---|---------|---|
| 1 | One | "Only make one feed at a time as you need it" |
| 2 | Several | "Make several feeds at a time and store them" |
| 3 | ReadyF | "Only ever use ready to feed formula" |

IF (FFMake = One OR Several) THEN

FFWater

SHOW CARD E

When making infant formula feeds for your baby do you USUALLY...

- | | | |
|---|----------|--|
| 1 | JustBoil | "Use water that has just boiled" |
| 2 | Cool30 | "Use water that has boiled and been left to cool for 30" |

- | | | |
|---|----------|---|
| | | minutes" |
| 3 | Cool3045 | "Use water that has boiled and been left to cool between 30 and 45 minutes" |
| 4 | Cool45 | "Use water that has boiled and been left to cool for more than 45 minutes" |

IF (Drink = Formula, FolMilk, SoyForm) OR (Drink2 = Formula, FolMilk, SoyForm) OR (Form = Yes) THEN

FFOut

If you need to feed your baby when you are out do you USUALLY...

- | | | |
|---|--------|--|
| 1 | IFFBef | "Make up an infant formula feed before leaving home" |
| 2 | IFFOut | "Make up an infant formula feed while you are out" |
| 3 | RtoF | "Take a ready to feed formula with you" |
| 4 | ExBM | "Take expressed breast milk with you" |
| 5 | OnlyBF | "Only breastfeed when out" |
| 6 | Never | "Never feed your baby away from home" |

IF (FFOut = IFFBef) THEN

FFChill

When you are out, do you USUALLY keep the feeds you have made chilled?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (FFOut = IFFOut) THEN

FFOutWat

When you are out do you USUALLY...

- | | | |
|---|--------|--|
| 1 | CWater | "Make feeds with cold or cooled water" |
| 2 | HWater | "Make feeds with hot water (e.g. ask for hot water or use hot water from a flask)" |

IF (Drink = Formula, FolMilk, SoyForm) OR (Drink2 = Formula, FolMilk, SoyForm) OR (Form = Yes) THEN

MAdd

Do you ever add anything to (NAME)'s milk in his/her bottle?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (MAdd = Yes) THEN

MAddWh

What do you add to (NAME)'s milk in his/her bottle?

- | | | |
|---|------|-------------------------|
| 1 | Powd | "Extra scoop of powder" |
| 2 | Rusk | "Rusk" |
| 3 | Choc | "Chocolate powder" |

- | | | |
|----|----------|----------------------------|
| 4 | Gaviscon | "Gaviscon" |
| 97 | Other | "Other – (please specify)" |

IF (MAddWh = Other) THEN

MAddWhO

What do you add to (NAME)'s milk in his/her bottle?

: STRING [100]

ASK ALL

Bottle

Do you ever use baby bottles to feed (NAME)?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Bottle = Yes) THEN

BottBr

Can you tell me the make(s) of the baby bottles that you usually use?

CODE ALL THAT APPLY:

- | | | |
|----|---------|---|
| 1 | TomTip | "Tommee Tippee" |
| 2 | DrBrown | "Dr Brown's" |
| 3 | Boots | "Boots own brand" |
| 4 | SuperM | "Supermarket own brand" |
| 5 | MCare | "Mothercare own brand" |
| 97 | Other | "Other (Please specify at next question)" |

IF (BottBr = Other) THEN

BottBrO

INTERVIEWER: Please record 'other' make(s) here.

: STRING [100]

IF (BottBr = SuperM) THEN

BottBrS

Please could you tell me which supermarket own brand(s) of baby bottle you usually use?

CODE ALL THAT APPLY:

- | | | |
|----|--------|---------------|
| 1 | Asda | "Asda" |
| 2 | Morris | "Morrison's" |
| 3 | Sains | "Sainsbury's" |
| 4 | Tesco | "Tesco" |
| 97 | Other | |

If (BottBrS = Other) THEN

BottBrSO

INTERVIEWER: Please record other supermarket branded bottles here.

: STRING [100]

ASK ALL

HSVou

Since (NAME) was born, have you received any Healthy Start vouchers?

1 Yes

2 No

IF (HSVou = Yes) THEN

HSVWh

What have you used the vouchers/coupons to purchase?

INTERVIEWER: CODE ALL THAT APPLY.

1 FrVeg "Fresh fruit and/or vegetables"

2 InfForm "Infant formula"

3 CowM "Cow's milk"

4 VitSuppM "Vitamin supplements for mother"

5 VitSuppl "Vitamin Supplements for infant"

6 VouNtUsd "SPONTANEOUS ONLY - Did not use vouchers/coupons"

VouSp

Do you spend the majority of the vouchers on...

1 FrVeg "Fresh fruit and/or vegetables"

2 InfForm "Infant formula"

3 CowM "Cow's milk"

4 EqualAll "an equal amount on fresh fruit and vegetables, infant formula and cow's milk"

5 EqualSome "an equal amount only on two of these three specific items"

IF (VouSp = EqualSome) THEN

VouMaj

Thinking of the two items you spend the majority of the vouchers on equally, are they ...

INTERVIEWER: IF RESPONDENT SPENDS AN EQUAL AMOUNT ON ALL THREE ITEMS, GO BACK TO VOUSP AND CODE 'SPEND AN EQUAL AMOUNT ON ALL ITEMS'

1 FrVeg "Fresh fruit and/or vegetables"

2 InfForm "Infant formula"

3 CowM "Cow's milk"

HSVits

As well as vouchers, Healthy Start also allows you to get Healthy Start vitamins for your child. Have you ever been given or claimed these Healthy Start vitamins for (NAME)?

- 1 Yes
- 2 No
- 96 NoneAv "SPONTANEOUS ONLY: Tried to claim, but none available"

IF (HSVits = Yes) THEN**HSVoft**

And how often do you give these vitamins to (NAME)?

- 1 Daily
- 2 Occ "Occasionally"
- 3 VRare "Very rarely"
- 4 Never
- 5 UsedTo "SPONTANEOUS ONLY: Used to give, but now don't"

EATING PATTERNS

ASK ALL

Intro

I am now going to ask about **eating patterns**.

1 Continue

IF (child is 8 months or less) THEN

Food

Has (NAME) ever had any food apart from milk?

1 Yes

2 No

IF (child is over 8 months) OR (Food = Yes) THEN

FdAge

How old was (NAME) when he/she FIRST had any food apart from milk?

INTERVIEWER: PLEASE RECORD HERE WHETHER THE RESPONDENT IS ANSWERING IN MONTHS + WEEKS, OR JUST WEEKS ONLY"

1 Months "Months and weeks, e.g. 6 months 2 weeks"

2 Weeks "Weeks ONLY, e.g. 10 weeks"

3 DKnow "Can't remember or don't know"

IF (FdAge = Months) THEN

FdAgeM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (FdAge = Months) THEN

FdAgeMW

... and number of weeks?

: 0..3

IF (FdAge = Weeks) THEN

FdAgeW

Number of weeks?

: 1..100

IF (child is over 8 months) OR (Food = Yes) THEN

FirFood

SHOW CARD G

What type of food was (NAME) first fed?

INTERVIEWER: SHOW CARD AND CODE ONE ONLY.

- | | | |
|----|--------|---|
| 1 | BRice | "Baby rice" |
| 2 | PurFV | "Pureed fruit or vegetable" |
| 3 | PurMF | "Pureed meat or fish" |
| 4 | LumpFV | "Lumpy fruit or veg (lightly blended or mashed rather than pureed)" |
| 5 | LumpMF | "Lumpy meat or fish (blended or mashed rather than pureed)" |
| 6 | FingF | "Finger foods (solid food in small chunks)" |
| 7 | Yog | Yogurt (such as fromage frais) |
| 97 | Other | |

IF (child is over 8 months) OR (Food = Yes) THEN

Finger

Does (NAME) suck or chew on finger foods (such as crackers, cookies, toast, etc.)?

- | | |
|---|--------------|
| 1 | Yes |
| 2 | No (not yet) |

IF (child is over 8 months) OR (Food = Yes) THEN

FoodTyp

Does (NAME) usually eat smooth pureed food, food with some lumps in (such as mashed banana or sweet potato, or lightly blended meat or fish dishes), or does he/she usually eat unblended or unmashed food,?

- | | | |
|---|----------|------------------------------|
| 1 | Pureed | "Pureed food" |
| 2 | FoodLump | "Food with some lumps" |
| 3 | UnMash | "Unblended or unmashed food" |

IF (FoodTyp = FoodLump or UnMash) THEN

AgeTyp

When did (NAME) first start having meals with lumps in?

INTERVIEWER: PLEASE RECORD HERE WHETHER THE RESPONDENT IS ANSWERING IN MONTHS + WEEKS, OR JUST WEEKS ONLY.

- | | | |
|---|--------|---|
| 1 | Months | "Months and weeks, e.g. 6 months 2 weeks" |
| 2 | Weeks | "Weeks ONLY, e.g. 10 weeks" |
| 3 | DKnow | "Can't remember or don't know" |

IF (AgeTyp = Months) THEN

AgeTypM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (AgeTyp = Months) THEN

AgeTypMW

... and number of weeks?

: 0..3

IF (AgeTyp = Weeks) THEN

AgeTypW

Number of weeks?

: 1..100

IF (child is over 8 months) OR (Food = Yes) THEN

MealNum

Does (NAME) usually eat food three or more times a day? That is any food other than milk or other drinks.

1 Yes

2 No

IF (child is over 8 months) OR (Food = Yes) THEN

MealSame

For the main meal of the day does (NAME) ever eat the same food as you?

NOTE: THIS COULD BE THE SAME FOOD BLENDED OR PUREED, OR SERVED BEFORE SALT OR SUGAR ADDED.

1 Yes

2 No

IF (MealSame = Yes) THEN

MealSOft

SHOW CARD H

How often does (NAME) eat the same food as you, for the main meal of the day?

1 Always

2 AlmAl "Almost always"

3 Somet "Sometimes"

4 AlmNev "Almost never"

IF (child is over 8 months) OR (Food = Yes) THEN

MealDiff

For the main meal of the day does (NAME) ever eat a different meal that you prepare, i.e not a commercially prepared meal that you bought?

- 1 Yes
- 2 No

IF (MealDiff = Yes) THEN

MealDOft

SHOW CARD H

How *often* does (NAME) **ever** eat a different meal that you prepare (i.e. not a commercially prepared meal that you bought), for the main meal of the day?

- 1 Always
- 2 AlmAl "Almost always"
- 3 Somet "Sometimes"
- 4 AlmNev "Almost never"

IF (child is over 8 months) OR (Food = Yes) THEN

MealPrep

For the main meal of the day does (NAME) **ever** eat a commercially prepared baby or toddler meal?

- 1 Yes
- 2 No

IF (MealPrep = Yes) THEN

MealPOft

SHOW CARD H

How often does (NAME) eat a commercially prepared baby or toddler meal, for the main meal of the day?

- 1 Always
- 2 AlmAl "Almost always"
- 3 Somet "Sometimes"
- 4 AlmNev "Almost never"

IF (MealPOft = Always, AlmAl, Somet or AlmNev) THEN

PackTY

When (NAME) eats a ready prepared baby or toddler meal, are these packaged in...

INTERVIEWER: READ OUT AND CODE ALL THAT APPLY.

- 1 Jars "Jars with twist on/twist off lids"
- 2 Tins "Tins or cans"
- 3 Pack "Packets or pouches which need reconstituting (that is dried food mixes)"
- 4 ReadMPck "ready to eat packets/pouches? "

5	Plastic	"plastic tubs/trays? "
97	Other	"Or some other type of packaging (PLEASE SPECIFY)"

IF (PackTY = Other) THEN

PackTYO

What is the other type of packaging?

: STRING [60]

IF (Food = Yes) OR (FdAge = Months, Weeks) THEN

AdMeal

Can I just check, has (NAME) ever eaten any commercially prepared adult ready meals of any sort (such as ready made quiches, soups, pies, pasta meals etc.)?

1 Yes

2 No

IF (Food = Yes) OR (FdAge = Months, Weeks) THEN

Peel

SHOW CARD I

Does (NAME) ever eat the peel or skin (outer layer) of the following fruits/vegetables? This could be if you blend the peel into soups or smoothies, as well as actually eating the peel or skin on its own. Please do **not** include eating the peel or skin in fruit cakes, marmalade, chutneys etc.

INTERVIEWER:

INCLUDES WHOLE FRUIT OR BLENDING THE PEEL/SKIN TO MAKE A SMOOTHIE / SOUP.

EXCLUDES EATING PEEL/SKIN IN FRUIT CAKES, MARMALADE, CHUTNEYS ETC.

1	Potato	"Potatoes"
2	Orange	"Oranges"
3	Lemon	"Lemons"
4	Kiwi	"Kiwi fruits"
5	GrapeF	"Grapefruits"
6	Mango	"Mangoes"
7	Banana	"Bananas"
8	Melon	"Melons"
9	Lime	"Limes"
10	PApple	"Pineapples"
11	SoftCit	"Soft citrus fruit (satsumas/ mandarins/ clementines)"
96	None	"None of these"

(Ask for each response at Peel)

PeIFrq

SHOWCARD I

How often does (NAME) eat the peel or skin of (fruit from showcard I)?"

- | | | |
|---|--------|--------------------------|
| 1 | Daily | "Every day/most days" |
| 2 | Week1 | "Once or twice a week" |
| 3 | Month1 | "Once or twice a month" |
| 4 | Less | "Less than once a month" |
| 5 | VRare | "Very rarely" |

(Ask for each response at Peel)

PeIAMn

SHOWCARD J

When (NAME) eat(s) the peel or skin of (fruit from showcard I), how much of it does (NAME) usually eat?

- | | | |
|---|-------|---|
| 1 | All | "All of the peel or skin" |
| 2 | Most | "Most of the peel or skin" |
| 3 | Half | "Around half of the peel or skin" |
| 4 | Quart | "Around a quarter of the peel or skin" |
| 5 | Less | "Less than a quarter of the peel or skin" |

IF (Food = Yes) THEN

AddSalt

Do you ever add salt to (NAME)'s solid food, including adding salt when you are cooking the food?

Please include food that you cook for the family that your baby would eat.

- | | | |
|---|--------|------------------|
| 1 | YesOft | "Yes, often" |
| 2 | YesSom | "Yes, sometimes" |
| 3 | Never | |

IF (Food = Yes) THEN

AvoidYN

Are there any types of foods that you avoid giving (NAME) for reasons other than (NAME)'s age?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (AvoidYN = Yes) THEN

Avoid

SHOW CARD L

Can you tell me what types of foods you avoid giving (NAME) (for reasons other than (NAME)'s age)?

INTERVIEWER: CODE ALL THAT APPLY.

- | | | |
|---|------|---|
| 1 | Meat | "Meat or meat products (not including poultry)" |
|---|------|---|

2	Poultry	"Chicken or other poultry and dishes containing them"
3	AllMeat	"All meat and poultry"
4	Fish	"Fish or seafood and fish and seafood dishes"
5	AllMF	"All meat, poultry and fish"
6	Eggs	"Eggs"
7	Milk	"Milk (including yoghurt)"
8	Cheese	"Cheese"
9	Dairy	"All dairy products"
10	Salad	"Salad vegetables (e.g. lettuce, cucumber, tomato)"
11	Green	"Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)"
12	RootV	"Root vegetables (e.g. carrots, parsnips)"
13	Fruit	"Fresh fruit"
14	Nuts	"Nuts"
15	Offal	"Offal"
16	Spicy	"Spicy foods"
17	ProcFood	"Processed foods"
18	Sweets	"Sweets/chocolate"
97	Other	"Other (please specify)"

IF (Avoid = Other) THEN

AvOth

What's the other food you avoid giving to (NAME)?

: STRING [100]

(Ask for each response at Avoid and AvOth)

WhyAv

Can you tell me why you avoid giving (food from showcard L to (NAME)?

INTERVIEWER: CODE ALL THAT APPLY.

1	Taste	"Child dislikes taste / texture / colour"
2	Wght	"Weight-related health reasons"
3	Health	"Health reasons (NOT related to weight)"
4	Cultural	"Cultural/religious reasons"
5	Ethical	"Ethical/moral reasons"
6	AllReac	"Allergic/adverse reaction"
7	NoCook	"Not cooked in household"
8	FearChoke	"Fear of choking"
9	DiffChew	"Difficulty chewing"
97	Other	"Other (Please specify)"

IF (WhyAv = Other) THEN

WhyAvO

What are the other reasons you avoid giving (food from showcard L) to (NAME)?

: STRING [100]

IF (Food = Yes) THEN

Veg

Can I just check, would you describe (NAME) as vegetarian or vegan?

- 1 Veggie "Vegetarian"
- 2 Vegan
- 3 Neither

IF (Veg = Veggie) THEN

VegeChk

Can I just check, does (NAME) eat any meat, fish, poultry or dishes that contain these?

- 1 Yes
- 2 No

IF (Veg = Vegan) THEN

VeganChk

Can I just check, does (NAME) eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?

- 1 Yes
- 2 No

IF (Food = Yes) THEN

SolDif

Was it difficult to introduce (NAME) to solid foods?

- 1 Yes
- 2 No

IF (SolDif = Yes) THEN

DifHow

In what way was it difficult?

INTERVIEWER: CODE ALL THAT APPLY.

- 1 NoSol "Would not take solids"
- 2 SSol "Would only take certain solids"
- 3 Disint "Was disinterested in food"
- 4 Drink "Prefers drinks to food"
- 5 Vomit "Vomiting"
- 6 Spoon "Doesn't like eating from a spoon"
- 97 Other "Other reason (Please specify)"

IF (DifHow = Other) THEN

DifHowO

Please specify other reason.

: STRING [100]

IF (Food = Yes) THEN

FoodBeh

SHOW CARD M

I am now going to read out some statements about (NAME)'s eating behaviour. Please can you pick the most appropriate answer from this show card.

1 Continue

IF (Food = Yes) THEN

FBApp

SHOW CARD M

...he/she has a big appetite.

- 1 Never
- 2 Rarely
- 3 Somet "Sometimes"
- 4 Often
- 5 Always

IF (Food = Yes) THEN

FBSlow

SHOW CARD M

...he/she takes more than 30 minutes to finish a meal.

- 1 Never
- 2 Rarely
- 3 Somet "Sometimes"
- 4 Often
- 5 Always

IF (Food = Yes) THEN

FBDiff

SHOW CARD M

he/she is difficult to please with meals.

- 1 Never
- 2 Rarely
- 3 Somet "Sometimes"
- 4 Often
- 5 Always

IF (Food = Yes) THEN

FBInt

SHOWCARD M

he/she is interested in food.

- 1 Never
- 2 Rarely

- | | | |
|---|--------|-------------|
| 3 | Somet | "Sometimes" |
| 4 | Often | |
| 5 | Always | |

IF (Food = Yes) THEN

FBFull

SHOWCARD M

he/she gets full before his/her meal is finished.

- | | | |
|---|--------|-------------|
| 1 | Never | |
| 2 | Rarely | |
| 3 | Somet | "Sometimes" |
| 4 | Often | |
| 5 | Always | |

DEVELOPMENTAL STAGES

ASK ALL

Intro

I am now going to ask about some of the things babies learn to do as they get older. Some of them (NAME) will be doing and others he/she won't have started yet.

1 Continue

ASK ALL

DevInt

SHOW CARD N

Please look at this card and tell me which (NAME) can do.

- | | | |
|----|--------|---|
| 1 | HeadUp | "He/She can hold his/her head upright" |
| 2 | SitSup | "He/She can sit supported, head steady" |
| 3 | SitNoS | "He/She can sit without support" |
| 4 | Crawl | "He/She can crawl on hands and knees" |
| 5 | StSup | "He/She can stand supported, with hands held or holding onto furniture" |
| 6 | WlkSup | "He/She can walk supported, with one hand held or holding something" |
| 7 | StAl | "He/She can stand alone (for 1-2 seconds or more)" |
| 8 | WlkAl | "He/She can walk alone (for 4-5 steps or more)" |
| 9 | All | "SPONTANEOUS ONLY: All of these" |
| 96 | None | "SPONTANEOUS ONLY: None of these" |

ASK ALL

Speak

Which of the following best describes (NAME)'s speech?

READ OUT...

- | | | |
|---|---------|---|
| 1 | Sounds | "...he/she can make sounds" |
| 2 | FewWord | "...he/she can say one or two words", |
| 3 | LimVoc | "...he/she has limited vocabulary (less than 40 words)" |
| 4 | GdVoc | "...he/she has good vocabulary (more than 40 words)" |
| 5 | NoSp | "DO NOT READ OUT: Cannot make any sounds at all" |

ASK ALL

Pick

SHOW CARD O

(Thinking about (NAME)...)

...can he/she pick up a small object that is smaller than 2 inches (5 cms)?

- | | | |
|---|--------|-------------------------------|
| 1 | Often | "Yes, does often" |
| 2 | NotOft | "Has only done once or twice" |

3 No "Has not started yet"

ASK ALL

PickTF

SHOW CARD O

(Thinking about (NAME)...)

...can he/she pick up a small object with thumb and fingers?

- | | | |
|---|--------|-------------------------------|
| 1 | Often | "Yes, does often" |
| 2 | NotOft | "Has only done once or twice" |
| 3 | No | "Has not started yet" |

ASK ALL

Rattle

SHOW CARD O

(Thinking about (NAME)...)

...can he/she hold an object such as a rattle or similar?

- | | | |
|---|--------|-------------------------------|
| 1 | Often | "Yes, does often" |
| 2 | NotOft | "Has only done once or twice" |
| 3 | No | "Has not started yet" |

ASK ALL

EatDr

The next few questions are about eating and drinking.

- 1 Continue

ASK ALL

Beaker

Has (NAME) ever drunk from a cup or beaker with a spout?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Beaker = Yes) THEN

BeakAge

How old was (NAME) when he/she first began to use the cup or beaker?

INTERVIEWER: RECORD IN EITHER MONTHS & WEEKS OR JUST WEEKS.

CODE ONE ONLY.

- | | | |
|---|--------|---|
| 1 | Months | "Months and weeks, e.g. 6 months 2 weeks" |
| 2 | Weeks | "Weeks ONLY, e.g. 10 weeks" |

IF (BeakAge = Months) THEN

BeakM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (BeakAge = Months) THEN

BeakMW

... and number of weeks?

: 0..3

IF (BeakAge = Weeks) THEN

BeakW

Number of weeks?

: 1..100

IF (Beaker = Yes) THEN

BeakOf

Does (NAME) drink out of a cup or beaker...RUNNING PROMPT?

- | | | |
|---|---------|-----------------|
| 1 | Usually | |
| 2 | SomeT | "Sometimes" |
| 3 | Never | "Or not at all" |

ASK ALL

OpenM

SHOW CARD O

Does (NAME) open his/her mouth when food is offered?

- | | | |
|---|----------|-----------------|
| 1 | Never | |
| 2 | Rarely | |
| 3 | SomeT | "Sometimes" |
| 4 | Often | |
| 5 | AlAlways | "Almost always" |

IF (Food = Yes) THEN

FSRusk

Does (NAME) feed him/herself a rusk (or other similar food)?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Food = Yes) THEN

Spoon

Does (NAME) feed him/herself with a spoon?

- 1 Yes
- 2 No

IF (Food = Yes) THEN

Fork

Does (NAME) feed him/herself with a fork?

- 1 Yes
- 2 No

ASK ALL

TeethNum

The next few questions are about (NAME)'s teeth.

How many teeth has he/she got now?

:0..20

IF (TeethNum = 1 or more) THEN

TeethAge

How old was he/she when the first one appeared?

INTERVIEWER: RECORD IN EITHER MONTHS & WEEKS OR JUST WEEKS.

CODE ONE ONLY.

- 1 Months "Months and weeks, e.g. 6 months 2 weeks"
- 2 Weeks "Weeks ONLY, e.g. 10 weeks"

IF (TeethAge = Months) THEN

TeethM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (TeethAge = Months) THEN

TeethMW

... and number of weeks?

: 0..3

IF (TeethAge = Weeks) THEN

TeethW

Number of weeks?

: 1..100

IF (TeethNum = 1 or more) THEN

ToothB

Do you use a toothbrush for (NAME)?

- | | | |
|---|---------|------------------|
| 1 | YesEv | "Yes, every day" |
| 2 | YesSome | "Yes, sometimes" |
| 3 | No | "No not at all" |

DIETARY SUPPLEMENTS AND MEDICATIONS CURRENTLY TAKEN BY INFANT AND BREASTFEEDING MOTHERS

ASK ALL

Intro

I am now going to ask about **dietary supplements and medications**.

A dietary supplement is a product intended to provide additional nutrients or give health benefits and may be taken in liquid, capsule, tablet, pastille or powder forms.

1 Continue

MOTHER'S USE OF SUPPLEMENTS AND MEDICATIONS

IF (StillBF = Yes) THEN

MSupplnt

Firstly, I am going to ask about your/(mother's name)'s use of **dietary supplements and medications** since you have/she has been breastfeeding.

1 Continue

IF (StillBF = Yes) THEN

MSupYr

SHOW CARD Q

Have/Has you/(mother's name) taken any vitamins, minerals, fish oil, fibre or other dietary supplements of the type listed on this card since you/she have/has been breastfeeding, including prescription and non-prescription supplements?

INTERVIEWER: GIVE FURTHER EXAMPLES - VITAMIN C, IRON, FOLIC ACID, GLUCOSAMINE, HEALTHY START VITAMINS, EVENING PRIMROSE, GARLIC, GINSENG, OMEGA 3, COMPLAN ETC.

1 Yes

2 No

IF (MSupYr = Yes) THEN

MSDet

Now I would like to collect some details about the vitamins, minerals and other dietary supplements that /(mother's name) have/has taken since you/she started breastfeeding.

For those supplements that are currently being taken it will be easiest if you show me the bottles or containers and I can copy down the information.

1 Continue

{ IF (MSuppYr = Yes) THEN

Following questions (MSRec-MSMore) asked as a loop:}

MSRec

INTERVIEWER: CODE WHETHER (*first/next*) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.

- | | | |
|---|-------|-------------------------|
| 1 | Inte | "Checked by myself" |
| 2 | Resp | "Checked by respondent" |
| 3 | NoCon | "Not checked" |

MSName

INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THE **NAME, BRAND AND STRENGTH** ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT SUPPLEMENT.

: STRING [60]

MSLic

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE SUPPLEMENT.

: STRING [30]

MSForm

INTERVIEWER: RECORD FORM IN WHICH SUPPLEMENT TAKEN.

- | | | |
|---|----------|----------------|
| 1 | Tablets | |
| 2 | Capsules | |
| 3 | Drops | |
| 4 | Liqu | "Liquid/Syrup" |
| 5 | Powder | |

MSDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.

CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

MSFreq

SHOW CARD R

How often do you take this supplement?

INTERVIEWER: USE <CTRL K> IF DOES NOT KNOW.

- | | | |
|---|----------|--------------------------|
| 1 | LessMth | "Less than once a month" |
| 2 | OneThMth | "1-3 times a month" |

3	OnceWk	"Once a week"
4	TwoFrWk	"2-4 times a week"
5	OnceDay	"Once a day"
6	TwoThDay	"2-3 times a day"
7	FrMrDay	"4 or more times a day"

MSPres

Was the supplement prescribed by your GP/other healthcare professional?

- 1 Yes
- 2 No

MSMore

INTERVIEWER: RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.

- 1 Yes
- 2 No

IF (MSuppYr = Yes) THEN

MSHSt

Were any of the supplements you/(mother's name) have/has taken obtained through Healthy Start vouchers?

- 1 Yes
- 2 No

If StilBF = Yes THEN

MMeds

Are/Is you/(mother's name) currently taking any prescribed medicines?

- 1 Yes
- 2 No

{If (MMeds = Yes) THEN

Following questions (MMedBI-MMedBIC) asked as a loop:}

MMedBI

INTERVIEWER: ENTER NAME OF DRUG.

Now I would like to collect some details about any prescribed medicines you are currently taking.

INTERVIEWER: Ask if you can see the containers for all prescribed medicines currently being taken. If Aspirin, record dosage as well as name.

PLEASE RECORD ORAL MEDICATION ONLY

: STRING [80]

MMedRec

INTERVIEWER: CODE WHETHER (*first/next*) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.

- | | | |
|---|-------|-------------------------|
| 1 | Inte | "Checked by myself" |
| 2 | Resp | "Checked by respondent" |
| 3 | NoCon | "Not checked" |

MMedBr

INTERVIEWER: RECORD BRAND OF MEDICATION.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.

: STRING [30]

MMedStr

INTERVIEWER: RECORD STRENGTH OF MEDICATION.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.

: STRING [30]

MMedLic

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.

: STRING [30]

MMedForm

INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.

- | | | |
|---|----------|----------------|
| 1 | Tablets | |
| 2 | Capsules | |
| 3 | Drops | |
| 4 | Liqu | "Liquid/Syrup" |
| 5 | Powder | |

MMedDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.

CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

MMFreq

SHOW CARD R

How often do you take this medication?

INTERVIEWER: Use <CTRL K> if does not know.

- | | | |
|---|----------|--------------------------|
| 1 | LessMth | "Less than once a month" |
| 2 | OneThMth | "1-3 times a month" |
| 3 | OnceWk | "Once a week" |
| 4 | TwoFrWk | "2-4 times a week" |
| 5 | OnceDay | "Once a day" |
| 6 | TwoThDay | "2-3 times a day" |
| 7 | FrMrDay | "4 or more times a day" |

MMedBIA

Have you taken or used (*text from MMedBI*) in the last 7 days?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

MMedBIC

INTERVIEWER: Any more drugs to enter?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

INFANT'S USE OF SUPPLEMENTS AND MEDICATIONS**ASK ALL****ISupplnt**

I am now going to ask some questions about (NAME)'s use of **dietary supplements and medicines** since he/she was born.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

ASK ALL**ISuppYr**

SHOW CARD R

Has (NAME) taken any vitamins, minerals, fish oil, fibre or other dietary supplements of the type listed on this card since he/she was born, including prescription and non-prescription supplements?

INTERVIEWER: GIVE FURTHER EXAMPLES - VITAMIN A, C, D DROPS, OMEGA 3 SYRUP, MULTIVITAMIN SYRUP, IRON DROPS, HEALTHY START, ETC.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (ISuppYr = Yes) THEN

ISDet

Now I would like to collect some details about the vitamins, minerals and other dietary supplements that (NAME) has ever taken.

For those supplements that are currently being taken it will be easiest if you show me the bottles or containers and I can copy down the information.

1 Continue

{IF (ISuppYr = Yes) THEN

Following questions (ISStill-ISMore) asked as a loop:}

ISStill

INTERVIEWER: ANSWER THE FOLLOWING QUESTIONS USING THE BOTTLES OR CONTAINERS THAT YOU HAVE BEEN SHOWN BY THE RESPONDENT.

Is (NAME) still taking (*first/next*) supplement?

1 Yes

2 No

ISRec

INTERVIEWER: CODE WHETHER (*first/next*) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.

1 Inte "Checked by myself"

2 Resp "Checked by respondent"

3 NoCon "Not checked"

ISName

INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THE **NAME, BRAND AND STRENGTH** ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT SUPPLEMENT.

: STRING [60]

ISLic

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE SUPPLEMENT.

: STRING [30]

ISForm

INTERVIEWER: RECORD FORM IN WHICH SUPPLEMENT TAKEN.

1 Tablets

2 Capsules

3 Drops

4 Liqu "Liquid/Syrup"

ISDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.

CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

ISFreq

SHOW CARD R

How often does (NAME) take this supplement?

INTERVIEWER: Use <CTRL K> if does not know.

- | | | |
|---|----------|--------------------------|
| 1 | LessMth | "Less than once a month" |
| 2 | OneThMth | "1-3 times a month" |
| 3 | OnceWk | "Once a week" |
| 4 | TwoFrWk | "2-4 times a week" |
| 5 | OnceDay | "Once a day" |
| 6 | TwoThDay | "2-3 times a day" |
| 7 | FrMrDay | "4 or more times a day" |

ISPres

Was the supplement prescribed by (NAME)'s GP/other healthcare professional?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

ISMore

INTERVIEWER: RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

{ IF (IMeds = Yes) THEN

Following questions (IMedBI-IMedBIC) asked as a loop:}

IMedBI

INTERVIEWER: ENTER NAME OF DRUG NO.

Now I would like to collect some details about any prescribed medicines (NAME) is currently taking.

INTERVIEWER: Ask if you can see the containers for all prescribed medicines currently being taken. If Aspirin, record dosage as well as name.

INTERVIEWER: PLEASE RECORD ORAL MEDICATION ONLY

: STRING [80]

IMedRec

INTERVIEWER: CODE WHETHER (*first/next*) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.

- | | | |
|---|-------|-------------------------|
| 1 | Inte | "Checked by myself" |
| 2 | Resp | "Checked by respondent" |
| 3 | NoCon | "Not checked" |

IMedBr

INTERVIEWER: RECORD BRAND OF MEDICATION.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.

: STRING [30]

IMedStr

INTERVIEWER: RECORD STRENGTH OF MEDICATION.

INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.

: STRING [30]

IMedLic

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.

: STRING [30]

IMedForm

INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.

- | | | |
|---|----------|----------------|
| 1 | Tablets | |
| 2 | Capsules | |
| 3 | Drops | |
| 4 | Liqu | "Liquid/Syrup" |
| 5 | Powder | |

IMedDose

INTERVIEWER: RECORD DOSE - NUMBER OF **TABLETS, DROPS, 5ml SPOONS**.

CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.

: 1..20

IMFreq

SHOW CARD Q

How often does (NAME) take this medication?

INTERVIEWER: Use <CTRL K> if does not know.

- | | | |
|---|----------|--------------------------|
| 1 | LessMth | "Less than once a month" |
| 2 | OneThMth | "1-3 times a month" |
| 3 | OnceWk | "Once a week" |
| 4 | TwoFrWk | "2-4 times a week" |
| 5 | OnceDay | "Once a day" |
| 6 | TwoThDay | "2-3 times a day" |
| 7 | FrMrDay | "4 or more times a day" |

IMedBIA

Has (NAME) taken or used (*text from IMedBI*) in the last 7 days?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IMedBIC

INTERVIEWER: Any more drugs to enter?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

SUN EXPOSURE

ASK ALL

SunIntC

Now I'd like to ask you some questions about (NAME)'s exposure to sunlight in the last seven days. This is important as it can be related to Vitamin D levels.

Unless otherwise stated, please think of the last seven days only when answering these questions.

1 Continue

ASK ALL

OutSC

In the last seven days (since ^LDateDayLast7Days), on how many days has (NAME) spent time outside between the hours of 10am-3pm, for any reason?

INTERVIEWER: IF NONE CODE ZERO.

: 0..7

IF (OutSC > 0) THEN

TimeOC

Approximately how many hours between 10am and 3pm did (NAME) usually spend outside on average each day?

INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.
Examples:

1:23 - 1 hours and 23 minutes

0:7 - 7 minutes

0:23 - 23 minutes

1:5 - 1 hour and 5 minutes

: TIMETYPE

IF (OutSC > 0) THEN

TOUncC

Generally, when (NAME) was outside, were the following parts of his/her body uncovered?

READ OUT AND CODE ALL THAT APPLY.

1 Face?

2 Head?

3 Hands?

4 Arms?

5 Shoulders?

6 Legs?

- 7 Most or all of upper body?
96 DO NOT READ OUT - None of these

ASK ALL

SunCC

In the last seven days, have you used sun cream on (NAME)?

- 1 Yes
2 No

IF (SunCC = No) THEN

SCEvC

Since (NAME) was born, have you regularly used sun cream on him/her when out in the sun?

- 1 Yes
2 No

ASK ALL

BurnC

Has (NAME) **ever** been out in sun strong enough for there to be a chance of him/her tanning or burning?

- 1 Yes
2 No

IF (BurnC = Yes) THEN

BFSunC

When in strong sun, do you do any of the following?

INTERVIEWER: READ OUT AND CODE ALL THAT APPLY.

- 1 Try to keep child in the shade as much as possible
2 Use sun cream
3 Limit how much time child spent outside
4 Cover child up as much as possible (hat, long sleeves etc.)
97 Other
96 None of these

IF (BurnC = Yes) THEN

SkColC

Has (NAME)'s skin ever changed colour at all as a result of sun exposure, for example reddened, got darker, or freckled?

- 1 Yes
2 No

IF (Age < 12 months) THEN

SkColPC

What parts of (NAME)'s skin changed colour?

CODE ALL THAT APPLY.

- 1 Face / Neck / Shoulders
- 2 Arms / Hands
- 3 Legs / Feet
- 4 Chest
- 5 Back

IF (Age < 12 months) THEN

HolU12

Since (NAME) was born, has he/she been on a sun holiday or trip to a sunny place for two days or more? This could be either in the UK or abroad.

INTERVIEWER: IT NEEDS TO HAVE BEEN SUNNY FOR TWO DAYS OR MORE WHILE RESPONDENT WAS AWAY.

- 1 Yes
- 2 No

IF (Age >= 12) THEN

HolO12

In the past year, has (NAME) been on a sun holiday or trip to a sunny place for two days or more? This could be either in the UK or abroad.

- 1 Yes
- 2 No

{ IF (HolU12 = Yes) OR (HolO12 = Yes) THEN

Following questions (HolM - HolMore asked as a loop:}

HolM

Thinking of the (*first/second etc.*) sun holiday you took since (NAME) was born, in which month was this holiday?

INTERVIEWER: IF HOLIDAY SPANS MORE THAN ONE MONTH, RECORD THE MONTH IN WHICH THE HOLIDAY BEGAN.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November

12 December

HolC

What country did you visit on this trip?

INTERVIEWER: IF UK / GREAT BRITAIN, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.

INTERVIEWER: RECORD NAME OF COUNTRY.

INTERVIEWER: IF MORE THAN ONE, CODE THE COUNTRY WHERE RESPONDENT SPENT THE MOST TIME.

INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.

: STRING [30]

HolMore

Are there any more sun holidays to code?

1 Yes

2 No

CHILDCARE ARRANGEMENTS

ASK ALL

CCareIn

I'd now like to ask you about any **childcare** you might use for (NAME).

1 Continue

ASK ALL

CCarex

SHOW CARD T

Thinking about a typical week, do any of the people or places listed on this card look after (NAME)?

INTERVIEWER: PROBE - Which others?

- | | | |
|----|--------|---|
| 1 | DayN | "Day nursery" |
| 2 | PlayG | "Playgroup or pre-school" |
| 3 | Nurs | "Nursery school or nursery class" |
| 4 | SpNurs | "Special nursery or unit for children with special educational needs" |
| 5 | ChildM | "Childminder" |
| 6 | Nanny | "Nanny or au pair" |
| 7 | Creche | |
| 8 | BabyS | "Baby-sitter" |
| 9 | GrandP | "The baby's grandparent(s)" |
| 10 | Sib | "The baby's older brother/sister" |
| 11 | OthRel | "Another relative" |
| 12 | OthPar | "The baby's other parent who does not live in this household" |
| 13 | Friend | "A friend or neighbour" |
| 14 | NoOne | "No one else looks after the baby" |
| 15 | Other | "Other (please specify)" |

IF (CCarex = Other) THEN

CCareO

INTERVIEWER: ENTER DESCRIPTION OF OTHER TYPE OF CHILDCARE.

: STRING [100]

{ IF (CCarex <> NoOne) THEN

Following questions (Prov – CCDrink) asked as a loop:}

ASK FOR EACH PROVIDER TYPE SPECIFIED

Prov

For how many hours does (**PROVIDER TYPE**) usually look after (NAME) during a typical week?

0.5..168

ASK FOR EACH PROVIDER TYPE SPECIFIED

CCFood

Is (NAME) usually given meals by (**PROVIDER TYPE**)?

1 Yes

2 No

IF (CCFood = Yes) THEN

CCFoodY

Are these out-of-home meals prepared by you?

1 Yes

2 No

3 Sometimes

ASK FOR EACH PROVIDER TYPE SPECIFIED

CCSnack

Is (NAME) provided with snacks at (**PROVIDER TYPE**)?

1 Yes

2 No

CCDrink

What sort of drinks is (NAME) provided with at (**PROVIDER TYPE**)?

CODE ALL THAT APPLY.

1 Water

2 Milk

3 Squash

4 FJuice "Fruit juice"

5 Other

6 None "No drinks provided"

HEALTH INFORMATION

IntroPr

I am now going to ask about any health problems that (NAME) may have.

1 Continue

ASK ALL

DAdv

Have you ever been advised by a dietician regarding (NAME)'s feeding?

INTERVIEWER: THIS COULD BE ANY DIETICIAN, NOT NECESSARILY HOSPITAL BASED.

DO NOT INCLUDE HEALTH VISITORS PROVIDING ADVICE ON DIET.

1 Yes

2 No

IF (DAdv = Yes) THEN

DAdvWh

SHOW CARD U

What was the advice or prescription provided by the dietician?

INTERVIEWER: CODE ALL THAT APPLY.

1 Allergy "Advice for allergy or intolerance"

2 Insuff "Advice for concern regarding insufficient milk/food consumption for adequate growth"

3 Constipa "Advice for constipation"

4 Wean "Advice for general weaning problems (e.g. fussy eater, not interested in food, having difficulty moving onto solid foods) "

5 FormAll "Specialised formula for allergy or intolerance"

6 FormOth "Specialised formula for other conditions"

97 Other

IF (DAdvWh = Other) THEN

DAdvWho

What was the other advice or prescription provided by the dietician?

STRING [50]

ASK ALL**DHltPrb**

Has (NAME) had any health problems for which he/she has been taken to the GP, Health Centre or Health visitor, or to Casualty, or you have called NHS direct?

- 1 Yes
- 2 No

{ IF (DHltPrb = Yes) THEN

Following questions (DWhPrb – DPrbMr) asked as a loop:}

DWhPrb

What was the health problem (the *first/second etc.* time) you took (NAME) to the GP, health centre or Health Visitor, Casualty or called NHS Direct?

- 1 Chest "Chest infections"
- 2 Ear "Ear infections"
- 3 Cold
- 4 Virus
- 5 Hightemp "High temperature"
- 6 Feed "Feeding problems"
- 7 Sleep "Sleeping problems"
- 8 Wheez "Wheezing or asthma"
- 9 Skin "Skin problems"
- 10 Eye "Sight or eye problems"
- 11 Slowgrow "Failure to gain weight or to grow"
- 12 Vomit "Persistent or severe vomiting"
- 13 Diarrh "Persistent or severe diarrhoea"
- 14 Fits "Fits or convulsions"
- 15 ACC "Accidents or injury"
- 97 Other "Other health problems"

IF (DWHPrb = Other) THEN

DWhPrbX

What were the other health problems?

: String [100]

IF (DWhPrb < 15) THEN

DPrbMr

INTERVIEWER: Record whether there are any more health problems to record.

- 1 Yes
- 2 No

DInHsp

Apart from any accidents or injuries has (NAME) ever been admitted to a hospital ward because of an illness or health problem?

- 1 Yes
- 2 No

{ IF (DInHosp = Yes) THEN

Following questions DHspA – DHspMr) asked as a loop:}

DHspA

What was the reason (NAME) was admitted (the *first/second* time)?

- 1 Gastro "Gastroenteritis"
- 2 Chest "Chest infection or pneumonia"
- 3 Wheezing "Wheezing or asthma"
- 4 Fit "Convulsion, fit or loss of consciousness"
- 5 Mening "Meningitis"
- 6 PS "Pyloric stenosis"
- 7 Hernia
- 8 Circ "Circumcision"
- 9 Feed "Specific problem with feeding (specify in next question)"
- 10 OthOp "Other operation"
- 97 Other "Other reason"

IF (DHspA = Feeding, OthOp or Other) THEN

DHspAX

What was the other reason?

: String [100]

DHspB

How old was (NAME) when he/she was admitted?

INTERVIEWER: PLEASE RECORD HERE WHETHER THE RESPONDENT IS ANSWERING IN MONTHS + WEEKS, OR JUST WEEKS ONLY.

- 1 Months "Months and weeks, e.g. 6 months 2 weeks"
- 2 Weeks "Weeks ONLY, e.g. 10 weeks"
- 3 DKnow "Can't remember or don't know"

IF (DHspB = Months) THEN

DHspBM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

IF (DHspB = Months) THEN

DHspBMW

... and number of weeks?

: 0..3

IF (DHspB = Weeks) THEN

DHspBW

Number of weeks?

: 1..100

DHspMr

INTERVIEWER: Record whether there are any more hospital visits to code.

1 Yes

2 No

PHYSICAL ACTIVITY AND DIGESTIVE TRANSIT

ASK ALL

Intro

I am now going to ask about (NAME) **physical activity and any minor gastrointestinal symptoms** he/she may have.

- 1 Continue

ASK ALL

Active

Compared to other children of the same sex and of a similar age to yours, would you say that (NAME) is ...

- 1 MLessAc "Much less active"
- 2 LessAc "Less active"
- 3 MoreAc "More active"
- 4 MMoreAc "Much more active"
- 5 Same "Or about the same?"

ASK ALL

Nappy

SHOW CARD V

How many times a day (24 hours) does (NAME) usually dirty his/her nappy?

INTERVIEWER: IF ASKED, THIS QUESTION REFERS TO STOOLS ONLY

- 1 FourD "4 or more times a day"
- 2 TwoThD "2 – 3 times a day"
- 3 Daily "Once a day"
- 4 OnceTFD "Once in 2 – 4 days"
- 5 Weekly "Once a week"
- 6 DK "Can't say"
- 7 NoNap "No longer in nappies"

ASK ALL

StHard

SHOW CARD W

How often are (NAME)'s stools...

...HARD?

- 1 Always
- 2 Somet "Sometimes"
- 3 Occ "Occasionally"
- 4 Never

ASK ALL

Constip

SHOW CARD W

Does (NAME) ever seem to find it painful or very difficult to pass a stool.

Would you say..

READ OUT...

- | | | |
|---|--------|----------------|
| 1 | Always | |
| 2 | Somet | "Sometimes" |
| 3 | Occ | "Occasionally" |
| 4 | Never | |

SMOKING AND DRINKING

ASK ALL

Intro

INTERVIEWER: THE NEXT SET OF QUESTIONS ARE ABOUT **SMOKING AND DRINKING**.

WE WOULD PREFER THE RESPONDENT TO ANSWER THE QUESTIONS THEMSELVES SO PLEASE HAND THE LAPTOP TO THE RESPONDENT.

IF THE RESPONDENT DOES NOT WANT TO ANSWER THE QUESTIONS ON THE LAPTOP THEMSELVES THEN ASK THE QUESTIONS AS USUAL.

1 Continue

ASK ALL

SmokEver

Have you ever smoked a cigarette, a cigar or pipe?

1 Yes

2 No

IF (SmokEver = Yes) THEN

SmokNow

Do you smoke cigarettes at all nowadays?

1 Yes

2 No

IF (SmokNow = Yes) THEN

CigWDay

About how many cigarettes **a day** do you usually smoke on weekdays?

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

: 0..97

IF (SmokNow = Yes) THEN

CigWEnd

About how many cigarettes **a day** do you usually smoke at weekends?

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 1.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.

IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

: 0..97

ASK ALL

OSmNow

Do any of the people who live with you now smoke cigarettes?

CODE ALL THAT APPLY.

- | | | |
|---|---------|---|
| 1 | Partner | "Yes, my partner smokes" |
| 2 | SElse | "Yes, someone else I live with smokes" |
| 3 | No | "No, nobody else who I live with smokes" |
| 4 | NA | "Not applicable - I live alone with my child" |

IF (OSmNow = Partner) THEN

PaSmokN

How many cigarettes does your partner smoke in a week?

: 1..500

IF (OSmNow = SElse) THEN

ESmokN

How many cigarettes does the other person you live with smoke in a week?

INTERVIEWER: IF MORE THAN ONE OTHER PERSON IN THE HOUSEHOLD SMOKES, GET THE TOTAL NUMBER OF CIGARETTES FOR ALL 'OTHER' PEOPLE.

: 1..1000

ASK ALL

PregSm

Did you/(mother's name) smoke cigarettes **at all** during the three months before you/she found out you/she were/was pregnant with (NAME)?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (SmokEver = Yes) THEN

PSmEv

Did you/(mother's name) smoke at all DURING your/her pregnancy with (NAME), even if just once or twice?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (PSmEv = Yes) THEN

PSmFre

SHOWCARD X

During your/(mother's name) pregnancy with (NAME), which of these best describes how often you/she smoked?

- | | | |
|---|--------|----------------------|
| 1 | EvDay | "Every day" |
| 2 | FSixWk | "5-6 times per week" |

- | | | |
|---|---------|--------------------------|
| 3 | ThFWk | "3-4 times per week" |
| 4 | OneTwWk | "1-2 times per week" |
| 5 | OneTwM | "1-2 times per month" |
| 6 | LessOM | "Less than once a month" |
| 7 | Rarely | |

IF (SmokNow = Yes AND PSmEv = No AND interviewing mother) OR (OSmNow = Partner and PSmEv = No AND interviewing partner)

THEN

SmStart

When did you/(mother's name) start smoking again?

- | | | |
|---|---------|---|
| 1 | OneM | "Within one month of (NAME) being born" |
| 2 | OneTwo | "Between one and two months after (NAME) was born" |
| 3 | TwoFour | "Between two and four months after (NAME) was born" |
| 4 | FourSix | "Between four and six months after (NAME) was born" |
| 5 | MoreSix | "More than six months after (NAME) was born" |

ASK ALL

Drink

The next set of questions are about how much you and others living with you drink - that is if you drink.

Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Drink = Yes) THEN

DrWDay

About how many units of alcohol **a day** do you usually drink on **weekdays**?

INTERVIEWER: IF NECESSARY, USE EXAMPLES – 'A unit is **half** a pint of standard strength beer, lager or cider, or a pub measure of spirit. A glass of wine contains about 2 units and alcopops contain around 1.5 units.'

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 1.

IF IT VARIES AND YOU CAN'T ESTIMATE, ENTER MID POINT.

FOR EXAMPLE, IF YOU DRINK BETWEEN 1 AND 3 UNITS, ENTER 2 HERE.

: 0..97

IF (Drink = Yes) THEN

DrWEnd

About how many units of alcohol **a day** do you usually drink at **weekends**?

INTERVIEWER: IF NECESSARY, USE EXAMPLES - 'A unit is **half** a pint of standard strength beer, lager or cider, or a pub measure of spirit. A glass of wine contains about 2 units and alcopops contain around 1.5 units.'

INTERVIEWER: IF LESS THAN ONE A DAY, CODE 1.

IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
FOR EXAMPLE, IF YOU DRINK BETWEEN 1 AND 3 UNITS, ENTER 2 HERE.
: 0..97

ASK ALL

ODrNow

Do any of the people who live with you now drink alcohol?

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | Partner | "Yes, my partner drinks alcohol" |
| 2 | SElse | "Yes, someone else I live with drinks alcohol" |
| 3 | No | "No, nobody else who I live with drinks alcohol" |
| 4 | NA | "Not applicable - I live alone with my child" |

IF (ODrNow = Partner) THEN

PaDrN

How many units of alcohol does your partner usually drink in a **week**?

INTERVIEWER: IF NECESSARY, USE EXAMPLES - 'A unit is **half** a pint of standard strength beer, lager or cider, or a pub measure of spirit. A glass of wine contains about 2 units and alcopops contain around 1.5 units.'

INTERVIEWER: IF LESS THAN ONE A WEEK, CODE 1.

IF IT VARIES AND YOU CAN'T ESTIMATE, ENTER MID POINT.

FOR EXAMPLE, IF YOU DRINK BETWEEN 1 AND 3 UNITS, ENTER 2 HERE.

: 1..500

ASK ALL

PregDr

Did you/(mother's name) drink alcohol **at all** during the three months before you/she found out you/she were/was pregnant with (NAME)?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

ASK ALL

PDrEv

Did you/(mother's name) drink alcohol at all DURING your/her pregnancy with (NAME), even if just once or twice?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (PDrEv = Yes) THEN

PDrFre

SHOWCARD X

During your/(mother's name) pregnancy with (NAME), which of these best describes how often you/she drank alcohol?

- | | | |
|---|---------|--------------------------|
| 1 | EvDay | "Every day" |
| 2 | FSixWk | "5-6 times per week" |
| 3 | ThFWk | "3-4 times per week" |
| 4 | OneTwWk | "1-2 times per week" |
| 5 | OneTwM | "1-2 times per month" |
| 6 | LessOM | "Less than once a month" |
| 7 | Rarely | |

**IF (If DrNow = Yes AND PDrEv = No AND interviewing mother) OR
(If ODrNow = Partner and PDrEv = No AND interviewing partner)
THEN**

DrStart

When did (NAME) start drinking alcohol again?

- | | | |
|---|---------|---|
| 1 | OneM | "Within one month of (NAME) being born" |
| 2 | OneTwo | "Between one and two months after (NAME) was born" |
| 3 | TwoFour | "Between two and four months after (NAME) was born" |
| 4 | FourSix | "Between four and six months after (NAME) was born" |
| 5 | MoreSix | "More than six months after (NAME) was born" |

ASK ALL

Outro

THIS IS THE END OF THE SMOKING AND DRINKING QUESTIONS.
PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

ASK ALL

SDMode

INTERVIEWER: HOW WERE THE QUESTIONS ADMINISTERED?

- | | | |
|---|------|---|
| 1 | Resp | "Respondent answered themselves using laptop" |
| 2 | Intr | "You asked the questions as usual" |
| 3 | Both | "A mixture of both methods" |

ECONOMIC ACTIVITY

JHRPI Intr

INTERVIEWER: Now I would like to ask you some questions about the job that you do / HRP does.

IF ASKED SAY 'because the accommodation is in your name / HRP's name'.

INTERVIEWER: PRESS <ENTER> TO CONTINUE.

1 continue

Wrking

Did you/did NAME do any paid work in the seven days ending Sunday the (n), either as an employee or as self-employed?

INTERVIEWER: IF ON MATERNITY LEAVE CODE NO.

HELP SCREEN: You should take the respondent's definition of whether they are in paid work or not, but it must be paid work. 'Paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some respondents may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest respondents who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work.

Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up.

Training for nurses is now carried out under the Project 2000 scheme and as such, nurses on this scheme should be classed as students, like any student nurses you may encounter with more traditional arrangements.

Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect the interviewers to probe routinely for this.

1 Yes

2 No

IF (Wrking = No) AND ((Age = 16-64 AND Sex = Male) OR (Age = 16-62 AND Sex = Female)) THEN

SchemeET

Were you/NAME on a government scheme for employment training?

1 Yes

2 No

IF (Wrking = No) AND (SchemeET <> Yes) THEN

JbAway

Did you/NAME have a job or business you/they were away from?

HELP SCREEN: This is asked in order to deal with any uncertainty that may exist in the minds of people who were away from **PAID** work during the reference week (e.g. on holiday, sick leave, career break, laid off, etc.) If the respondent has been absent from their job for a long period (e.g. career break, long term sick etc), only code 'Yes' if there is definitely a job for them to return to. In cases where the respondent is unsure whether they actually had a job the following points may be helpful:

For employees: A job exists if there is a definite arrangement between an employer and an employee for work on a regular basis (i.e. every week or every month) whether the work is full time or part time. The number of hours worked each week may vary considerably but as long as some work is done on a regular basis a job can be said to exist.

Long term absence from work: If the total absence from work (from the last day of work to the reference week) has exceeded six months then a person has a job only if full or partial pay has been received by the worker during the absence and that they expect to return to work for the same employer (i.e. a job is available for them).

Career Break: In some organisations employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a respondent is currently on a career break they should be coded Yes here only if there is an arrangement, between the employer and employee, that there will be employment for them at the end of the break. This is not dependent upon them receiving payment from their employer during this time. The respondent's opinion of whether they have a job to go back to should be taken.

Maternity/paternity leave: Treat this the same as 'career break' above. It is irrelevant whether the leave is paid for. All that matters is that there is a job for the respondent to return to.

Seasonal workers: In some industries (e.g. agriculture, forestry, fishing, types of construction, etc.) there is substantial difference in the level of employment from one season to the next. Between 'seasons' respondents in such industries should be coded No at this question. (However, note that the odd week of sick leave during the working season would be treated like any other worker's occasional absence and coded Yes here).

Casual workers: If a respondent works casually for an employer but has not worked for them during the reference week, they should be coded No, even if they expect to do further work for the employer in the future.

1 Yes

2 No

3 Waiting "SPONTANEOUS: Waiting to take up a new job/business already obtained"

IF (JbAway = No OR Waiting) THEN

OwnBus

Did you/NAME do any unpaid work in that week for any business that you/they own?

HELP SCREEN: The people we expect to answer 'Yes' here are those whose work contributes directly to a business, farm or professional practice that they own, but who receive no pay or profits. Unpaid voluntary work done for charity, etc. should **not** be included.

- 1 Yes
- 2 No

IF (OwnBus = No) THEN

RelBus

.or that a relative owns?

HELP SCREEN: These are people whose work contributes directly to a business, farm or professional practice owned by a relative but who receive no pay or profits (e.g. a wife doing her husband's accounts or helping with the family farm or business). Unpaid voluntary work done for charity, etc. should not be included.

- 1 Yes
- 2 No

IF (RelBus = No) AND (JbAway <> Waiting) THEN

Looked

Thinking of the four weeks ending Sunday the (n) were you/NAME looking for any kind of paid work or government training scheme at any time in those four weeks?

HELP SCREEN: Looking for paid work' may cover a wide range of activities and you should not try to interpret the phrase for the respondent. In the case of those 'looking for' a place on a government scheme the search should be active rather than passive. In other words, a respondent who has not approached an agency but who would consider a place if an agency approached him or her should be coded 'No'. Looking in the papers for vacancies is an active form of search.

- 1 Yes
- 2 No
- 3 Waiting "SPONTANEOUS: Waiting to take up a new job/business already obtained"

IF (JbAway = Waiting) OR (Looked = Yes OR Waiting) THEN

StartJ

If a job or a place on a government scheme had been available in the week ending Sunday the (n) would you/NAME have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF (JbAway = Waiting) OR (Looked = Yes OR Waiting) THEN

Lktime

How long have you/has NAME been looking/were you looking for paid work/a place on a government scheme?

- 1 NotYet "Not yet started"
- 2 Less1M "Less than 1 month"
- 3 Less3M "1 month but less than 3 months"
- 4 Less6M "3 months but less than 6 months"
- 5 Less12M "6 months but less than 12 months"
- 6 More1Yr "12 months or more"

IF (Looked = No) OR (StartJ = No) THEN

YInAct

What was the main reason you/NAME did not seek any work in the last 4 weeks (would not be able to start in next 2 weeks)?

- 1 Student
- 2 Family "Looking after the family/home"
- 3 SickInj "Temporarily sick or injured"
- 4 LTSick "Long-term sick or disabled"
- 5 Retired "Retired from paid work"
- 97 Other "Other reasons"

IF (JbAway = No) AND (OwnBus = No) AND (RelBus = No) THEN

Everwk

Have you/Has NAME ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

IF (EverWk = Yes) THEN

DtJbLv

When did you/NAME leave your/their last PAID job?

FOR MONTH NOT GIVEN.....ENTER 6 FOR MONTH

FOR DAY NOT GIVEN.....ENTER 15 FOR DAY

: DATETYPE

IF (Age = 16-64 AND Sex = Male) OR (Age = 16-62 AND Sex = Female) OR (Wrking = Yes) OR (JbAway = Yes) OR (OwnBus = Yes) OR (RelBus = Yes) THEN

IfStud

May I just check, are you/NAME at present (at school or 6th form college or) enrolled on any full-time or part-time education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time or part-time education course).

- 1 Yes
- 2 No

IF (IfStud = Attend) THEN

Attend

And are/is you/NAME...

- 1 StillA "still attending"
- 2 Waiting "waiting for term to (re)start"
- 3 Stopped "or have you/they stopped going?"

IF (Attend = StillA or Waiting) THEN

Courtyp

Are/Is you/NAME (at school or 6th form college), on a full or part time course, a medical or nursing course, a sandwich course or some other kind of course?

- 1 SchFT "school/full time (age < 20 years only)"
- 2 SchPT "school/part time (age < 20 years only)"
- 3 Sandwich "sandwich course"
- 4 College "studying at university or college including 6th form college FULL TIME"
- 5 Medical "training for a qualification in nursing, physiotherapy or a similar medical subject"
- 6 CollegPT "on a PART TIME course at university or college, INCLUDING day release and block release"
- 7 OpenColl "on an Open College course"
- 8 OpenUni "on an Open University course"
- 9 Corresp "any other correspondence course"
- 97 Other "any other self / open learning course"

IF (Employed) OR (EverWk = Yes) THEN

IndD

CURRENT (MAIN) JOB OR LAST JOB.

What did the firm/ organisation you/NAME worked for mainly make or do (at the place where you worked)?

IF MORE THAN ONE JOB, ASK ABOUT THE MAIN JOB

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR
DISTRIBUTING ETC.AND MAIN GOODS PRODUCED, MATERIALS USED,
WHOLESALE OR RETAIL ETC.
IT SHOULD BE NOTED THAT INFORMATION ON INDUSTRY IS NECESSARY TO
DISTINGUISH BETWEEN SOME OCCUPATIONS AT THE DETAILED LEVEL.
: String [100]

IF (Employed) OR (EverWk = Yes) THEN

OccT

CURRENT (MAIN) JOB OR LAST JOB.

What was your/NAME's (main) job (in the week ending Sunday the xx)?

ENTER JOB TITLE

: STRING [50]

IF (Employed) OR (EverWk = Yes) THEN

OccD

CURRENT (MAIN) JOB OR LAST JOB.

What did you/NAME mainly do in your/(his/her) job?

INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO
JOB.

: STRING [100]

IF (Employed) OR (EverWk = Yes) THEN

Stat

CURRENT (MAIN) JOB OR LAST JOB.

Were/Was you/NAME working as an employee or were you/they self-
employed?

- | | | |
|---|---------|---------------|
| 1 | Emp | Employee |
| 2 | SelfEmp | Self-employed |

IF (Stat = Emp) THEN

Manage

CURRENT (MAIN) JOB OR LAST JOB.

In your/(his/her) job, did you/NAME have formal responsibility for
supervising the work of other employees?

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE:

- CHILDREN (E.G. TEACHERS, NANNIES, CHILDMINDERS)
- ANIMALS
- SECURITY OR BUILDINGS (E.G.CARETAKERS, SECURITY GUARDS)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Stat = Emp) THEN

EmpNo

CURRENT (MAIN) JOB OR LAST JOB.

How many people worked for your/NAME'S employer at the place where you/they worked?

Were there...(READ OUT)...

HELP SCREEN: We are interested in the size of the 'local unit of establishment' at which the respondent works, in terms of the total number of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.

If a respondent works from a central depot or office (e.g. a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work 'from home' have a base office or depot that they communicate with. It may even be true of some people who work 'at home' (e.g. telecommuter who retains a desk or some minimal presence in an office). If in doubt, accept the respondent's view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

For self-employed people who are subcontracted for any significant (respondent's definition) length of time to work in a particular place (e.g. building site), that is their place of work.

- | | | |
|---|----------|-----------------------------|
| 1 | n1_24 | "1 to 24" |
| 2 | n25_499 | "25 to 499" |
| 3 | n500plus | "or 500 or more employees?" |

IF (Stat = SelfEmp) THEN

Solo

CURRENT (MAIN) JOB OR LAST JOB.

Were/Was you/NAME working on your own or did you/they have employees?

ASK OR RECORD

- | | | |
|---|---------|---|
| 1 | OnOwn | "On own/with partner(s) but no employees" |
| 2 | WithEmp | "With employees" |

IF (Solo = WithEmp) THEN

SENo

CURRENT (MAIN) JOB OR LAST JOB.

How many people did you/NAME employ at the place where you/they worked?

Were there...(READ OUT)...

HELP SCREEN: We are interested in the size of the 'local unit of establishment' at which the respondent works, in terms of the total number

of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.

If a respondent works from a central depot or office (e.g. a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work 'from home' have a base office or depot that they communicate with. It may even be true of some people who work 'at home' (e.g. telecommuter who retains a desk or some minimal presence in an office). If in doubt, accept the respondent's view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

For self-employed people who are subcontracted for any significant (respondent's definition) length of time to work in a particular place (e.g. building site), that is their place of work.

- | | | |
|---|----------|-----------------------------|
| 1 | n1_24 | "1 to 24" |
| 2 | n25_499 | "25 to 499" |
| 3 | n500plus | "or 500 or more employees?" |

IF (Employed) OR (EverWk = Yes) THEN

FTPT

CURRENT (MAIN) JOB OR LAST JOB.

In your (main) job were/was you/NAME working...READ OUT...

INTERVIEWER: LET THE RESPONDENT DECIDE WHETHER THE JOB IS FULL TIME OR PART TIME.

- | | | |
|---|----|------------------|
| 1 | FT | "full time," |
| 2 | PT | "or, part-time?" |

ASK ALL

HRPCode

INTERVIEWER: DID (*Household Reference Person*) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Mother = Not HRP) THEN

MumWrk

I now have a few questions about whether you/(mother's name) are/is currently working.

- | | |
|---|----------|
| 1 | continue |
|---|----------|

IF (Mother = Not HRP) THEN

WrkStat

Are/Is you/(mother's name) ...READ OUT...

- 1 FTEduc "...going to school or college full-time (including on vacation)
- 2 Working "...in full or part-time employment, or"
- 3 NWork "not working at present?"

IF ((Mother = HRP) AND (Wrking <> Yes)) OR (WrkStat = NWork) THEN

MatCheck

Can I just check, are/is you/(mother's name) on maternity leave from a job you/she were/was doing before (NAME) was born?

- 1 Yes
- 2 No

IF ((Mother = HRP) AND (Wrking = Yes)) OR (WrkStat = Working) THEN

RtrnAge

How old was (NAME) when you/(mother's name) returned to work?

INTERVIEWER: ANSWER IS AGE IN MONTHS, CODE 0 FOR LESS THAN 1 MONTH.

: 0..20

IF ((Mother = HRP) AND (Wrking = Yes)) OR (WrkStat = Working) THEN

Hours

And how many hours a week are/is you/(mother's name) currently working?

INTERVIEWER: USUAL HOURS ACTUALLY WORKED.

: 1..97

INCOME

ASK ALL

Intro

I am now going to ask questions about **income and accommodation, as well as education and work-related training.**

1 continue

ASK ALL

SrcInc

Please look at SHOW CARD Y.

We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you as a household receive?

INTERVIEWER: Probe for all sources....CODE ALL THAT APPLY.

- | | | |
|----|----------|---|
| 1 | Earnings | "Earnings from employment or self-employment" |
| 2 | State | "State retirement pension" |
| 3 | Pension | "Pension from former employer" |
| 4 | PersPen | "Personal pensions" |
| 5 | ChildBen | "Child Benefit" |
| 6 | JSA | "Job-Seekers Allowance" |
| 7 | PensCred | "Pension Credit" |
| 8 | IncSupp | "Income Support" |
| 9 | WorkCred | "Working Tax Credit" |
| 10 | ChilCred | "Child Tax Credit" |
| 11 | HousBen | "Housing Benefit" |
| 12 | OthBen | "Other state benefits" |
| 13 | Savings | "Interest from savings and investments (eg stocks & shares)" |
| 14 | RegAll | "Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent)" |
| 15 | NoSource | "No source of income" |

Income

SHOW CARD Z

Please could you take a look at this card and tell me the letter of the group which represents your household's total income in the last 12 months, before any deductions for tax etc. Please include income from earnings, self-employment, benefits, pensions, and interest from savings.

INTERVIEWER: CARD SHOWS ANNUAL AMOUNTS.

THIS MEANS HOUSEHOLD INCOME.

HOUSING BENEFITS AND CHILD ALLOWANCE SHOULD BE INCLUDED. PROBE TO MAKE SURE RESPONDENT HAS INCLUDED THIS: 'Can I just check, do you receive any housing benefits and/or child allowance?'

- 1 IncA "A - £15,000 - £19,999"
- 2 IncB "B - £30,000 - £34,999"
- 3 IncC "C - Under £5,000"
- 4 IncD "D - £45,000 - £49,999"
- 5 IncE "E - £25,000 - £29,999"
- 6 IncF "F - £5,000 - £9,999"
- 7 IncG "G - £20,000 - £24,999"
- 8 IncH "H - £10,000 - £14,999"
- 9 IncI "I - £75,000 - £99,999"
- 10 IncJ "J - £35,000 - £39,999"
- 11 IncK "K - £50,000 - £74,999"
- 12 IncL "L - £100,000 or more"
- 13 IncM "M - £40,000 - £44,999"

TENURE

ASK ALL

Ten1

SHOW CARD AA

In which of these ways do you/does your household occupy this accommodation?

INTERVIEWER: CODE FIRST THAT APPLIES.

NOTE: QUESTIONS ABOUT TENURE ARE ASKED ABOUT THE HOUSEHOLD REFERENCE PERSON.

- | | | |
|---|-------|--|
| 1 | Own | "Own outright" |
| 2 | More | "Buying it with the help of a mortgage or loan" |
| 3 | Share | "Pay part rent and part mortgage (shared ownership)" |
| 4 | Rent | "Rent it" |
| 5 | RentF | "Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)" |
| 6 | Squat | "Squatting" |

IF (Ten1 = Rent OR RentF) THEN

LLord

Who is your landlord?

INTERVIEWER: IF PROPERTY IS LET THROUGH AN AGENT, THE QUESTION REFERS TO THE OWNER NOT THE AGENT.

CODE 1 (LOCAL AUTHORITY) INCLUDES PEOPLE RENTING FROM HOUSING ACTION TRUSTS.

CODE 2 (HOUSING ASSOCIATION) INCLUDES REGISTERED SOCIAL LANDLORDS AND LOCAL HOUSING COMPANIES.

USE CODE 5 ONLY IF THE RESPONDENT AND LANDLORD WERE FRIENDS BEFORE THEY WERE TENANT AND LANDLORD, NOT IF THEY HAVE ONLY BECOME FRIENDLY SINCE THEN.

- | | | |
|---|----------------|--|
| 1 | LA | "The local authority/council/New Town Development/ Scottish Homes" |
| 2 | HA
or Local | "A housing association or co-operative or charitable trust
Housing company" |
| 3 | Comp | "Employer (organisation) of a household member" |
| 4 | OthOrg | "Another organisation" |
| 5 | RelFrnd | "relative/friend (before you lived here) of a household member" |
| 6 | EmpIndiv | "Employer (individual) of a household member" |
| 7 | OthIndiv | "Another individual private landlord" |

IF (Ten1 = Rent OR RentF) THEN

Furn

Is the accommodation provided

...RUNNING PROMPT...

- | | | |
|---|--------|--|
| 1 | Furnd | "...furnished" |
| 2 | PFurn | "...partly furnished (eg carpets and curtains only)" |
| 3 | UnFurn | "...or, unfurnished" |

EDUCATION DETAILS OF PARENTS/PRIMARY CARERS

ASK ALL

EdQual

Do you have any educational qualifications for which you received a certificate?

- 1 Yes
- 2 No

IF (EdQual = No) THEN

ProQual

Do you have any professional, vocational or other work-related qualifications for which you received a certificate?

- 1 Yes
- 2 No

IF (EdQual = Yes) OR (ProQual = Yes) THEN

HiQual

Was your highest qualification ...

- 1 Degree "... at degree level or above"
- 97 Other ".. or, another kind of qualification?"

FOOD DIARY PLACEMENT

ASK ALL

DDate1

INTERVIEWER: Please now place the **4-8 months/9-18 months diary** according to the protocol.

The diary should be completed for the four days below:

Day1 : (DD/MM/YYYY) [1] - Day1

Day2 : (DD/MM/YYYY) [2] - Day2

Day3 : (DD/MM/YYYY) [3] - Day3

Day4 : (DD/MM/YYYY) [4] - Day4

Check that parent/guardian can complete the diary for the infant for these dates and that diary collection visit appointments can be made within three days of the last diary day. Do you accept these dates for the diary?

Please remember to write the diary start date on the front of the diary and on the white reminder card.

1 Yes

2 No

DDate2

Please enter the date on which the parent/guardian can start completing the diary. This should be the **next available date** on which they can complete the diary.

Remember to write the diary start date on the front of the diary and on the orange reminder card.

INTERVIEWER: @|ENTER DAY, MONTH, YEAR; E.G. 30/01/2011.

: DATETYPE

ASK ALL

MDVis

INTERVIEWER: Make an appointment for a mid-diary check up visit on DAY2.

INTERVIEWER: IF THIS DATE IS NOT CONVENIENT, PLEASE RRANGE A TELEPHONE CHECK INSTEAD.

1 continue

ASK ALL

DApp2

INTERVIEWER: Please make an appointment to collect the diary and do the next part of the interview. Enter a date up to three days after the last diary day.

Diary Dates:

Day1 : (DD/MM/YYYY) [1] - Day1

Day2 : (DD/MM/YYYY) [2] - Day2

Day3 : (DD/MM/YYYY) [3] - Day3

Day4 : (DD/MM/YYYY) [4] - Day4

INTERVIEWER: Record the diary dates and diary collection date on the DIARY TASK LIST page on the ARF.

: DATETYPE

IF (mother available to answer questions) THEN

AddrChk

We have this name for (mother's name) ...

Title: Ttl

Forename: FName

Surname: SName

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS) ARE SENT TO THE CORRECT RESPONDENTS.

1 Yes

2 No

IF (mother available to answer questions) THEN

RespName

INTERVIEWER: THE RESPONDENT IS NOT THE MOTHER NAMED ON THE SAMPLE SO WE NEED THE FULL NAME OF THE INTERVIEWED RESPONDENT.

We have this name for you currently ...

^AXDMNames[ORD(QHRP.AdltNum)]

Can we have your full name please?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS) ARE SENT TO THE CORRECT RESPONDENTS.

1 Yes

2 No

Ttl

For addressing purposes, please could you tell me your full name?

Firstly, what is your title?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.

PLEASE RECORD RESPONDENT'S TITLE, FORENAME (OR INITIAL) AND SURNAME ACCURATELY.

: TTitle

TtlTxt

INTERVIEWER: Enter the other **title**
: STRING [15]

ForName

And your **first name**?
: STRING [20]

SurName

And your **surname**?
: STRING[20]

MATERNAL MEASUREMENTS

ASK ALL

Intro

INTERVIEWER: RECORD WHETHER YOU WANT TO TAKE THE **MATERNAL MEASUREMENTS (HEIGHT AND WEIGHT) NOW OR LATER.**

IF POSSIBLE, PLEASE TAKE MATERNAL MEASUREMENTS AT VISIT 3 - THE DIARY COLLECTION VISIT.

INTERVIEWER: CODE AS 'Later' IF YOU DO NOT WISH TO DO THE MATERNAL MEASUREMENTS NOW.

PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health. There is also interest in how much a mother's height and weight measurements relate to her child's weight and length measurements at this age.

INTERVIEWER: **N.B. MEASUREMENTS TO BE TAKEN OF MOTHER. IF YOU ARE NOT INTERVIEWING THE MOTHER, ASK IF SHE IS AVAILABLE TO HAVE THESE MEASUREMENTS TAKEN.**

- 1 Now
- 2 Later

ASK ALL

RespHts

INTERVIEWER: MEASURE HEIGHT AND CODE.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: HEIGHT REFUSED.

- | | | |
|---|-------|----------------------------------|
| 1 | Meas | "Height measured" |
| 2 | Ref | "Height refused" |
| 3 | Attmp | "Height attempted, not obtained" |
| 4 | NotAt | "Height not attempted" |

IF (RespHts = Meas) THEN

Height1

INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

IF (RespHts = Meas) THEN

Height2

INTERVIEWER: PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

IF (difference between height1 and height2 is greater than 0.5 centimetres) THEN

Height3

INTERVIEWER: THE PREVIOUS HEIGHTS DIFFER BY MORE THAN .5cm.
PLEASE MEASURE HEIGHT AGAIN AND ENTER HEIGHT, IN CENTIMETRES.
: 60.0..244.0

StadNo

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE STADIOMETER USED FOR THIS INTERVIEW. THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

e.g. CST123
e.g. NS123L
e.g. NS123NC
e.g. LST123
e.g. EST123
: STRING[7]

IF (RespHts = Meas) THEN

RelHite

INTERVIEWER: CODE ONE ONLY.

- | | | |
|---|--------|---|
| 1 | NoProb | "No problems experienced, reliable height measurement obtained" |
| 2 | Rel | "Problems experienced, measurement likely to be: Reliable" |
| 3 | UnRel | "Problems experienced, measurement likely to be: Unreliable" |

IF (RelHite = UnRel) THEN

HiNRel

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- | | | |
|----|---------|---------------------------------------|
| 1 | Hair | "Hairstyle or wig" |
| 2 | Hat | "Turban or other religious headgear" |
| 3 | Stoop | "Respondent stooped" |
| 4 | Stretch | "Child respondent refused stretching" |
| 5 | Fidget | "Respondent would not stand still" |
| 6 | Shoes | "Respondent wore shoes" |
| 97 | Other | "Other, please specify" |

IF (HiNRel = Other) THEN

OHiNRel

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
: STRING [60]

MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

HEIGHT: Height cm OR Foot feet and Inch inches.

1 continue

IF (RespHts = Meas) THEN**StadNo**

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **STADIOMETER** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CST+digits	e.g. CST123
NS+digits+L	e.g. NS123L
NS+digits+NC	e.g. NS123NC
LST+digits	e.g. LST123
EST+digits	e.g. EST123
: STRING[7]	

IF (RespHts = Ref) THEN**ResNHi**

INTERVIEWER: GIVE REASONS FOR REFUSAL.

1	NoPoint	"Cannot see point/Height already known/Doctor has measurement"
2	Busy	"Too busy/Taken too long already/ No time"
3	TooIll	"Respondent too ill/frail/tired"
4	Intrusiv	"Considered intrusive information"
5	Anxious	"Respondent too anxious/nervous/shy/embarrassed"
6	Refused	"Refused (no other reason given)"
97	Other	

IF (RespHts = Attmpt OR NotAt) THEN**NoHtBC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
CODE ALL THAT APPLY.

1	NoMum	"Mother not available"
2	Unsted	"Respondent is unsteady on feet"
3	CantStan	"Respondent cannot stand upright/too stooped"
4	Chair	"Respondent is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Respondent unable to remove shoes"
7	Ill	"Ill or in pain"
8	NotWrk	"Stadiometer faulty or not available"
97	Other	"Other - specify"

IF (NoHtBC = Other) THEN

NoHitCO

INTERVIEWER: Please specify other reason.

: STRING[60]

ASK ALL

RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE.

IF RESPONDENT WEIGHS MORE THAN 130kg (20 1/2 stones) DO NOT WEIGH, CODE AS WEIGHT NOT ATTEMPTED.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

- | | | |
|---|-------|----------------------------------|
| 1 | Meas | "Weight obtained" |
| 2 | Ref | "Weight refused" |
| 3 | Attmp | "Weight attempted, not obtained" |
| 4 | NotAt | "Weight not attempted" |

IF (RespWts = Meas) THEN

Wght

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

: 5.0..130.0

IF (Wght = Response) THEN

FloorC

INTERVIEWER CODE: SCALES PLACED ON?

- | | | |
|---|---------|----------------|
| 1 | Uneven | "Uneven floor" |
| 2 | Carpet | |
| 3 | Neither | |

IF (RespWts = Meas) THEN

RelWaitB

INTERVIEWER: CODE ONE ONLY.

- | | | |
|---|--------|---|
| 1 | NoProb | "No problems experienced, reliable weight measurement obtained" |
| 2 | Rel | "Problems experienced, measurement likely to be: Reliable" |
| 3 | UnRel | "Problems experienced, measurement likely to be: Unreliable" |

IF (RespWts = Meas) THEN

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

WEIGHT: Wght kg OR Stone stones and Pound pounds.
If weight looks wrong, go back to 'Wght' and reweigh."

1 continue

IF (RespWts = Meas) THEN

SciNo

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **SCALES** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CSC+digits	e.g. CSC123
SC+digits+TA	e.g. SC123TA
SC+digits+TL	e.g. SC123TL
SC+digits+NC	e.g. SC123NC
LSC+digits	e.g. LSC123
ESC+digits	e.g. ESC123
: STRING[7]	

IF (RespWts = Ref) THEN

ResNWt

INTERVIEWER: GIVE REASONS FOR REFUSAL.

1	NoPoint	"Cannot see point/Weight already known/Doctor has measurement"
2	Busy	"Too busy/Taken long enough already/No time"
3	TooIll	"Respondent too ill/frail/tired"
4	Intrusiv	"Considered intrusive information"
5	Anxious	"Respondent too anxious/nervous/shy/embarrassed"
6	Refused	"Refused (no other reason given)"
97	Other	

IF (RespWts = Attmpt OR NotAt) THEN

NoWtBC

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

1	NoMum	"Mother not available"
2	Unsted	"Respondent is unsteady on feet"
3	CantStan	"Respondent cannot stand upright"
4	Chair	"Respondent is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Respondent unable to remove shoes"
7	More130	"Respondent weighs more than 130kg"
8	Ill	"Ill or in pain"
9	NotWrk	"Scales not working"
97	Other	"Other - specify"

IF (NoWtBC = Other) THEN

NoWatCO

INTERVIEWER: Please specify other reason.

: STRING [60]

INFANT MEASUREMENTS

Intro

INTERVIEWER: PLEASE RECORD WHETHER YOU ARE GOING TO TAKE THE **INFANT MEASUREMENTS (WEIGHT, LENGTH, HEAD CIRCUMFERENCE) NOW OR LATER.**

IF POSSIBLE, PLEASE TAKE ALL MEASUREMENTS AT VISIT 3 - THE DIARY COLLECTION VISIT.

I would now like to measure (NAME)'s weight, length and head circumference.

1 continue

WtInt

I would like to measure (NAME)'s weight.

INTERVIEWER: EXPLAIN THE MEASUREMENT TO THE PARENT AND, ONCE YOU HAVE AGREEMENT, ASK THEM TO COMPLETE THE TOP PART OF THE CONSENT FORM, INITIAL THE 'YES' BOX AT CODE 3 AND THEN SIGN AT THE BOTTOM.

- | | | |
|---|--------|---|
| 1 | Agree | "Weight measurement agreed" |
| 2 | Refuse | "Weight measurement refused" |
| 3 | Unable | "Unable to measure weight for other reason" |

WtCons

INTERVIEWER: FILL IN (NAME)'s SERIAL NUMBER, FIRST NAME, SEX AND DATE OF BIRTH AT THE TOP OF THE CARBONISED CONSENT FORM.

Serial Number:	Serial
First Name:	Name
Sex:	Male/Female
Date of birth:	DoB

INTERVIEWER: ASK (NAME)'s PARENT/GUARDIAN TO READ THE CONSENT FORM. BEFORE TAKING THE WEIGHT MEASUREMENT, (NAME)'s PARENT/GUARDIAN **MUST** INITIAL IN THE 'YES' BOXES AT 1, 2, 3 AND 6 ON THE CONSENT FORM.

1 continue

RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED. IF ADULT OR ADULT-AND-INFANT WEIGHS MORE THAN 130 KGS THEN CODE AS 2 WEIGHT NOT ATTEMPTED; SCALES ARE ONLY RELIABLE UP TO 130 KGS.

0 Held (0) "ChHeld"

1	Meas	"Weight obtained OnOwn"
2	Ref	"Weight refused"
3	Attmpt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

IF (RespWts = Held..Meas) THEN

XWt1

"INTERVIEWER: RECORD WEIGHT IN KILOGRAMS."

: 5.0..130.0

WtAd1

INTERVIEWER: ENTER WEIGHT OF ADULT ON HIS/HER OWN AND ENTER WEIGHT IN KILOGRAMS.

: 30.0..130.0

WtChA1

INTERVIEWER: ENTER WEIGHT OF ADULT HOLDING CHILD AND ENTER WEIGHT IN KILOGRAMS.

: 30.0..130.0

FloorC

INTERVIEWER CODE: SCALES PLACED ON?

1	Uneven	"Uneven floor"
2	Carpet	
3	Neither	

RelWaitB

INTERVIEWER: CODE ONE ONLY.

1	NoProb	"No problems experienced, reliable weight measurement obtained"
2	Rel	"Problems experienced, measurement likely to be: Reliable"
3	UnRel	"Problems experienced, measurement likely to be: Unreliable"

RelWtW

INTERVIEWER: PLEASE RECORD WHAT PROBLEMS YOU EXPERIENCED WHILE TAKING THIS MEASUREMENT.

: OPEN

MBookWt

INTERVIEWER: Write the results of the infant weight measurement on respondent's Measurement Record Card.

INFANT WEIGHT: Wght kg OR Stone(s) and Pound(s).

If weight looks wrong, go back to 'XWt1' or 'WtAd1' and reweigh.

1 continue

ScINo

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **SCALES** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CSC+digits	e.g. CSC123
SC+digits+TA	e.g. SC123TA
SC+digits+TL	e.g. SC123TL
SC+digits+NC	e.g. SC123NC
LSC+digits	e.g. LSC123
ESC+digits	e.g. ESC123
: STRING[7]	

IF (RespWts = Ref) THEN**ResNWt**

INTERVIEWER: GIVE REASONS FOR REFUSAL.

1	NoPoint	"Cannot see point/Weight already known/Doctor has measurement"
2	Busy	"Too busy/Taken long enough already/No time"
3	TooIll	"Respondent too ill/frail/tired"
4	Intrusiv	"Considered intrusive information"
5	Anxious	"Respondent too anxious/nervous/shy/embarrassed"
6	ChildRef	"Child refused to be held by parent"
7	ParRef	"Parent refused to hold child"
8	Refused	"Refused (no other reason given)"
97	Other	

IF (RespWts = Attmpt...NotAt) THEN**NoWtBC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

1	Away	"Child: away from home during fieldwork period (specify in a Note)"
2	Unsted	"Respondent is unsteady on feet"
3	CantStan	"Respondent cannot stand upright"
4	Chair	"Respondent is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Respondent unable to remove shoes"
7	More130	"Respondent weighs more than 130kg"

8	Ill	"Ill or in pain"
9	NotWrk	"Scales not working"
10	NoHold	"Parent unable to hold child"
11	ASleep	"Child asleep"
97	Other	"Other - specify"

IF (NoWtBC = Other) THEN

NoWatCO

INTERVIEWER: Please specify other reason.

: STRING [60]

LgthInt

I would like to measure (Name)'s length.

INTERVIEWER: EXPLAIN THE MEASUREMENT TO THE PARENT AND, ONCE YOU HAVE AGREEMENT, ASK THEM TO COMPLETE THE TOP PART OF THE CONSENT FORM (IF THEY HAVE NOT DONE SO ALREADY), INITIAL THE 'YES' BOX AT CODE 4 AND THEN SIGN AT THE BOTTOM (IF THEY HAVE NOT DONE SO ALREADY).

IF ASKED: This gives us information about your child's growth.

1	Agree	"Length measurement agreed"
2	Refuse	"Length measurement refused"
3	Unable	"Unable to measure length for other reason"

LgthCons

INTERVIEWER: FILL IN (NAME)'s FIRST NAME, SERIAL NUMBER, SEX AND DATE OF BIRTH AT THE TOP OF THE CARBONISED CONSENT FORM.

Serial Number: Serial

First Name: Name

Sex: Male/Female

Date of birth: DoB

INTERVIEWER: ASK (NAME)'s PARENT/GUARDIAN TO READ THE CONSENT FORM. BEFORE TAKING THE LENGTH MEASUREMENT, (NAME)'s PARENT/GUARDIAN **MUST** INITIAL IN THE 'YES' BOXES AT 1, 2, 4 AND 6 ON THE CONSENT FORM."

1 continue

Lngth(1)

INTERVIEWER: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

: 40.0..999.9

Lngth(2)

INTERVIEWER: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

: 40.0..999.9

IF (difference between Lngth(1) and Lngth(2) is greater than 0.5 centimetres) THEN Lngth(3)

INTERVIEWER: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

: 40.0..999.9

Length

Infant's length in centimetres.

: 40.0..999.9

LgthRel

INTERVIEWER: Are these measurements reliable?

1 Yes

2 No

IF (LgthRel = No) THEN

LgthRelW

INTERVIEWER: PLEASE RECORD WHY THE MEASUREMENT IS NOT RELIABLE.

: OPEN

YNoLgth

INTERVIEWER: Give reason for not obtaining a length measurement.

1 Refuse "Measurement refused"

2 TryNot "Attempted, not obtained"

3 NoTry "Measurement not attempted"

IF (LgthInt = Refuse OR Unable) OR (YNoLgth = Refuse OR TryNot OR NoTry) THEN

NoAttL

INTERVIEWER: Give reason for (response at LgthInt or YNoLgth)."

1 Asleep "Child asleep"

2 Fright "Child too frightened or upset"

3 Shy "Child too shy"

4 Lie "Child would not lie still"

97 Other "Other reason(s)"

IF (NoAttL = Other) THEN

OthNLth

INTERVIEWER: Enter details of other reason(s) for not obtaining/attempting the length measurement.

: STRING [100]

MbkLgth

INTERVIEWER: Write the results of the infant length measurement on respondent's

Measurement Record Card.

INFANT LENGTH: Length cm OR Foot(feet) and Inch(es).

If length looks wrong, go back to Lngth[1] and re-measure

1 continue

HeadInt

I would like to measure (NAME)'s head circumference.

INTERVIEWER: EXPLAIN THE MEASUREMENT TO THE PARENT AND, ONCE YOU HAVE AGREEMENT, ASK THEM TO COMPLETE THE TOP PART OF THE CONSENT FORM (IF THEY HAVE NOT DONE SO ALREADY), INITIAL THE 'YES' BOX AT CODE 5 AND THEN SIGN AT THE BOTTOM (IF THEY HAVE NOT DONE SO ALREADY).

IF ASKED: This gives us information about your child's growth.

1 Agree "Head circumference measurement agreed"

2 Refuse "Head circumference measurement refused"

3 Unable "Unable to measure head circumference for other reason"

HeadCons

INTERVIEWER: FILL IN (NAME)'s FIRST NAME, SERIAL NUMBER, SEX AND DATE OF BIRTH AT THE TOP OF THE CARBONISED CONSENT FORM.

Serial Number: Serial

First Name: Name

Sex: Male/Female

Date of birth: DoB

ASK (NAME)'s PARENT/GUARDIAN TO READ THE CONSENT FORM. BEFORE TAKING THE HEAD CIRCUMFERENCE MEASUREMENT, (NAME)'s PARENT/GUARDIAN **MUST** INITIAL IN THE 'YES' BOXES AT 1, 2, 5 AND 6 ON THE CONSENT FORM.

1 continue

HdCirc(1)

INTERVIEWER: Measure infant's head circumference and record in centimetres.

If measurement not obtained, enter '999.9'.

: 20.0..999.9

HdCirc(2)

INTERVIEWER: Measure infant's head circumference and record in centimetres.

If measurement not obtained, enter '999.9'.

: 20.0..999.9

IF (difference between HdCirc(1) and HdCirc(2) is greater than 0.5 centimetres) THEN

HdCirc(3)

INTERVIEWER: Measure infant's head circumference and record in centimetres.

If measurement not obtained, enter '999.9'.

: 20.0..999.9

HeadCirc

Infant's head circumference in centimetres.

: 20.0..999.9

HCRel

INTERVIEWER: Is this measurement reliable?

1 Yes

2 No

IF (HCRel = No) THEN

HCRelW

INTERVIEWER: PLEASE RECORD WHY THE MEASUREMENT IS NOT RELIABLE.

: OPEN

YNoHC

INTERVIEWER: Give reason for not obtaining a head circumference measurement.

1 Refuse "Measurement refused"

2 TryNot "Attempted, not obtained"

3 NoTry "Measurement not attempted"

IF (HeadInt = Refuse OR Unable) OR (YNoHC = Refuse OR TryNot OR NoTry) THEN

NoAttHC

INTERVIEWER: Give reason for (response at HeadInt or YNoHC)."

1 Asleep "Child asleep"

2 Fright "Child too frightened or upset"

3 Shy "Child too shy"

4	Lie	"Child would not sit still"
97	Other	"Other reason(s)"

IF (NoAttHC = Other) THEN

NoAttHCO

INTERVIEWER: Enter details of other reason(s) for not obtaining/attempting the length measurement.

: STRING[100]

MbkHead

INTERVIEWER: Write the results of the head circumference measurement on respondent's

Measurement Record Card.

HEAD CIRCUMFERENCE: HeadCirc cm OR Inches.

If head circumference looks wrong, go back to HdCirc[1] and re-measure.

1 continue

FOOD DIARY COLLECTION

ASK ALL

DryPUp

INTERVIEWER: THE NEXT FEW SCREENS WILL GUIDE YOU THROUGH CHECKING THE FOOD DIARY.

1 Continue

ASK ALL

DiaryD

INTERVIEWER: REVIEW DIARY USING THE LAMINATE DIARY PROMPT SHEET. RECORD NUMBER OF DIARY DAYS COMPLETED HERE.

ENTER '0' IF NO DIARY DAYS WERE COMPLETED, GIVE PARENT/GUARDIAN THE £30 TOA VOUCHER.

: 0..4

IF (DiaryD < 3) THEN

NoVisit2

INTERVIEWER: At least 3 days of the food diary are not complete so the rest of Visit 2 and introduction to the Clinic visit are not necessary.

1 Continue

IF (DiaryD >= 3) THEN

DietFB

Would you like to be sent some information about some of the major foods and nutrients in (NAME)'s diet based on the information you have provided during the interviews? The information will tell you how he/she compares with current consumption in the UK and how his/her intake of nutrients fits with UK recommendations for a healthy diet. It will also provide some useful resources for finding out more about eating a healthy diet.

INTERVIEWER: INFORMATION WILL BE SENT FROM THE OFFICE WITHIN 4 MONTHS.

- 1 Yes "Yes, feedback required"
- 2 No "No, feedback not required"

IF (DietFB = Yes) THEN

AddrChk

We have this name for you...

Title:

Forename:

Surname:

Is this correct?

INTERVIEWER: THIS IS TO ENSURE THAT ANY LETTERS, REQUESTED BY RESPONDENTS (SUCH AS DIETARY FEEDBACK FORMS), ARE SENT TO THE CORRECT RESPONDENTS.

- 1 Yes
- 2 No

IF (AddrChk = No) THEN

Ttl

Firstly, what is your title?

- 1 Mr
- 2 Mrs
- 3 Ms
- 4 Miss
- 97 Other "Other title"

IF (Ttl = Other) THEN

TtlTxt

INTERVIEWER: Enter the other **title**
: STRING [15]

IF (AddrChk = No) THEN

ForName

And your **first name**?
: STRING [20]

IF (AddrChk = No) THEN

SurName

And your **surname**?
: STRING [20]

ESTIMATE OF DIETARY HABITS OF INTERVIEWEE

ASK ALL

YrIntr

The next few questions are about your usual eating habits

INTERVIEWER: PRESS <ENTER> TO CONTINUE

1 continue

ASK ALL

BrkN

How many days a week do you usually eat breakfast that is a meal when you first get up in the morning?

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 96 None

ASK ALL

WherEat

When you eat your main meal, where does this usually take place?

- 1 Kitch "In the kitchen"
- 2 DinTab "In the dining room at a table"
- 3 SitTab "In the sitting room/lounge at a table"
- 4 Sofa "In the sitting room/lounge sitting on sofa"
- 97 Other

IF (WherEat = Other) THEN

WherEatO

When you eat your main meal with the rest of the family, where does this usually take place?

: STRING [100]

ASK ALL**TVOn**

When you eat your main meal with the rest of the family, is the television usually on?

- 1 Yes
- 2 No

ASK ALL**Crisps**

SHOW CARD BB

How often do you eat the following foods...

...(how often do you eat) crisps and other savoury snacks?

- 1 MDaily "More than once a day"
- 2 Daily "Once a day"
- 3 TwoThW "2 or 3 times a week"
- 4 Weekly "Once a week"
- 5 TwoThM "2 or 3 times a month"
- 6 Monthly "Once a month"
- 7 TwoM "Every 2 months"
- 8 LessTwoM "Less often than every 2 months"
- 9 Never

ASK ALL**Cakes**

SHOW CARD BB

(How often do you eat) cakes and other sweet biscuits?

- 1 MDaily "More than once a day"
- 2 Daily "Once a day"
- 3 TwoThW "2 or 3 times a week"
- 4 Weekly "Once a week"
- 5 TwoThM "2 or 3 times a month"
- 6 Monthly "Once a month"
- 7 TwoM "Every 2 months"
- 8 LessTwoM "Less often than every 2 months"
- 9 Never

ASK ALL**Fruit**

SHOW CARD BB

How often do you eat fresh, dried or tinned fruit?

- 1 MDaily "More than once a day"
- 2 Daily "Once a day"
- 3 TwoThW "2 or 3 times a week"
- 4 Weekly "Once a week"
- 5 TwoThM "2 or 3 times a month"

- | | | |
|---|----------|----------------------------------|
| 6 | Monthly | "Once a month" |
| 7 | TwoM | "Every 2 months" |
| 8 | LessTwoM | "Less often than every 2 months" |
| 9 | Never | |

ASK ALL

Veget

SHOW CARD BB

(How often do you eat) vegetables, either raw or cooked?

- | | | |
|---|----------|----------------------------------|
| 1 | MDaily | "More than once a day" |
| 2 | Daily | "Once a day" |
| 3 | TwoThW | "2 or 3 times a week" |
| 4 | Weekly | "Once a week" |
| 5 | TwoThM | "2 or 3 times a month" |
| 6 | Monthly | "Once a month" |
| 7 | TwoM | "Every 2 months" |
| 8 | LessTwoM | "Less often than every 2 months" |
| 9 | Never | |

ASK ALL

Sweets

SHOW CARD BB

(How often do you eat) sweets or chocolate?

- | | | |
|---|----------|----------------------------------|
| 1 | MDaily | "More than once a day" |
| 2 | Daily | "Once a day" |
| 3 | TwoThW | "2 or 3 times a week" |
| 4 | Weekly | "Once a week" |
| 5 | TwoThM | "2 or 3 times a month" |
| 6 | Monthly | "Once a month" |
| 7 | TwoM | "Every 2 months" |
| 8 | LessTwoM | "Less often than every 2 months" |
| 9 | Never | |

ASK ALL

Cheese

SHOW CARD BB

(How often do you eat) cheese or other dairy products, such as yoghurts?

- | | | |
|---|----------|----------------------------------|
| 1 | MDaily | "More than once a day" |
| 2 | Daily | "Once a day" |
| 3 | TwoThW | "2 or 3 times a week" |
| 4 | Weekly | "Once a week" |
| 5 | TwoThM | "2 or 3 times a month" |
| 6 | Monthly | "Once a month" |
| 7 | TwoM | "Every 2 months" |
| 8 | LessTwoM | "Less often than every 2 months" |

9 Never

ASK ALL

Drink

If you are thirsty, what do you **usually** drink?

READ OUT AND CODE ALL THAT APPLY.

- | | | |
|----|----------|---|
| 1 | Sweet | "Sweetened drinks (cola, squash, sunny delight)" |
| 2 | ArtSweet | "Artificially sweetened drinks (eg diet cola, sugar free squash)" |
| 3 | Milk | "Milky drinks (milk shake, milk, hot chocolate)" |
| 4 | Water | |
| 5 | Juice | "Unsweetened (pure) fruit juice" |
| 6 | Hot | "Hot drinks (tea, coffee)" |
| 97 | Other | |

ASK ALL

DietD

SHOW CARD CC

When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

- | | | |
|---|--------|---------------------------|
| 1 | Always | |
| 2 | Often | |
| 3 | Somet | "Sometimes" |
| 4 | Rarely | |
| 5 | Never | "Never" |
| 6 | DontDr | "Don't drink soft drinks" |

ASK ALL

Decaf

SHOW CARD CC

When you have a cola drink/tea or coffee how often do you choose a decaffeinated type?

- | | | |
|---|--------|----------------------------------|
| 1 | Always | |
| 2 | Often | |
| 3 | Somet | "Sometimes" |
| 4 | Rarely | |
| 5 | Never | "Never" |
| 6 | DontDr | "Don't drink cola/tea or coffee" |

ASK ALL

Water

What type of water do you **usually** drink at home?

INTERVIEWER: CODE ONE ONLY.

- | | |
|---|-----|
| 1 | Tap |
|---|-----|

- | | | |
|---|---------|---------------------------------------|
| 2 | Filt | "Tap - filtered" |
| 3 | Bottled | |
| 4 | NoWat | "SPONTANEOUS ONLY: Don't drink water" |

ASK ALL

Milk

What type of milk do you **usually** use?

INTERVIEWER: CODE ONE ONLY

- | | | |
|----|---------|------------------------------------|
| 1 | Whole | "Full fat" |
| 2 | Semi | "Semi-skimmed" |
| 3 | One | "1%" |
| 4 | Skimmed | |
| 5 | Goat | "Goat/sheep milk" |
| 6 | Soya | "Soya milk" |
| 97 | Other | "Other (please specify)" |
| 8 | NoMilk | "SPONTANEOUS ONLY: Don't use milk" |

IF (Milk = Other) THEN

MilkO

What other type of milk do you usually use?

: STRING [30]

IF (Milk <> NoMilk) THEN

MilTyp

Is this milk usually:

INTERVIEWER: RUNNING PROMPT...

- | | | |
|----|-------|--------------------------|
| 1 | Past | "Pasteurised" |
| 2 | UHT | |
| 3 | Ster | "Sterilised" |
| 97 | Other | "Other (please specify)" |

IF (MilTyp = Other) THEN

MilTypO

INTERVIEWER: RECORD 'OTHER' HERE.

: STRING[30]

ASK ALL

TBre

What type of bread, rolls, chapattis do you **usually** eat?

- | | | |
|---|-------|---------------------------------------|
| 1 | White | "White bread" |
| 2 | Brown | "Brown/granary bread" |
| 3 | Whole | "Wholemeal bread" |
| 4 | Fifty | "50/50 bread (eg Hovis best of both)" |

- | | | |
|---|--------|-----------------------------|
| 5 | Varies | "Varies too much to say" |
| 6 | None | "None – does not eat bread" |

IF (TBre <> None) THEN

Bread

How many pieces of bread, rolls or chappatis do you eat on a usual day?

- | | | |
|---|---------|---------------|
| 1 | LessOne | "Less than 1" |
| 2 | OneDay | "1-2" |
| 3 | ThrDay | "3-4" |
| 4 | FivDay | "5 or more" |

ASK ALL

Spread

What sort of spread do you **mainly** use on bread or vegetables?

INTERVIEWER: CODE ONE ONLY

- | | | |
|----|----------|---|
| 1 | Butter | |
| 2 | PolyMarg | "Polyunsaturated margarine e.g. Flora, sunflower margarine, Vitalite, I-Can't-Believe-its-Not-Butter" |
| 3 | Marg | "Hard or soft margarine e.g. Blue Band, Stork, Clover, supermarket own brand" |
| 4 | LoFat | "Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light" |
| 5 | Mono | "Olive oil or monounsaturated spread e.g. Bertolli, Olivio, Olive Gold, Mono" |
| 97 | Other | "Other (please specify)" |
| 6 | NoSpread | "SPONTANEOUS ONLY: Don't use spread" |

IF (Spread = Other) THEN

SpreadO

What other type of spread do you **mainly** use?

: STRING [30]

ASK ALL

Fry

What sort of fat do you mainly use for cooking?

INTERVIEWER: CODE ONE ONLY

- | | | |
|---|----------|---|
| 1 | Butter | "Butter, ghee, dripping, lard, solid cooking fat" |
| 2 | PolyMarg | "Polyunsaturated margarine e.g. Flora, sunflower margarine, Vitalite, I-Can't-Believe-its-Not-Butter" |
| 3 | Marg | "Hard or soft margarine e.g. Blue Band, Stork, Clover supermarket own brand" |
| 4 | LoFat | "Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light" |
| 5 | Mono | "Olive oil spread or other monounsaturated spread e.g. |

		Olivio, Olive Gold, Mono"
6	SunOil	"Sunflower oil, corn oil, soya oil"
7	OIOil	"Olive oil, hazelnut oil, rapeseed oil"
8	OOil	"Other vegetable oil"
97	Other	"Other (please describe)"
96	None	"SPONTANEOUS ONLY: None of these - do not use any fat when cooking"

IF (Fry = Other) THEN

FryO

What other sort of fat do you mainly use?

: STRING[100]

ASK ALL

Fat

Do you usually eat the fat on meat?"

- | | | |
|---|--------|-------------------|
| 1 | All | "Yes, all of it" |
| 2 | Some | "Yes, some of it" |
| 3 | No | |
| 4 | NoMeat | "Never eat meat" |

ASK ALL

FruitAv

SHOW CARD CC

How often do you usually have **FRESH fruit** available in your home?

Would you say...

- | | | |
|---|--------|-------------|
| 1 | Always | |
| 2 | Often | |
| 3 | Somet | "Sometimes" |
| 4 | Rarely | |
| 5 | Never | |

ASK ALL

VegAv

SHOW CARD CC

How often do you usually have **FRESH vegetables** available in your home?

Would you say...

- | | | |
|---|--------|-------------|
| 1 | Always | |
| 2 | Often | |
| 3 | Somet | "Sometimes" |
| 4 | Rarely | |
| 5 | Never | |

ASK ALL

OilFish

SHOW CARD DD

Other than tinned tuna, how often do you eat **tinned oily fish**, such as salmon, sardines, mackerel, kippers, herrings, pilchards, anchovies? Please **do not** include tinned tuna.

INTERVIEWER: TINNED TUNA DOES NOT COUNT AS OILY FISH BECAUSE THE CANNING PROCESS REDUCES THE OMEGA-3 FATTY ACID CONTENT.

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 days per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL

FrOFsh

SHOW CARD DD

How often do you eat **fresh or frozen oily fish** (e.g. salmon, sardines, mackerel, kippers, anchovies, pilchards, trout or tuna)?

- | | | |
|---|--------|-------------------------------|
| 1 | Never | "Never" |
| 2 | OneMth | "Less than once per month" |
| 3 | OneDM | "On 1-3 days per month" |
| 4 | OneDW | "On 1-2 days per week" |
| 5 | ThrDW | "On 3-4 days per week" |
| 6 | FivDW | "On 5-6 days per week" |
| 7 | Daily | "Every day in the last month" |

ASK ALL

AddOft

The next few questions are about how you cook your food.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

ASK ALL

Salt

SHOW CARD CC

How often do you add salt to your food, either during cooking or at the table?

- | | | |
|---|--------|-------------|
| 1 | Always | |
| 2 | Often | |
| 3 | Somet | "Sometimes" |
| 4 | Rarely | |
| 5 | Never | |

ASK ALL

Veg

Would you describe yourself as vegetarian or vegan?"

- | | | |
|---|---------|--------------|
| 1 | Veggie | "Vegetarian" |
| 2 | Vegan | "Vegan" |
| 3 | Neither | "Neither" |

IF (Veg = Veggie) THEN

VegeChk

Can I just check, do you eat any meat, fish, poultry or dishes that contain these?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Veg = Vegan) THEN

VeganChk

Can I just check, do you eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

ASK ALL

AttFV

The next few questions are about your attitudes towards healthy eating.

What do you think is the official guideline for the number of portions of fruit or vegetables people should eat every day?

: 0..20

ASK ALL

AttSalt

What do you think is the official guideline for maximum daily salt intake for adults? Please tell me the number of grams per day.

: 0..20

ASK ALL

AttFish

What do you think is the official guideline for the number of portions of oily fish people should eat a week?

: 0..20

RECONTACT

ASK ALL

ReCont

If at some future date the Department of Health or Food Standards Agency wanted to conduct a further study from the results of this survey, would you be willing to be recontacted to help again?

INTERVIEWER: IF ASKED, THERE ARE NO **CURRENT** PLANS FOR FURTHER STUDIES BUT THERE MAY BE IN THE FUTURE.

- 1 Yes
- 2 No

IF (ReCont = Yes) THEN

StabAdd

Just in case we have difficulty in getting in touch with you could you give us the name and/or phone number of someone who knows you well?

INTERVIEWER: IF NECESSARY, PROMPT: Perhaps a relative or friend who is unlikely to move?

COLLECT **ADDRESS** DETAILS IF POSSIBLE AND RECORD IN THE FOLLOWING QUESTIONS.

- 1 Agreed "Agreed to provide stable contact"
- 2 Refused "Refused to provide stable contact"

IF (StabAdd = Agreed) THEN

StName

INTERVIEWER: Please enter the name of the contact person.

: STRING [30]

IF (StabAdd = Agreed) THEN

StRel

INTERVIEWER: Please enter the relationship to the respondent.

PROBE FULLY.

: STRING [30]

IF (StabAdd = Agreed) THEN

StTelNum

INTERVIEWER: Please enter the telephone number of the stable contact Include standard code.

: STRING [20]

IF (StabAdd = Agreed) THEN

StAdd

Could we also take down an address for them?

1 Yes

2 No

IF (StAdd = Yes) THEN

StAdd1

INTERVIEWER: Please enter the stable/contact address.

Address line 1:

: STRING [30]

IF (StAdd = Yes) THEN

StAdd2

INTERVIEWER: Please enter the stable/contact address.

Address line 2:

(Just press <Enter> if no more to add.)

: STRING [30]

IF (StAdd = Yes) THEN

StAdd3

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

(Just press <Enter> if no more to add.)

: STRING [30]

IF (StAdd = Yes) THEN

StAdd4

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

(Just press <Enter> if no more to add.)

: STRING [30]

IF (StAdd = Yes) THEN

StAdd5

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

(Just press <Enter> if no more to add.)

: STRING [30]

IF (StAdd = Yes) THEN

StAddPC

INTERVIEWER: Please enter the stable/contact address.

Postcode:

(Just press <Enter> if none.)

: STRING [8]

IF (StabAdd = Agreed) THEN

StInfo

INTERVIEWER: Please enter **any other information** about the stable/contact address.

(Just press <Enter> if none.)

: STRING [100]

IF (StabAdd = Agreed) THEN

ConSt

INTERVIEWER: Please read the stable contact below, and confirm whether correct.

Name:

Relationship:

Address:

Postcode:

Telephone:

Other info:

- | | | |
|---|---------|------------------------------|
| 1 | Correct | "Details correct" |
| 2 | NotCorr | "Details not correct" |

IF (StabAdd = Agreed) THEN

StabDisp

INTERVIEWER: Give the respondent the Stage 1 survey leaflet and read out:

If we needed to contact this person in order to find your new contact details, it would be helpful if they knew about the National Infant Diet and Health Study.

Please could you pass this leaflet onto them, and let them know that you have given permission for us to contact them, and for them to pass your new contact details on to us.

- 1 Continue

CLINIC INTRODUCTION

ASK ALL

ClinInt

We would like you to help us with the second stage of this study. This involves you and (NAME) visiting a specialist clinic where a qualified nurse would, if you agree, carry out some measurements. The measurements are:

- Skinfold thickness: this provides us with an indication of how much body fat your child has.
- Assessment of how much breast milk or other fluid intake your child drinks.
- A small blood sample.

All measurements are optional. If you don't want your child to do one of the parts then just tell the nurse at the clinic.

I have a leaflet here that explains a bit more about the clinic visit and what it involves.

You don't need to decide now whether or not you want to do the clinic visit, you can just have a think about it.

INTERVIEWER: GIVE THE RESPONDENT THE STAGE 2 LEAFLET AND ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS. IF NECESSARY GIVE DETAILS OF THE CLINIC IN YOUR AREA.

1 Continue

ASK ALL

ClinPh

Would you be willing for one of our researchers to phone you in a few days time to tell you a bit more about the clinic and to arrange a suitable time for you to visit?

INTERVIEWER: IF ASKED: THE RESPONDENT WILL BE CONTACTED WITHIN 7 DAYS.

- 1 Yes
2 No

IF (ClinPh = No) THEN

ClinRef

RECORD REASON WHY RESPONDENT REFUSED THE CLINIC VISIT.

- | | | |
|---|---------|---|
| 1 | Time | "Given enough time already to this survey/expecting too much" |
| 2 | Busy | "Too busy, cannot spare the time (if Code 1 does not apply)" |
| 3 | Enough | "Had enough of medical tests/medical profession" |
| 4 | Worried | "Worried about what nurse may find out/'might tempt fate'" |

- | | | |
|----|--------|--|
| 5 | Scared | "Scared of medical profession/particular medical procedures (e.g. blood sample)" |
| 6 | NoReas | "Not interested/Can't be bothered/No particular reason" |
| 7 | ChildC | "Can't get childcare for other children" |
| 97 | Other | "Other reason (please specify)" |

IF (ClinRef = Other) THEN

ClinRefO

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.

: STRING [30]

IF (ClinPh = Yes) THEN

ClinDet

The researcher who will phone you is based at the Medical Research Council (MRC) in Cambridge. Can we pass your contact details on to them so that they can get in touch with you about the clinic visit?

INTERVIEWER: IF NECESSARY, 'WE WILL NOT PASS ANY OTHER INFORMATION ABOUT YOU TO THEM - JUST YOUR NAME, ADDRESS AND TELEPHONE NUMBER, AND THE NAME AND DATE OF BIRTH OF YOUR CHILD. REMEMBER TO HAND OUT THE 'Why Give a Blood Sample' LEAFLET.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (ClinDet = Yes) AND (no contact number already given) THEN

PhoneV3

Please could you provide me with a contact telephone number?

INTERVIEWER: THIS IS SO THAT THE CLINIC APPOINTMENT TEAM CAN CONTACT THE RESPONDENT TO TELL THEM A BIT MORE ABOUT THE CLINIC.

- | | | |
|---|---------|---------------------------------------|
| 1 | Given | "Willing to provide a contact number" |
| 2 | NoPhone | "Does not have a contact number" |

IF (PhoneV3 = Given) THEN

TelNoV3

Please enter phone number.

: STRING [15]

IF (ClinDet = Yes) AND (contact number already given) THEN

TelNoChk

At my first visit, you gave me the following phone number *****. Can I just check whether this is correct?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (ClinDet = Yes) AND (contact number already given) THEN

ExtraTel

INTERVIEWER: PLEASE ASK FOR AN ALTERNATIVE TELEPHONE NUMBER AND RECORD HERE. IF THE RESPONDENT DOESN'T HAVE AN ADDITIONAL NUMBER, ENTER <CTRL+K> HERE.

: STRING [15]

IF (ExtraTel = Response) THEN

ExtraTe2

INTERVIEWER: PLEASE ASK FOR AN ADDITIONAL ALTERNATIVE TELEPHONE NUMBER AND RECORD HERE. IF THE RESPONDENT DOESN'T HAVE AN ADDITIONAL NUMBER, ENTER <CTRL+K> HERE.

: STRING [15]

TelNoPre

Which of the following is your preferred contact number?

1 TelNo1

2 TelNo2

3 TelNo3

IF (ClinDet = Yes) THEN

ClinInfo

INTERVIEWER: PLEASE RECORD HERE ANY USEFUL INFORMATION TO PASS TO THE CLINIC APPOINTMENT TEAM. E.G. USEFUL TIMES TO PHONE THE RESPONDENT.

: STRING [100]

IF (ClinDet = No) THEN

NoClin

INTERVIEWER: THE RESPONDENT HAS SAID THEY DO NOT WANT US TO PASS THEIR CONTACT DETAILS TO THE MEDICAL RESEARCH COUNCIL SO THEY CANNOT TAKE PART IN THE CLINIC VISIT.

THANK THE RESPONDENT FOR ALL THEIR HELP WITH STAGE 1 OF THE SURVEY.

1 Yes

2 No

IF (ClinDet = Yes) AND (StillBF = Still) AND (valid maternal weight measurement) AND (valid infant weight measurement) THEN

TrWatBF

As you will have seen from the leaflet about the clinic visit, one element of Stage 2 involves an assessment of how much breast milk your child drinks. Because you are still breastfeeding and I have taken a weight measurement

for both you and (NAME), you are eligible to take part in this assessment. I have another leaflet here which explains a bit more about it.

INTERVIEWER: GIVE THE RESPONDENT THE TRACER WATER GENERAL INFORMATION LEAFLET AND ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

INTERVIEWER: PRESS <F9> FOR FURTHER INFORMATION ON THIS ASSESSMENT.

You do not have to make a final decision now about whether or not you want to do it, but if you are interested in taking part I can show you what you need to do to prepare for this assessment before the clinic visit.

Are you interested in taking part in the breast milk volume assessment?

INTERVIEWER: REMEMBER YOU ARE JUST INTRODUCING THIS ELEMENT AND ASKING THEM FOR A PRE-DOSE SAMPLE. YOU WON'T BE ADMINISTERING THE DOSE, BUT IF THEY WANT MORE INFORMATION PLEASE SEE THE FOLLOWING:

1. The tracer water will either contain slightly more 2H or slightly more 18O than that in normal, every day, tap water. It has been used routinely and safely for over 40 years in studies involving babies.
2. 18O is given separately to determine baby body composition.
3. Tracer Water is the gold standard for measuring the amount of breast milk and other fluid a baby drinks.
4. The Tracer water provided will have been sterile filtered into sterilised bottles and as such is cleaner than tap water.
5. They will be given more information when they visit a clinic

1 Yes

2 No

3 StoppdBF "SPONTANEOUS ONLY: Mother has stopped breastfeeding since Visit 1"

IF (TrWatBF = Yes) THEN

TWBFExp

INTERVIEWER: THE RESPONDENT HAS EXPRESSED AN INTEREST IN TAKING PART IN THE BREAST MILK VOLUME ASSESSMENT.

1. HAND THE RESPONDENT THE **GREEN** TRACER WATER INSTRUCTION SHEET AND EXPLAIN HOW TO COLLECT THE URINE SAMPLES, ACCORDING TO THE PROTOCOL.

2. MAKE SURE YOU LEAVE A PRE-DOSE KIT FOR BOTH THE MOTHER AND THE CHILD SO THEY CAN COLLECT A URINE SAMPLE BEFORE VISITING THE CLINIC.

3. REMEMBER TO LABEL THE PRE-DOSE BOTTLES.

EXPLAIN THAT THE MOTHER WILL ALSO BE ASKED TO COMPLETE A SIMPLE BREAST MILK DIARY BUT THE CLINIC WILL EXPLAIN MORE.

HOUSEHOLD SERIAL NUMBER: *****

MOTHER IS PERSON 1, INFANT IS PERSON 2.

1 Continue

IF (TrWatBF = No) OR (TrWatBF = StoppedBF) THEN

TWAlt

Instead of taking part in the breast milk volume assessment, you could take part in the assessment of your child's body composition and fluid intake. This involves fewer urine collections, just from your child. Are you interested in taking part in this assessment instead?

- 1 Yes
- 2 No

IF ((ClinDet = Yes) AND (StillBF = Stopped) AND (valid infant weight measurement)) OR ((ClinDet = Yes) AND (StillBF = Still) AND (valid infant weight measurement) AND (no valid maternal weight measurement)) THEN

TrWatBC

As you will have seen from the leaflet about the clinic visit, one element of Stage 2 involves an assessment of your child's body composition and fluid intake. Because I have taken a weight measurement for (NAME), you are eligible to take part in this assessment. I have another leaflet here which explains a bit more about it.

INTERVIEWER: GIVE THE RESPONDENT THE TRACER WATER GENERAL INFORMATION LEAFLET AND ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

INTERVIEWER: PRESS <F9> FOR FURTHER INFORMATION ON THIS ASSESSMENT.

You do not have to make a final decision now about whether or not you want to do it, but if you are interested in taking part I can show you what you need to do to prepare for this assessment before the clinic visit. Are you interested in taking part in the body composition and fluid intake assessment?

INTERVIEWER: REMEMBER YOU ARE JUST INTRODUCING THIS ELEMENT AND ASKING THEM FOR A PRE-DOSE SAMPLE. YOU WON'T BE ADMINISTERING THE DOSE, BUT IF THEY WANT MORE INFORMATION PLEASE SEE THE FOLLOWING:

1. The tracer water will either contain slightly more 2H or slightly more 18O than that in normal, every day, tap water. It has been used routinely and safely for over 40 years in studies involving babies.
2. 18O is given separately to determine baby body composition.
3. Tracer Water is the gold standard for measuring the amount of breast milk and other fluid a baby drinks.
4. The Tracer water provided will have been sterile filtered into sterilised bottles and as such is cleaner than tap water.
5. They will be given more information when they visit a clinic"

- 1 Yes
- 2 No

IF (TWAIt = Yes) OR (TrWatBC = Yes) THEN

TWBCExp

INTERVIEWER: THE RESPONDENT HAS EXPRESSED AN INTEREST IN TAKING PART IN THE BODY COMPOSITION AND FLUID INTAKE ASSESSMENT.

1. HAND THE RESPONDENT THE **BLUE** TRACER WATER INSTRUCTION SHEET AND EXPLAIN HOW TO COLLECT THE URINE SAMPLES ACCORDING TO THE PROTOCOL.

2. MAKE SURE YOU LEAVE A PRE-DOSE KIT FOR THE CHILD SO THEY CAN COLLECT A URINE SAMPLE BEFORE VISITING THE CLINIC.

3. REMEMBER TO LABEL THE PRE-DOSE BOTTLES.

HOUSEHOLD SERIAL NUMBER: *****

1 Continue

IF (TrWatBF = No) OR (TWAIt = No) OR (TrWatBC = No) THEN

NoTrWat

INTERVIEWER: THE RESPONDENT HAS NOT CURRENTLY EXPRESSED AN INTEREST IN TAKING PART IN THE TRACER WATER PART OF THE STUDY. THANK THE RESPONDENT FOR THEIR HELP WITH THE SURVEY SO FAR AND EXPLAIN THAT A RESEARCHER WILL TELEPHONE WITHIN THE NEXT SEVEN DAYS TO DISCUSS THE CLINIC VISIT FURTHER.

1 Continue

IF (ClinDet = Yes) AND (no valid infant weight measurement) AND (no valid maternal weight measurement) THEN

ClinTh

INTERVIEWER: THANK THE RESPONDENT FOR THEIR HELP WITH THE SURVEY SO FAR AND EXPLAIN THAT A RESEARCHER WILL TELEPHONE WITHIN THE NEXT SEVEN DAYS TO DISCUSS THE CLINIC VISIT FURTHER.

1 Continue

ASK ALL

Outro

INTERVIEWER: THIS IS THE END OF THE CLINIC INTRODUCTION QUESTIONS.

1 Continue

PART 2: Interviewer Schedule

STABLE ISOTOPE URINE COLLECTION

ASK ALL

FirstQ

INTERVIEWER: You are in the questionnaire for: SERIAL NUMBER.

Mother Name:

Age:

Infant Name:

DoB:

Date of Clinic Visit:

Agreed to: Breast milk volume assessment / Body composition and fluid intake assessment.

To collect: 14 DAY URINE SAMPLES / 5 DAY URINE SAMPLES

1 Continue

ASK ALL

StartDat

Date interview with this household was started.

Press <Enter> to confirm date.

: DATETYPE

IF (Protocol = Body composition and fluid intake) THEN

CollUr1

TRACER WATER: BODY COMPOSITION AND FLUID INTAKE ASSESSMENT.

INTERVIEWER: HAS (Mother's name) COLLECTED URINE SAMPLES FOR (NAME)?

1 Yes

2 No

IF (CollUr1 = Yes) THEN

CUr1TOA

INTERVIEWER: PLEASE GIVE (Mother's name) THE **BLUE** PROMISSORY NOTE SAYING THAT NatCen WILL SEND THEM £30 IN HIGH STREET VOUCHERS AS A TOKEN OF OUR APPRECIATION.

1 Continue

IF (Protocol = Breast milk intake) THEN

ColIUr2M

TRACER WATER: BREAST MILK INTAKE ASSESSMENT.

INTERVIEWER: HAS (Mother's name) COLLECTED URINE SAMPLES FOR HERSELF?

- 1 Yes
- 2 No

IF (Protocol = Breast milk intake) THEN

ColIUr2I

TRACER WATER: BREAST MILK INTAKE ASSESSMENT.

INTERVIEWER: HAS (Mother's name) COLLECTED URINE SAMPLES FOR (NAME)?

- 1 Yes
- 2 No

IF (ColIUr2M = Yes) OR (ColIUr2I = Yes) THEN

BMDChk

INTERVIEWER: If the mother has completed a Breast Milk Diary, please check the diary using your Breast Milk Evaluation Form and complete the first part of this form with the respondent.

- a. Check briefly whether there are any missing entries or
- b. days in the Breast Milk Diary. Record on Evaluation Form.

Check that the parent has recorded whether it is a full or partial day of completion. Record on Evaluation Form.

- 1 Continue

IF (ColIUr2M = Yes) OR (ColIUr2I = Yes) THEN

BMDEval

INTERVIEWER: Don't forget to complete the rest of the Breast Milk Diary Evaluation Form and this and the completed Diary back to NR with the urine samples.

- 1 Continue

IF (ColIUr2M = Yes) OR (ColIUr2I = Yes) THEN

CUr2TOA

INTERVIEWER: PLEASE GIVE (Mother's name) THE **GREEN** PROMISSORY NOTE SAYING THAT NatCen WILL SEND THEM £50 IN HIGH STREET VOUCHERS AS A TOKEN OF OUR APPRECIATION.

- 1 Continue

**IF (CollUr1 = No) OR ((CollUr2M = No) AND (CollUr2I = No) THEN
VisitEnd**

INTERVIEWER: THERE IS NO URINE TO COLLECT SO THERE IS NO FURTHER
WORK TO BE DONE AT THIS HOUSEHOLD.

PLEASE THANK THE RESPONDENT FOR ALL THEIR HELP WITH THE STUDY.

1 Continue

MOTHER'S WEIGHT MEASUREMENT

ASK ALL

Intro

INTERVIEWER: I would like to measure the mother's (Mother's name)
weight.

1 Continue

ASK ALL

RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE.

IF RESPONDENT WEIGHS MORE THAN 130kg (20 1/2 stones) DO NOT
WEIGH, CODE AS WEIGHT NOT ATTEMPTED.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I
HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

- | | | |
|---|-------|----------------------------------|
| 1 | Meas | "Weight obtained" |
| 2 | Ref | "Weight refused" |
| 3 | Attmp | "Weight attempted, not obtained" |
| 4 | otAt | "Weight not attempted" |

IF (RespWts = Meas) THEN

Wght

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

: 5.0..130.0

IF (Wght = Response) THEN

FloorC

INTERVIEWER CODE: SCALES PLACED ON?

- | | | |
|---|---------|----------------|
| 1 | Uneven | "Uneven floor" |
| 2 | Carpet | |
| 3 | Neither | |

IF (RespWts = Meas) THEN

RelWaitB_UC

INTERVIEWER: CODE ONE ONLY.

- | | | |
|---|--------|---|
| 1 | NoProb | "No problems experienced, reliable weight measurement obtained" |
| 2 | Rel | "Problems experienced, measurement likely to be: Reliable" |
| 3 | UnRel | "Problems experienced, measurement likely to be: Unreliable" |

IF (RespWts = Meas) THEN

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD IF WANTED.

WEIGHT: Wght kg OR Stone stones and Pound pounds.

If weight looks wrong, go back to 'Wght' and reweigh."

- 1 continue

IF (RespWts = Meas) THEN

SciNo

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **SCALES** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

- | | |
|--------------|--------------|
| CSC+digits | e.g. CSC123 |
| SC+digits+TA | e.g. SC123TA |
| SC+digits+TL | e.g. SC123TL |
| SC+digits+NC | e.g. SC123NC |
| LSC+digits | e.g. LSC123 |
| ESC+digits | e.g. ESC123 |
| : STRING [7] | |

IF (RespWts = Ref) THEN

ResNWt_UC

INTERVIEWER: GIVE REASONS FOR REFUSAL.

- | | | |
|---|----------|--|
| 1 | NoPoint | "Cannot see point/Weight already known/Doctor has measurement" |
| 2 | Busy | "Too busy/Taken long enough already/No time" |
| 3 | TooIll | "Respondent too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Respondent too anxious/nervous/shy/embarrassed" |
| 6 | Refused | "Refused (no other reason given)" |
| 7 | Other | |

IF (RespWts = Attmpt OR NotAt) THEN

NoWtBC_UC

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.

1	NoMum	"Mother not available"
2	Unsted	"Respondent is unsteady on feet"
3	CantStan	"Respondent cannot stand upright"
4	Chair	"Respondent is chairbound"
5	Bed	"Confined to bed"
6	Shoes	"Respondent unable to remove shoes"
7	More130	"Respondent weighs more than 130kg"
8	Ill	"Ill or in pain"
9	NotWrk	"Scales not working"
10	Other	"Other - specify"

IF (NoWtBC = Other) THEN

NoWatCO_UC

INTERVIEWER: Please specify other reason.

: STRING [60]

INFANT'S WEIGHT MEASUREMENT

ASK ALL

Intro_UC

I would like to measure the infant's (NAME) weight.

1 continue

ASK ALL

WtInt_UC

INTERVIEWER: EXPLAIN THE MEASUREMENT TO THE PARENT AND RECORD HERE WHETHER THEY AGREE TO YOU MEASURING THE WEIGHT OF THEIR CHILD.

1	Agree	"Weight measurement agreed"
2	Refuse	"Weight measurement refused"
3	Unable	"Unable to measure weight for other reason"

RespWts_UC

INTERVIEWER: MEASURE WEIGHT AND CODE.

INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

0	Held (0)	"ChHeld"
1	Meas	"Weight obtained OnOwn"
2	Ref	"Weight refused"
3	Attmpt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

IF (RespWts = Held..Meas) THEN

XWt1_UC

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS."

: 5.0..130.0

WtAd1_UC

INTERVIEWER: ENTER WEIGHT OF ADULT ON HIS/HER OWN AND ENTER WEIGHT IN KILOGRAMS.

: 30.0..130.0

WtChA1_UC

INTERVIEWER: ENTER WEIGHT OF ADULT HOLDING CHILD AND ENTER WEIGHT IN KILOGRAMS.

: 30.0..130.0

FloorC_UC

INTERVIEWER CODE: SCALES PLACED ON?

- | | | |
|---|---------|----------------|
| 1 | Uneven | "Uneven floor" |
| 2 | Carpet | |
| 3 | Neither | |

RelWaitB_UC

INTERVIEWER: CODE ONE ONLY.

- | | | |
|---|--------|---|
| 1 | NoProb | "No problems experienced, reliable weight measurement obtained" |
| 2 | Rel | "Problems experienced, measurement likely to be: Reliable" |
| 3 | UnRel | "Problems experienced, measurement likely to be: Unreliable" |

MBookWt_UC

INTERVIEWER: Write the results of the infant weight measurement on respondent's Measurement Record Card.

INFANT WEIGHT: Wght kg OR Stone(s) and Pound(s).

If weight looks wrong, go back to 'XWt1' or 'WtAd1' and reweigh.

- | | |
|---|----------|
| 1 | continue |
|---|----------|

ScINo

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE **SCALES** USED FOR THIS INTERVIEW.

THE ASSET NUMBER IS USUALLY IN ONE OF THE FOLLOWING FORMS:

CSC+digits e.g. CSC123

SC+digits+TA	e.g. SC123TA
SC+digits+TL	e.g. SC123TL
SC+digits+NC	e.g. SC123NC
LSC+digits	e.g. LSC123
ESC+digits	e.g. ESC123
: STRING [7]	

IF (RespWts = Ref) THEN

ResNWt_UC

INTERVIEWER: GIVE REASONS FOR REFUSAL.

- | | | |
|---|----------|--|
| 1 | NoPoint | "Cannot see point/Weight already known/Doctor has measurement" |
| 2 | Busy | "Too busy/Taken long enough already/No time" |
| 3 | TooIll | "Respondent too ill/frail/tired" |
| 4 | Intrusiv | "Considered intrusive information" |
| 5 | Anxious | "Respondent too anxious/nervous/shy/embarrassed" |
| 6 | ChildRef | "Child refused to be held by parent" |
| 7 | ParRef | "Parent refused to hold child" |
| 8 | Refused | "Refused (no other reason given)" |
| 9 | Other | |

IF (RespWts = Attmpt...NotAt) THEN

NoWtBC_UC

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

- | | | |
|----|----------|---|
| 1 | Away | "Child: away from home during fieldwork period (specify in a Note)" |
| 2 | Unsted | "Respondent is unsteady on feet" |
| 3 | CantStan | "Respondent cannot stand upright" |
| 4 | Chair | "Respondent is chairbound" |
| 5 | Bed | "Confined to bed" |
| 6 | Shoes | "Respondent unable to remove shoes" |
| 7 | More130 | "Respondent weighs more than 130kg" |
| 8 | Ill | "Ill or in pain" |
| 9 | NotWrk | "Scales not working" |
| 10 | NoHold | "Parent unable to hold child" |
| 11 | ASleep | "Child asleep" |
| 12 | Other | "Other - specify" |

IF (NoWtBC = Other) THEN

NoWatCO_UC

INTERVIEWER: Please specify other reason.

: STRING [60]

Diary documents

MRC Human Nutrition Research

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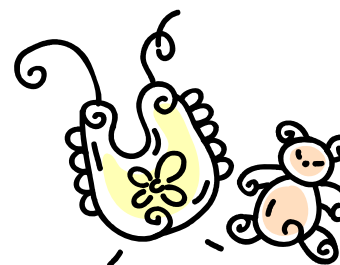
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National Infant Diet and Health Study

Food and Drink Diary

Children aged 4 to 8 months



Diary start date: _____

SERIAL NUMBER (7 digits)

CKL

RESPONDENT No

First name: _____

Sex: M / F

Date of birth:

INTERVIEWER NUMBER:

INTERVIEWER NAME:

National Infant Diet and Health Study

Food and Drink Diary

Children aged 4 to 8 months

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If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 26-31 in the instruction booklet will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

☐ **Recipes/Homemade dishes**

If your child has eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

☐ **Take-aways and eating out**

If your child has eaten **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- ❑ **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 5-14.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on pages 15-17.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsp of peas, ¼ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on page 48.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit eaten e.g. 1 segment of a large orange, ½ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6 of the instruction booklet) or the **volume** if the milk has been expressed (see example on page 8 of the instruction booklet). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 25-30 of the instruction booklet.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.00	Bedroom, no TV alone, not at table	Breast feed		12 minutes	none
		Healthy Start Vitamin Drops		5 drops	none
9am to 12 noon					
9.30	Lounge, TV on, not at table alone	First milk	Aptamil	6 fl oz	1 fl oz
11.00	Kitchen, alone, No TV, not at table	Cooled boiled water		30ml	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Lounge, TV on, not at table alone	First Milk	Aptamil	7 fl oz	2 fl oz
2pm to 5pm					
4.00	Lounge, no TV alone, not at table	First milk	Aptamil	7 fl oz	none
4.30	Lounge, no TV, alone, not at table	Calpol infant suspension		5ml	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.15	Bedroom, no TV alone, not at table	Breast feed		15 minutes	none
8pm to 10pm					
		Nothing Eaten			
10pm to 6am					
10.30	Bedroom, no TV, alone, not at table	Breast feed		17 minutes	none

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☒

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

She was teething so had less than usual.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☒

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☒

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		SERVES:	
Ingredients	Amount	Ingredients	Amount
Brief description of cooking method			

Day <i>Friday</i>		Date <i>04 Sept 2009</i>			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet</i>					
<i>6am to 9am</i>					
<i>6.30</i>	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		<i>17 mins</i>	<i>none</i>
<i>8.00</i>	<i>Mother, Father Sister, highchair at table, no TV</i>	Pure orange juice from concentrate diluted 50% water (in plastic trainer cup with lid)	<i>Tesco</i>	<i>150ml (drinking cup)</i>	<i>½</i>
		Healthy start vitamin drops		<i>5 drops</i>	<i>none</i>
		Organic creamy rice breakfast jar 125g	<i>HiPP</i>	<i>125g</i>	<i>1 teaspoon</i>
<i>9am to 12 noon</i>					
<i>10.45</i>	<i>In front TV in lounge, grandma, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>1 fl oz</i>
		<i>Aero chocolate mousse – from grandma’s pot!</i>	<i>Aero</i>	<i>2 tsp</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Dining room, no TV, highchair at the table, mother	Pureed vegetables 50% swede + 50% carrot (see recipe)	Evian	4 tbsp	2 tbsp
		Mashed banana		½ medium	1 tbsp
		Bottled water		85ml	none
2pm to 5pm					
4.30	Lounge, no TV, alone, not at table	Breast feed		8 minutes	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.00	<i>Dining room, high chair at table, no TV, mother, father and sister</i>	<i>1 ice-cube pureed broccoli diluted with 1 tbsp breast milk</i> <i>Fromage frais apricot flavour</i>	<i>Petit Filous</i>	<i>Served all</i> <i>60g</i>	<i>1 tsp</i> <i>none</i>
8pm to 10pm					
8.15 pm	<i>Living room, alone, TV on, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>5 fl oz</i>	<i>1 fl oz</i>
10pm to 6am					
11.15	<i>In bed, alone</i>	<i>Breast feed</i>		<i>20 minutes</i>	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒ No ☐ Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒ No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐ No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒ No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Pureed vegetables*

SERVES:2

Ingredients	Amount	Ingredients	Amount
<i>Carrot, fresh, diced</i>	<i>2 Large</i>		
<i>Swede, fresh, peeled</i>	<i>¼ large</i>		
<i>Butter, Lurpak spreadable</i>	<i>1 tsp</i>		
<i>Dried basil</i>	<i>pinch</i>		

Brief description of cooking method

Boil the vegetables until tender. Roughly mash them together and stir in butter and dried basil. Mixture then cooled and frozen. Micro-wave to re-heat.

General questions about your child's food and drink.

Please add as much detail as you need.

What drinks does your child consume?

1a. What type of milk does your child most often drink? *Tick only one*

Breast milk	<input type="checkbox"/>	Infant formula	<input type="checkbox"/>	Follow-on formula	<input type="checkbox"/>	Soya milk	<input type="checkbox"/>
Whole milk (cow's milk)	<input type="checkbox"/>	Soya milk with calcium & vitamins	<input type="checkbox"/>	S/ skimmed milk (cow's milk)	<input type="checkbox"/>	Goat's milk	<input type="checkbox"/>
Skimmed milk (cow's milk)	<input type="checkbox"/>	Soya formula	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Please specify the brand/type if not cow's milk _____

1b. To help us decide on the correct amount of fluids for drinks, please fill your child's cup with water to the usual level, then empty into a measuring jug and record here.

Fluid ounces(fl.oz) Millilitres(ml)

2. If using formula, please describe how you make the feed. Are scoops usually flat?

Flat ☐ Rounded ☐ Ready to use formula ☐

3. For 1 scoop of milk powder, how much water do you add?

Fluid ounces(fl.oz) Millilitres(ml)

4. If using formula milk powder to make up your child's feeds do you put the water or powder in the bottle first?

Water first ☐ Powder first ☐

Cordial/ squash/ diluting juice

5. Which type of soft drinks (e.g. squash, ready to drink, carbonated) does your child usually drink?

At Home:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>
At other carers:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>

6. How much do you usually dilute your child's squash (e.g. 1 part squash with 10 parts water)?

Please tell us: _____

Water

7. Which type of water does your child usually drink?

Tap	<input type="checkbox"/>	Filtered	<input type="checkbox"/>	Bottled	<input type="checkbox"/>	Brand	<input type="text"/>
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Special diet

8. Does your child follow a special diet e.g. vegetarian, milk-free, other?

Yes	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Please specify</div>	No	<input type="checkbox"/>
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Breakfast cereals

9. How much milk does your child usually have on breakfast cereal?

Drowned	<input type="checkbox"/>	Average	<input type="checkbox"/>	Damp	<input type="checkbox"/>	None/does not eat	<input type="checkbox"/>
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Fats for spreading and cooking

10. Which type of butter or other fat spread do you usually use for your child? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated* _____

11. How thickly do you spread butter, margarine on bread, crackers for your child?

Thick	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Thin	<input type="checkbox"/>	None	<input type="checkbox"/>
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12. Which type of cooking fat/oil does your household usually use? Please record the full product name. e.g. *Sainsbury's sunflower oil* _____

Bread

13. Which type of bread does your child usually eat? *Tick only one*

White ☐

Granary ☐

Wholemeal ☐

Brown ☐

50/50 bread e.g. Hovis Best of Both ☐

Other ☐ *Type* _____

Does not eat ☐

14. Does your child usually eat bread from a large loaf or a small loaf?

Large ☐

Small ☐

15. If the bread was shop bought, how was it sliced?

Thick ☐

Medium ☐

Thin ☐

Un sliced ☐

Fruit + Vegetables

16. Does your child eat the skin on apples?

Always ☐

Sometimes ☐

Never ☐

17. Does your child eat the skin on pears?

Always ☐

Sometimes ☐

Never ☐

18. Does your child eat the skin on jacket (baked) potatoes?

Always ☐

Sometimes ☐

Never ☐

Feeding Spoon

19. Which type of spoon do you usually use for feeding? (e.g. Tommee Tippee weaning spoon 4 month +)

When you record the food and drinks your child has over the next 4 days you can refer back to this page rather than repeating all the information each time – except for those occasions where your child drank or ate something else or from a different container.

Food & Drink Diary – DAY 1

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 1		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or the food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 2

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 2		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 3

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 3		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
2pm to 5pm					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Food & Drink Diary – DAY 4

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 4		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Please could you answer a few questions about how old your child was when you started giving him or her the following foods:

	Months	Weeks	Not applicable
1. At what age did you introduce smooth pureed foods to your child's diet e.g. baby rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At what age did you start giving your child fruit or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At what age did you start giving foods with a lumpier texture e.g. noodles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At what age did your child start eating finger foods e.g. toast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you breastfed:			
a. How old was your child when you introduced infant formula or other milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What age was your child when you stopped breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Still breastfeeding? (<i>If 'Yes', please tick</i>)			<input type="checkbox"/>
6. At what age did you introduce:			
Whole (full fat) cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write any notes, comments or questions here

Thank you for completing this diary.

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photographs.**

Weaning spoon 2.5ml



Tea spoon 5ml



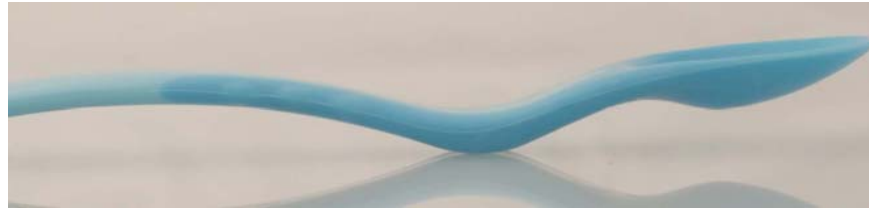
Dessert spoon 10ml



Table spoon 15ml



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls



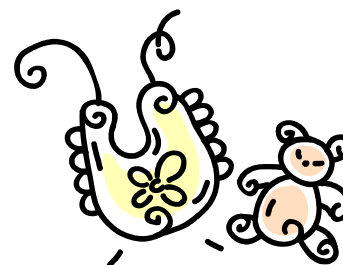
Table spoon 15mls



National Infant Diet and Health Study

Food and Drink Diary

Children aged 9 to 18 months



Diary start date: _____

SERIAL NUMBER (7 digits)

CKL

RESPONDENT No

First name: _____

Sex: M / F

Date of birth:

INTERVIEWER NUMBER:

INTERVIEWER NAME: _____

National Infant Diet and Health Study

Food and Drink Diary

Children aged 9 to 18 months

	Pages
Instructions.....	53-55
Diary examples.....	56-65
General questions about your child's food and drink	66-68
“The 4-day diary”	69-96
Questions about introduction of foods.....	97-98
Photo of household spoons.....	99-100

If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 25-30 in the instruction booklet will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

☐ **Recipes/Homemade dishes**

If your child has served any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

☐ **Take-aways and eating out**

If your child has served **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- ❑ **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 5-14.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on 15-17.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsp of peas, ¼ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on page 48.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit served e.g. 1 segment of a large orange, ½ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6 of the instruction booklet) or the **volume** if the milk has been expressed (see example on page 8 of the instruction booklet). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 25-30 of the instruction booklet.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.00	In front TV in lounge, twin brother, not at table	SMA progress follow on milk	SMA	6 fl oz	none
		Porridge (porridge = 75ml SMA follow on milk and 5 x 5ml Quaker porridge oats)	Quaker	5 tbsp	none
		chopped dried apricots	Tesco own brand	3	none
9am to 12 noon					
10.15	Nursery, play room no TV, on carpet with other children, not at table	Organic Biscotti baby biscuit	Heinz	1 biscuit	none
		Apple & Blackcurrant squash (1 part squash to 10 parts water)	Robinsons 'no added sugar'	200ml	50ml

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.00	Nursery dining room no TV, in high chair at table, with other children	Shepherds pie (see recipe) Boiled carrots and peas Custard ready made carton – not chilled Mashed banana Water	Home-made Ambrosia Tap	5 tbsp 1 tbsp each 1 tbsp 1 tbsp 80ml	1 tbsp none none none 10ml
2pm to 5pm					
3.45	Nursery dining room, no TV, highchair at table, with other children	Edam cheese Seedless green grapes Unsweetened 100% apple juice from concentrate (½ juice, ½ water)	 Tesco own brand	6 small cubes (1cm) 8 100ml	none 2 20ml

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
5.00	<i>In front TV in lounge with Mother and twin brother, not at table</i>	<i>Dairy milk chocolate</i>	<i>Cadbury's</i>	<i>2 squares</i>	<i>none</i>
7.00	<i>Dining room, highchair at table, no TV, Mother, twin brother</i>	<i>Chicken and carrots in Chicken tonight creamy mushroom sauce (approx 50% chicken, 30% sauce, 20% carrots) with wilted spinach and garlic bread</i>	<i>Chicken tonight Tesco own brand garlic baguette</i>	<i>4 tbsp 1 tbsp spinach 1 piece from baguette</i>	<i>1 tsp 1 tbsp none</i>
		<i>Water</i>	<i>Tap</i>	<i>Few sips</i>	<i>none</i>
8pm to 10pm					
8.45	<i>Bedroom, no TV, twin brother, not at table</i>	<i>SMA progress follow on milk</i>		<i>6 fl oz</i>	<i>2 fl oz</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH: <i>Shepherd's Pie</i>		SERVES: <i>4</i>	
Ingredients	Amount	Ingredients	Amount
<i>Stewed Minced Lamb</i>	<i>1.5kg</i>		
<i>Red Onion</i>	<i>2</i>		
<i>Beef oxo cube</i>	<i>3</i>		
<i>Carrots</i>	<i>2 Large</i>		
<i>Potatoes, boiled, mashed</i>	<i>1.5kg</i>		
<i>Milk, semi-skimmed</i>	<i>150ml</i>		
<i>Spread, flora, original</i>	<i>60g</i>		
<i>Water</i>	<i>1litre</i>		
Brief description of cooking method <i>Minced lamb cooked in water, beef stock cubes, onions and carrots for approx. 1 hour. Mash the potatoes with milk and spread. Pile potatoes on top of the meat and vegetables and bake for 30 minutes.</i>			

Day <i>Thurs</i>		Date 28 August 2009			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.30	<i>Bedroom, no TV alone, not at table</i>	<i>Biscuit for babies & toddlers</i>	<i>Cow & gate</i>	<i>1</i>	<i>none</i>
7.00	<i>Mother, Father Sister, highchair at table, no TV</i>	<i>Rice Krispies Whole milk Frutapura, plum & apple 60ml Pure apple & blackcurrant juice diluted with 240ml water</i>	<i>Kelloggs Asda Cow & gate Heinz</i>	<i>8 tbsp Damp 100g pot 300ml</i>	<i>½ tbsp (milk and cereal) ½ 150ml</i>
9am to 12 noon					
9.30	<i>Childminder's playroom, no TV, 3 other children, not at table</i>	<i>Banana Great stuff mini raisins</i>	<i>Asda</i>	<i>½ Medium 14g pack</i>	<i>none 4 raisins</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Childminder's playroom, no TV, at table, 3 other children	<p><i>Prepared packed lunch:</i> <i>White bread, thick cut</i> <i>Butter, unsalted</i></p> <p><i>Cheese triangle</i> <i>Ham, honey roast</i> <i>Cheese curls</i></p> <p><i>Green seedless grapes</i> <i>Fromage frais with layer of peach puree</i></p> <p><i>Semi-skimmed milk</i> <i>Fruit tea, orange & mango</i> <i>Sugar</i></p>	<p><i>Kingsmill</i> <i>Lurpak</i></p> <p><i>Dairylea</i> <i>Asda</i> <i>Quaver</i></p> <p><i>Yoplait</i></p> <p><i>Sainsbury's</i> <i>Twinings</i> <i>Silverspoon</i></p>	<p><i>2 slices</i> <i>Thin spread</i></p> <p><i>17.5g triangle</i> <i>1 slice</i> <i>8 pieces</i></p> <p><i>8 grapes</i> <i>60g</i></p> <p><i>160ml</i> <i>1 small cup</i> <i>½ tsp</i></p>	<p><i>Left the crusts</i> <i>none</i></p> <p><i>½</i> <i>none</i> <i>none</i></p> <p><i>none</i> <i>1 tsp</i></p> <p><i>20ml</i> <i>½ cup</i></p>
2pm to 5pm					
3.15 pm	Childminder Playroom, no TV, 3 other children, not at table	<p><i>Apple, peeled</i></p> <p><i>Milky way</i></p> <p><i>Water</i></p>	<i>Granny smith</i>	<p><i>2 quarters</i></p> <p><i>1 fun size</i></p> <p><i>Few sips</i></p>	<p><i>1 quarter</i></p> <p><i>none</i></p> <p><i>none</i></p>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
6.00	Mother, sister, highchair at dining room table, no TV	Homemade sausage casserole (see recipe) Penne pasta, white, cooked	Sainsbury's	4 tbsp 2 tbsp	½ ½
8pm to 10pm					
8.15 pm	Living room, alone, TV on, not at table	Whole milk	Asda	200ml	none
10pm to 6am					
		Nothing eaten			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Sausage Casserole*

SERVES: *4*

Ingredients	Amount	Ingredients	Amount
<i>Butchers Choice pork sausages</i>	<i>4 sausages</i>	<i>Mixed herbs</i>	<i>½ tsp</i>
<i>Onion</i>	<i>1 medium size</i>	<i>Vegetable oil</i>	<i>1 ½ tbsp</i>
<i>Mushrooms, Champignons</i>	<i>1/4 of 500g pack</i>		
<i>Tinned chopped tomatoes</i>	<i>1 x 400g tin</i>		
<i>Tin of mixed salad beans</i>	<i>1 x 125g tin</i>		
<i>Oxo gravy</i>	<i>1 cube in ½ pint of water</i>		
<i>Tomato sauce</i>	<i>1 tbsp</i>		
<i>Cornflour</i>	<i>2 tsp</i>		

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

.

General questions about your child's food and drink.

Please add as much detail as you need.

What drinks does your child consume?

1a. What type of milk does your child most often drink? *Tick only one*

- | | | | | | | | |
|---------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|-------------|--------------------------|
| Breast milk | <input type="checkbox"/> | Infant formula | <input type="checkbox"/> | Follow-on formula | <input type="checkbox"/> | Soya milk | <input type="checkbox"/> |
| Whole milk (cow's milk) | <input type="checkbox"/> | Soya milk with calcium & vitamins | <input type="checkbox"/> | S/ skimmed milk (cow's milk) | <input type="checkbox"/> | Goat's milk | <input type="checkbox"/> |
| Skimmed milk (cow's milk) | <input type="checkbox"/> | Soya formula | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

Please specify the brand/type if not cow's milk _____

1b. To help us decide on the correct amount of fluids for drinks, please fill your child's cup with water to the usual level, then empty into a measuring jug and record here.

Fluid ounces(fl.oz) Millilitres(ml)

2. If using formula, please describe how you make the feed. Are scoops usually flat?

Flat ☐ Rounded ☐ Ready to use formula ☐

3. For 1 scoop of milk powder, how much water do you add?

Fluid ounces(fl.oz) Millilitres(ml)

4. If using formula milk powder to make up your child's feeds do you put the water or powder in the bottle first?

Water first ☐ Powder first ☐

Cordial/ squash/ diluting juice at home, at other carers.

5. Which type of soft drinks (e.g. squash, ready to drink, carbonated) does your child usually drink?

At Home:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>
At other carers:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>

6. How much do you usually dilute your child's squash (e.g. 1 part squash with 10 parts water)?

Please tell us: _____

Water

7. Which type of water does your child usually drink?

Tap	<input type="checkbox"/>	Filtered	<input type="checkbox"/>	Bottled	<input type="checkbox"/>	Brand	<input type="text"/>
-----	--------------------------	----------	--------------------------	---------	--------------------------	-------	----------------------

Special diet

8. Does your child follow a special diet e.g. vegetarian, milk-free, other?

Yes	<input type="checkbox"/>	Please specify	<input type="text"/>	No	<input type="checkbox"/>
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Breakfast cereals

9. How much milk does your child usually have on breakfast cereal?

Drowned	<input type="checkbox"/>	Average	<input type="checkbox"/>	Damp	<input type="checkbox"/>	None/does not eat	<input type="checkbox"/>
---------	--------------------------	---------	--------------------------	------	--------------------------	-------------------	--------------------------

Fats for spreading and cooking

10. Which type of butter or other fat spread do you usually use for your child? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated* _____

11. How thickly do you spread butter, margarine on bread, crackers for your child?

Thick	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Thin	<input type="checkbox"/>	None	<input type="checkbox"/>
-------	--------------------------	--------	--------------------------	------	--------------------------	------	--------------------------

12. Which type of cooking fat/oil does your household usually use? Please record the full product name. e.g. *Sainsbury's sunflower oil* _____

Bread

13. Which type of bread does your child usually eat? *Tick only one*

White ☐

Granary ☐

Wholemeal ☐

Brown ☐

50/50 bread e.g. Hovis Best of Both ☐

Other ☐ *Type* _____

Does not eat ☐

14. Does your child usually eat bread from a large loaf or a small loaf?

Large ☐

Small ☐

15. If the bread was shop bought, how was it sliced?

Thick ☐

Medium ☐

Thin ☐

Un sliced ☐

Fruit + Vegetables

16. Does your child eat the skin on apples?

Always ☐

Sometimes ☐

Never ☐

17. Does your child eat the skin on pears?

Always ☐

Sometimes ☐

Never ☐

18. Does your child eat the skin jacket (baked) potatoes?

Always ☐

Sometimes ☐

Never ☐

Feeding Spoon

19. Which type of spoon do you usually use for feeding? (e.g. Tommee Tippee weaning spoon 4 month +)

When you record the food and drinks your child has over the next 4 days you can refer back to this page rather than repeating all the information each time – except for those occasions where your child drank or ate something else or from a different container.

Food & Drink Diary – DAY 1

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 1		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
9am to 12 noon					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
2pm to 5pm					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 2

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 2		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		SERVES:	
Ingredients	Amount	Ingredients	Amount
Brief description of cooking method			

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 3

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 3		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
2pm to 5pm					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Food & Drink Diary – DAY 4

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

☐

No

☐

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 4		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☐

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Please could you answer a few questions about how old your child was when you started giving him or her the following foods:

	Months	Weeks	Not applicable
1. At what age did you introduce smooth pureed foods to your child's diet e.g. baby rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At what age did you start giving your child fruit or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At what age did you start giving foods with a lumpier texture e.g. noodles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At what age did your child start eating finger foods e.g. toast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you breastfed:			
a. How old was your child when you introduced infant formula or other milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What age was your child when you stopped breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Still breastfeeding? (<i>If 'Yes', please tick</i>)			<input type="checkbox"/>
6. At what age did you introduce:			
Whole (full fat) cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

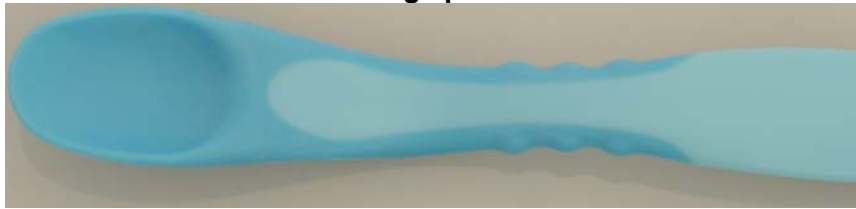
Please write any notes, comments or questions here

Thank you for completing this diary.

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photographs.**

Weaning spoon 2.5mls



Tea spoon 5mls



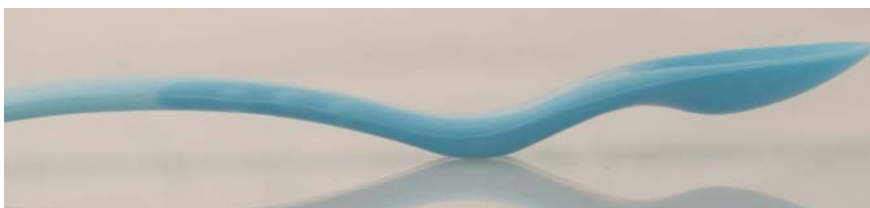
Dessert spoon 10mls



Table spoon 15mls



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls



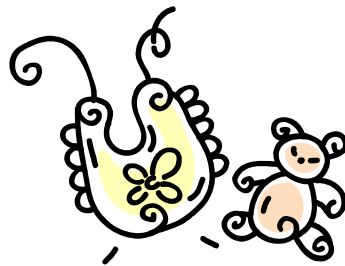
Table spoon 15mls





National Infant Diet and Health Study

Food and Drink Diary **Instructions**



National Infant Diet and Health Study

Food and Drink Diary Instructions

	Pages
Instructions.....	103-104
Diary examples.....	105-124
Examples and advice on food descriptions.....	125-130
Photo of household spoons.....	131-132

If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone 0800 652 4572 between 8.30am-5.30pm.

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 26-31 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

☐ **Recipes/Homemade dishes**

If your child has served any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

☐ **Take-aways and eating out**

If your child has eaten **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- ❑ **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 6-25.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on diary pages 15-16.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsp of peas, $\frac{1}{4}$ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on pages 32-33.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit served e.g. 1 segment of a large orange, $\frac{1}{2}$ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6) or the **volume** if the milk has been expressed (see example on page 8). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 26-31.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 4 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.00	Bedroom, no TV alone, not at table	Breast feed		12 minutes	none
		Healthy Start Vitamin Drops		5 drops	none
9am to 12 noon					
9.30	Lounge, TV on, not at table alone	First milk	Aptamil	6 fl oz	1 fl oz
11.00	Kitchen, alone, No TV, not at table	Cooled boiled water		30ml	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
12.35	Lounge, TV on, not at table alone	First Milk	Aptamil	7 fl oz	2 fl oz
<i>2pm to 5pm</i>					
4.00	Lounge, no TV alone, not at table	First milk	Aptamil	7 fl oz	none
4.30		Calpol infant suspension		5ml	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.15	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		100ml (E)	<i>none</i>
8pm to 10pm					
		<i>Nothing Eaten</i>			
10pm to 6am					
10.30	<i>Bedroom, no TV, alone, not at table</i>	<i>Breast feed</i>		17 mins	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☐

No ☒

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

She is teething so had less than usual.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☒

No ☐

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☐

No ☒

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Day <i>Friday</i>		Date <i>04 Sept 2009</i>			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.30	Bedroom, no TV alone, not at table	Breast feed		17 mins	none
8.00	Mother, Father Sister, highchair at table, no TV	Pure orange juice from concentrate diluted 50% water (in plastic trainer cup with lid)	Tesco	150ml (drinking cup)	½
		Healthy start vitamin drops		5 drops	none
		Organic creamy rice breakfast jar 125g	HiPP	125g	1 teaspoon
9am to 12 noon					
10.45	In front TV in lounge, grandma, not at table	First milk	Aptamil	7 fl oz	1 fl oz
		Aero chocolate mousse – from grandma’s pot!	Aero	2 tsp	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	<i>Dining room, no TV, highchair at the table, mother</i>	<i>Pureed vegetables 50% swede + 50% carrot (see recipe)</i> <i>Mashed banana</i> <i>Bottled water</i>	<i>Evian</i>	<i>4 tbsp</i> <i>½ medium</i> <i>85ml</i>	<i>2 tbsp</i> <i>1 tbsp</i> <i>none</i>
2pm to 5pm					
4.30	<i>Lounge, no TV, alone, not at table</i>	<i>Breast feed</i>		<i>8 minutes</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.00	Dining room, high chair at table, no TV, mother, father and sister	1 ice-cube pureed broccoli diluted with 1 tbsp breast milk Fromage frais apricot flavour	Petit Filous	Served all 60g	1 tsp none
8pm to 10pm					
8.15 pm	Living room, alone, TV on, not at table	First milk	Aptamil	5 fl oz	1 fl oz
10pm to 6am					
11.15	In bed, alone	Breast feed		20 minutes	none

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH: <i>Pureed vegetables</i>		SERVES: 2	
Ingredients	Amount	Ingredients	Amount
<i>Carrot, fresh, diced</i>	<i>2 Large</i>		
<i>Swede, fresh, peeled</i>	<i>¼ large</i>		
<i>Butter, Lurpak spreadable</i>	<i>1 tsp</i>		
<i>Dried basil</i>	<i>pinch</i>		

Brief description of cooking method

Boil the vegetables until tender. Roughly mash them together and stir in butter and dried basil. Mixture then cooled and frozen. Micro-wave to re-heat.

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.00	In front TV in lounge, twin brother, not at table	SMA progress follow on milk	SMA	6 fl oz	none
		Porridge (porridge = 75ml SMA follow on milk and 5 x 5ml Quaker porridge oats)	Quaker	5 tbsp	none
		chopped dried apricots	Tesco own brand	3	none
9am to 12 noon					
10.15	Nursery, play room no TV, on carpet with other children, not at table	Organic Biscotti baby biscuit	Heinz	1 biscuit	none
		Apple & Blackcurrant squash (1 part squash to 10 parts water)	Robinsons 'no added sugar'	200ml	50ml

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.00	Nursery dining room no TV, in high chair at table, with other children,	<i>Shepherds pie (see recipe)</i> <i>Boiled carrots and peas</i> <i>Custard ready made carton – not chilled</i> <i>Mashed banana</i> <i>Water</i>	<i>Home-made</i> <i>Ambrosia</i> <i>Tap</i>	<i>5 tbsp</i> <i>1 tbsp each</i> <i>1 tbsp</i> <i>1 tbsp</i> <i>80ml</i>	<i>1 tbsp</i> <i>none</i> <i>none</i> <i>none</i> <i>10ml</i>
2pm to 5pm					
3.45	Nursery dining room, no TV, highchair at table, with other children.	<i>Edam cheese</i> <i>Seedless green grapes</i> <i>Unsweetened 100% apple juice from concentrate (½ juice, ½ water)</i>	 <i>Tesco own brand</i>	<i>6 small cubes (1cm)</i> <i>8</i> <i>100ml</i>	<i>none</i> <i>2</i> <i>20ml</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
5.00	<i>In front TV in lounge with Mother and twin brother, not at table</i>	<i>Dairy milk chocolate</i>	<i>Cadbury's</i>	<i>2 squares</i>	<i>none</i>
7.00	<i>Dining room, highchair at table, no TV, Mother, twin brother</i>	<i>Chicken and carrots in Chicken tonight creamy mushroom sauce (approx 50% chicken, 30% sauce, 20% carrots) with wilted spinach and garlic bread</i>	<i>Chicken tonight Tesco own brand garlic baguette</i>	<i>4 tbsp 1 tbsp spinach 1 piece from baguette</i>	<i>1 tsp 1 tbsp none</i>
		<i>Water</i>	<i>Tap</i>	<i>Few sips</i>	<i>none</i>
8pm to 10pm					
8.45	<i>Bedroom, no TV, twin brother, not at table</i>	<i>SMA progress follow on milk</i>		<i>6 fl oz</i>	<i>2 fl oz</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH: <i>Shepherd's Pie</i>		SERVES: <i>4</i>	
<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>
<i>Stewed Minced Lamb</i>	<i>1.5kg</i>		
<i>Red Onion</i>	<i>2</i>		
<i>Beef oxo cube</i>	<i>3</i>		
<i>Carrots</i>	<i>2 Large</i>		
<i>Potatoes, boiled, mashed</i>	<i>1.5kg</i>		
<i>Milk, semi-skimmed</i>	<i>150ml</i>		
<i>Spread, flora, original</i>	<i>60g</i>		
<i>Water</i>	<i>1 litre</i>		
Brief description of cooking method <i>Minced lamb cooked in water, beef stock cubes, onions and carrots for approx. 1 hour. Mash the potatoes with milk and spread. Pile potatoes on top of the meat and vegetables and bake for 30 minutes.</i>			

Day Thurs		Date 28 August 2009			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.30	Bedroom, no TV alone, not at table	Biscuit for babies & toddlers	Cow & gate	1	none
7.00	Mother, Father Sister, highchair at table, no TV	Rice Krispies Whole milk Frutapura, plum & apple 60ml Pure apple & blackcurrant juice diluted with 240ml water	Kelloggs Asda Cow & gate Heinz	8 tbsp Damp 100g pot 300ml	½ tbsp (milk and cereal) ½ 150ml
9am to 12 noon					
9.30	Childminder's playroom, no TV, 3 other children, not at table	Banana Great stuff mini raisins	Asda	½ Medium 14g pack	none 4 raisins

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Childminder's playroom, no TV, at table, 3 other children	<p><i>Prepared packed lunch:</i> <i>White bread, thick cut</i> <i>Butter, unsalted</i></p> <p><i>Cheese triangle</i> <i>Ham, honey roast</i> <i>Cheese curls</i></p> <p><i>Green seedless grapes</i> <i>Fromage frais with layer of peach puree</i></p> <p><i>Semi-skimmed milk</i> <i>Fruit tea, orange & mango</i> <i>Sugar</i></p>	<p><i>Kingsmill Lurpak</i></p> <p><i>Dairylea Asda Quaver</i></p> <p><i>Yoplait</i></p> <p><i>Sainsbury's Twinings Silverspoon</i></p>	<p><i>2 slices</i> <i>Thin spread</i></p> <p><i>17.5g triangle</i> <i>1 slice</i> <i>8 pieces</i></p> <p><i>8 grapes</i> <i>60g</i></p> <p><i>160ml</i> <i>1 small cup</i> <i>½ tsp</i></p>	<p><i>Left the crusts</i> <i>none</i></p> <p><i>½</i> <i>none</i> <i>none</i></p> <p><i>none</i> <i>1 tsp</i></p> <p><i>20ml</i> <i>½ cup</i></p>
2pm to 5pm					
3.15 pm	Childminder Playroom, no TV, 3 other children, not at table	<p><i>Apple, peeled</i></p> <p><i>Milky way</i></p> <p><i>Water</i></p>	<i>Granny smith</i>	<p><i>2 quarters</i></p> <p><i>1 fun size</i></p> <p><i>Few sips</i></p>	<p><i>1 quarter</i></p> <p><i>none</i></p> <p><i>none</i></p>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
6.00	Mother, sister, highchair at dining room table, no TV	Homemade sausage casserole (see recipe) Penne pasta, white, cooked	Sainsbury's	4 tbsp 2 tbsp	½ ½
8pm to 10pm					
8.15 pm	Living room, alone, TV on, not at table	Whole milk	Asda	200ml	none
10pm to 6am					
		Nothing eaten			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes ☒

No ☐

Not Sure ☐

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes ☒

No ☐

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes ☐

No ☒

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes ☒

No ☐

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Sausage Casserole*

SERVES: 4

Ingredients	Amount	Ingredients	Amount
<i>Butchers Choice pork sausages</i>	<i>4 sausages</i>	<i>Mixed herbs</i>	<i>½ tsp</i>
<i>Onion</i>	<i>1 medium size</i>	<i>Vegetable oil</i>	<i>1 ½ tbsp</i>
<i>Mushrooms, Champignons</i>	<i>1/4 of 500g pack</i>		
<i>Tinned chopped tomatoes</i>	<i>1 x 400g tin</i>		
<i>Tin of mixed salad beans</i>	<i>1 x 125g tin</i>		
<i>Oxo gravy</i>	<i>1 cube in ½ pint of water</i>		
<i>Tomato sauce</i>	<i>1 tbsp</i>		
<i>Cornflour</i>	<i>2 tsp</i>		

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Number of spoons or weight of tin
Beefburger (hamburger)	Home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, 50:50, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf	Number of slices; thick, medium or thin slices. Crusts on or off
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – with added fruit, no added sugar/salt variety; Infant cereals – dried or made up; proportion of liquid to cereal.	Number of spoons or size of bowl
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; number of spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack
Cheese	Type e.g. cheddar, cream, cottage, soft; low fat	Number of slices or spoons. Dimensions if finger food
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	Number of spoons or number of chips
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling	Weight, size of bar or number of individual pieces
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Number of spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Number of spoons
Crisps (see also savoury snacks)	What sort e.g. potato, corn, wheat, maize, vegetable etc; low-fat or low-salt; premium variety e.g. Walker's French Fries	Packet weight or number of individual crisps
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	Number of spoons
Egg	Boiled, poached, fried, scrambled, omelette (with or without filling); type of oil/fat, milk added	Number of eggs, large, medium or small
Fish (including canned)	What sort e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	Can size, number of spoons (for canned fish) or size of fillet

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Fish cakes & fish fingers	Type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	Size, number, packet weight
Fruit - fresh	What sort; eaten with or without skin	Small, medium or large
Fruit - puree/canned	What sort; canned - sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten. Homemade puree – added water, sugar	Number of spoons, weight of can
Fruit – juice (pure)	What sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3	Cup (size or volume) or carton size
Ice cream	Flavour; dairy or non-dairy alternatives e.g. soya; luxury/premium	Number of spoons or ice-cream scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Number of spoons, heaped or level, or thin or thick spread
Marmalade	Type; low-sugar; thick cut; shop bought/brand or homemade	Number of spoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, number of spoons or weight from pack
Milkshake	Fresh or long life/UHT; dairy or non-dairy alternative e.g. soya; if powder, made up with whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	Cup (size or volume) or volume on bottle/carton

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Milk (including infant formula)	Type (whole, semi-skimmed, skimmed, 1% fat); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals; Infant formula milks – proportion of formula to water; made as per instructions	Cup or bottle (size or volume). On cereal: <i>damp/normal/drowned or fluid ounces/ml.</i>
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	Individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	Made with oats or cornmeal or instant oat cereal; made with milk and/or water; added sugar, honey, syrup or salt; with milk or cream	Number of spoons or size of bowl
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	Mash – number of spoons; number of half or whole potatoes, small or large potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Number of spoons
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Number of spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from? Cut into quarters/ fingers; dimensions; crusts on or off	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat;	Number of spoons
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Number of spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size; jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, Organix Carrot Stix, Mini Rice Cakes	Size (standard or mini variety), packet weight or number of snacks
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Cup or bottle (size or volume)
Soft drinks – squash/ concentrate/cordial	Flavour; standard or no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals; dilution	Cup (size or volume)
Soft drinks – carbonated/fizzy	Flavour; standard or diet/low-calorie; canned or bottled; cola – caffeine free	Cup, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; standard or no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Cup, carton or bottle (size or volume)

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

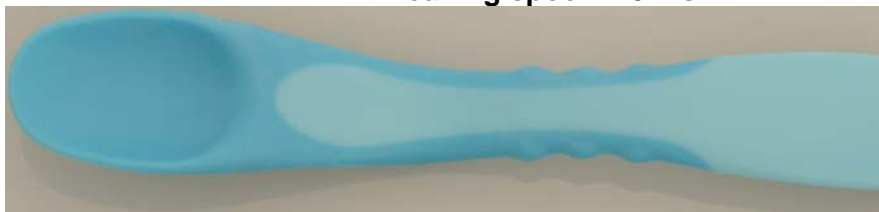
Food/Drink	Description & Preparation	Portion size or quantity
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Number of spoons or size of bowl
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Number of spoons (or how much dry pasta)
Toddler foods	Food in jars: description and ingredients (e.g. vegetable risotto, fruit puree); Dry Foods: description (e.g. baby rice, cauliflower cheese); made up with milk and/or water; volume of water/milk used to mix with cereal or powder	Size of jar or packet, number of spoons
Vegetables (not including potatoes)	What sort; how cooked/raw; additions e.g. butter, other fat or sauce	Number of spoons, number of florets or sprouts, weight from tins or packet. Dimensions if finger food
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size or number of spoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many people it serves	Number of spoons – heaped or level, number, size
Ready-made meals	Full description of product; does it contain any accompaniments e.g. rice, vegetables, sauces; chilled or frozen; microwaved, oven cooked, boil-in-the-bag; low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	Packet weight (if didn't eat whole packet describe portion consumed); number of spoons
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	Number of spoons, portion size e.g. small/medium/large

Photo of spoons

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photograph.**

Weaning spoon 2.5mls



Tea spoon 5mls



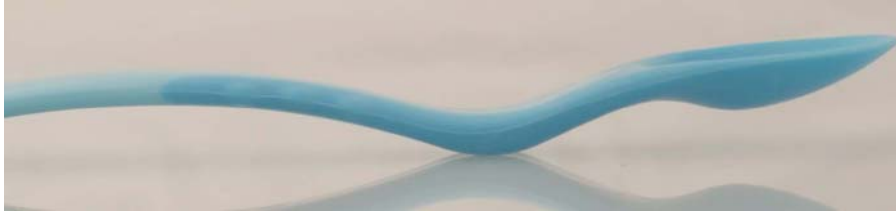
Dessert spoon 10mls



Table spoon 15mls



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls



Table spoon 15mls



NATIONAL INFANT DIET AND HEALTH STUDY

To whom it may concern



..... is taking part in the National Infant Diet and Health Study funded by the Department of Health (DH) and the Food Standards Agency (FSA). The survey involves collecting information on the eating habits and nutritional status of children aged 4-18 months in the UK. As part of the study, parents of the participants are keeping a diary of ALL food and drink consumed over a period of 4 days without changing their typical diet.

We would be very grateful if you could find time to help record in the diary, on behalf of the child named above, details of any food or drink consumed whilst s/he is in your care. There are instructions at the front of the diary, an instruction booklet as well as examples of the sort of detail required and help with describing amounts. The most important thing, however, is that every item of food or drink gets written down along with how much was eaten. Remember to take into account any leftovers or spillages.

Thank you so much for assisting us by recording this information and, by doing so, you will be contributing to the study's success.

If you have any questions, please do not hesitate to contact me on the telephone number below.

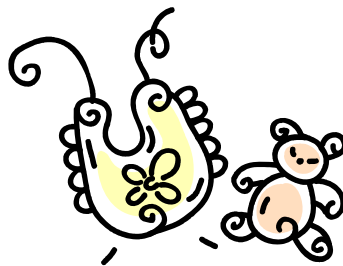
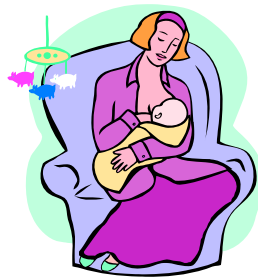
Dr Jill Sommerville
Survey Coordinator
01223 426356

Jill.Sommerville@mrc-hnr.cam.ac.uk

For more information on the National Infant Diet and Health Study visit
(<http://www.food.gov.uk/science/dietarysurveys/>)

National Infant Diet and Health Study

Breast Milk Diary



Diary start day and date: _____

--	--	--	--	--	--	--

SERIAL NUMBER (7 digits)

Respondent's first name:

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

Annex 39_Breast Milk Diary_V1.0_14 September 2010_REC Ref: 09/H0305/101

National Infant Diet and Health Study

Breast Milk Diary

	Pages
Instructions.....	136
Breast milk diary day example.....	137
The 14 day Breast milk diary.....	138-151

If you have any queries about how to complete the diary please contact a member of the Dietary Assessment team on 01223 426356
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PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE BREAST MILK DIARY

We would like you to record in this diary **every breast milk feed** you give your child. Please note: this diary is for **breast milk only**. You do not need to record other milks or feeds given to your child.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each breast milk feed in the space provided.

Where

Please provide detail of where you were at each breast milk feed.

Duration or volume

- If you are feeding your child **directly from the breast** please record the duration of each breast feed in minutes in the space provided.
- If you have **expressed breast milk** to feed your child then please record the volume (in fluid ounces or millilitres) of breast milk taken by your child, followed by '(E)', in the space provided. See example on page 5.

On page 5 you can see an example of a day that has already been filled in.

When to fill in the diary:

Please record each breast milk feed, at the time, rather than from memory at the end of each day. Use written notes on a pad if you forget to take the diary with you. **If for any reason you miss a breast milk feed(s), please continue with the diary and record as a partial day of recording at the end of the diary day.**

This data is important for us to interpret the results from the breast milk intake part of the survey. **It is important that you continue recording until the end of the 14 day period.**

Thank you for your time, we really appreciate it!

Breast Milk Diary EXAMPLE		
Day 1 <i>Monday</i>	Date <i>03/08/10</i>	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
<i>8.30</i>	<i>Kitchen</i>	<i>10 minutes</i>
9am to 12 noon		
<i>11.30</i>	<i>Toddler group</i>	<i>5 fl oz (E)</i>
12 noon to 2pm		
	<i>Nap time</i>	<i>No feed</i>
2pm to 5pm		
		<i>No feed</i>
5pm to 8pm		
<i>6.30</i>	<i>Lounge</i>	<i>140 ml (E)</i>
8pm to 10pm		
		<i>No feed</i>
10pm to 6am		
<i>11.30</i>	<i>Bedroom</i>	<i>15 minutes</i>
<i>5.30</i>	<i>Bedroom</i>	<i>10 minutes</i>

Has this been a full or partial day of recording? Please tick

Full

☒

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 1	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 2	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 3	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 4	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 5	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 6	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME ((if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 7	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 8	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 9	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 10	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 11	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 12	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 13	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 14	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

☐

Partial

☐

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

P2905

National Infant Diet and Health Study

PROMPT CARDS

CARD A

- | | |
|---|----------|
| 1 | English |
| 2 | Scottish |
| 3 | Welsh |
| 4 | Irish |
| 5 | British |
| 6 | Other |

CARD B

- 1 White – British
- 2 Any other white background
- 3 Mixed – White and Black Caribbean
- 4 Mixed – White and Black African
- 5 Mixed – White and Asian
- 6 Any other mixed background
- 7 Asian or Asian British – Indian
- 8 Asian or Asian British – Pakistani
- 9 Asian or Asian British – Bangladeshi
- 10 Any other Asian/Asian British background
- 11 Black or Black British – Caribbean
- 12 Black or Black British – African
- 13 Any other Black/Black British background
- 14 Chinese
- 15 Any other

CARD C

- 1 Husband/Wife
- 2 Civil partner
- 3 Partner/Cohabitee
- 4 Natural son/daughter
- 5 Adopted son/daughter
- 6 Foster child
- 7 Stepson/stepdaughter
- 8 Son-in-law/daughter-in-law
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent
- 13 Parent-in-law
- 14 Natural brother/sister
- 15 Half-brother/sister
- 16 Step-brother/sister
- 17 Adopted brother/sister
- 18 Foster brother/sister
- 19 Brother/sister-in-law
- 20 Grand-child
- 21 Grand-parent
- 22 Other relative
- 23 Other non-relative

CARD D

- 1 Breast milk
- 2 Infant formula
- 3 Follow on milk
- 4 Soy formula
- 5 Liquid Whole cow's milk
- 6 Liquid Semi-skimmed cow's milk
- 7 Liquid Skimmed cow's milk
- 8 Liquid Goat's milk
- 9 Water (tap or mineral)
- 10 Flavoured water
- 11 Fruit juice
- 12 Squash / soft drink non-low calorie
- 13 Squash / soft drink low calorie
- 14 Tea / coffee / herbal drinks
- 15 Other

CARD E

- 1 Make up an infant formula feed before leaving home
- 2 Make up an infant formula feed while you are out
- 3 Take a ready to feed formula with you
- 4 Take expressed breast milk with you
- 5 Only breastfeed when out
- 6 Never feed your baby away from home

CARD F

- 1 Tommee Tippee
- 2 Dr Brown's
- 3 Boots own brand
- 4 Supermarket own brand
- 5 Mothercare own brand
- 6 Avent
- 7 Other

CARD G

- 1 Baby rice
- 2 Pureed fruit or vegetable
- 3 Pureed meat or fish
- 4 Lumpy fruit or vegetable (lightly blended or mashed rather than pureed)
- 5 Lumpy meat or fish (blended or mashed rather than pureed)
- 6 Finger foods (solid food in small chunks)
- 7 Yoghurt (such as fromage frais)
- 8 Other

CARD H

- | | |
|---|---------------|
| 1 | Always |
| 2 | Almost always |
| 3 | Sometimes |
| 4 | Almost never |

CARD I

- 1 Potatoes
- 2 Oranges
- 3 Lemons
- 4 Kiwi fruits
- 5 Grapefruits
- 6 Mangoes
- 7 Bananas
- 8 Melons
- 9 Limes
- 10 Pineapple
- 11 Soft citrus fruits (satsumas / mandarins /
clementines)

CARD J

- | | |
|---|------------------------|
| 1 | Every day / most days |
| 2 | Once or twice a week |
| 3 | Once or twice a month |
| 4 | Less than once a month |
| 5 | Very rarely |

CARD K

- 1 All of the peel or skin
- 2 Most of the peel or skin
- 3 Around half of the peel or skin
- 4 Around a quarter of the peel or skin
- 5 Less than a quarter of the peel or skin

CARD L

- 1 Some meat or meat products (not including poultry)
- 2 Chicken or other poultry and dishes containing them
- 3 All meat and poultry
- 4 Fish or seafood and fish and seafood dishes
- 5 All meat, poultry and fish
- 6 Eggs
- 7 Milk (including yoghurt)
- 8 Cheese
- 9 All dairy products
- 10 Salad vegetables (e.g. lettuce, cucumber, tomato)
- 11 Cooked green vegetables (e.g. spinach, cabbage, peas, broccoli)
- 12 Root vegetables (e.g. carrots, parsnips)
- 13 Fresh fruit
- 14 Nuts
- 15 Offal
- 16 Spicy foods
- 17 Processed foods
- 18 Sweets and/or chocolate
- 19 Other

CARD M

- | | |
|---|-----------|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Often |
| 5 | Always |

CARD N

- 1 He/she can hold his/her head upright
- 2 He/she can sit supported, head steady
- 3 He/she can sit without support
- 4 He/she can crawl on hands and knees
- 5 He/she can stand supported, with hands held or
holding onto furniture
- 6 He/she can walk supported, with one hand held or
holding something
- 7 He/she can stand alone (for 1-2 seconds or more)
- 8 He/she can walk alone (for 4-5 steps or more)

CARD O

- 1 Yes, does often
- 2 Has only done once or twice
- 3 Has not started yet

CARD P

- | | |
|---|---------------|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Often |
| 5 | Almost always |

Adult supplement examples

- Multivitamins with/without Iron or other Minerals
- Vitamin C
- Vitamin B complex
- Folic Acid
- Selenium
- Calcium + Vitamin D
- Cod liver oil
- Omega 3 fish oil
- Flaxseed oil
- Oil of Evening Primrose
- Menopause formulas
- Echinacea
- L – Arginine capsules
- Glucosamine with/without chondroitin
- Garlic
- Ginkgo Biloba
- Healthy Start women's vitamin tablets

CARD R

- | | |
|---|------------------------|
| 1 | Less than once a month |
| 2 | 1 – 3 times a month |
| 3 | Once a week |
| 4 | 2 – 4 times a week |
| 5 | Once a day |
| 6 | 2 – 3 times a day |
| 7 | 4 or more times a day |

Child supplement examples

- Vitamin A, C, D drops
- Omega 3 syrup
- Multivitamin syrup
- Iron drops
- Healthy Start vitamins

CARD T

- 1 Day nursery
- 2 Playgroup or pre-school
- 3 Nursery school or nursery class
- 4 Special nursery or unit for children with special
educational needs
- 5 Childminder
- 6 Nanny or au pair
- 7 Crèche
- 8 Baby-sitter
- 9 The baby's grandparent(s)
- 10 The baby's older brother/sister
- 11 Another relative
- 12 The baby's other parent who does not live in this
household
- 13 A friend or neighbour
- 14 No-one else looks after the baby
- 15 Other

CARD U

- 1 Advice for allergy or intolerance
- 2 Advice for concern regarding insufficient milk/food consumption for adequate growth
- 3 Advice for constipation
- 4 Advice for general weaning problems (e.g. fussy eater, not interested in food, having difficulty moving on to solid foods)
- 5 Specialised formula for allergy or intolerance
- 6 Specialised formula for other conditions
- 7 Other advice

CARD V

- | | |
|---|-----------------------|
| 1 | 4 or more times a day |
| 2 | 2 – 3 times a day |
| 3 | Once a day |
| 4 | Once in 2 – 4 days |
| 5 | Once a week |
| 6 | Can't say |
| 7 | No longer in nappies |

CARD W

- 1 Always
- 2 Sometimes
- 3 Occasionally
- 4 Never

CARD X

- | | |
|---|------------------------|
| 1 | Every day |
| 2 | 5-6 times per week |
| 3 | 3-4 times per week |
| 4 | 1-2 times per week |
| 5 | 1-2 times per month |
| 6 | Less than once a month |
| 7 | Rarely |

CARD Y

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Pension Credit
- 8 Income Support
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Housing Benefit
- 12 Other state benefits
- 13 Interest from savings and investments (e.g. stocks and shares)
- 14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
- 15 No source of income

CARD Z

C	Under £5,000
F	£5,000 - £9,999
H	£10,000 - £14,999
A	£15,000 - £19,999
G	£20,000 - £24,999
E	£25,000 - £29,999
B	£30,000 - £34,999
J	£35,000 - £39,999
M	£40,000 - £44,999
D	£45,000 - £49,999
K	£50,000 - £74,999
I	£75,000 - £99,999
L	£100,000 or more

CARD AA

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in
relative's/friend's property)
- 6 Squatting

CARD BB

- | | |
|---|--------------------------------|
| 1 | More than once a day |
| 2 | Once a day |
| 3 | 2 or 3 times a week |
| 4 | Weekly |
| 5 | 2 or 3 times a month |
| 6 | Monthly |
| 7 | Every 2 months |
| 8 | Less often than every 2 months |
| 9 | Never |

CARD CC

- | | |
|---|-----------|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |

CARD DD

- | | |
|---|-----------------------------|
| 1 | Never |
| 2 | Less than once per month |
| 3 | On 1 – 3 days per month |
| 4 | On 1 – 2 days per week |
| 5 | On 3 – 4 days per week |
| 6 | On 5 – 6 days per week |
| 7 | Every day in the last month |

Consent forms

MRC Human Nutrition Research

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Physical measurement consent	3
Stable isotope consent	3
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Diet and Nutrition Survey of Infants and Young Children, 2011

CONSENT FORM FOR THE NATIONAL INFANT DIET AND HEALTH STUDY

Serial Number:

--	--	--	--	--	--	--	--

First Name:

Sex

Male

1

Female

2

Date of birth:

DAY

MONTH

YEAR

--	--

--	--

--	--	--	--

PHYSICAL MEASUREMENTS

MREC Reference Number: 09/H0305/101

Name of Lead Investigator: Alison Lennox

I _____ being the legal parent/guardian of _____

(subsequently referred to as "child") hereby give my permission fully and freely for my child to participate in the Infant Diet and Health study.

Please initial the relevant box

YES NO

- | | | |
|--|---|---|
| 1. I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study' – Information for parents dated 30 October 2009 (version 1.0) for the above study. | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |
| 2. The purpose and procedures have been explained to me by the interviewer. I have had the opportunity to ask questions and have had these answered satisfactorily. | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |
| 3. I agree for my child to have body weight measurements taken as part of the above study. | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |
| 4. I agree for my child to have body length measurements taken as part of the above study. | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |
| 5. I agree for my child to have head circumference measurements taken as part of the above study. | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |
| 6. <i>I understand that my child's participation is voluntary and that I am free to withdraw him/her at any time, without giving any reason.</i> | <input style="width: 30px; height: 30px;" type="checkbox"/> | <input style="width: 30px; height: 30px;" type="checkbox"/> |

Name of Parent/guardian
(Please print)

Date

Signature

Name of Interviewer

Date

Signature

National Infant Diet and Health Study

CLINIC CONSENT FORM

MREC Reference Number: 09/H0305/101

Lead Investigator: Alison Lennox

Study ID Number

--	--	--	--	--	--	--

I _____ being the legal guardian of _____
(subsequently referred to as child) hereby give my permission fully and freely for my child to participate in the National Infant Diet and Health Study.

GENERAL STATEMENTS

Please initial relevant box

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I confirm that I have read and understand the information sheet entitled <i>'National Infant Diet and Health Study' – Information about the clinic visit dated 08 August 2010 (version 3.0)</i> , had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I understand that my child's participation is voluntary and that I am free to withdraw from any stage of the study, at any time, without giving any reason, and without our medical care or legal rights being affected in any way. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I consent to my general practitioner (GP) being notified of my child's participation in this research and to be informed of the results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I give permission that my own (if applicable) and my child's anonymised (blood and/or urine) samples taken as part of this study may be analysed in another laboratory outside of MRC Human Nutrition Research for the purpose of nutritional assessment. I can withdraw consent at any time by asking investigators in writing to remove and destroy samples. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Parent/Guardian
(Please print)

Date

Signature

Name of Research Team Member

Date

Signature

National Infant Diet and Health Study

CLINIC CONSENT FORM – continued page 2

Study ID Number

RESEARCH CLINIC VISIT - OPTIONS

Please initial relevant box

A) PHYSICAL/SKINFOLD MEASUREMENTS

Yes No

5. I agree for my child to have **physical measurements** taken by a trained person as part of the above study.
6. I agree for my child to have **skinfold measurements** taken by a trained person as part of the above study.

☐
☐
☐
☐

B1) MEASUREMENT OF BREAST MILK INTAKE (breastfeeding only)

7. I confirm that I have read and understand the information sheet entitled '**National Infant Diet and Health Study' – How much breast milk and/or other fluid does your baby drink dated 31 August 2010 (version 4.0)**', had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
8. I give permission for my child to have **breast milk intake, fluid intake and body composition measured**.

☐
☐
☐
☐

or

B2) MEASUREMENT OF BODY COMPOSITION

9. I confirm that I have read and understand the information sheet entitled '**National Infant Diet and Health Study' - How much breast milk and/or other fluid does your baby drink dated 31 August 2010 (version 4.0)**', had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
10. I give permission for my child to have **fluid intake and body composition measured**.

☐
☐
☐
☐

Name of Parent/Guardian
(Please print)

Date

Signature

Name of Research Team Member Date

Signature

National Infant Diet and Health Study

CLINIC CONSENT FORM – continued page 3

Study ID Number

RESEARCH CLINIC VISIT – OPTIONS continued

C) BLOOD SAMPLE

Please initial relevant box

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11. I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study' – Why provide a blood sample? dated 02 November 2009 (version 2.0) , had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I agree for my child to have a blood sample taken by a trained person as part of the above study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I agree to being informed of my child's blood results. | <input type="checkbox"/> | <input type="checkbox"/> |

D) CONSENT FORM IF RESULTS NOT BEING SENT TO GP, PARENT OR GUARDIAN

Please initial box

- | | |
|--|--------------------------|
| 14. This is to clarify that against the advice of the National Infant Diet and Health Study team. I do not want to receive my child's clinically relevant examination results. | <input type="checkbox"/> |
| 15. I agree to the study's clinical survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. The best contact number for the clinical survey doctor to use is: _____ | <input type="checkbox"/> |

Name of Parent/Guardian
(Please print)

Date

Signature

Name of Research Team Member

Date

Signature