UK Data Archive Study Number 6781

Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families: a Transnational Perspective, 2009-2012

USER GUIDE

ESRC End of Award Report, RES-354-25-0002. Swindon: ESRC



ESRC End of Award Report

For awards ending on or after 1 November 2009

This End of Award Report should be completed and submitted using the **grant reference** as the email subject, to **reportsofficer@esrc.ac.uk** on or before the due date.

The final instalment of the grant will not be paid until an End of Award Report is completed in full and accepted by ESRC.

Grant holders whose End of Award Report is overdue or incomplete will not be eligible for further ESRC funding until the Report is accepted. We reserve the right to recover a sum of the expenditure incurred on the grant if the End of Award Report is overdue. (Please see Section 5 of the ESRC Research Funding Guide for details.)

Please refer to the Guidance notes when completing this End of Award Report.

Grant Reference	RES-354-25-0002				
Grant Title	Migration, nutrition an	Migration, nutrition and ageing across the lifecourse in			
	Bangladeshi families : 1	Bangladeshi families : A transnational perspective			
Grant Start Date	01.12.2008	Total An	ount	£ 585,429	
Grant End Date	30.11.2011	Expende	d:		
Grant holding Institution	University of Bristol				
Grant Holder	Professor Janice L. T	hompson	1		
Grant Holder's Contact	Address		Email		
Details	Centre for Exercise,		F. 100	-	
	Nutrition & Health		BM to compat	70.31	
	School for Policy Stud	dies	Teleph	[elephone	
	8 Priory Road		20 00000 0 2002 C 0 0 0 00		
	Bristol BS8 1TZ				
Co-Investigators (as per pro	ject application):	Institu	ıtion		
Professor Joy Merrell		Swans	Swansea University		
Professor Barry Bogin		Lough	Loughborough University		
Professor Petra Meier		Unive	University of Sheffield		
Dr Vanja Garaj		Brune	Brunel University		
Dr Andrea Pieroni		Unive	University of Bradford		
Professor Michael Heinrich		Unive	rsity of L	ondon School of	
		Pharn	nacy		
			**		

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1. Non-technical summary

Please provide below a project summary written in non-technical language. The summary may be used by us to publicise your work and should explain the aims and findings of the project. [Max 250 words]

Nutrition plays a crucial role in the health status of the Bangladeshi population, one of the most socially disadvantaged groups in the UK. They have poorer self-reported and measured health status including higher rates of disability, centralised obesity and chronic diseases such as type 2 diabetes. Despite these disparities, there is limited understanding of how eating patterns and migration affect this group's nutritional status and experiences of ageing. Project aims were to examine the roles of migration and nutrition on ageing and health across Bangladeshi older mothers and adult daughters living in Cardiff, UK and Bangladesh. Results indicated high rates of obesity in UK mothers and daughters, high intakes of salt in all women, lower than recommended intakes of fruit and vegetables both in the UK and Bangladesh, daily intakes of foods that are high in calories, fat, and sugar among UK daughters, and poor physical function among older mothers in the UK. There is a need for further culturally relevant nutrition advice and health promotion, disease prevention and public health campaigns for the Bangladeshi community, provided through a range of media. Planning and provision of health and social care services need to take into account the diverse needs of this ageing population. UK mothers are less socially and physically active than those in Bangladesh. As active ageing is paramount to promote and maintain healthy ageing, there is a critical need for equity of access to leisure and day facilities providing both physical and social activities for this population.

2. Project overview

a) Objectives

Please state the aims and objectives of your project as outlined in your proposal to us. [Max 200 words]

MINA aimed to investigate migration, nutrition and ageing using an intergenerational and transnational approach incorporating multidisciplinary methodologies. The intergenerational component included a sample of older women (45+ years old; n=40) who migrated from Bangladesh to the UK and younger adult women (18-35 years old; n=37) born to migrants in the UK or who immigrated to the UK as children. The transnational component included women (mothers, n=22 and daughters, n=22) of the same two age groups, who were interviewed and assessed in Bangladesh giving us a continuum to understand the influences of migration, nutrition and eating patterns on ageing. More specifically the project aims were to:

- 1. Explore the impact of migration on nutritional status, food practices and health among first generation Bangladeshi women aged 45 years and older.
- 2. Determine if and how migration affects nutritional status, food practices and health of the successive generation of women living in the UK.
- 3. Assess how migration affects changes in nutritional status, food practices and health compared with non-migrating women of the same ages in Bangladesh.

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b) Project Changes

Please describe any changes made to the original aims and objectives, and confirm that these were agreed with us. Please also detail any changes to the grant holder's institutional affiliation, project staffing or funding. [Max 200 words]

ESRC approved our request to delay the start date of MINA from 1 September 2008 to 1 December 2008. Prior to the start date of MINA, one of our six academic co-investigators (Dr. Andrea Pieroni, University of Bradford) withdrew from the MINA project (in October 2008) to take up an academic post in Italy. Following agreement with the ESRC, Professor Michael Heinrich (University of London School of Pharmacy) formally became a new co-investigator and acted as lead on the ethnobotany component of WP3. He is also serving as supervisor to the PhD student (Hannah Jennings) funded by the additional £47,520 studentship awarded to The School of Pharmacy. There have been no additional changes to the original award.

c) Methodology

Please describe the methodology that you employed in the project. Please also note any ethical issues that arose during the course of the work, the effects of this and any action taken. [Max 500 words]

Nutritional status, physical function, and bone health (UK participants only) were measured as follows: 1. Anthropometry was measured using standard equipment including height, weight, sitting height, knee height, circumference of upper arm, waist and hips, and skinfold thickness at triceps; 2. Physical function was assessed by a standardised battery of tests for leg muscle strength, walking speed, and standing balance; 3. Heel bone density was estimated using Quantitative Ultrasound (QUS). Food ethnobotanical knowledge and uses of traditional food plants, analysis of home-gardens/allotment gardens managed by Bangladeshi migrants in the UK and in Bangladesh, including frequency of botanical species, ecological analysis (i.e. management and organisation of food plants in the home-gardens, including analysis of the use of specific agricultural techniques), assessment of the social meaning of these for the community, and analysis of the "emic" perception of food plants and plant-based culinary preparations as traditional medicines were assessed using focus groups, open and semistructured interviews, participant observation, collection of botanical species and seeds, and visual anthropological methods. Differences between the typical "food environments" of the Bangladeshi community in Cardiff and in Bangladesh were assessed using semi-structured interviews, participant observation and photoethnography. A semi-structured questionnaire (n=121) and in-depth qualitative interviews (n=54) were used to: 1. gather detailed accounts of migration and biographical experiences; 2. assess their impact on nutritional status, health behaviours and transmission of nutritional knowledge; 3. examine the influence of cultural beliefs on nutrition, health, and health seeking behaviours and how this has changed across the lifespan and between generations; 4. assess impact of social inequalities on nutrition and health status, changes in the roles, position and responsibilities of women in the household and the impact on their nutrition, the family unit and wider community; 5. explore perceptions and expectations of an older person in their community; and 6. determine the extent and nature of transnational ties and their influence on issues related to nutrition and ageing.

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d) Project Findings

Please summarise the findings of the project, referring where appropriate to outputs recorded on the ESRC website. Any future research plans should also be identified. [Max 500 words]

Some of the main findings from the project are:

- Rates of obesity are significantly higher in mothers (55%) and adult daughters (42.5%) living in Cardiff as compared to mothers (27.3%) and adult daughters (13.6%) living in Bangladesh.
- Physical function scores of Cardiff mothers are significantly lower than those of mothers living in Bangladesh which is a concern as they indicate high risk of frailty
- The majority of women in Cardiff and Bangladesh consume <5 portions of fruit and vegetables per day; vegetables are more commonly consumed in Bangladesh, with fruit more commonly consumed in Cardiff
- All participants add salt when cooking; Cardiff daughters consume energy dense, high fat and high sugar foods and snacks on a daily basis
- Culturally appropriate health promotion and public health campaigns emphasising importance of prevention are critically needed, as women report changing lifestyle behaviours only in response to disease diagnosis.
- Bi-lingual written materials are needed, specifically English-Bengali side-by-side on the same page
- Word of mouth and oral Sylheti are the preferred modes of communication (even by those highly fluent in English); health promotion materials are needed that incorporate spoken Sylheti
- Health professionals are a key information source after disease diagnosis
- Family members (children, siblings, parents) are main source of health-related, cooking, food/plant and nutrition information in both countries; they exert a strong influence on older women and their ability to make dietary changes
- Family structures and migration patterns are changing, with daughters increasingly likely to care for ageing parents in the UK than eldest son/daughter-in-law
- Men are now migrating from Bangladesh to marry women living in UK, limiting their potential to care for ageing parents in Bangladesh
- Older women (particularly in the UK) may not have adult children or extended families who can care for them in old age due to global migration
- Social connections most important motivator to get "out and about"; physical activity not a main motivator
- Strong transnational ties are maintained evidenced by regular telephone contact and visits to Bangladesh
- Older mothers in Cardiff feel like a burden, some are socially isolated, and many are uncertain how their future health and social care needs will be met; older mothers in Bangladesh report having substantially more social interaction and are hopeful concerning their future care
- Daughters living in Cardiff report considerable personal freedoms, educational and employment opportunities and are seen as an asset, in contrast to daughters in Bangladesh
- Equity of access to leisure facilities in Wales remains a major barrier to being active

Future research plans include: 1) submission of a grant to the ESRC for follow-on funding to

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optimise impact; 2) submission of MINA data to research conferences and peer-reviewed scientific journals; and 3) extension MINA findings into physical activity measurement and intervention development and bone health via PhD students at Bristol (Whitney Babakus) and Loughborough Universities (Diane Harper).

e) Contributions to wider ESRC initiatives (eg Research Programmes or Networks)

If your project was part of a wider ESRC initiative, please describe your contributions to the initiative's objectives and activities and note any effect on your project resulting from participation. [Max. 200 words]

Project MINA is funded by the New Dynamics of Ageing (NDA) cross-council programme. The MINA team has fully engaged with all NDA activities and Programme Meetings. Attendance at the Programme Meetings have expanded networking, engagement and dissemination with other NDA investigators which has led to invitations to present at workshops and seminars. Attendance at the April 2010 NDA programme meeting resulted in a subsequent meeting with Laurence Horton from the UK Data Archive (UKDA) to discuss the MINA Data Map for Health Information Amongst Bangladeshis from the UKDA (http://www.bris.ac.uk/mina/reports/). MINA researchers developed this search tool to assist researchers in accessing existing secondary datasets that include health information on Bangladeshis. UKDA published a press release on their webpage highlighting the MINA Data Map (http://www.data-archive.ac.uk/news-events/news.aspx?id=2869). This interaction further led to MINA being featured as a case study in the Archive's Data Management Planning for ESRC Centres and Programmes (http://www.dataarchive.ac.uk/media/257765/ukda datamanagementrecommendations centresprogrammes.pd f). The MINA team also submitted a symposium that was accepted for presentation at the Gerontological Society of America Annual Scientific Meeting 2011 in Boston, USA in collaboration with the NDA and two projects that were funded along with MINA via the New Dynamics of Nutrition Sandpit (http://www.geron.org/annual-meeting/2011-annual-scientificmeeting/program-book).

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3. Early and anticipated impacts

a) Summary of Impacts to date

Please summarise any impacts of the project to date, referring where appropriate to associated outputs recorded on the Research Outcomes System (ROS). This should include both scientific impacts (relevant to the academic community) and economic and societal impacts (relevant to broader society). The impact can be relevant to any organisation, community or individual. [Max. 400 words]

All outputs referred to here have been recorded on the ROS. To date the team has submitted abstracts and presented MINA data at 18 scientific meetings, has been invited speakers at 9 research-related events and 5 community events, and has organised and delivered two dissemination events (a community event at the Cardiff Story Museum and a policy event at Senedd, National Assembly for Wales) which included 4 presentations of MINA data to a range of audiences including Bangladeshi community members and study participants, health and social care practitioners, and policy makers, with Ruth Marks (the Older People's Commissioner for Wales) giving a keynote presentation. The dissemination event targeted at Welsh Assembly Government Policy Makers has resulted in an invitation for the MINA team to meet with Jane Hutt, Minister for Finance and Leader of the House (date of meeting currently being negotiated). Additionally, the team has delivered two photo exhibitions (at The Cardiff Story Museum/Senedd 15 Nov-15 Dec 2011; Stepney City Farm, London 17 Dec 2011-31 Mar 2012). A presentation given at the Conference of the IUAES/AAS/ASAANZ in July 2011 has resulted in the submission of a book chapter for publication (Jennings H, Heinrich M, Thompson JL. Bengali-British food journeys: exploring the movement of food and plants across transnational landscapes. In Food, Globalization and Human Diversity. Berg, in press). The Cardiff photo exhibit has resulted in one publication to date (V. Garaj. "Wales and Bangladesh, a photo essay". Planet – The International Magazine for Wales, February 2012).

Additionally the project employed one Bangladeshi research assistant (Jasmin Chowdhury), one Bangladeshi post-doctoral fellow (Dr Bablin Molik), and employed and trained 11 Bangladeshi community researchers from the Cardiff and Swansea areas. There are two MINA websites: 1) a more academically focused website maintained via University of Bristol (http://www.bris.ac.uk/mina/); and 2) a recently developed website that is currently being updated with project information, results, photos and ethnographic stories written for a non-academic audience (http://projectmina.org/).

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b) Anticipated/Potential Future Impacts

Please outline any anticipated or potential impacts (scientific or economic and societal) that you believe your project might have in future. [Max. 200 words]

Two abstracts have recently been presented (oral and Plenary session) at the International Society for Ethnopharmacology Annual Meeting, 17-19 February at Jadavpur University, Kolkata, India. Abstracts have also been submitted to the British Society of Gerontology Annual Meeting, 11-13 July at Keele University and the National Osteoporosis Society, Osteoporosis and Bone Conference, 1-4 July, Manchester.

Team members have worked together with the Bangladeshi Social Association of Charnwood Borough to secure Staying Healthy funding (£950) for a MINA dissemination event in Loughborough 15 March 2012. Matching funds (£1000) have been secured from the NDA to provide additional support for this event, which will involve interacting with local community groups and NHS PCT stakeholders in an effort to expand the impact of MINA into England.

In addition to submitting preparing manuscripts for publication in peer-reviewed journals, team members will lead on writing chapters for the *New Science of Ageing* (NDA Book Series) and *Evolution and Health Over the Lifecourse* (Springer Publishing).

Two confirmed invitations in 2012 to present MINA findings to non-academic audiences include: 1) Bangladeshi Reference Group, 41st Anniversary of Bangladeshi Independence, Cardiff, 25 March; and 2) BrunelCare/Age Concern Bristol Research Forum, 23 May.

You will be asked to complete an ESRC Impact Report 12 months after the end date of your award. The Impact Report will ask for details of any impacts that have arisen since the completion of the End of Award Report.

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4. Declarations

Please ensure that sections A, B and C below are completed and signed by the appropriate individuals. The End of Award Report will not be accepted unless all sections are signed. Please note hard copies are **not** required; electronic signatures are accepted and should be used.

A: To be completed by Grant Holder	
Please read the following statements. Tick one statement under ii) and iii), then sign with electronic signature at the end of the section (this should be an image of your actual signal	
i) The Project	
This Report is an accurate overview of the project, its findings and impacts. All co-investigators named in the proposal to ESRC or appointed subsequently have seen and approved the Report.	X
ii) Submissions to the Research Outcomes System (ROS)	
Output and impact information has been submitted to the Research Outcomes System. Details of any future outputs and impacts will be submitted as soon as they become available.	X
This grant has not yet produced any outputs or impacts. Details of any future outputs and impacts will be submitted to the Research Outcomes System as soon as they become available.	
iii) Submission of Datasets	
Datasets arising from this grant have been offered for deposit with the Economic and Social Data Service.	
Datasets that were anticipated in the grant proposal have not been produced and the Economic and Social Data Service has been notified.	
No datasets were proposed or produced from this grant.	

Impact Report: Migration, Nutrition and Ageing Across The Lifecourse in Bangladeshi Families: A Transnational Perspective (MINA)

Grant reference: RES-354-25-0002

Impact Report details

Title Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi families: A transnational perspective (MINA) - Impact Report

Description Impact report completed one year after the end of the project as required by the ESRC

Language English

Primary contributor

Author Janice Thompson

Additional contributors

Co-author Barry Bogin Co-author Joy Merrell Co-author Vanja Garaj Co-author Michael Heinrich Contributor P Meier

Impacts

Summary of scientific impacts

MINA investigated migration, nutrition, and ageing via an intergenerational and transnational project incorporating multidisciplinary methodologies. The results have: 1. provided comparative data for Bangladeshi communities outside of the Tower Hamlets population; 2. explored transnational ties in relation to food, nutrition, and ageing; 3. employed a participatory research process, including community members and leaders in all stages; 4. provided insights on how language and culture related to nutritional status, food beliefs, eating behaviours, and ageing are maintained across two generations of Bangladeshi migrant women; 5. focused on specific issues facing women in regards to nutrition, health and ageing as impacted by family and social conditions; and 6. gained an in-depth understanding of the position of immigrant women in their families and communities and how this relates to nutrition, health, and ageing. The project led to personal and professional development of 14 Bangladeshi and 2 white British researchers living in the UK: 2 research assistants (Jasmin Chowdhury, completing a MSc degree as a result of MINA; Julia Basher), 1 post-doctoral fellow (Dr. Bablin Molik), and 11 community researchers from Cardiff and Swansea. A PhD studentship was awarded to Hannah Jennings (UCL School of Pharmacy; thesis submission March 2013). Another research assistant (Diane Harper) was successfully awarded a PhD studentship in 2012 at Loughborough University for a project building upon MINA findings. Results indicating poor physical function and high sedentaryism in older UK-residing

Bangladeshi women has led to submission of two grant applications: 1) Thompson, MRC-Lifelong Health and Wellbeing, outcome announced March 2013; 2) Bogin, ESRC outline proposal to develop an intervention targeting physical activity and chronic disease risk reduction in Charnwood Borough, invitation for full proposal announced February 2013.

Findings and outputs

Article in review: Bogin B, Harper D, Merrell J, Chowdhury J, Heinrich M, Garaj V, Molik B, Thompson, JL. Childhood growth, reserve capacity, fertility, physical performance and risk for frailty in Bangladeshi women. Human Biology Chapters (3 of 4 in press): Bogin B, Harper D, Merrell J, Chowdhury J, Heinrich M, Garaj V, Molik B, and Thompson JL. Migration, nutrition and risk for frailty of Bangladeshi women: an evolutionary medicine approach. In: Evolution and Health Over the Lifecourse. Springer. Thompson JL, Peace S, Astell AJ, Moynihan P, and Macdonald A. Food environments: from home to hospital. In: The New Science of Ageing. Policy Press. Jennings H, Heinrich M, Thompson JL. Bengali-British food journeys: exploring the movement of food and plants across transnational landscapes. In Food, Globalization and Human Diversity. Berg. Presentations (5 of 25): Bogin B, et al. Migration, nutrition and risk for frailty of Bangladeshi women: an evolutionary medicine approach. Vilnius University, Lithuania. Evolutionary Medicine: New Solutions for the Old Problems. 12-15 June 2012. Jennings HM and Heinrich M. Intergenerational use of medicinal plants among Sylheti women. Kolkata, India. International Society for Ethnopharmacology Annual Meeting, 17-19 Feb 2012. Thompson JL, et al. MINA - Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families: A Transnational Perspective. Gerontological Society of America 64th Annual Meeting. Boston, USA. 18-21 Nov 2011. Merrell J, et al. Migration, nutrition and ageing across the lifecourse in Bangladeshi families: A transnational perspective. International Conferences on Community Health Nursing Research. Edmonton, Alberta, Canada. 4-6 May 2011. Garaj V, et al. Project MINA: Designing Multi-media Resources to Improve the Nutrition of Migrants from Bangladesh to the United Kingdom. 3rd International Conference for Universal Design. Hamamatsu, Japan. 30 Oct – 3 Nov 2010.

How these impacts were achieved

Conference presentations were made throughout the project and over this past year. We are working on developing publications from the data and achieving further funding to develop interventions and health promotion resources that can help to reduce health disparities amongst Bangladeshi families living in the UK.

Who these findings impact

The work has had an impact on researchers in the areas of public health nutrition, community and public health nursing, exercise and physical activity, gerontology, biological, physical and social anthropology, human biology, ethnobotany, pharmacognosy, phytotherapy, bone health, multi-media design, health disparities, and ethnic minority health.

Summary of Economic impacts

We are not aware of any economic impacts to date. We have had societal impact by providing evidence to inform national policy development in health and social care. We have interacted with health and social care practitioners to inform them of ways to improve the

care delivered to older people from Bangladeshi communities. We have also facilitated the transmission of traditional and newly acquired nutritional knowledge across two generations of Bangladeshi families to promote healthy ageing, and have increased participation of Bangladeshi women in research to build capacity in their communities.

Findings and outputs

A summary of our results has been published by the New Dynamics of Ageing programme in a newsletter written for non-academic audiences (available January 2013 at www.newdynamics.group.shef.ac.uk). Additionally, we have had creative impact through using photoethnography and widespread dissemination of the photos and stories regionally, nationally, and internationally. The majority of these outputs are in the form of photo exhibits (a total of 9 to date); additionally The Cardiff Story photo exhibit has resulted in one publication (V. Garaj. "Wales and Bangladesh, a photo essay". Planet – The International Magazine for Wales, February 2012). We have organised and delivered three dissemination events: a community event at the Cardiff Story Museum for study participants, policy makers, and health and social care professionals; an event for policy makers at the Senedd, National Assembly for Wales; and a community event (partnered with the Bangladesh Social Association) in Loughborough involving health care providers, policy makers, and community members. The dissemination event targeted at Welsh Assembly Government Policy Makers (organised by the MINA team and sponsored by Eluned Parrott, AM Liberal Democrat) resulted in an invitation to meet with Jane Hutt, Minister for Finance and Leader of the House on 23 April, 2012, to discuss how the MINA findings can be used to inform social and health care policy in Wales. Our team has also developed the MINA Data Map for Health Information Amongst Bangladeshis from the UK Data Archive (UKDA) (http://www.bris.ac.uk/mina/reports/). This search tool was developed to assist health care professionals and researchers in accessing existing secondary datasets that include health information on Bangladeshis.

How these impacts were achieved

These impacts were achieved through invitations to speak at 24 policy, community, and academic workshops and seminars across the UK. The photoethnography results have been displayed in nine photo exhibitions to date: The Cardiff Story Museum and Senedd in Cardiff (15 November-15 December 2011); Stepping Stones Farm, Stepney Green in London (17 December 2011-31 March 2012); the Bangladesh Social Association in Loughborough (15 March 2012); the London International Development Centre (30 May through 12 June 2012); Swansea University Research Forum, Research as Art Competition and Exhibit (22 June 2012); two events at UCL School of Pharmacy (12 June-31 July and 10 October 2012); a New Dynamics of Ageing workshop for policy makers, care professionals, older adults and researchers on "Nutrition & Food Environments of Older Adults" in London (12 November 2012); and De Montford University School of Pharmacy (1 October-31 December 2012).

Who these findings impact

Groups who have participated in dissemination events and workshops and have been influenced by our work include: older Bangladeshi women, their adult daughters, other relatives and friends; Bangladeshi community leaders; health and social care professionals; care home proprietors and companies; care home managers and staff; and local and national policy makers and decision leaders. Specific individual policy makers who have been

influenced by our work include Jane Hutt (Welsh Assembly Government Minister for Finance and Leader of the House), Ruth Marks (Older People's Commissioner for Wales), and Eluned Parrott (AM Liberal Democrat). Specific community organisations who have been influenced by our work include The Bangladeshi Reference Group (Cardiff), Women in Action (Cardiff), Black Association of Women Step Out (BAWSO, Cardiff), the Bangladesh Social Association of Charnwood Borough (Loughborough), AgeUK Bristol, and Brunel Care (Bristol).

Potential future impacts

Anticipated publications to be submitted in the next 3 months: • Food practices, eating patterns and nutritional knowledge amongst older Bangladeshi women: implications for health providers (to the International Journal of Ageing and Later Life in January 2013) • The impact of sedentary lifestyles on physical function and perceived health in Bangladeshi women (to Age and Ageing in January 2013) Following publication, key recommendations will be summarized and disseminated to policy makers, lay audiences, and health and social care practitioners through the Older People and Ageing Research and Development Network (OPAN Cymru) and the Birmingham Commission on Healthy Ageing in the 21st Century (the PI serves as a commissioner and will contribute to a report being submitted to the House of Lords, summer of 2013). Two presentations are confirmed for 2013: BrunelCare/Age Concern Bristol Research Forum, Migration, Nutrition and Ageing Amongst Bangladeshi Families – An Update. January 23, 2013 (Thompson) and International Collaboration for Community Health Nursing Research Annual Conference. Transitions, Ties and Temptations: The Influence of Migration on Bangladeshi Women's Lifestyle and Experiences of Ageing in Cardiff, Wales. March 13-14th 2013 (Merrell). Two future photo exhibitions are being supported by the New Dynamics of Ageing Programme – one is planned for 5 March at a Healthy Ageing Workshop in London, and a second will be linked with a second New Dynamics of Ageing workshop on "Nutrition & Food Environments of Older Adults" (location currently being negotiated). Additionally, we plan to develop culturally tailored nutrition assessment methods and health promotion/nutrition education materials which build upon the novelty of our findings indicating that current healthy eating information is culturally inappropriate, as it is not premised on communal eating, but focused on the concept of the individual Healthy Eating plate.

Unexpected impacts

Not applicable

Limited scientific impacts

Not applicable

Limited economic impacts

Not applicable

Variable Name	Variable Label/Description	Variable Values	Scale Item Belongs to/ Component of	Use/ Reference	Original or Summary variable
ID	Unique identifier for Bangladeshi woman sampled	None	Not applicable		0
MD_flag	Flag for mother/daughter	1= Mother 2= Daughter	Not applicable		0
Loc_Flag	Flag for UK/Bangladesh	1= UK 2= Bangladesh	Not applicable		0
Event_Flag	Flag for event attended	1= Data event 1 2= Data event 2 3= Data event 3 4= Data event 4	Not applicable		0
Event_Date	Date of event attended	None	Not applicable		0
BUA	Broadband Ultrasound Attenuation. A parameter of Quantitative UltraSound (QUS) measurement. The BUA value indicates the density and structure of the heel bone. Higher values signify healthier bones.	none	Not applicable	The Physical Measurement of Bone, edited by Langton CM and Njeh, CF. IOP Publishing Ltd 2004	0
BUA_Tscore	BUA recorded value compared with a reference value. The reference value is that of a 20 year old North European of the same sex as the subject (in this case, female)	none	Not applicable		0
BUS_Zscore	BUA recorded value compared with an age-matched reference value. The reference value is that of a North European of the same sex and age as the subject.	none	Not applicable		0
sos	Speed of Sound. A parameter of Quantitative UltraSound (QUS) measurement. The SOS value is influenced by bone density, bone elasticity and heel width. Higher values signify healthier bones.	none	Not applicable	The Physical Measurement of Bone, edited by Langton CM and Njeh, CF. IOP Publishing Ltd 2004	0
SOS_Tscore	SOS recorded value compared with a reference value. The reference value is that of a 20 year old North European of the same sex as the subject (in this case, female)	none	Not applicable		0
SOS_Zscore	SOS recorded value compared with an	none	Not applicable		0

	age-matched reference value. The reference value is that of a North European of the same sex and age as the subject.				
DoB	Date of birth reported at bone station	none	Not applicable		0
AgeBoneStation	Age calculated at bone station	none	Not applicable		0
DoBQues	Date of birth reported on questionnaire (dd.mm.yyyy)	none	Not applicable		0
AgeQues	Age reported on questionnaire	none	Not applicable		0
EstAgeHistory	Age estimated from time point in history	none	Not applicable		S
JTAgeEstimate	JT's estimated age	none	Not applicable		S
FinalAgeDHJT	DH's calculated age - confirmation by JT. To be used as final age for analyses.	None	Not applicable		S
FlagAgeDiscrep	Set to 1 if age does not agree with DoB	1 = Age does not agree with dob	Not applicable		S
YearofBirth	Year in which woman born	None	Not applicable		S
Age@1 st Child	Age at which woman had first child (if she has children)	None	Not applicable		S
Age@FinalChild	Age at which woman had final child (if she has children)	None	Not applicable		S
FlagBirthPlace	Indicator of whether born in UK or BD	1 = UK 2 = Bangladesh	Not applicable		0
CalcAge2UK	Age at which woman came to UK (if UK sample and born in BD)	None	Not applicable		S
YearsinUK	Number of years spent in UK (if UK sample)	None	Not applicable		S
MenstrualPeriods	Have your menstrual periods stopped?	1 = Yes 2 = No	Not applicable		0
WhenPeriodsStopped	How long ago did they stop?	1 = In last 6 months 2 = In last 6-12 months 3 = More than one year ago 4 = Not applicable	Not applicable		0
Height	Height (cm)	none	Not applicable		0
SittingHeight	Sitting height (cm) Measured from apex of head to seated buttocks	none	Not applicable	Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size	0

				and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	
SittingHeightRatio	SHR= (SH/Ht)*100 Ratio of sitting height to height expressed as percentage	None	Not applicable	Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	s
LegLengthEstimate	Leg Length Estimate=Ht - Sitting Height Estimated length of leg taken to be the height minus the sitting height	None	Not applicable		S
KneeHeight	Knee height (cm) Distance between the anterior surface of the thigh and the floor	none	Not applicable	Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	0
ThighLength	Thigh Length = LegLengthEstimate - KneeHeight	None			S
KneeHtRatio	KHR=(KneeHeight/Ht)*100 Ratio of knee height to height expressed as percentage	None		Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	S
ThighLengthRatio	TLR=(ThighLength/LegLength)*100 Ratio of thigh length to height	None			S

	expressed as percentage				
Weight	Weight (kg)	none	Not applicable		0
Arm	Arm Circumference (cm) round mid point of right upper arm	none	Not applicable	Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	0
Waist	Waist Circumference (cm)	none	Not applicable		0
Hip	Hip Circumference (cm)	none	Not applicable		0
Triceps	Triceps Skinfold (mm) at mid point of right upper arm	none	Not applicable	Frisancho, A.R. Anthropometric Standards. An Interactive Nutritional Reference of Body Size and Body Composition for Children and Adults; The University of Michigan Press: Ann Arbor, MI,USA, 2008	0
BMI	Body mass index (wt/ht²)	none	Not applicable		0
BMICatSA	BMI Category for South Asians	1 = Underweight <18.5 2 = Increasing but acceptable risk 18.5-23 3 = Increased risk 23.1- 27.5 4 = High risk > 27.5	Not applicable	WHO 2004 Lancet 363:157-163.	S
BMICatStandard	BMI Category for General Population	1 = Underweight BMI <18.5 2 = Normal/Desirable BMI 18.5-24.9 3 = Overweight BMI 25.0- 29.9 4 = Obese ≥ 30.0	Not applicable	WHO 2004 Lancet 363:157-163.	S
A1WhereBorn	Were you born in UK/Were you born here (current residence in BD)?	1 = Yes 2 = No		MINA	0
A2YrCome2UK	What year did you come to live in UK?	none		MINA	0

A2BanglaBorn	If not born in current residence in BD, where were you born?	none	MINA	
A3AgeCame2UK	How old were you when came to UK?	none	MINA	0
A4AreaCamefromBangl	Which part of Bangladesh did you come from?	none	MINA	0
A5BanglLiving	Did you live in village, city or town?	1 = Village 2 = City 3 = Town	MINA	0
A6MigrationMainReason	What was main reason for migration from Bangladesh?	1 = Economic 2 = Education 3 = Accompany family 4 = Marriage 5 = Other	MINA	0
MigrationMainReason2	What was main reason for migration from Bangladesh?	1 = Economic 2 = Education 3 = Accompany family 4 = Marriage 5 = Other	MINA	0
MigrationMainReason3	What was main reason for migration from Bangladesh?	1 = Economic 2 = Education 3 = Accompany family 4 = Marriage 5 = Other	MINA	0
MigrationMainReason4	What was main reason for migration from Bangladesh?	1 = Economic 2 = Education 3 = Accompany family 4 = Marriage 5 = Other	MINA	0
OtherMigration	Reason given for "other" migration	none		0
A7YrCame2Cardiff	When did you first come to Cardiff?	999 = Missing	MINA	0
A8LengthLiveCardiff	How long have you lived in Cardiff (or at current residence in BD)?	1 = Less than one year 2 = 1-5 years 3 = 6-10 years 4 = 11-20 years 5 = 21-30 years 6 = More than 30 years	MINA	0
A9VisitBangladesh	Have you been to Bangladesh since living in the UK?	1 = Yes 2 = No	MINA	0
A10HowOftenVisit	How often do you go to Bangladesh?	1 = More than once a year 2 = Once a year 3 = Every other year 4 = Every 5 years 5 = Every 10 years	MINA	0

		6 = Other		
OtherHowOftenVisit	Other response for how often go to Bangladesh	none	MINA	0
A11MainReasonsVisitBang I1	What are your main reasons for going to Bangladesh?	1 = Visiting family and relatives 2 = Special occasions 3 = Holiday 4 = Other	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press and MINA	0
MainReasonsVisitBangl2	What are your main reasons for going to Bangladesh?	1 = Visiting family and relatives 2 = Special occasions 3 = Holiday 4 = Other	Phillipson, Ahmed and Latimer (2003) <i>Women</i> <i>in Transition,</i> Policy Press and MINA	0
MainReasonsVisitBangl3	What are your main reasons for going to Bangladesh?	1 = Visiting family and relatives 2 = Special occasions 3 = Holiday 4 = Other	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press and MINA	0
OtherMainReasons	Other response for main reason to go to Bangladesh	none	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press and MINA	0
A12HowLongStayBangl	How long do you usually stay in Bangladesh (weeks)?	none	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
A13FamilyBangl	Do you have any family in Bangladesh (or living in UK for BD women)?	1 = Yes 2 = No	MINA	0
A14WhichFamilyLiveBangl 1	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl2	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0

WhichFamilyLiveBangl3	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl4	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl5	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl6	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl7	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings 5 = Children 6 = Grandchildren 7 = In-laws 8 = Other	MINA	0
WhichFamilyLiveBangl8	Which family members live in Bangladesh/UK?	1 = Spouse 2 = Parent/s 3 = Grandparent 4 = Siblings	MINA	0

		5 = Children 6 = Grandchildren 7 = In-laws 8 = Other		
OtherFamilyBangl	Other family living in Bangladesh/UK	none	MINA	0
A15StayUK4Life	Do you think you will stay in UK for the rest of your life?	1 = Yes 2 = No 3 = Not sure	MINA	0
B1AgeFinishEducation	What age did you finish continuous full-time education?	None	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
NoFormalSchooling	No formal schooling	1 = No formal schooling 2 = Not applicable	MINA	0
B2HighestEducation	What is highest educational qualification you have?	None	MINA	0
B3FirstLanguage	What is your first language?	1 = Bangla 2 = English 3 = Sylheti 4 = Other	MINA	0
B3OtherFirstLanguage	Response to other first language	None	MINA	0
B4SpeakOtherLanguage1	What other language can you speak?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	
ProficiencyOtherLang1	How would you rate your speaking proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research,	0

			University of Wales, Bangor. pp 148.	
SpeakOtherLanguage2	What other language can you speak?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
ProficiencyOtherLang2	How would you rate your speaking proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
SpeakOtherLanguage3	What other language can you speak?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
ProficiencyOtherLang3	How would you rate your speaking proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report.	0

			Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	
B5WriteOtherLanguage1	What other language can you write?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	O
ProficiencyWriteOtherLang 1	How would you rate your writing proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
WriteOtherLanguage2	What other language can you write?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
ProficiencyWriteOtherLang	How would you rate your writing	1 = Good	Burholt, V. and Wenger,	0

2	proficiency?	2 = Fair 3 = Poor	G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.
WriteOtherLanguage3	What other language can you write?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.
ProficiencyWriteOtherLang 3	How would you rate your writing proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.
B6ReadOtherLanguage1	What other language can you read?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute

ProficiencyReadOtherLang 1	How would you rate your reading proficiency?	1 = Good 2 = Fair 3 = Poor	Care R Univers Bangor Burholt G. C., 2 and Mig People First Fi Centre Resear Develo of Med Care R Univers Bangor	pment, Institute ical and Social esearch, sity of Wales, c. pp 148.	0
ReadOtherLanguage2	What other language can you read?	None	G. C., 2 and Mig People First Fi Centre Resear Develo of Med Care R Univers	y, V. and Wenger, 2003, Families gration: Older from South Asia. nal Report. for Social Policy och and pment, Institute icial and Social esearch, sity of Wales, pp 148.	0
ProficiencyReadOtherLang 2	How would you rate your reading proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt G. C., 2 and Mig People First Fi Centre Resear Develo of Med Care R Univers	, V. and Wenger, 2003, Families gration: Older from South Asia. nal Report. for Social Policy	0
ReadOtherLanguage3	What other language can you read?	None		, V. and Wenger, 2003, Families	0

			and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	
ProficiencyReadOtherLang 3	How would you rate your reading proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
ReadOtherLanguage4	What other language can you read?	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
ProficiencyReadOtherLang 4	How would you rate your reading proficiency?	1 = Good 2 = Fair 3 = Poor	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute	0

			of Medical and Social Care Research, University of Wales, Bangor. pp 148.	
B7PreferLanguageReceive Info	In what language/s do you prefer to receive information?	1 = Bangla 2 = English 3 = Sylheti 4 = Other	MINA	0
PreferLanguageReceiveInf o2	In what language/s do you prefer to receive information?	1 = Bangla 2 = English 3 = Sylheti 4 = Other	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
PreferLanguageReceiveInf o3	In what language/s do you prefer to receive information?	1 = Bangla 2 = English 3 = Sylheti 4 = Other	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
PreferLanguageReceiveInf o4	In what language/s do you prefer to receive information?	1 = Bangla 2 = English 3 = Sylheti 4 = Other	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0

OtherPreferLangReceive	Response to other language prefer to receive information	None	Burholt, V. and Wenger, G. C., 2003, Families and Migration: Older People from South Asia. First Final Report. Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor. pp 148.	0
B8PreferFormatReceiveInf o1	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other	MINA	0
PreferFormatReceiveInfo2	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other	MINA	0
PreferFormatReceiveInfo3	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other	MINA	0
PreferFormatReceiveInfo4	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD	MINA	0

		0 D-d'-	1	l	
		6 = Radio 7 = Newspapers 8 = Internet 9 = Other			
PreferFormatReceiveInfo5	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other		MINA	0
PreferFormatReceiveInfo6	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other		MINA	0
PreferFormatReceiveInfo7	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other		MINA	0
PreferFormatReceiveInfo8	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television 5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other		MINA	0
PreferFormatReceiveInfo9	In what format do you prefer to receive information?	1 = Translated leaflet 2 = Bilingual leaflet 3 = Word of mouth 4 = Television		MINA	0

		5 = DVD 6 = Radio 7 = Newspapers 8 = Internet 9 = Other			
OtherPreferFormatReceive	Response to other format prefer to receive information	None		MINA	0
C1aExactDOB	Exact Date of Birth (dd.mm.yyyy)	None	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C1bBornShadinataJudu	If no exact DOB, were you born before, during or after Shadinata Judu (1971)?	1 = Before 2 = Year of Shadinata Judu 3 = After	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C1cPeriodBeforeShadinata Judu	If born before Shadinata Judu, during which period?	1 = Great Bengal Famine (1943-1944) 2 = Towards end of British rule in India (1945- 1946) 3 = Partition of India (1947- 1948) 4 = (Bengali) Language Movement (1948-1956) 5 = Moulana Bhashani, established National Awami Party (1956- 1957) 6 = Ayub Khan era (1958- 1969) 7 = Yahya Khan era (1969- 1971)	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C1dPeriodAfterShadinataJ udu	If born after Shadinata Judu, during which period?	1 = Mujib Period (1971- 1975) 2 = Zia Period (1975-1981) 3 = Erchad Period (1982- 1990)	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C1eAgeinYears	So how old are you?	None	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C2MaritalStatus	Marital status	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
C3AgewhenMarried	If married, how old were you when married?	None	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0

C4TotalPregnancies	How many times have you been	none	MINA	0
C5TotalChildren	pregnant? How many children do you have?	None	MINA	0
UnsuccessPreg	Number of unsuccessful pregnancies = C4TotalPregnancies – C5TotalChildren	None	· · · · · · · · · · · · · · · · · · ·	S
Child1Sex	Sex of child 1	1 = Male 2 = Female	MINA	0
Child1Age	Age of child 1	None	MINA	0
Child1MaritalStatus	Marital status of child 1	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child1Birthplace	Birthplace of child 1	None	MINA	0
Child1CurrentlyLive	Where does child 1 currently live?	None	MINA	0
Child2Sex	Sex of child 2	1 = Male 2 = Female	MINA	0
Child2Age	Age of child 2	None	MINA	0
Child2MaritalStatus	Marital status of child 2	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child2Birthplace	Birthplace of child 2	None	MINA	0
Child2CurrentlyLive	Where does child 2 currently live?	None	MINA	0
Child3Sex	Sex of child 3	1 = Male 2 = Female	MINA	0
Child3Age	Age of child 3	None	MINA	0
Child3MaritalStatus	Marital status of child 3	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child3Birthplace	Birthplace of child 3	None	MINA	0
Child3CurrentlyLive	Where does child 3 currently live?	None	MINA	0
Child4Sex	Sex of child 4	1 = Male 2 = Female	MINA	0
Child4Age	Age of child 4	None	MINA	0
Child4MaritalStatus	Marital status of child 4	1 = Single	MINA	0

Child4CurrentlyLive Where does child 4 currently live? None MINA O Child5Sex Sex of child 5 1 = Male 2 2 = Fernale MINA O Child5Age Age of child 5 None MINA O Child5MaritalStatus Marital status of child 5 None MINA O Child5MaritalStatus Marital status of child 5 None MINA O Child6SMaritalStatus Birthplace of child 5 None MINA O Child6CurrentlyLive Where does child 5 currently live? None MINA O Child6Sex Sex of child 6 1 = Male 2 = Fernale MINA O Child6Age Age of child 6 None MINA O Child6Age Age of child 6 None MINA O Child6MaritalStatus Marital status of child 6 None MINA O Child6MaritalStatus Birthplace of child 6 None MINA O Child7Sex Sex of child 7 None MINA O <t< th=""><th></th><th></th><th>2 = Married 3 = Divorced 4 = Separated 5 = Widowed</th><th></th><th></th></t<>			2 = Married 3 = Divorced 4 = Separated 5 = Widowed		
Child5Sex Sex of child 5 1 = Male 2 = Female MINA O Child5Age Age of child 5 None MINA O Child5MaritalStatus Marital status of child 5 1 = Single 2 2 = Married 3 = Divorced 4 = Separated 5 = Wildowed MINA O Child5Birthplace Birthplace of child 5 None MINA O Child6CurrentlyLive Where does child 5 currently live? None MINA O Child6Sex Sex of child 6 1 = Male 2 = Female MiNA O Child6Age Age of child 6 None MINA O Child6Age Age of child 6 None MINA O Child6Birthplace Birthplace of child 6 None MINA O Child6Birthplace Birthplace of child 6 currently live? None MINA O Child7Sex Sex of child 7 1 = Male 2 = Female O O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 None MINA	Child4Birthplace	Birthplace of child 4	None	MINA	0
Child5Age	Child4CurrentlyLive	Where does child 4 currently live?	None	MINA	0
1	Child5Sex	Sex of child 5		MINA	0
Child5MaritalStatus	Child5Age	Age of child 5		MINA	0
Child5CurrentlyLive Where does child 5 currently live? None MINA O Child6Sex Sex of child 6 1 = Male 2 = Fermale MINA O Child6Age Age of child 6 None MINA O Child6Age Age of child 6 None MINA O Child6MaritalStatus Marital status of child 6 3 = Divorced 4 = Separated 5 = Widowed MINA O Child6Birthplace Birthplace of child 6 None MINA O Child6CurrentlyLive Where does child 6 currently live? None MINA O Child7Sex Sex of child 7 1 = Male 2 = Female O O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 None MINA O Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 2 = Female MINA	Child5MaritalStatus	Marital status of child 5	2 = Married 3 = Divorced 4 = Separated	MINA	0
Child6Sex Sex of child 6 1 = Male 2 = Female MINA O Child6Age Age of child 6 None MINA O Child6MaritalStatus Marital status of child 6 1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed MINA O Child6Birthplace Birthplace of child 6 None MINA O Child6CurrentlyLive Where does child 6 currently live? None MINA O Child7Sex Sex of child 7 1 = Male 2 = Female O O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 3 = Divorced 4 = Separated 5 = Widowed MINA O Child7Birthplace Birthplace of child 7 None MINA O Child7Birthplace Birthplace of child 7 currently live? None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 2 = Female MINA O	Child5Birthplace	Birthplace of child 5	None	MINA	0
Child6Sex	Child5CurrentlyLive	Where does child 5 currently live?	None	MINA	0
Child6MaritalStatus Marital status of child 6 1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed Child6Birthplace Birthplace of child 6 None MINA O Child6CurrentlyLive Where does child 6 currently live? None MINA O Child7Sex Sex of child 7 Sex of child 7 None MINA O Child7Age Age of child 7 None MinA O Child7MaritalStatus Marital status of child 7 Sex of child 7 None MinA O Child7MaritalStatus Marital status of child 7 None MinA O Child7Birthplace Birthplace of child 7 None MinA O Child7CurrentlyLive Where does child 7 currently live? None MinA O Child8Sex Sex of child 8 1 = Single 2 = Female MinA O MinA O MinA O MinA O MinA O MinA O Child8Sex Sex of child 8 1 = Male 2 = Female MinA O MinA O	Child6Sex	Sex of child 6		MINA	0
Child6MaritalStatus Marital status of child 6 A separated 5 = Widowed Child6Birthplace Birthplace of child 6 None MINA O Child6CurrentlyLive Where does child 6 currently live? None Child7Sex Sex of child 7 Child7Sex Sex of child 7 None MINA O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 None Child7MaritalStatus Marital status of child 7 None Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 Divorced 4 separated 5 sewidowed MINA O Child8Sex Sex of child 8	Child6Age	Age of child 6	None	MINA	0
Child6CurrentlyLive Where does child 6 currently live? None MINA O Child7Sex Sex of child 7 1= Male 2 = Female Sex of child 7 None MINA O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 3 = Divorced 4 = Separated 5 = Widowed Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 1 = Male 2 = Female MINA O MINA O MINA O MINA O MINA O	Child6MaritalStatus	Marital status of child 6	2 = Married 3 = Divorced 4 = Separated	MINA	0
Child7Sex Sex of child 7 1 = Male 2 = Female Child7Age Age of child 7 None MINA O 1 = Single 2 = Married Sex of child 7 MinA O Child7MaritalStatus Marital status of child 7 None MinA O Child7Birthplace Birthplace of child 7 None MinA O Child7CurrentlyLive Where does child 7 currently live? None Child8Sex Sex of child 8 D D D D D D D D D D D D D	Child6Birthplace	Birthplace of child 6	None	MINA	0
Child/Sex Sex of child / 2 = Female O Child7Age Age of child 7 None MINA O Child7MaritalStatus Marital status of child 7 1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed MINA O Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 1 = Male 2 = Female MINA O	Child6CurrentlyLive	Where does child 6 currently live?	None	MINA	0
Child7MaritalStatus Marital status of child 7 1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed MINA O MINA O	Child7Sex	Sex of child 7			0
Child7MaritalStatus Marital status of child 7 2 = Married 3 = Divorced 4 = Separated 5 = Widowed MINA O Child7Birthplace Birthplace of child 7 None MINA O Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 1 = Male 2 = Female MINA O	Child7Age	Age of child 7	None	MINA	0
Child7CurrentlyLive Where does child 7 currently live? None MINA O Child8Sex Sex of child 8 1 = Male 2 = Female MINA O	Child7MaritalStatus	Marital status of child 7	2 = Married 3 = Divorced 4 = Separated	MINA	0
Child8Sex Sex of child 8 1 = Male 2 = Female MINA O	Child7Birthplace	Birthplace of child 7	None	MINA	0
Child8Sex Sex of child 8 2 = Female MINA 0	Child7CurrentlyLive	Where does child 7 currently live?	None	MINA	0
Child8Age Age of child 8 None MINA O	Child8Sex	Sex of child 8		MINA	0
	Child8Age	Age of child 8	None	 MINA	0

Child8MaritalStatus	Marital status of child 8	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child8Birthplace	Birthplace of child 8	None	MINA	0
Child8CurrentlyLive	Where does child 8 currently live?	None	MINA	0
Child9Sex	Sex of child 9	1 = Male 2 = Female	MINA	0
Child9Age	Age of child 9	None	MINA	0
Child9MaritalStatus	Marital status of child 9	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child9Birthplace	Birthplace of child 9	None	MINA	0
Child9CurrentlyLive	Where does child 9 currently live?	None	MINA	0
Child10Sex	Sex of child 10	1 = Male 2 = Female	MINA	0
Child10Age	Age of child 10	None	MINA	0
Child10MaritalStatus	Marital status of child 10	1 = Single 2 = Married 3 = Divorced 4 = Separated 5 = Widowed	MINA	0
Child10Birthplace	Birthplace of child 10	None	MINA	0
Child10CurrentlyLive	Where does child 10 currently live?	None	MINA	0
D1CardiffLive	Where in Cardiff do you live?	None	MINA	0
D2AccommodationType	What type of accommodation does your household occupy?	1 = House 2 = Flat 3 = Bungalow 4 = Other	MINA	0
OtherAccommodationType	Response to other accommodation type	None		0
D3OwnsProperty	Who owns this property?	1 = Self or spouse(owner occupied) 2 = Parent 3 = Son 4 = Son-in-law 5 = Daughter 6 = Daughter-in-law	MINA	0

		7 = Brother 8 = Londlord/privately rented 9 = Council/rented 10 = Employer owned 11 = Other		
OtherOwnsProperty	Response to other who owns property	None	MINA	0
D4RoomsInProperty	How many rooms do you have?	None	General Lifestyle Survey 2008 http://www.esds.ac.uk/g overnment/ghs/	0
D5AccommodationSatisfie d	Overall how satisfied are you with this accommodation?	1 = Very satisfied 2 = Fairly satisfied 3 = Neither satisfied nor dissatisfied 4 = Slightly dissatisfied 5 = Very dissatisfied	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
D6ProblemsAccommodatio n	Do you have problems with your accommodation?	1 = Yes 2 = No	MINA	0
ListProblemsAccommodati on	List of problems with accommodation	None	MINA	0
D7HealthWorseHousingSit uation	Has your health or health of anyone in household been made worse by your housing situation?	1 = Yes 2 = No 999 = Missing	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
D8Refrigerator	Refrigerator in household	1 = Yes 2 = No	MINA	0
D8Television	TV in household	1 = Yes 2 = No	MINA	0
D8RecorderDVD	Video recorder or DVD player in household	1 = Yes 2 = No	MINA	0
D8WashingMachine	Washing machine in household	1 = Yes 2 = No	MINA	0
D8Computer	Computer in household	1 = Yes 2 = No	MINA	0
D9WhoLivesWithYou1	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle	MINA	0

		9 = Other relative 10 = Other non-relative		
WhoLivesWithYou2	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	0
WhoLivesWithYou3	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	O
WhoLivesWithYou4	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	O
WhoLivesWithYou5	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle	MINA	0

		9 = Other relative		
		10 = Other non-relative		
WhoLivesWithYou6	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	O
WhoLivesWithYou7	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	o
WhoLivesWithYou8	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	0
WhoLivesWithYou9	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle	MINA	0

		9 = Other relative		
		10 = Other non-relative		
WhoLivesWithYou10	Who else lives with you?	1 = Spouse/partner 2 = Brother/sister 3 = Parent 4 = Child 5 = Son-in-law/daughter-in-law 6 = Grandchild 7 = Niece/nephew 8 = Aunt/uncle 9 = Other relative 10 = Other non-relative	MINA	0
NumberSpousePartner	Number of spouse	none	MINA	0
NumberBrotherSister	Number of brothers and sisters	none	MINA	0
NumberParent	Number of parents	none	MINA	0
NumberChild	Number of children	none	MINA	0
NumberSonDaughterInLaw	Number of son in law/daughter in law	none	MINA	0
NumberGrandchild	Number of grandchildren	none	MINA	0
NumberNieceNephew	Number of nieces/nephews	none	MINA	0
NumberAuntUncle	Number of aunts/uncles	none	MINA	0
NumberOtherRelative	Number of other relatives	none	MINA	0
TypeOtherRelative	Who are other relatives living with you?	none	MINA	0
NumberOtherNonRelative	Number of non-relatives	none	MINA	0
TypeOtherNonRelative	Who are other non-relatives living with you?	none	MINA	0
E1Work	Are you doing any paid work or work outside the home?	1 = Looking after family, home, or dependents 2 = Employed/self- employed 3 = Unemployed/not working 4 = Wholly retired from paid work 5 = Unable to work due to disability/health 6 = In full-time education or training 7 = Doing something else	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0

SomethingElse	Response to doing something else in regards to work	none	MINA	0
E2TypePaidWork	If in paid work, what type do you do?	none	MINA	0
E3aNotWorkingPaid	If not working, have you ever been paid?	1 = Yes 2 = No 999 = Missing	MINA	0
E3bAgeLastPaidWorkifNot Working	How old were you when you were last in paid work?	none	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
F1GeneralHealth	For someone your own age, your health is generally?	1 = Very good 2 = Good 3 = Neither good nor poor 4 = Poor 5 = Very poor 999 = Missing	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
F2LongStandingIllness	Do you have long-standing illness/disability?	1 = Yes 2 = No 999 = Missing	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
F3ConditionOther	If YES, what condition?	none	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press) and MINA	0
F3Cancer	If said YES to cancer	1 = Had in past 2 = Have now 3 = Did not mention	MINA	О
F3Hypertension	If said YES to hypertension	1 = Had in past 2 = Have now 3 = Did not mention	MINA	0
F3Stroke	If said YES to stroke	1 = Had in past 2 = Have now 3 = Did not mention	MINA	0
F3Diabetes	If said YES to diabetes	1 = Had in past 2 = Have now 3 = Did not mention	MINA	0
F3Angina	If said YES to angina	1 = Had in past 2 = Have now 3 = Did not mention	MINA	0
F3HeartAttack	If said YES to heart attack	1 = Had in past 2 = Have now 3 = Did not mention	MINA	0
F4EmotionalWellBeing	How would you describe your emotional	1 = Excellent	MINA	0

	well-being?	2 = Very good 3 = Good 4= Fair 5 = Poor		
F5aConcentration	Recently been able to concentrate on what you are doing?	1 = Better than usual 2 = Less than usual 3 = Same as usual 4 = Much less than usual	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press and HSE 2007 Appendix A http://www.ic.nhs.uk/web files/publications/hseold er/vol5maaCont.pdf page 7	0
F5bSleep	Recently lost much sleep over worry?	1 = Not at all 2 = Rather more than usual 3 = No more than usual 4 = Mush more than usual	Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press and HSE 2007 Appendix A http://www.ic.nhs.uk/web files/publications/hseold er/vol5maaCont.pdf page 7	0
F5cUsefulInFamily	Recently felt you are playing useful part in your family?	1 = More so than usual 2 = Less useful than usual 3 = Same as usual 4 = Much less capable	HSE 2007 Appendix A http://www.ic.nhs.uk/web files/publications/hseold er/vol5maaCont.pdf	0
F5dUsefulInCommunity	Recently felt you are playing useful part in your community?	1 = More so than usual 2 = Less useful than usual 3 = Same as usual 4 = Much less capable	HSE 2007 Appendix A http://www.ic.nhs.uk/web files/publications/hseold er/vol5maaCont.pdf	0
F6GPvisits	How many times have you visited GP in past year?	none	General Lifestyle Survey 2008 http://www.esds.ac.uk/g overnment/ghs/	0
F7HealthyEatingAdvice	Have you ever had any advice about healthy eating?	1 = Yes a lot 2 = Yes some 3 = No none	MINA	0
F8EatingAdviceProvider	Response to whom provided healthy eating advice	none	MINA	0
F9EatingAdviceHelptul	Was healthy eating advice helpful?	1 = Yes 2 = No 777 = N/A	MINA	0
F10EatingAdviceWayHelpf ul	What way was eating advice helpful?	none	MINA	0

F11EatingAdviceWhyNotH elpful	If eating advice not helpful, why?	none		MINA	0
G1FoodShopping	Do you usually do most of food shopping?	1 = Yes, by myself 2 = Yes, with another member of family 3 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
WhoDoesFoodShopping	If no, who does food shopping?	none			0
G2CookDecisions	Who decides what to cook?	1 = You 2 = Spouse 3 = Other		MINA	0
OtherCookDecisions	Response to other who decides to cook	none			0
G3PrepareFood	Who is responsible for preparing food?	1 = You 2 = Spouse 3 = Other		MINA	0
OtherPrepareFood	Response to other who prepares food	none			0
G4CookFood	Who is responsible for cooking food?	1 = You 2 = Spouse 3 = Other		MINA	0
OtherCookFood	Response to other who cooks food	none			0
G5MainShopSupermarket	Where do you normally do main shopping? Supermarket	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G5MainShopStreetMarket	Where do you normally do main shopping?Street market/stalls	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G5MainShopHalalbutcher	Where do you normally do main shopping? Halal Butcher	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G5MainShopAsian	Where do you normally do main shopping? Asian store/cash & carry	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G5MainShopInternet	Where do you normally do main shopping? Internet	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G5MainShopOther	Where do you normally do main shopping? Other	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
G6SourceBanglaFood	Where do you get Bangladeshi food from?	1 = Shops in Cardiff 2 = Shops in other part of UK 3 = Other		MINA	0
OtherSourceBanglaFood	Response to other where get Bangladeshi food	none		MINA	0
G7TaughtCook	Who taught you to cook?	none		MINA	0
G8aDaughterFollowsCooki ng	To what degree does your daughter follow you in her cooking?	1 = In all her cooking 2 = In some of her cooking 3 = Very little		MINA	0

		4 Net et ell			
		4 = Not at all 777 = N/A			
		999 = Missing			
G8bCookLikeYourMother	To what degree do you cook like your mother?	1 = In all of my cooking 2 = In some of my cooking 3 = Very little 4 = Not at all 999 = Missing		MINA	0
G9BodyShape	If your body shape/figure important to you?	1 = Very important 2 = Fairly important 3 = Very little 4 = Not at all		MINA	0
G10WeightScalesHome	Do you have weight scales at home?	1 = Yes 2 = No		MINA	0
G11HowOftenWeigh	How often do you weigh yourself?	1 = Daily 2 = 2-3 times a week 3 = Weekly 4 = Monthly 5 = Less often 6 = Not at all 999 = Missing		MINA	0
H1MealsEachDay	How many meals to you normally eat a day?	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2MainMealsAsian	Which do you cook and how often? Main meals-Asian	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2MainMealsEnglish	Which do you cook and how often?Main meals-English	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2AsianSnacks	Which do you cook and how often?Asian snacks	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0

		aggarians			
		occasions 6 = Never			
		999 = Missing			
H2EnglishSnacks	Which do you cook and how often?English snacks	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2AsianSweets	Which do you cook and how often?Asian sweets	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2EnglishDesserts	Which do you cook and how often?English desserts	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H2Salads	Which do you cook and how often? Salads	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H3ReadyMeals	Do you ever consume ready meals?	1 = Yes 2 = No	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
ReadyMealType1	Type of ready meal 1	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqReadyMealType1	Frequency ready meal 1	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0

		occasions 6 = Never			
ReadyMealType2	Type of ready meal 2	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqReadyMealType2	Frequency of ready meal 2	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
ReadyMealType3	Type of ready meal 3	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqReadyMealType3	Frequency of ready meal 3	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
ReadyMealType4	Type of ready meal 4	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqReadyMealType4	Frequency of ready meal 4	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
ReadyMealType5	Type of ready meal 5	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqReadyMealType5	Frequency of ready meal 5	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H4ImportedBanglaFood	Do you consume any imported	1 = Yes	Gillian Bentley –	Sievert et al 2008 vol 20:	0

	Bangladeshi (or imported food from elsewhere if live in BD) food sold in shops?	2 = No	personal communication	598-604	
BanglaFoodType1	Type of imported Bangla/other food 1	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqBanglaFoodType1	Frequency of imported Bangla/other food 1	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
BanglaFoodType2	Type of imported Bangla/other food 2	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqBanglaFoodType2	Frequency of imported Bangla/other food 2	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
BanglaFoodType3	Type of imported Bangla/other food 3	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqBanglaFoodType3	Frequency of imported Bangla/other food 3	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
BanglaFoodType4	Type of imported Bangla/other food 4	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqBanglaFoodType4	Frequency of imported Bangla/other food 4	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
BanglaFoodType5	Type of imported Bangla/other food 5	none	Gillian Bentley –	Sievert et al 2008 vol 20:	0

			personal communication	598-604	
FreqBanglaFoodType5	Frequency of imported Bangla/other food 5	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
BanglaFoodType6	Type of imported Bangla/other food 5	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
FreqBanglaFoodType6	Frequency of imported Bangla/other food 5	1 = Daily 2 = 3-5 times per week 3 = Weekly/fortnightly 4 = Monthly 5 = Only on special occasions 6 = Never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	o
H5FreqEatRice	How often on average do you eat serving of rice?	1 = 5 or more times a day 2 = 3 to 4 times a day 3 = 1 to 2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H6FreqEatVegetables	How often on average do you eat serving of vegetables	1 = 5 or more times a day 2 = 3 to 4 times a day 3 = 1 to 2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	О
H7FreqEatFruit	How often on average do you eat serving of fruit	1 = 5 or more times a day 2 = 3 to 4 times a day 3 = 1 to 2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H8FreqEatFriedFood	How often on average do you eat serving of fried food	1 = 5 or more times a day 2 = 3 to 4 times a day 3= 1 to 2 times a day 4 = Less than once a day	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0

	1	Τ	T.	T	
		but more than once a week 5 = Less than once a week 6 = Rarely or never			
H9FreqEatSavourySnacks	How often on average do you eat savoury snacks	1 = 5 or more times a day 2 = 3 to 4 times a day 3= 1 to 2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H10FreqEatSweets	How often on average do you eat sweet foods?	1 = 5 or more times a day 2 = 3 to 4 times a day 3= 1 to 2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H11UsualFatCooking1	What sort of fat do you usually use for cooking or frying food?	1 = Butter, ghee, solid cooking fat, coconut oil, palm oil 2 = Hard or soft margarine 3 = Vegetable oil 4 = Do not use oil or fat in cooking	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
UsualFatCooking2	What sort of fat do you usually use for cooking or frying food?	1 = Butter, ghee, solid cooking fat, coconut oil, palm oil 2 = Hard or soft margarine 3 = Vegetable oil 4 = Do not use oil or fat in cooking	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
UsualFatCooking3	What sort of fat do you usually use for cooking or frying food?	1 = Butter, ghee, solid cooking fat, coconut oil, palm oil 2 = Hard or soft margarine 3 = Vegetable oil 4 = Do not use oil or fat in cooking	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H12UsualDrinkMeals	During mealtimes, what do you normally drink?	1 = Water 2 = Real fruit juice 3 = Fruit squash or cordial 4 = Fizzy sweetened drinks 5 = Other	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
UsualDrinkMeals2	During mealtimes, what do you	1 = Water	Gillian Bentley –	Sievert et al 2008 vol 20:	0

	normally drink?	2 = Real fruit juice 3 = Fruit squash or cordial 4 = Fizzy sweetened drinks 5 = Other	personal communication	598-604	
OtherDrinkMeals	Response to other drink during meals	none	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H13FreqEatDairy	How often do you eat dairy foods?	1 = 5 or more times a day 2 = 3-4 times a day 3 = 1-2 times a day 4 = Less than once a day but more than once a week 5 = Less than once a week 6 = Rarely or never	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H14DrinkMilk	Do you drink milk?	1 = Yes, whole (full fat) 2 = Yes, semi-skimmed 3 = Yes, skimmed 4 = No 5 = Yes, soya	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H15MilkDaily	How much milk do you yourself use each day?	1 = Less than quarter of a pint 2 = About a quarter of a pint 3 = About half a pint 4 = One pint or more 777 = N/A	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H16AddSugarHotDrinks	Do you add sugar to hot drinks?	1 = Yes 2 = No 999 = Missing	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
H17AddSalt	Do you generally add salt to your food during or after cooking?	1 = Yes 2 = No 3 = Use low-salf or salt alternative	Gillian Bentley – personal communication	Sievert et al 2008 vol 20: 598-604	0
I1Bengali	Identify how you describe yourself - Bengali	1 = Most important 2 = Also important		MINA	0
I1Sylheti	Identify how you describe yourself - Sylheti	1 = Most important 2 = Also important		MINA	0
I1Bangladeshi	Identify how you describe yourself - Bangladeshi	1 = Most important 2 = Also important		MINA	0
I1Muslim	Identify how you describe yourself - Muslim	1 = Most important 2 = Also important		MINA	0
Al1sian	Identify how you describe yourself - Asian	1 = Most important 2 = Also important		MINA	0
I1British	Identify how you describe yourself -	1 = Most important		MINA	0

	British	2 = Also important			
I1Welsh	Identify how you describe yourself - Welsh	1 = Most important 2 = Also important		MINA	0
I1Other	Identify how you describe yourself - Other	none		MINA	0
I1OtherDescription	Response to other how you describe yourself	none		MINA	0
I2FaithImportance	How important is faith in your life?	1 = Very important 2 = Fairly important 3 = Very little 4 = Not at all		Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
I3HalalFoodImportance	How important is halal food in your diet?	1 = Very important 2 = Fairly important 3 = Very little 4 = Not at all		MINA	0
I4AdditionalComments	Any additional comments given	none		Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
RespondentCooperation	Interviewer ranking of respondent's co- operation during interview	1 = Very good 2 = Good 3 = Fair 4 = Poor 5 = Very poor 999 = Missing		Phillipson, Ahmed and Latimer (2003) Women in Transition, Policy Press	0
Interviewerlssues	Issues/problems identified by interviewer	none		MINA	0
SocialNetwork1	I feel my friends respect me	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork2	I feel I am important to others	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork3	I feel close to members of my family	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork4	There is at least one person I know whose advice I really trust	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0

SocialNetwork5	If I needed help I could find someone easily	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork6	I have important people who support and encourage my learning	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork7	I feel that I live within a supportive home environment	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork8	I feel part of my community	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork9	I would attend meetings of community or social groups in my area	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork10	I feel a sense of belonging in my area	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
SocialNetwork11	I believe people from different backgrounds get on well together in my area	1 = Mostly agree 2 = Neither agree nor disagree 3 = Mostly disagree	Leroy White (personal communication)	NA	0
Sidebyside	side by side score	0 = 0 (< 10 seconds) 1 = 1 (>= 10 seconds) 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
fail_sidebyside	codes for non-attempt or failure of side- by-side balance, if applicable	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0

		999 = Missing			
time_sidebyside	time of side-by-side balance test, if less than 10 sec ie. fail	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
semitandem	semi-tandem stand score	0 = 0 (< 10 seconds) 1 = 1 (>= 10 seconds) 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
fail_semitandem	codes for non-attempt or failure of semi- tandem balance, if applicable	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time_semitandem	time of semi-tandem balance test, if less than 10 sec ie. fail	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	О
fulltandem	full tandem stand score	0 = 0 (< 3 sec) 1 = 1 (3 to 9.99 sec) 2 = 2 (>=10 sec) 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
fail_fulltandem	codes for non-attempt or failure of full tandem balance, if applicable	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time_fulltandem	time of full tandem balance test, if less than 10 sec ie. fail	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2)	0

				M85-M94.	
balance_score	total balance score	0 = 0 1 = 1 2 = 2 3 = 3 4 = 4 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time1_4m	time, in seconds, of FIRST attempt at 4m walk	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time1_4m_fail	code for non-attempt or failure of FIRST attempt at 4m walk	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time2_4m	time, in seconds, of SECOND attempt at 4m walk	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time2_4m_fail	code for non-attempt or failure of SECOND attempt at 4m walk	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	O
stick_used_4m	walking aid use for 4m walking test	0 = No aid 1 = Stick 2 = Other aid 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0

score_4m	HIGHEST score (0-4, worst-best) ie. of BEST attempt at 4m walk	0 = 0 (>60 sec/unable) 1 = 1 (8.71 to 59.99 sec) 2 = 2 (6.21-8.7 sec) 3 = 3 (4.82-6.2 sec) 4 = 4 (<=4.8 sec) 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
single_stand	completed single stand	0 = Yes 1 = No 2 = Used hands 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
time_5chair_rise	time, in seconds, of 5 x sit-to- standcodes for non-attempt or failure of chair-rise test	777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
failure_chair	codes for non-attempt or failure of chair-rise test	1 = Tried but unable 2 = Could not hold position unassisted 3 = Not attempted, researcher felt unsafe 4 = Not attempted, participant felt unsafe 5 = Participant unable to understand instructions 6 = Other 7 = Participant refused 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
chair_rise_score	score for 5 x sit-to-stand (0-4, worst - best)	0 = 0 (>60 sec/unable) 1 = 1 (16.70-59.99 sec) 2 = 2 (13.70-16.69 sec) 3 = 3 (12.20-13.60 sec) 4 = 4 (<= 11.19sec) 777 = N/A 999 = Missing	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0
final_score	sum of scores tests of physical function	0 = 0 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9	Short Physical Performance Battery	Guralnik et al 1994 J Gerontol Med Sci 49(2) M85-M94.	0

	1	T	T	ı	
		10 = 10 11 = 11 12 = 12			
		12 = 12 999 = Missing			
MDLocFlag	Flag for Mother/Daughter UK/BD	1 = UK Mother, daughter born in BD 2 = UK Mother, daughter born in UK 3 = UK daughter born BD 4 = UK daughter born UK 5 = BD mother 6 = BD daughter 7 = UK mother, no daughter			S
Relatives_KH	If the case is a mother, then this variable refers to the daughter's knee height. If the case is a daughter, then this variable refers to the mother's knee height.	None			S
Relatives_Ht	If the case is a mother, then this variable refers to the daughter's height. If the case is a daughter, then this variable refers to the mother's height.	None			S
Age_Mother@Birth	Age of the mother at the birth of the daughter who has been sampled.	None			S
Daughters_Birth_Order	Birth of the daughter who has been sampled ie number of older siblings + 1.	None			S
DeprivationRank	Area level of deprivation 1=highest	None		Welsh Index of Multiple Deprivation 2011 http://wales.gov.uk/topic s/statistics/theme/wimd/ wimd2011/;jsessionid=8 7133675F4073CFAA78 1F4F7B9557CCE?lang= en	0
DeprivationScore	Deprivation score - Higher score=higher deprivation	None		Welsh Index of Multiple Deprivation 2011 http://wales.gov.uk/topic s/statistics/theme/wimd/ wimd2011/;jsessionid=8 7133675F4073CFAA78 1F4F7B9557CCE?lang= en	0

List of specimens with number

HJ01 - Momordica Charantia, korolla, collected 24/3/11

Vine with flowers (1 specimen), Nani's house

HJ02 – Centella asiatica, tankuni/tunimankuni/khudimankuni, collected 25/3/11

Whole plant with buds (two specimens), FIVDB office

HJ03 - Colocasia esculenta, kochu, collected 27/3/11

Plant, N's house, one month old (three specimens)

HJ04 - Andrographics paniculata, kalomegh/chorota, collected 30/4/11

Plant with flowers, neighbours house (two specimens)

HJ05 - Justicia gendarussa, bish-jarul, collected 30/4/11

Stems, leaves and flowers, on the road (three specimens)

HJ06 - Vitex negundo, Nishinda, collected 30/4/11 (three specimens)

Stems with leaves and flowers and bark

HJ07 - Ocimum tenuiflorum, Kalo tulsi, collected 8/5/11 (three specimens)

Mature bush – lots of seeds

HJ08 - Clerodendrum viscosum, Bhati, collected 11/5/11 (three specimens)

FIVDB office, leaves with fruit

Flowers collected on the 17/4/11 from the same place

HJ09 - Terminalia arjuna, Arjun, collected 11/5/11 (three specimens)

Nani's house, 'young tree', flowers, leaves, bark

HJ10 - Tamarindus indica, Tetul, collected 11/5/11 (three specimens)

Neighbours house, leaves and young fruit

HJ11 - Azadirachta indica, Neem, collected 11/5/11 (three specimens)

From the mosque across the road – leaves, bits of bark

H13 - Justicia adhatoda, Bashok, collected 14/5/11 (three specimens)

From gardener's house – leaves

HJ14 - Momordica Charantia, korolla, collected 18/5/11 (two specimens)

FIVDB office – leaves, buds, flower, a very young fruit + a young fruit almost ready to eat

HJ17 – Hibiscus rosa-sinesis, joba, collected 18/5/11 (three specimens)

FIVDB office – leaves, flowers, buds

HJ18 – Ocimum teniflorum, kalo tulsi, collected 24/4 (one specimen)

Neighbour, green house – flowers, buds and seeds

HJ19 – Rosat pata, collected 24/4 (one specimen for identification)

HJ20 – *Averrhoa carambola, Kamrenga*, 4/1/12 (three specimens)

Neighbour's house, mature tree, fruit, leaves and bark

HJ21 - Dolichus labials, sheem, 4/1/12 (three specimens)

Neighbours' commercial garden, fruit, flowers and leaves

HJ22 - Justicia adhatoda, Bashok, 20/3/12 (three specimens)

Zl's farm - buds, leaves and one flower

HJ23 - Ocium sanctum, shada tulsi, 20/3/12 (two specimens)

Z's farm – plant and flowers

(All specimens collected from Sylhet, Bangladesh and one specimen from each sample will be deposited at the herbarium in UCL School of Pharmacy)

MINA Interview Schedule for Bangladesh

Transnational Ties

Any family in the UK? If so who?

How often are you in contact with them?

How do you maintain contact? - e.g. telephone, email, visits

What sort of role do they play or what influence do they have on your life here?

Have you visited the relatives in the UK?

If yes how often do you visit them?

Do you take foodstuffs with you when you visit? If so what?

Do you send food to the relatives in the UK with other visitors? If so what kinds of foods?

Do your relatives from UK bring any food stuff for you when they come to visit? If so what foods?

Roles within the home

Please describe your activities on a normal day?

Who is responsible for preparing and cooking the meals in the home?

How much time do you or women in the home spend on preparing and cooking meals per day?

How would you describe an older woman?

Probe: ie related to age, experience, having grandchildren or what

What role does an older woman have in the home?

Probe: What does she do, how much influence does she have over decisions in the home, like what food is prepared/ what sort of things is she responsible for?

Who looks after older people? Any concerns/worries about this?

Where would you go for support and advice?

Nutrition

In your opinion, what was the quality of your diet as you were growing up? (0-16 yrs) – e.g, poor, adequate, good, very good (also ask about quantity, e.g. ever went hungry)

Is what you eat important for maintaining your health?

What kinds of food are `good' foods?

Why is this good food?

Do older people need different food or not? If so what kinds of foods and why?

Do older people need to have less or more food (smaller or larger portions)? Why?

Are there any cultural practices or foods that are thought to be good at particular stages of life i.e. during pregnancy, as you are getting older?

How have you gained your knowledge about food and nutrition?

Where do you get nutritional information from?

How relevant is the information to your diet/eating habits?

Does your daughter/mother eat different food to you? Please give some examples What do you think of your mothers/daughters diet?

Do you cook like your mother/daughter? Are there any changes or adaptations, if so what and why?

Are there any cultural/religious beliefs that have an influence on your diet and knowledge of nutrition?

Body image

Is your weight a sign of good health?

Is your weight important for other reasons? If so what?

What do you think of your own weight?

What do you think of your mothers/daughters weight?

Is your weight important as you get older? Why?

How important is your weight and your body image to you?

MINA Interview Schedule (Cardiff)

Migration History

Recap when did you come over to the UK?

Why did you come over? And with whom?

How old were you? – link with key events if unsure

Where did you arrive in the UK?

What were your first impressions and thoughts about the UK?

How did you come to settle in Cardiff?

What was it like living in Cardiff at that time?

How have you adapted to living in Cardiff? – probe, any changes in social activities, What are your intentions to return home or not once your children have grown up?

Which country do you consider your home?

Transnational Ties

Any family in Bangladesh? If so who?

How often are you in contact with them?

How do you maintain contact? - e.g. telephone, email, visits

What sort of role do they play or what influence do they have on your life here?

Do you take foodstuffs with you when you visit? If so what?

Do you have foods sent to you from Bangladesh? If so what kinds of food?

Are these foods available in Cardiff or the UK?

Roles within the home

Please describe your activities on a normal day?

What are your thoughts about your general lifestyle? Would it be any different in Bangladesh? If yes in what way?

Who is responsible for preparing and cooking the meals in the home?

How much time do you or women in the home spend on preparing and cooking meals per day?

How would you describe an older woman?

Probe: ie related to age, experience, having grandchildren or what

What role does an older woman have in the home?

Probe: What does she do, how much influence does she have over decisions in the home, like what food is prepared/ what sort of things is she responsible for?

Are the daily activities of an older woman different in Cardiff to Bangladesh and if so,

in what ways? (exploring social isolation)

Who looks after older people? Any concerns/worries about this?

Where would you go for support and advice?

Nutrition

In your opinion, what was the quality of your diet as you were growing up? (0-16 yrs) – e.g, poor, adequate, good, very good (also ask about quantity, e.g. ever went hungry)

Is what you eat important for maintaining your health?

What kinds of food are 'good' foods?

Why is this `good' food?

Do older people need different food or not? If so what kinds of foods and why?

Do older people need to have less or more food (smaller or larger portions)? Why?

Are there any cultural practices or foods that are thought to be good at particular stages of life i.e. during pregnancy, as you are getting older?

Do you eat different food here to what you ate in Bangladesh?

If so what foods are you unable to get here that you ate in Bangladesh?

What food do you eat here that you could not get in Bangladesh?

Have you changed the way you cook since coming to Cardiff? In what ways?

How have you gained your knowledge about food and nutrition?

Where do you get nutritional information from?

How relevant is the information to your diet/eating habits?

Does your daughter/mother eat different food to you? Please give some examples What do you think of your mothers/daughters diet?

Do you cook like your mother/daughter? Are there any changes or adaptations, if so what and why?

Are there any cultural/religious beliefs that have an influence on your diet and knowledge of nutrition?

Body image

Is your weight a sign of good health?
Is your weight important for other reasons? If so what?
What do you think of your own weight?
What do you think of your mothers/daughters weight?
Is your weight important as you get older? Why?
How important is your weight and your body image to you?

Any other comments

Are there any other comments you would like to make about coming over to Cardiff or living in Cardiff, your diet or about growing older?

Thank you

Participant I.D. Number		
i di ticipant i.b. Hanibei		



Migration, Nutrition, and Ageing across the Lifecourse in Bangladeshi Families: A Transnational Perspective (MINA)

MINA Questionnaire

Thank you for agreeing to complete this questionnaire. We are interested in your views. Please note, there are no right or wrong answers and if there is any question you do not wish to answer then that is fine.

All information will be anonymised and treated in the strictest confidence. You will only be identified by an identification number

Have you read the participant information letter and do you have any questions?

If you are happy to proceed, please sign the consent form.

Questionnaire completed by	y:
Date:	
Venue:	
venue	

Section A: Migration

A1 Were you born here?

Yes 1 (**GO TO A13**)

No 2

A2 If NO, where were you born?

A8 How long have you lived here?

```
Less than one year 1
1-5 years 2
6-10 years 3
11-20 years 4
21-30 years 5
More than 30 years 6
```

A13 Do you have any family members living in the UK?

Yes 1 No 2 (**GO TO SECTION B**)

A14 If YES, please specify who?

(CIRCLE ALL THAT APPLY)

Spouse 1 2 Parent/s Grandparents 3 **Siblings** 4 5 Children Grandchildren 6 7 In-laws Other 8

Please specify_

Section B: Education, language and literacy

B1	At what age of or college?	id you finish your contir	nuous full-time educ	cation at school
	Record a	ige		
	OR TICK BOX	TO CODE NO FORMAL	_ SCHOOLING	
B2	What is the hi	ghest educational qualifi	cation you have?	
В3	What is your f	rst language?		
		Bangla 1 English 2 Sylheti 3 Other 4 Please specify		
Sec	tion C: Demo	graphic and Social	Relations	
		our EXACT date of birth		
Ola	RECORD Da	y Month ote is this accurate or an	Year	
	GO TO C1e			
C1b	If NOT , were y	ou born before, during o	or after Shadinata Ju	udu (1971)?
	Th	fore e year of Shadinata Jud er	1 lu 2	

C1c	•	ere born BEFORE Shadinata Judu, during which of the following were you born?			
	T F (I	Partition of India (194 Bengali) Language M	ritish rule in India (1945- 7-1948) Iovement (1948-1956)	-46) 2 3 4	
	Δ Δ	Awami Party (1956-19 Ayub Khan era (1958- Yahya Khan era (1969	-19 6 9)	5 6 7	
C1d	•	e born AFTER Shadinata Judu, during which of the following ere you born?			
	Z	ia period (1975-1981	, also the Famine in 197 l) 1990, also major floods	74) 1 2	
	ir	า 1988)		3	
	(Interviewer	confirms age in years	s)		
C1e	So you are h	ow old?			
	RECORD AC	GE			
C2	Are you?	Single Married Divorced Separated Widowed	1 (GO TO D1) 2 3 4 5		
C3	If married, ho	ow old were you whe	n you got married?		
	RECORD AC	GE			

C4	In total how many times have you been pregnant?						
	RECOR	RECORD NUMBER					
C 5	How many children do you have?						
	RECOR	D THE	IR DE	TAILS			
	Child number	Where do they live now?					
Sec	ction D: H	Housi	ng				
D2	What typ	e of a	ccomn	nodation d	loes your household	occupy?	
		Hoi	use	1			
		Fla		2			
			ngalow				
		Oth Ple	ier ase sp	4 pecify			
			- 3 - 5	- J			

D3	Who owns	this property?		
		Self or spouse (owner-or Parent Son Son in law Daughter Daughter in law Brother Landlord/privately ren Council/rented Employer owned Other Please specify	. ,	1 2 3 4 5 6 7 8 9 10 11
D4	How many	rooms do you have?		
	only be use Do count a utility room	unt bathrooms, toilets, led for storage such as	cupboards. nple kitchen	ings, or rooms that can living rooms, bedrooms, en converted into one,
D5	Overall, ho	w satisfied are you witl	n this accom	modation?
		Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Slightly dissatisfied Very dissatisfied	1 2 3 4 5	

D6	Do you have any problems with your accommodation?				
	Yes No	1 2 (GO TO D8)			
	If YES please specify				
D7	Has your health or the however by your housing sit	ealth of anyone in your household been made uation?			
	Yes No	1 2			
D8	Are there any of the follo	wing in your household? (CIRCLE ALL THAT			

Item		
Refrigerator	Yes	No
Television	Yes	No
Video Recorder or DVD Player	Yes	No
Washing machine	Yes	No
Computer	Yes	No

D9 Who else lives with you? (CIRCLE ALL THAT APPLY)

Relationship to respondent	Code	Number of people
Spouse/partner	1	
Brother/sister (including in-laws, step and adoptive)	2	
Parent (including in-laws, step and adoptive)	3	
Child (including step and adoptive)	4	
Son-in-law/daughter-in-law	5	
Grandchild (including step and adoptive)	6	
Niece/Nephew	7	
Aunt/uncle	8	
Other relative (including step and adoptive)	9	
Other non-relative	10	

Section E: Employment

E1	Are you doing paid work or any kind of work outsid	le the home?
(Rec	ord code which best fits the respondent)	
	Looking after the family, home or dependents Employed including self-employed Unemployed/not working Wholly retired from paid work Unable to work because of long-term disability or health In full-time education or training Doing something else Please specify	1 2 3 4 5 6 7
E2	If in paid work, what type of work do you do?	
	(GO TO F1)	
E3a	If NOT working, have you ever been in paid work?	•
	Yes 1 No 2 (GO TO F1)	
E3b	If YES, how old were you when you were last in pa	aid work?

Section F: Health and Health services

F1	Would	you	say	that	for	someone	of	your	age,	your	own	health	is
	general	lly:											

Very good	1
Good	2
Neither good nor poor	3
Poor	4
Very poor	5

F2 Do you have any long-standing illness, disability or infirmity? By long-standing, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes	1
No	2 (GO TO F4)

F3 If YES, what is this condition?	
---	--

(Interviewer guidance: please tick those mentioned by the respondent. Do **NOT** read out this list).

Condition	Had in the past	Have now	Did not mention
Cancer			
High blood pressure/hypertension			
A stroke			
Diabetes			
Angina			
A heart attack			

F4	How would you	describe your emotional	well-being?
		Excellent Very good Good Fair Poor	1 2 3 4 5
F5	Could I ask you	some questions about y	our general health?
	Have you recent	ly: (Interviewer note: ov	er the last 3-4 weeks)
	a) Been able to	concentrate on what you	u are doing?
		Better than usual Less than usual Same as usual Much less than usual	1 2 3 4
	b) Lost much sle	ep over worry?	
		Not at all Rather more than usual No more than usual Much more than usual	1 2 3 4
	c) Felt that you a	are playing a useful part	in your family?
		More so than usual Less useful than usual Same as usual Much less capable	1 2 3 4
	d) Felt that you a	re playing a useful part	in your community?
		More so than usual Less useful than usual Same as usual Much less capable	1 2 3 4

F6	(Interviewer n	<u>-</u>	your DOCTOR in the p how many times in a v	_
	RECORD NU	MBER		
F7	Have you eve	r had any advice abo	out healthy eating?	
		Yes a lot Yes some No none	1 2 3 (GO TO G1)	
F8	If YES, from	whom?		
F9	Was the advic	ce helpful?		
		Yes No	1 2 (GO TO F11)	
F10	If YES in wha	t way was it helpful?		
F11	If NO, why no	t?		
				

G1	Do you usually d	o most of the shopping	for food?
		Yes, by myself	1
		Yes, with another member of the family No	2 3
	If NO please spe	ecify who does	
G2	Who decides wh	at to cook?	
		You Spouse Other Please specify	1 2 3
G3	Who is respons	ble for preparing the fo	od?
		You Spouse Other Please specify	1 2 3
G4	Who is responsil	ole for the cooking?	

Spouse 2
Other 3
Please specify

1

You

Where do you normally do your main shopping? (CIRCLE AS APPROPRIATE)

Where?		
Supermarket	Yes	No
Street market/stalls	Yes	No
Other Please specify	Yes	No

G7	Who taught you how to cook?	

G8a (**MOTHERS ONLY**) To what degree does your daughter follow you in her cooking?

In all her cooking	1
In some of her cooking	2
Very little	3
Not at all	4

G8b To what degree do you cook like your mother?

In all my cooking	1
In some of my cooking	2
Very little	3
Not at all	4

G9	Is your body shape/figure important to you?			
		Very important Fairly important Very little Not at all	1 2 3 4	
G10	Do you have scales to check your weight at home?			
		Yes No	1 2	
G11	How often do you weigh yourself?			
		Daily 2-3 times a week Weekly Monthly Less often Not at all	1 2 3 4 5 6	

Section H: Eating Practices/Patterns

We would now like to ask you about some foods which you may eat and how often you eat them.

H1	How many meals do you normally eat a day?	
	RECORD NUMBER	
H2	Which of the following do you cook and how often? (TICK AS APPROPRIATE)	

Food type	Daily	3-5 times a week	Weekly/ fortnightly	Monthly	Only on special occasions	Never
Main meals- Asian			3 3			
Main meals- Western						
Asian snacks e.g. samosas, dal puri						
Western snacks e.g. small pasties, chicken nuggets						
Asian sweets (Misti) e.g. rasmalai, ladoo						
Western desserts						
Salads						

H3 Do you ever consume ready-meals? (Interviewer note: chilled or frozen meals, which you cook in oven or microwave at home, e.g. frozen rice and curry meal from the supermarket).

Yes 1 No 2 **(GO TO H4)**

If YES, what type and how often?

Type of food	Daily	3-5 times a week	Weekly/ Fortnightly	Monthly	Less than once a month	Never

H4 Do you consume any imported food sold in the shops?

Yes 1 No 2 **(GO TO H5)**

If YES, what type and how often?

Type of food	Daily	3-5 times a week	Weekly/ Fortnightly	Monthly	Less than once a month	Never

		5 or more times a day 3 to 4 times a day 1 to 2 times a day Less than once a day but more than once a week Less than once a week Rarely or never	1 2 3 4 5 6
Н6		erage, do you eat a serving o d or raw as in salads)?	f vegetables NOT including
		5 or more times a day 3 to 4 times a day 1 to 2 times a day Less than once a day but more than once a week Less than once a week Rarely or never	1 2 3 4 5 6
Н7		average, do you eat a servi or real natural fruit juice?	ng of fruit, including fresh,
		5 or more times a day 3 to 4 times a day 1 to 2 times a day Less than once a day but more than once a week Less than once a week Rarely or never	1 2 3 4 5 6
Н8	fried fish or chic	verage, do you eat a serving cken, chips, cooked breakfas atoes, fried rice, puris, bhajis,	st or samosas? INCLUDE:

How often, on average, do you eat a serving of rice?

H5

1 2

3

4

5

5 or more times a week

3 to 4 times a week

1 to 2 times a week Less than once a week

Rarely or never

Н9	or biscuits? IN	verage, do you eat savoury CLUDE: savoury snacks v, chanachur, etc.		•
		5 or more times a week 3 to 4 times a week 1 to 2 times a week Less than once a week Rarely or never	1 2 3 4 5	
H10		verage, do you eat a servir te or Indian sweets (eg. lade	•	puddings,
		5 or more times a week 3 to 4 times a week 1 to 2 times a week Less than once a week Rarely or never	1 2 3 4 5	
H11	What sort of fat of	lo you usually use for cookir	ng or frying food?	
	Hard or sof Vegetable mustard, po	e, solid cooking fat, coconut it margarine oil, e.g. sunflower, olive, rap eanut oil or fat in cooking	·	1 2 3 4
H12	During mealtimes	s, what do you normally drin	k?	
		Water (still/mineral) Real fruit juice Fruit squash or cordial Fizzy sweetened drinks (eg. Coca cola, lemonade) Other Please specify	1 2 3 4 5	

H13	How often do yo fraiche?	ou eat dairy foods such as y	oghur	t, sour cream,	crème
		5 or more times a week 3 to 4 times a week 1 to 2 times a week Less than once a week Rarely or never	1 2 3 4 5		
H14	Do you drink mil	k?			
		Yes, whole (full fat) Yes, semi-skimmed Yes, skimmed No	1 2 3 4		
H15	How much milk on cereals, etc.)	do you yourself use each dais it:	ay, on	average (for	drinks,
		less than a quarter of a pint about a quarter of a pint about half a pint one pint or more	1 2 3 4		
H16	Do you add suga	ar to hot drinks such as tea ar	nd coff	ee?	
		Yes 1 No 2			
H17	Do you generall cooking?	y add salt to your food wheth	er dur	ng or after	
		Yes (include sea salt) No, do not add salt Use "Low-salt" or salt alterna	ative	1 2 3	

Section I: Religion

In terms of identity how do you describe yourself? (PLEASE TICK ALL THAT APPLY)

	Most important	Also important
Bengali		
Sylheti		
Bangladeshi		
Muslim		
Asian		
Other Please specify		

I2 How important is faith in your life?

Very important	1
Fairly important	2
Very little	3
Not at all	4

I3 How important is halal food in your diet?

Very important	1
Fairly important	2
Very little	3
Not at all	4

Thinking about the issue we have discussed is there anything which you would like to raise or tell me about?

raiticipant i.b. Number	pant I.D. Number 🔲 🔲 🗀	
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Interviewer comments:

In general the respondent's co-operation during the interview was:

Very good	1
Good	2
Fair	3
Poor	4
Very poor	5

Any issues/problems identified:

Participant I.D. Number			
i ai ticipant i.b. italiibci			

Invitation to participate in an informal interview

We would like to talk to some mothers and daughters in more detail about their cultural beliefs and knowledge about food and perceptions of ageing.

Are you willing to participate in an informal interview about your views and perceptions on these issues? This would be conducted by the female researcher and we can offer a gift voucher in appreciation of your time in being interviewed. Again all information will be anonymised and treated in the strictest confidence. You will only be identified by an identification number.

Contact details:
Name
Address
Telephone number
Email address

Thank you so much for you time and help with this study.

ID: _	
Neither agree nor disagree	Mostly disagree
	Neither agree nor

Support and me

Thinking about the last few months how far do you agree with the following?

I feel my friends respect me	
I feel I am important to others	
I feel close to members of my family	
There is at least one person I know whose advice I really trust	
If I needed help I could find someone easily	
I have important people who support and encourage my learning	
I feel that I live within a supportive home environment	

My community and me This section explores your views of the community or neighbourhood you live in.

Thinking about the last few months how far do you agree with the following?

I feel part my community	
I would attend meetings of community or social groups in my area	
I feel a sense of belonging in my area	
I believe people from different	
backgrounds get on well together in my area	

Study ID	Date	Tester Initials	

SHORT PHYSICAL PERFORMANCE BATTERY PROTOCOL AND SCORE SHEET

All of the tests should be performed in the same order as they are presented in this protocol. Instructions to the participants are shown in bold italic and should be given exactly as they are written in this script.

1. BALANCE TESTS

The participant must be able to stand unassisted without the use of a cane or walker. You may help the participant to get up.

Now let's begin the evaluation. I would now like you to try to move your body in different movements. I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement, or if you feel it would be unsafe to try to do it, tell me and we'll move on to the next one. Let me emphasize that I do not want you to try to do any exercise that you feel might be unsafe.

Do you have any questions before we begin?

A. Side-by-Side Stand

- 1. Now I will show you the first movement.
- 2. (Demonstrate) I want you to try to stand with your feet together, side-by-side, for about 10 seconds.
- 3. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.
- 4. Stand next to the participant to help him/her into the side-by-side position.
- 5. Supply just enough support to the participant's arm to prevent loss of balance.
- 6. When the participant has his/her feet together, ask "Are you ready?"
- 7. Then let go and begin timing as you say, "Ready, begin."
- 8. Stop the stopwatch and say "Stop" after 10 seconds or when the participant steps out of position or grabs your arm.
- 9. If participant is unable to hold the position for 10 seconds, record result and go to the gait speed test.

Study ID	_ Date	Tester Initials
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B. Semi-Tandem Stand

- 1. Now I will show you the second movement.
- 2. (Demonstrate) Now I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.
- 3. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.
- 4. Stand next to the participant to help him/her into the semi-tandem position
- 5. Supply just enough support to the participant's arm to prevent loss of balance.
- 6. When the participant has his/her feet together, ask "Are you ready?"
- 7. Then let go and begin timing as you say "Ready, begin."
- 8. Stop the stopwatch and say "Stop" after 10 seconds or when the participant steps out of position or grabs your arm.
- 9. If participant is unable to hold the position for 10 seconds, record result and go to the gait speed test.

C. Tandem Stand

- 1. Now I will show you the third movement.
- 2. (Demonstrate) Now I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.
- 3. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.
- 4. Stand next to the participant to help him/her into the tandem position.
- 5. Supply just enough support to the participant's arm to prevent loss of balance.
- 6. When the participant has his/her feet together, ask "Are you ready?"
- 7. Then let go and begin timing as you say, "Ready, begin."
- 8. Stop the stopwatch and say "Stop" after 10 seconds or when the participant steps out of position or grabs your arm.

Study ID	Date	Tester Initials	
SCORING:			
A. Side-by-side-stand	ſ		
Held for 10 sec		If participant did not attempt test or failed, circle	why:
Not held for 10 sec	•	Tried but unable	1
Not attempted	•	Participant could not hold position unassisted	_
If O points, end Bala	•	Not attempted, you felt unsafe	3
ir o points, cha batt		Not attempted, participant felt unsafe	4
		Participant unable to understand	-
Number of seconds he	ld if	instructions	5
less than 10 sec:		Other (specify)	6
		Participant refused	7
B. Semi-Tandem Stan	d		
Held for 10 sec	☐ 1 point		
Not held for 10 sec	•		
	☐ 0 points (circle reason	above)	
If O points, end Bala	•	,	
· · p · · · · · · · · · · · · · · · · · · ·			
Number of seconds he	ld if less than 10 sec:	_sec	
C. Tandem Stand			
Held for 10 sec	2 points		
Held for 3 to 9.99 sec	□ 1 point		
Held for < than 3 sec	□ 0 points		
Not attempted	☐ 0 points (circle reason	above)	
Number of seconds he	ld if less than 10 sec:	sec	
D. Total Balance Test	ts score(sum p	points)	
Comments:			

Study ID Date Tester Initials	
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2. GAIT SPEED TEST

Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it.

A. First Gait Speed Test

- 1. This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store.
- 2. Demonstrate the walk for the participant.
- 3. Walk all the way past the other end of the tape before you stop. I will walk with you. Do you feel this would be safe?
- 4. Have the participant stand with both feet touching the starting line.
- 5. When I want you to start, I will say: "Ready, begin." When the participant acknowledges this instruction say: "Ready, begin."
- 6. Press the start/stop button to start the stopwatch as the participant begins walking.
- 7. Walk behind and to the side of the participant.
- 8. Stop timing when one of the participant's feet is completely across the end line.

B. Second Gait Speed Test

- 1. Now I want you to repeat the walk. Remember to walk at your usual pace, and go all the way past the other end of the course.
- 2. Have the participant stand with both feet touching the starting line.
- 3. When I want you to start, I will say: "Ready, begin." When the participant acknowledges this instruction say: "Ready, begin."
- 4. Press the start/stop button to start the stopwatch as the participant begins walking.
- 5. Walk behind and to the side of the participant.
- 6. Stop timing when one of the participant's feet is completely across the end line.

Study	ID	Date	Tester Initials	
-				
GAIT S	SPEED TEST SCORING:			
	_	_		
Length	of walk test course: F	our meters 🗆	Three meters \square	
Λ Tim	o for Eirst Coit Spood 1	Tost (sos)		
1.	le for First Gait Speed 1 Time for 3 or 4 meters _	• •		
2.	If participant did not at		d circle why:	
-•	Tried but unable	cempt test of faite	1	
	Participant could not wa	alk unassisted	2	
	Not attempted, you felt		3	
	Not attempted, participa		4	
	Participant unable to un	derstand instructior	ns 5	
	Other (Specify)		_ 6	
	Participant refused		7	
	Complete score sheet ar	nd go to chair stan	d test	
2 Aic	ls for first walk	Nono 🗖 Can	e □ Other □	
3. AIC	15 101 1115L Walk	None 🗗 Can	e D Other D	
Comme	ents:			
	e for Second Gait Spee	• •		
1.	Time for 3 or 4 meters _		ما منحام سام	
2.	If participant did not at Tried but unable	tempt test or raile		
	Participant could not wa	alk unaccisted	1 2	
	Not attempted, you felt		3	
	Not attempted, participa		4	
	Participant unable to un		•	
	Other (Specify)		6	
	Participant refused		7	
3.	Aids for second walk	None 🗇	Cane □ Other □	
٥.	Alas for second watk	None	cane is other is	
What i	s the time for the faster	of the two walks?		
Record	the shorter of the two t	times :	sec	
	y 1 walk done, record th			
If the	participant was unable t	o do the walk: 🗖 🕻	points	
For 4-	Meter Walk:		For 3-Meter Walk:	
	e is more than 8.70 sec:	☐ 1 point	If time is more than 6.52 sec:	☐ 1 point
	e is 6.21 to 8.70 sec:	☐ 2 points	If time is 4.66 to 6.52 sec:	☐ 2 points
	e is 4.82 to 6.20 sec:	☐ 3 points	If time is 3.62 to 4.65 sec:	☐ 3 points
	e is less than 4.82 sec:	☐ 4 points	If time is less than 3.62 sec:	☐ 4 points
T1 C11110	. 15 1035 than 7.02 300.	- + points	II time is tess thall sive see.	- + points

Study ID _	Date	Tester Ini	itials

3. CHAIR STAND TEST

Single Chair Stand

- 1. Let's do the last movement test. Do you think it would be safe for you to try to stand up from a chair without using your arms?
- 2. The next test measures the strength in your legs.
- 3. (Demonstrate and explain the procedure.) First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest.
- 4. **Please stand up keeping your arms folded across your chest.** (Record result).
- 5. If participant cannot rise without using arms, say "Okay, try to stand up using your arms." This is the end of their test. Record result and go to the scoring page.

Repeated Chair Stands

- 1. Do you think it would be safe for you to try to stand up from a chair five times without using your arms?
- 2. (Demonstrate and explain the procedure): Please stand up straight as QUICKLY as you can five times, without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I'll be timing you with a stopwatch.
- 3. When the participant is properly seated, say: "Ready? Stand" and begin timing.
- 4. Count out loud as the participant arises each time, up to five times.
- 5. Stop if participant becomes tired or short of breath during repeated chair stands.
- 6. Stop the stopwatch when he/she has straightened up completely for the fifth time.
- 7. Also stop:
 - If participant uses his/her arms
 - After 1 minute, if participant has not completed rises
 - At your discretion, if concerned for participant's safety
- 8. If the participant stops and appears to be fatigued before completing the five stands, confirm this by asking "Can you continue?"
- 9. If participant says "Yes," continue timing. If participant says "No," stop and reset the stopwatch.

Stu	dy ID Date		Te	ester Initials	
	PRING gle Chair Stand Test				
Α.	Safe to stand without help		YES		NO □
В.	Results:				
	Participant stood without using arms			→ Go to Repea	ted Chair Stand Test
	Participant used arms to stand			→ End test; so	ore as 0 points
	Test not completed			→ End test; so	ore as 0 points
C.	If participant did not attempt test or failed Tried but unable Participant could not stand unassisted Not attempted, you felt unsafe Not attempted, participant felt unsafe Participant unable to understand instructio Other (Specify) Participant refused	ns	1 2 3 4 5 6 7		
Rep	peated Chair Stand Test		V-0		
Α.	Safe to stand five times		YES		NO □
В.	If five stands done successfully, record tin	me in seconds.			
	Time to complete five stands	sec			
C.	If participant did not attempt test or failed Tried but unable Participant could not stand unassisted Not attempted, you felt unsafe Not attempted, participant felt unsafe Participant unable to understand instructio Other (Specify) Participant refused	·	1 2 3 4 5 6 7		
Pari If c	ring the Repeated Chair Test ticipant unable to complete 5 chair stands hair stand time is 16.70 sec or more: hair stand time is 13.70 to 16.69 sec: hair stand time is 11.20 to 13.69 sec: hair stand time is 11.19 sec or less:	or completes st	ands i	n >60 sec:	☐ 0 points ☐ 1 points ☐ 2 points ☐ 3 points ☐ 4 points

Study ID	Date	Tester Initials	
Scoring for Complete Shor	t Physical Performance B	Battery	
Test Scores Total Balance Test score	points		
Gait Speed Test score Chair Stand Test score	points points		
Total Score	points (sum of	points above)	

MINA Anthropometry measurements

Name	ID	
Date of measurement	<u> </u>	
	Height (cm)	
Height of chair(cm)	Sitting height (cm)	
	Actual Sitting height (cm) (minus height of chair)	
	Knee height (cm)	
	Weight (kg)	
	Arm Circumference (cm)	
	Waist circumference (cm)	
	Triceps skinfold (mm)	
One person positions and measures, then announces the measurement One person records the measurement and repeats it aloud. Any doubt – repeat the measurement.		
NOTES -		
(Fabric thickness at arm – mm) (Fabric thickness at arm – cm)	Actual Arm Circumference (cm)(without fabric)	
	Actual Triceps skinfold (mm),	
(Fabric thickness at waist X 2 – mm) (Fabric thickness at waist – cm)	<u> </u>	
	Actual Waist circumference (cm) (without fabric)	

MINA Menopause questions

NOTES -

Name	ID
Date of measurement	
1. Have your menstrual periods stopped?	NO
	YES
2. How long ago did they stop?	In the last 6 months
	In the last 6-12 months
	More than 1 year ago
Continue with these prompts and other questions	to try and determine the best answer



Participant Information Sheet

We would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish.

Study Title: Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families: A Transnational Perspective (MINA)

What is the purpose of the study?

To try to understand if migration influences nutrition, food practices and health in older and younger Bangladeshi women living in Cardiff compared with women living in Bangladesh who have never lived in the United Kingdom (UK).

Why have I been invited?

You have been invited because you are a Bangladeshi woman aged over 45 years of age or an adult daughter of a Bangladeshi woman aged 45 years and over. You also have been invited because you live either in Cardiff, Wales, UK or in Bangladesh.

Do I have to take part?

Taking part in the research is entirely voluntary. It is up to you to decide whether you wish to take part. If you agree to take part we will ask you to sign a consent form or verbally give your consent which will be recorded on audio tape. You are free to withdraw at any time without giving a reason.

What will happen to me if I take part?

If you consent to take part you will be contacted by one of the researchers and invited to participate in the study. You may choose to participate in the study in a number of ways. It is not expected that you would participate in all the ways described below:

- 1) All participants will be invited to attend a local venue, where you will be offered a painless test of your bone health (a heel scan), of your body weight, and of your nutritional status and asked to complete a questionnaire. You will be asked about for example, your views of your health status, your diet, nutritional knowledge and your links with friends and family abroad. Female researchers will be carrying out the tests and the questionnaire.
- 2) You may also be invited to take part in an individual interview at a suitable date, time and place convenient for you. The interview will last for approximately an hour and a quarter and with your permission will be tape-recorded. You will be asked about, for example, your beliefs about nutrition, health and illness; sources of nutritional knowledge; your views on body weight and health, and the roles and responsibilities of women in the household particularly in relation to food and nutrition.
- 3) You may also participate by talking to a researcher about any foods you grow, showing them your garden or allotment, sharing your knowledge about the health properties of plants, explaining where you buy food, and how you cook and serve the food. With your permission this would involve a researcher taking some photographs of your garden, kitchen and dining area.

What are the benefits of the research to the participants?

The opportunity to know the density of your bones and of your nutritional status may be of benefit and having the opportunity to discuss and relate some of your experiences and concerns regarding your nutrition may also be of some benefit to you.

It is expected that the information gained from this study will lead to the development of culturally appropriate health information resources for the Bangladeshi community as well as educational resources to increase the cultural awareness of health and social care providers, in order to improve the quality of care delivered to the Bangladeshi community in the future.

Will there be any harm to participants?

Whilst it is not anticipated that you would be distressed through participating in this study, if this did occur then the researchers would discontinue the data collection and seek to provide support. The researchers will have the contact details of sources of support, such as local GPs and other health care providers which will be offered to anyone who may become distressed.

What about confidentiality?

The researchers have ethical responsibilities to keep all information confidential. This means that your name will not appear in any reports arising from this project. All the questionnaires, interview tapes, the typed notes from the interviews will be stored securely.

Has the study been reviewed and approved?

To ensure that this study meets guidelines for the ethical conduct of research, this study has been reviewed by the ethics committee of the School of Health Science, Swansea University, Swansea, Wales.

What happens with the results of this study?

When the study is completed a report will be sent to the funding body the Economic and Social Research Council. With your permission we would like to store the anonymised data in Economic and Social Research Council Data Archive held in the UK. This would mean that other researchers will have access to this data only if they agree to preserve the confidentiality of that data. You will be invited to attend a presentation of the findings of the report in your local community. The findings will also be presented at national and international conferences related to nutrition, ethnicity and older people and also published in social care and health journals.

Thank you for considering this information. If you decide to take part in the study, we would be grateful if you could return the enclosed reply slip form in the free post envelope, no stamp required, within the next two weeks. If you have any further questions, please contact us at the addresses or telephone numbers below:

Professor Joy Merrell School of Health Science University Singleton Park Swansea SA2 8PP Professor Janice Thompson
Department of Exercise, Nutrition & Swansea
Health Sciences
University of Bristol
Tyndall Avenue
Bristol
BS8 1TP

Reply slip

Study Title: Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families: A Transnational Perspective (MINA)

I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information and ask questions.

I agree to take part in the above study:	
Name:	
Address:	
Post code:	
Telephone Number:	
Email Address:	
Transport Arrangements for Community events:	
Yes I do require transport to the Community events	
No, I'll make my own arrangements	
Book of the Latitude	
Pre-school children:	
Number of pre-school children who will be attending with me	
Please use the enclosed free post envelope, (no star by [insert date]	np required) to send the reply slip back to us

Consent Form

Study Title: Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families: A Transnational Perspective (MINA) Researchers: Professor Joy Merrell; Professor Janice Thompson, Professor Michael Heinrich, Professor Barry Bogin, Dr Petra Meier, Dr Vanja Garaj Please tick boxes I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information and ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that interviews will be tape-recorded and that anonymised direct quotes may be used within the study. I agree for the data I provided to be archived with the Economic and Social Research Council Data Archive. I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of that data. I agree to take part in the above study. Name of Participant Signed Date Name of Researcher Signed

Date