

# Appendix C. Interviewer CAPI program

*NatCen*

## Program Documentation

### Interviewer Schedule

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



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## **PART 1: Interviewer Schedule**

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

### **BACKGROUND AND DEMOGRAPHICS: HOUSEHOLD GRID**

#### **ASK ALL**

##### **Name**

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

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

#### **ASK ALL**

##### **SHGInt**

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

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

PRESS <ENTER> TO CONTINUE.

1 continue

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

#### **ASK ALL**

##### **Sex**

INTERVIEWER: Ask or record sex of NAME

1 Male

2 Female

**ASK ALL**

**DoB**

What is your / X's date of birth?

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

: DATETYPE

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

**AgeIf**

What was your / X's age last birthday?

98 or more = CODE 97

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

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

:0..97

**ASK ALL**

**MarStat**

ASK OR RECORD MARITAL STATUS OR CODE FIRST THAT APPLIES.

Is X / Are you...

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

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

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

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

### **LiveWith**

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

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

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

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

### **NatID**

SHOW CARD A

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

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

### **IF (NatID = Other) THEN**

#### **NatOth**

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

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

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

### **IF (NatOth = Describe) THEN**

#### **XNatOth**

INTERVIEWER: ENTER DESCRIPTION OF NATIONAL IDENTITY.

: STRING [100]

### **EthGrp**

SHOW CARD B

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

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

- 1 WhtBrit "White - British"

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

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

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

INTERVIEWER: ENTER DESCRIPTION OF ETHNIC GROUP.

:STRING [100]

**R**

SHOW CARD C

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

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

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

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple are a same sex couple. Half-brothers/sisters should be coded with step-brothers/sisters.

Ask respondent to give code number on the card rather than the relationship. See interviewer instructions for further details.

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

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

# YOUR BABY

## ASK ALL

### Intro

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

- 1 Continue

## ASK ALL

### ChAgeChk

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

- 1 Yes
- 2 No

## IF (ChAgeChk = No) THEN

### ChAge

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

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

: DATETYPE

## ASK ALL

### FCh

Is (NAME) your first child?

- 1 Yes
- 2 No

## ASK ALL

### NumCh

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

Please exclude stepchildren or foster children.

:1..20

## ASK ALL

### Mult

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

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



**ASK ALL****Born**

Where was (NAME) born?

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

**Intro2**

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

- 1 Continue

**DueDate**

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

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

IF UNSURE, ENTER <Ctrl+K>.

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

: DATETYPE

**CWgtMeas**

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

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

INTERVIEWER: CODE IF ANSWER GIVEN IN KILOS OR POUNDS.

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

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

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

: 99.999

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

INTERVIEWER: ENTER POUNDS.

: 1 .. 20

**CWgtOun**

INTERVIEWER: ENTER OUNCES.

0 .. 15

**ASK ALL**

**Elig**

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

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

1 Continue

**Tube**

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

1 Yes

2 No

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

**Termin**

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

1 Continue.

# BREASTFEEDING/ WEANING PRACTICES

## ASK ALL

### BMEv

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

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

## IF (BMEv = Yes) THEN

### StillBF

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

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

## IF (StillBF = Still) THEN

### OnlyBM

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

- 1 Yes
- 2 No

## IF (StillBF = Stopped) THEN

### BMLast

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

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

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

## IF (BMLast = Months) THEN

### BMLastM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

**IF (BMLast = Months) THEN  
BMLastMW**

... and number of weeks?  
: 0..3

**IF (BMLast = Weeks) THEN  
BMLastW**

Number of weeks?  
: 1..100

**IF (StillBF = Still) THEN  
BFEvD**

Currently, do you breastfeed your child everyday?  
1 Yes  
2 No

**IF (BFEvD = Yes) THEN  
BF7D**

On average how many times a day do you breastfeed (NAME)?  
: 1. 20

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

SHOW CARD D

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

INTERVIEWER: CODE ONE ONLY.

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

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

96	None	"None"
97	Other	"Other"

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

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

**DrFreq**

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

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

**Drink2**

SHOW CARD D

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

INTERVIEWER: CODE ONE ONLY.

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

**IF (Drink2 = Other) THEN**

**Drink2O**

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

: STRING [30]

**DrFreq2**

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

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

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

**Form**

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

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

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

**FFMake**

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

When making infant formula feeds do you USUALLY...

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

**IF (FFMake = One OR Several) THEN**

**FFWater**

SHOW CARD E

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

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

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

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

**FFOut**

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

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

**IF (FFOut = IFFBef) THEN**

**FFChill**

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

- 1 Yes
- 2 No

**IF (FFOut = IFFOut) THEN**

**FFOutWat**

When you are out do you USUALLY...

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

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

**MAdd**

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

- 1 Yes
- 2 No

**IF (MAdd = Yes) THEN**

**MAddWh**

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

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

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

**IF (MAddWh = Other) THEN**

**MAddWho**

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

: STRING [100]

**ASK ALL**

**Bottle**

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

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

**IF (Bottle = Yes) THEN**

**BottBr**

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

CODE ALL THAT APPLY:

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

**IF (BottBr = Other) THEN**

**BottBrO**

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

: STRING [100]

**IF (BottBr = SuperM) THEN**

**BottBrS**

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

CODE ALL THAT APPLY:

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



**If (BottBrS = Other) THEN**

**BottBrSO**

INTERVIEWER: Please record other supermarket branded bottles here.

: STRING [100]

**ASK ALL**

**HSVou**

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

- 1 Yes
- 2 No

**IF (HSVou = Yes) THEN**

**HSVWh**

What have you used the vouchers/coupons to purchase?

INTERVIEWER: CODE ALL THAT APPLY.

- 1 FrVeg "Fresh fruit and/or vegetables"
- 2 InfForm "Infant formula"
- 3 CowM "Cow's milk"
- 4 VitSuppM "Vitamin supplements for mother"
- 5 VitSuppI "Vitamin Supplements for infant"
- 6 VouNtUsd "SPONTANEOUS ONLY - Did not use vouchers/coupons"

**VouSp**

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

- 1 FrVeg "Fresh fruit and/or vegetables"
- 2 InfForm "Infant formula"
- 3 CowM "Cow's milk"
- 4 EqualAll "an equal amount on fresh fruit and vegetables, infant formula and cow's milk"
- 5 EqualSome "an equal amount only on two of these three specific items"

**IF (VouSp = EqualSome) THEN**

**VouMaj**

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

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

- 1 FrVeg "Fresh fruit and/or vegetables"
- 2 InfForm "Infant formula"
- 3 CowM "Cow's milk"

**HSVits**

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

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

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

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

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

# EATING PATTERNS

## ASK ALL

### Intro

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

1 Continue

## IF (child is 8 months or less) THEN

### Food

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

1 Yes

2 No

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

### FdAge

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

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

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

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

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

## IF (FdAge = Months) THEN

### FdAgeM

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

## IF (FdAge = Months) THEN

### FdAgeMW

... and number of weeks?

: 0..3

## IF (FdAge = Weeks) THEN

### FdAgeW

Number of weeks?

: 1..100

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

**FirFood**

SHOW CARD G

What type of food was (NAME) first fed?

INTERVIEWER: SHOW CARD AND CODE ONE ONLY.

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

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

**Finger**

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

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

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

**FoodTyp**

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

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

**IF (FoodTyp = FoodLump or UnMash) THEN**

**AgeTyp**

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

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

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

**IF (AgeTyp = Months) THEN**

**AgeTypM**

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

**IF (AgeTyp = Months) THEN**

**AgeTypMW**

... and number of weeks?

: 0..3

**IF (AgeTyp = Weeks) THEN**

**AgeTypW**

Number of weeks?

: 1..100

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

**MealNum**

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

- 1 Yes
- 2 No

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

**MealSame**

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

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

- 1 Yes
- 2 No

**IF (MealSame = Yes) THEN**

**MealSoft**

SHOW CARD H

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

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

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

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

- 1 Yes
- 2 No

**IF (MealDiff = Yes) THEN  
MealDOft**

SHOW CARD H

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

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

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

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

- 1 Yes
- 2 No

**IF (MealPrep = Yes) THEN  
MealPOft**

SHOW CARD H

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

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

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

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

INTERVIEWER: READ OUT AND CODE ALL THAT APPLY.

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

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

**IF (PackTY = Other) THEN**

**PackTYO**

What is the other type of packaging?

: STRING [60]

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

**AdMeal**

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

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

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

**Peel**

SHOW CARD I

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

INTERVIEWER:

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

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

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

**(Ask for each response at Peel)**

**PelFrg**

SHOWCARD I

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

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

**(Ask for each response at Peel)**

**PelAmn**

SHOWCARD J

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

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

**IF (Food = Yes) THEN**

**AddSalt**

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

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

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

**IF (Food = Yes) THEN**

**AvoidYN**

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

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

**IF (AvoidYN = Yes) THEN**

**Avoid**

SHOW CARD L

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

INTERVIEWER: CODE ALL THAT APPLY.

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



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

**IF (Avoid = Other) THEN**

**AvOth**

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

: STRING [100]

**(Ask for each response at Avoid and AvOth)**

**WhyAv**

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

INTERVIEWER: CODE ALL THAT APPLY.

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

**IF (WhyAv = Other) THEN**

**WhyAvO**

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

: STRING [100]

**IF (Food = Yes) THEN**

**Veg**

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

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

**IF (Veg = Veggie) THEN**

**VegeChk**

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

- 1 Yes
- 2 No

**IF (Veg = Vegan) THEN**

**VeganChk**

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

- 1 Yes
- 2 No

**IF (Food = Yes) THEN**

**SoldIf**

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

- 1 Yes
- 2 No

**IF (SoldIf = Yes) THEN**

**DifHow**

In what way was it difficult?

INTERVIEWER: CODE ALL THAT APPLY.

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

**IF (DifHow = Other) THEN**

**DifHowO**

Please specify other reason.

: STRING [100]

**IF (Food = Yes) THEN**

**FoodBeh**

SHOW CARD M

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

- 1 Continue

**IF (Food = Yes) THEN**

**FBApp**

SHOW CARD M

...he/she has a big appetite.

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

**IF (Food = Yes) THEN**

**FBSlow**

SHOW CARD M

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

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

**IF (Food = Yes) THEN**

**FBDiff**

SHOW CARD M

he/she is difficult to please with meals.

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

**IF (Food = Yes) THEN**

**FBInt**

SHOWCARD M

he/she is interested in food.

- 1 Never
- 2 Rarely

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

**IF (Food = Yes) THEN**

**FBFull**

SHOWCARD M

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

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

# DEVELOPMENTAL STAGES

## ASK ALL

### Intro

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

- 1 Continue

## ASK ALL

### DevInt

SHOW CARD N

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

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

## ASK ALL

### Speak

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

READ OUT...

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

## ASK ALL

### Pick

SHOW CARD O

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

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

3 No "Has not started yet"

**ASK ALL**

**PickTF**

SHOW CARD O

(Thinking about (NAME)...)

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

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

**ASK ALL**

**Rattle**

SHOW CARD O

(Thinking about (NAME)...)

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

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

**ASK ALL**

**EatDr**

The next few questions are about eating and drinking.

- 1 Continue

**ASK ALL**

**Beaker**

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

- 1 Yes
- 2 No

**IF (Beaker = Yes) THEN**

**BeakAge**

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

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

CODE ONE ONLY.

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

**IF (BeakAge = Months) THEN**

**BeakM**

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

**IF (BeakAge = Months) THEN**

**BeakMW**

... and number of weeks?

: 0..3

**IF (BeakAge = Weeks) THEN**

**BeakW**

Number of weeks?

: 1..100

**IF (Beaker = Yes) THEN**

**BeakOfT**

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

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

**ASK ALL**

**OpenM**

SHOW CARD O

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

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

**IF (Food = Yes) THEN**

**FSRusk**

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

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

**IF (Food = Yes) THEN**

**Spoon**

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

- 1 Yes
- 2 No

**IF (Food = Yes) THEN**

**Fork**

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

- 1 Yes
- 2 No

**ASK ALL**

**TeethNum**

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

How many teeth has he/she got now?

:0..20

**IF (TeethNum = 1 or more) THEN**

**TeethAge**

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

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

CODE ONE ONLY.

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

**IF (TeethAge = Months) THEN**

**TeethM**

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

**IF (TeethAge = Months) THEN**

**TeethMW**

... and number of weeks?

: 0..3

**IF (TeethAge = Weeks) THEN**

**TeethW**

Number of weeks?

: 1..100



**IF (TeethNum = 1 or more) THEN  
ToothB**

Do you use a toothbrush for (NAME)?

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

# **DIETARY SUPPLEMENTS AND MEDICATIONS CURRENTLY TAKEN BY INFANT AND BREASTFEEDING MOTHERS**

## **ASK ALL**

### **Intro**

I am now going to ask about **dietary supplements and medications**.  
A dietary supplement is a product intended to provide additional nutrients or give health benefits and may be taken in liquid, capsule, tablet, pastille or powder forms.

1 Continue

## ***MOTHER'S USE OF SUPPLEMENTS AND MEDICATIONS***

### **IF (StillBF = Yes) THEN**

#### **MSuppInt**

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

1 Continue

### **IF (StillBF = Yes) THEN**

#### **MSuppYr**

SHOW CARD Q

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

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

1 Yes

2 No

### **IF (MSuppYr = Yes) THEN**

#### **MSDet**

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

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

1 Continue

**{ IF (MSuppYr = Yes) THEN  
Following questions (MSRec-MSMore) asked as a loop:}**

**MSRec**

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

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

**MSName**

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

: STRING [60]

**MSLic**

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE SUPPLEMENT.

: STRING [30]

**MSForm**

INTERVIEWER: RECORD FORM IN WHICH SUPPLEMENT TAKEN.

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

**MSDose**

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

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

: 1..20

**MSFreq**

SHOW CARD R

How often do you take this supplement?

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

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

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

**MSPres**

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

- 1 Yes
- 2 No

**MSMore**

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

- 1 Yes
- 2 No

**IF (MSuppYr = Yes) THEN**

**MSHSt**

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

- 1 Yes
- 2 No

**If StilBF = Yes THEN**

**MMeds**

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

- 1 Yes
- 2 No

**{If (MMeds = Yes) THEN**

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

**MMedBI**

INTERVIEWER: ENTER NAME OF DRUG.

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

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

PLEASE RECORD ORAL MEDICATION ONLY

: STRING [80]

**MMedRec**

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

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

**MMedBr**

INTERVIEWER: RECORD BRAND OF MEDICATION.

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

: STRING [30]

**MMedStr**

INTERVIEWER: RECORD STRENGTH OF MEDICATION.

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

: STRING [30]

**MMedLic**

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.

: STRING [30]

**MMedForm**

INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.

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

**MMedDose**

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

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

: 1..20

**MMFreq**

SHOW CARD R

How often do you take this medication?

INTERVIEWER: Use &lt;CTRL K&gt; if does not know.

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

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

- 1 Yes
- 2 No

**MMedBIC**

INTERVIEWER: Any more drugs to enter?

- 1 Yes
- 2 No

**INFANT'S USE OF SUPPLEMENTS AND MEDICATIONS****ASK ALL****ISuppInt**I am now going to ask some questions about (NAME)'s use of **dietary supplements and medicines** since he/she was born.

- 1 Continue

**ASK ALL****ISuppYr**

SHOW CARD R

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

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

- 1 Yes
- 2 No

**IF (ISuppYr = Yes) THEN**

**ISDet**

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

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

- 1 Continue

**{IF (ISuppYr = Yes) THEN**

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

**ISStill**

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

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

- 1 Yes
- 2 No

**ISRec**

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

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

**ISName**

INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH.

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

: STRING [60]

**ISLic**

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE SUPPLEMENT.

: STRING [30]

**ISForm**

INTERVIEWER: RECORD FORM IN WHICH SUPPLEMENT TAKEN.

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

5 Powder

**ISDose**

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

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

: 1..20

**ISFreq**

SHOW CARD R

How often does (NAME) take this supplement?

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

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

**ISPres**

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

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

**ISMore**

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

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

***{IF (IMeds = Yes) THEN***

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

**IMedBI**

INTERVIEWER: ENTER NAME OF DRUG NO.

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

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

INTERVIEWER: PLEASE RECORD ORAL MEDICATION ONLY



: STRING [80]

### **IMedRec**

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

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

### **IMedBr**

INTERVIEWER: RECORD BRAND OF MEDICATION.

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

: STRING [30]

### **IMedStr**

INTERVIEWER: RECORD STRENGTH OF MEDICATION.

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

: STRING [30]

### **IMedLic**

INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.

: STRING [30]

### **IMedForm**

INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.

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

### **IMedDose**

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

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

: 1..20

**IMFreq**

SHOW CARD Q

How often does (NAME) take this medication?

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

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

**IMedBIA**

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

- 1 Yes
- 2 No

**IMedBIC**

INTERVIEWER: Any more drugs to enter?

- 1 Yes
- 2 No

# SUN EXPOSURE

## ASK ALL

### SunIntC

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

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

1 Continue

## ASK ALL

### OutSC

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

INTERVIEWER: IF NONE CODE ZERO.

: 0..7

## IF (OutSC > 0) THEN

### TimeOC

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

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

Examples:

**1:23** - 1 hours and 23 minutes

**0:7** - 7 minutes

**0:23** - 23 minutes

**1:5** - 1 hour and 5 minutes

: TIMETYPE

## IF (OutSC > 0) THEN

### TOUncC

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

READ OUT AND CODE ALL THAT APPLY.

1 Face?

2 Head?

3 Hands?

4 Arms?

5 Shoulders?

6 Legs?

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

**ASK ALL**

**SunCC**

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

- 1 Yes  
2 No

**IF (SunCC = No) THEN**

**SCEvC**

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

- 1 Yes  
2 No

**ASK ALL**

**BurnC**

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

- 1 Yes  
2 No

**IF (BurnC = Yes) THEN**

**BFSunC**

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

INTERVIEWER: READ OUT AND CODE ALL THAT APPLY.

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

**IF (BurnC = Yes) THEN**

**SkCoIC**

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

- 1 Yes  
2 No

**IF (Age < 12 months) THEN  
SkCoIPC**

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

CODE ALL THAT APPLY.

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

**IF (Age < 12 months) THEN  
HoIU12**

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

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

- 1 Yes
- 2 No

**IF (Age >= 12) THEN  
HoIO12**

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

- 1 Yes
- 2 No

**{IF (HoIU12 = Yes) OR (HoIO12 = Yes) THEN  
Following questions (HoIM - HoIMore asked as a loop:}**

**HoIM**

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

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

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

12 December

**HolC**

What country did you visit on this trip?

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

INTERVIEWER: RECORD NAME OF COUNTRY.

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

INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.

: STRING [30]

**HolMore**

Are there any more sun holidays to code?

1 Yes

2 No

## CHILDCARE ARRANGEMENTS

### ASK ALL

#### CCareIn

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

1 Continue

### ASK ALL

#### CCarex

SHOW CARD T

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

INTERVIEWER: PROBE - Which others?

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

### IF (CCarex = Other) THEN

#### CCareO

INTERVIEWER: ENTER DESCRIPTION OF OTHER TYPE OF CHILDCARE.

: STRING [100]

**{IF (CCarex <> NoOne) THEN  
Following questions (Prov – CCDrink) asked as a loop:}**

**ASK FOR EACH PROVIDER TYPE SPECIFIED**

**Prov**

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

0.5..168

**ASK FOR EACH PROVIDER TYPE SPECIFIED**

**CCFood**

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

- 1 Yes
- 2 No

**IF (CCFood = Yes) THEN**

**CCFoodY**

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

- 1 Yes
- 2 No
- 3 Sometimes

**ASK FOR EACH PROVIDER TYPE SPECIFIED**

**CCSnack**

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

- 1 Yes
- 2 No

**CCDrink**

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

CODE ALL THAT APPLY.

- 1 Water
- 2 Milk
- 3 Squash
- 4 FJuice "Fruit juice"
- 5 Other
- 6 None "No drinks provided"



# HEALTH INFORMATION

## **IntroPr**

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

- 1 Continue

## **ASK ALL**

### **DAdv**

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

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

DO NOT INCLUDE HEALTH VISITORS PROVIDING ADVICE ON DIET.

- 1 Yes
- 2 No

## **IF (DAdv = Yes) THEN**

### **DAdvWh**

SHOW CARD U

What was the advice or prescription provided by the dietician?

INTERVIEWER: CODE ALL THAT APPLY.

- 1 Allergy "Advice for allergy or intolerance"
- 2 Insuff "Advice for concern regarding insufficient milk/food consumption for adequate growth"
- 3 Constipa "Advice for constipation"
- 4 Wean "Advice for general weaning problems (e.g. fussy eater, not interested in food, having difficulty moving onto solid foods) "
- 5 FormAll "Specialised formula for allergy or intolerance"
- 6 FormOth "Specialised formula for other conditions"
- 97 Other

## **IF (DAdvWh = Other) THEN**

### **DAdvWho**

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

STRING [50]

**ASK ALL**

**DHltPrb**

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

- 1 Yes
- 2 No

**{IF (DHltPrb = Yes) THEN**

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

**DWhPrb**

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

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

**IF (DWHPrb = Other) THEN**

**DWhPrbX**

What were the other health problems?

: String [100]

**IF (DWhPrb < 15) THEN**

**DPrbMr**

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

- 1 Yes
- 2 No

**DInHsp**

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

- 1 Yes
- 2 No

**{IF (DInHosp = Yes) THEN**

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

**DHspA**

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

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

**IF (DHspA = Feeding, OthOp or Other) THEN**

**DHspAX**

What was the other reason?

: String [100]

**DHspB**

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

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

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

**IF (DHspB = Months) THEN**

**DHspBM**

Number of months?

INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.

: 1..20

**IF (DHspB = Months) THEN  
DHspBMW**

... and number of weeks?

: 0..3

**IF (DHspB = Weeks) THEN  
DHspBW**

Number of weeks?

: 1..100

**DHspMr**

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

1 Yes

2 No

# PHYSICAL ACTIVITY AND DIGESTIVE TRANSIT

## ASK ALL

### Intro

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

- 1 Continue

## ASK ALL

### Active

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

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

## ASK ALL

### Nappy

SHOW CARD V

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

**INTERVIEWER: IF ASKED, THIS QUESTION REFERS TO STOOLS ONLY**

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

## ASK ALL

### StHard

SHOW CARD W

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

...HARD?

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

**ASK ALL**

**Constip**

SHOW CARD W

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

Would you say..

READ OUT...

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

# SMOKING AND DRINKING

## ASK ALL

### Intro

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

WE WOULD PREFER THE RESPONDENT TO ANSWER THE QUESTIONS THEMSELVES SO PLEASE HAND THE LAPTOP TO THE RESPONDENT. IF THE RESPONDENT DOES NOT WANT TO ANSWER THE QUESTIONS ON THE LAPTOP THEMSELVES THEN ASK THE QUESTIONS AS USUAL.

1 Continue

## ASK ALL

### SmokEver

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

1 Yes

2 No

## IF (SmokEver = Yes) THEN

### SmokNow

Do you smoke cigarettes at all nowadays?

1 Yes

2 No

## IF (SmokNow = Yes) THEN

### CigWDay

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

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

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

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

: 0..97

## IF (SmokNow = Yes) THEN

### CigWEnd

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

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

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

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

: 0..97

**ASK ALL**

**OSmNow**

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

CODE ALL THAT APPLY.

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

**IF (OSmNow = Partner) THEN**

**PaSmokN**

How many cigarettes does your partner smoke in a week?

: 1..500

**IF (OSmNow = SElse) THEN**

**ESmokN**

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

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

: 1..1000

**ASK ALL**

**PregSm**

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

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

**IF (SmokEver = Yes) THEN**

**PSmEv**

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

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

**IF (PSmEv = Yes) THEN**

**PSmFre**

SHOWCARD X

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

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



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

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

**THEN**

**SmStart**

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

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

**ASK ALL**

**Drink**

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

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

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

**IF (Drink = Yes) THEN**

**DrWDay**

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

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

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

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

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

: 0..97

**IF (Drink = Yes) THEN**

**DrWEnd**

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

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

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

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

**ASK ALL**

**ODrNow**

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

CODE ALL THAT APPLY.

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

**IF (ODrNow = Partner) THEN**

**PaDrN**

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

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

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

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

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

: 1..500

**ASK ALL**

**PregDr**

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

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

**ASK ALL**

**PDrEv**

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

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

**IF (PDrEv = Yes) THEN**

**PDrFre**

SHOWCARD X

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

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

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

**DrStart**

When did (NAME) start drinking alcohol again?

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

**ASK ALL**

**Outro**

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

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

**ASK ALL**

**SDMode**

INTERVIEWER: HOW WERE THE QUESTIONS ADMINISTERED?

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

## ECONOMIC ACTIVITY

### JHRPIintr

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

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

INTERVIEWER: PRESS <ENTER> TO CONTINUE.

1 continue

### Wrking

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

INTERVIEWER: IF ON MATERNITY LEAVE CODE NO.

HELP SCREEN: You should take the respondent's definition of whether they are in paid work or not, but it must be paid work. 'Paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some respondents may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest respondents who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work. Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up. Training for nurses is now carried out under the Project 2000 scheme and as such, nurses on this scheme should be classed as students, like any student nurses you may encounter with more traditional arrangements. Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect the interviewers to probe routinely for this.

1 Yes

2 No

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

### SchemeET

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

1 Yes

2 No

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

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

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

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

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

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

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

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

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

1 Yes

2 No

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

**IF (JbAway = No OR Waiting) THEN  
OwnBus**

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

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

- 1 Yes
- 2 No

**IF (OwnBus = No) THEN  
RelBus**

. ....or that a relative owns?

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

- 1 Yes
- 2 No

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

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

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

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

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

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

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

- 1 Yes
- 2 No

**IF (EverWk = Yes) THEN  
DtJbLv**

When did you/NAME leave your/their last PAID job?  
FOR MONTH NOT GIVEN.....ENTER 6 FOR MONTH  
FOR DAY NOT GIVEN.....ENTER 15 FOR DAY  
: DATETYPE

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

**IfStud**

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

- 1 Yes
- 2 No

**IF (IfStud = Attend) THEN**

**Attend**

And are/is you/NAME...

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

**IF (Attend = StillA or Waiting) THEN**

**Courtyp**

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

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

**IF (Employed) OR (EverWk = Yes) THEN**

**IndD**

CURRENT (MAIN) JOB OR LAST JOB.

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

IF MORE THAN ONE JOB, ASK ABOUT THE MAIN JOB



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

**IF (Employed) OR (EverWk = Yes) THEN**

**OccT**

CURRENT (MAIN) JOB OR LAST JOB.

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

ENTER JOB TITLE

: STRING [50]

**IF (Employed) OR (EverWk = Yes) THEN**

**OccD**

CURRENT (MAIN) JOB OR LAST JOB.

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

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

: STRING [100]

**IF (Employed) OR (EverWk = Yes) THEN**

**Stat**

CURRENT (MAIN) JOB OR LAST JOB.

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

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

**IF (Stat = Emp) THEN**

**Manage**

CURRENT (MAIN) JOB OR LAST JOB.

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

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE:

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

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

**IF (Stat = Emp) THEN**

**EmpNo**

CURRENT (MAIN) JOB OR LAST JOB.

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

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

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

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

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

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

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

**IF (Stat = SelfEmp) THEN**

**Solo**

CURRENT (MAIN) JOB OR LAST JOB.

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

ASK OR RECORD

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

**IF (Solo = WithEmp) THEN**

**SENo**

CURRENT (MAIN) JOB OR LAST JOB.

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

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

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

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

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

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

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

- 1     n1\_24        "1 to 24"
- 2     n25\_499     "25 to 499"
- 3     n500plus     "or 500 or more employees?"

**IF (Employed) OR (EverWk = Yes) THEN**

**FTPT**

CURRENT (MAIN) JOB OR LAST JOB.

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

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

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

**ASK ALL**

**HRPCode**

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

- 1     Yes
- 2     No

**IF (Mother = Not HRP) THEN**

**MumWrk**

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

- 1     continue

**IF (Mother = Not HRP) THEN**

**WrkStat**

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

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

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

**MatCheck**

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

- 1 Yes
- 2 No

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

**RtrnAge**

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

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

: 0..20

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

**Hours**

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

INTERVIEWER: USUAL HOURS ACTUALLY WORKED.

: 1..97

# INCOME

## ASK ALL

### Intro

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

1 continue

## ASK ALL

### SrcInc

Please look at SHOW CARD Y.

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

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

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

### Income

SHOW CARD Z

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

INTERVIEWER: CARD SHOWS ANNUAL AMOUNTS.

THIS MEANS HOUSEHOLD INCOME.

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

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

# TENURE

## ASK ALL

### Ten1

SHOW CARD AA

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

INTERVIEWER: CODE FIRST THAT APPLIES.

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

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

## IF (Ten1 = Rent OR RentF) THEN

### LLord

Who is your landlord?

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

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

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

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

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

**IF (Ten1 = Rent OR RentF) THEN  
Furn**

Is the accommodation provided

...RUNNING PROMPT...

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



## **EDUCATION DETAILS OF PARENTS/PRIMARY CARERS**

### **ASK ALL**

#### **EdQual**

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

- 1 Yes
- 2 No

### **IF (EdQual = No) THEN**

#### **ProQual**

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

- 1 Yes
- 2 No

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

#### **HiQual**

Was your highest qualification ...

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

# FOOD DIARY PLACEMENT

## ASK ALL

### DDate1

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

The diary should be completed for the four days below:

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

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

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

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

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

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

1 Yes

2 No

### DDate2

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

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

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

: DATETYPE

## ASK ALL

### MDVis

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

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

1 continue

## ASK ALL

### DApp2

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

Diary Dates:

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

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

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

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

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

: DATETYPE

**IF (mother available to answer questions) THEN**

**AddrChk**

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

Title: Ttl

Forename: FName

Surname: SName

Is this correct?

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

1 Yes

2 No

**IF (mother available to answer questions) THEN**

**RespName**

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

We have this name for you currently ...

^AXDMNames[ORD(QHRP.AdltNum)]

Can we have your full name please?

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

1 Yes

2 No

**Ttl**

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

Firstly, what is your title?

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

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

: TTitle

**TtITxt**

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

**ForName**

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

**SurName**

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

# MATERNAL MEASUREMENTS

## ASK ALL

### Intro

INTERVIEWER: RECORD WHETHER YOU WANT TO TAKE THE **MATERNAL MEASUREMENTS (HEIGHT AND WEIGHT) NOW OR LATER. IF POSSIBLE, PLEASE TAKE MATERNAL MEASUREMENTS AT VISIT 3 - THE DIARY COLLECTION VISIT.**

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

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

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

- 1 Now
- 2 Later

## ASK ALL

### RespHts

INTERVIEWER: MEASURE HEIGHT AND CODE.

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

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

**IF (RespHts = Meas) THEN**

### Height1

INTERVIEWER: ENTER HEIGHT, IN CENTIMETRES.

: 60.0..244.0

**IF (RespHts = Meas) THEN**

### Height2

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

: 60.0..244.0

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

**Height3**

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

**StadNo**

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

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

**IF (RespHts = Meas) THEN**

**RelHite**

INTERVIEWER: CODE ONE ONLY.

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

**IF (RelHite = UnRel) THEN**

**HiNRel**

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

**IF (HiNRel = Other) THEN**

**OHiNRel**

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

: STRING [60]

**MBookHt**

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

HEIGHT: Height cm OR Foot feet and Inch inches.

1 continue

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

INTERVIEWER: PLEASE RECORD THE ASSET NUMBER OF THE

**STADIOMETER** USED FOR THIS INTERVIEW.

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

CST+digits	e.g. CST123
NS+digits+L	e.g. NS123L
NS+digits+NC	e.g. NS123NC
LST+digits	e.g. LST123
EST+digits	e.g. EST123

: STRING[7]

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

INTERVIEWER: GIVE REASONS FOR REFUSAL.

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

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

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

CODE ALL THAT APPLY.

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

**IF (NoHtBC = Other) THEN**

**NoHitCO**

INTERVIEWER: Please specify other reason.

: STRING[60]

**ASK ALL**

**RespWts**

INTERVIEWER: MEASURE WEIGHT AND CODE.

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

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

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

**IF (RespWts = Meas) THEN**

**Wght**

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

: 5.0..130.0

**IF (Wght = Response) THEN**

**FloorC**

INTERVIEWER CODE: SCALES PLACED ON?

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

**IF (RespWts = Meas) THEN**

**RelWaitB**

INTERVIEWER: CODE ONE ONLY.

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

**IF (RespWts = Meas) THEN**

**MBookWt**

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



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

1 continue

**IF (RespWts = Meas) THEN**

**SciNo**

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

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

CSC+digits	e.g. CSC123
SC+digits+TA	e.g. SC123TA
SC+digits+TL	e.g. SC123TL
SC+digits+NC	e.g. SC123NC
LSC+digits	e.g. LSC123
ESC+digits	e.g. ESC123

: STRING[7]

**IF (RespWts = Ref) THEN**

**ResNWt**

INTERVIEWER: GIVE REASONS FOR REFUSAL.

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

**IF (RespWts = Attmpt OR NotAt) THEN**

**NoWtBC**

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

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

**IF (NoWtBC = Other) THEN  
NoWatCO**

INTERVIEWER: Please specify other reason.

: STRING [60]

# INFANT MEASUREMENTS

## Intro

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

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

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

1 continue

## WtInt

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

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

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

## WtCons

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

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

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

1 continue

## RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE.

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

0 Held (0) "ChHeld"

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

**IF (RespWts = Held..Meas) THEN**

**XWt1**

"INTERVIEWER: RECORD WEIGHT IN KILOGRAMS."

: 5.0..130.0

**WtAd1**

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

: 30.0..130.0

**WtChA1**

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

: 30.0..130.0

**FloorC**

INTERVIEWER CODE: SCALES PLACED ON?

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

**RelWaitB**

INTERVIEWER: CODE ONE ONLY.

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

**RelWtW**

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

: OPEN

**MBookWt**

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

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

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

1 continue

**SciNo**

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

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

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

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

INTERVIEWER: GIVE REASONS FOR REFUSAL.

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

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

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

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

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

**IF (NoWtBC = Other) THEN**

**NoWatCO**

INTERVIEWER: Please specify other reason.  
: STRING [60]

**LgthInt**

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

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

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

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

**LgthCons**

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

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

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

1 continue

**Lngth(1)**

INTERVIEWER: Measure infant's length and record in centimetres.  
If measurement not obtained, enter '999.9'.  
: 40.0..999.9

**Lngth(2)**

INTERVIEWER: Measure infant's length and record in centimetres.  
If measurement not obtained, enter '999.9'.  
: 40.0..999.9

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

INTERVIEWER: Measure infant's length and record in centimetres.  
If measurement not obtained, enter '999.9'.  
: 40.0..999.9

**Length**

Infant's length in centimetres.  
: 40.0..999.9

**LgthRel**

INTERVIEWER: Are these measurements reliable?  
1 Yes  
2 No

**IF (LgthRel = No) THEN****LgthRelW**

INTERVIEWER: PLEASE RECORD WHY THE MEASUREMENT IS NOT RELIABLE.  
: OPEN

**YNoLgth**

INTERVIEWER: Give reason for not obtaining a length measurement.  
1 Refuse "Measurement refused"  
2 TryNot "Attempted, not obtained"  
3 NoTry "Measurement not attempted"

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

INTERVIEWER: Give reason for (response at LgthInt or YNoLgth)."  
1 Asleep "Child asleep"  
2 Fright "Child too frightened or upset"  
3 Shy "Child too shy"  
4 Lie "Child would not lie still"  
97 Other "Other reason(s)"

**IF (NoAttL = Other) THEN**

**OthNLth**

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

: STRING [100]

**MbkLgth**

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

Measurement Record Card.

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

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

1 continue

**HeadInt**

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

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

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

1 Agree "Head circumference measurement agreed"

2 Refuse "Head circumference measurement refused"

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

**HeadCons**

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

Serial Number: Serial

First Name: Name

Sex: Male/Female

Date of birth: DoB

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

1 continue

**HdCirc(1)**

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

If measurement not obtained, enter '999.9'.

: 20.0..999.9



**HdCirc(2)**

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

If measurement not obtained, enter '999.9'.

: 20.0..999.9

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

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

If measurement not obtained, enter '999.9'.

: 20.0..999.9

**HeadCirc**

Infant's head circumference in centimetres.

: 20.0..999.9

**HCRel**

INTERVIEWER: Is this measurement reliable?

1 Yes

2 No

**IF (HCRel = No) THEN****HCRelW**

INTERVIEWER: PLEASE RECORD WHY THE MEASUREMENT IS NOT RELIABLE.

: OPEN

**YNoHC**

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

1 Refuse "Measurement refused"

2 TryNot "Attempted, not obtained"

3 NoTry "Measurement not attempted"

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

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

1 Asleep "Child asleep"

2 Fright "Child too frightened or upset"

3 Shy "Child too shy"

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

**IF (NoAttHC = Other) THEN**

**NoAttHCO**

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

: STRING[100]

**MbkHead**

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

Measurement Record Card.

HEAD CIRCUMFERENCE: HeadCirc cm OR Inches.

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

1 continue

# FOOD DIARY COLLECTION

## **ASK ALL**

### **DryPUp**

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

1 Continue

## **ASK ALL**

### **DiaryD**

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

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

: 0..4

## **IF (DiaryD < 3) THEN**

### **NoVisit2**

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

1 Continue

## **IF (DiaryD >= 3) THEN**

### **DietFB**

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

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

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

## **IF (DietFB = Yes) THEN**

### **AddrChk**

We have this name for you...

Title:

Forename:

Surname:

Is this correct?

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

- 1 Yes
- 2 No

**IF (AddrChk = No) THEN**

**Ttl**

Firstly, what is your title?

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

**IF (Ttl = Other) THEN**

**TtlTxt**

INTERVIEWER: Enter the other **title**

: STRING [15]

**IF (AddrChk = No) THEN**

**ForName**

And your **first name**?

: STRING [20]

**IF (AddrChk = No) THEN**

**SurName**

And your **surname**?

: STRING [20]

## ESTIMATE OF DIETARY HABITS OF INTERVIEWEE

### ASK ALL

#### YrIntr

The next few questions are about your usual eating habits

INTERVIEWER: PRESS <ENTER> TO CONTINUE

1 continue

### ASK ALL

#### BrkN

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

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

### ASK ALL

#### WherEat

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

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

### IF (WherEat = Other) THEN

#### WherEatO

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

: STRING [100]

**ASK ALL**

**TVO**

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

- 1 Yes
- 2 No

**ASK ALL**

**Crisps**

SHOW CARD BB

How often do you eat the following foods...

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

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

**ASK ALL**

**Cakes**

SHOW CARD BB

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

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

**ASK ALL**

**Fruit**

SHOW CARD BB

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

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

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

**ASK ALL**

**Veget**

SHOW CARD BB

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

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

**ASK ALL**

**Sweets**

SHOW CARD BB

(How often do you eat) sweets or chocolate?

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

**ASK ALL**

**Cheese**

SHOW CARD BB

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

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

9 Never

**ASK ALL**

**Drink**

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

READ OUT AND CODE ALL THAT APPLY.

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

**ASK ALL**

**DietD**

SHOW CARD CC

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

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

**ASK ALL**

**Decaf**

SHOW CARD CC

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

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

**ASK ALL**

**Water**

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

INTERVIEWER: CODE ONE ONLY.

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



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

**ASK ALL**

**Milk**

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

INTERVIEWER: CODE ONE ONLY

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

**IF (Milk = Other) THEN**

**MilkO**

What other type of milk do you usually use?

: STRING [30]

**IF (Milk <> NoMilk) THEN**

**MilTyp**

Is this milk usually:

INTERVIEWER: RUNNING PROMPT...

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

**IF (MilTyp = Other) THEN**

**MilTypO**

INTERVIEWER: RECORD 'OTHER' HERE.

: STRING[30]

**ASK ALL**

**TBre**

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

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

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

**IF (TBre <> None) THEN**

**Bread**

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

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

**ASK ALL**

**Spread**

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

INTERVIEWER: CODE ONE ONLY

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

**IF (Spread = Other) THEN**

**SpreadO**

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

: STRING [30]

**ASK ALL**

**Fry**

What sort of fat do you mainly use for cooking?

INTERVIEWER: CODE ONE ONLY

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

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

**IF (Fry = Other) THEN**

**FryO**

What other sort of fat do you mainly use?

: STRING[100]

**ASK ALL**

**Fat**

Do you usually eat the fat on meat?"

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

**ASK ALL**

**FruitAv**

SHOW CARD CC

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

Would you say...

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

**ASK ALL**

**VegAv**

SHOW CARD CC

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

Would you say...

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

**ASK ALL**

**OilFish**

SHOW CARD DD

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

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

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

**ASK ALL**

**FrOFsh**

SHOW CARD DD

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

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

**ASK ALL**

**AddOft**

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

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

**ASK ALL**

**Salt**

SHOW CARD CC

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

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

**ASK ALL**

**Veg**

Would you describe yourself as vegetarian or vegan?"

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

**IF (Veg = Veggie) THEN**

**VegeChk**

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

- 1 Yes
- 2 No

**IF (Veg = Vegan) THEN**

**VeganChk**

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

- 1 Yes
- 2 No

**ASK ALL**

**AttFV**

The next few questions are about your attitudes towards healthy eating. What do you think is the official guideline for the number of portions of fruit or vegetables people should eat every day?

: 0..20

**ASK ALL**

**AttSalt**

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

: 0..20

**ASK ALL**

**AttFish**

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

: 0..20

# RECONTACT

## ASK ALL

### ReCont

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

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

- 1 Yes
- 2 No

### IF (ReCont = Yes) THEN

#### StabAdd

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

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

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

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

### IF (StabAdd = Agreed) THEN

#### StName

INTERVIEWER: Please enter the name of the contact person.

: STRING [30]

### IF (StabAdd = Agreed) THEN

#### StRel

INTERVIEWER: Please enter the relationship to the respondent.

PROBE FULLY.

: STRING [30]

### IF (StabAdd = Agreed) THEN

#### StTelNum

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

: STRING [20]

**IF (StabAdd = Agreed) THEN**

**StAdd**

Could we also take down an address for them?

- 1 Yes
- 2 No

**IF (StAdd = Yes) THEN**

**StAdd1**

INTERVIEWER: Please enter the stable/contact address.

Address line 1:

: STRING [30]

**IF (StAdd = Yes) THEN**

**StAdd2**

INTERVIEWER: Please enter the stable/contact address.

Address line 2:

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

: STRING [30]

**IF (StAdd = Yes) THEN**

**StAdd3**

INTERVIEWER: Please enter the stable/contact address.

Address line 3:

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

: STRING [30]

**IF (StAdd = Yes) THEN**

**StAdd4**

INTERVIEWER: Please enter the stable/contact address.

Address line 4:

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

: STRING [30]

**IF (StAdd = Yes) THEN**

**StAdd5**

INTERVIEWER: Please enter the stable/contact address.

Address line 5:

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

: STRING [30]

**IF (StAdd = Yes) THEN**

**StAddPC**

INTERVIEWER: Please enter the stable/contact address.

Postcode:

(Just press <Enter> if none.)

: STRING [8]

**IF (StabAdd = Agreed) THEN**

**StInfo**

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

(Just press <Enter> if none.)

: STRING [100]

**IF (StabAdd = Agreed) THEN**

**ConSt**

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

Name:

Relationship:

Address:

Postcode:

Telephone:

Other info:

- |   |         |                              |
|---|---------|------------------------------|
| 1 | Correct | "Details correct"            |
| 2 | NotCorr | "Details <b>not</b> correct" |

**IF (StabAdd = Agreed) THEN**

**StabDisp**

INTERVIEWER: Give the respondent the Stage 1 survey leaflet and read out:  
If we needed to contact this person in order to find your new contact details, it would be helpful if they knew about the National Infant Diet and Health Study.

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

- 1 Continue



## CLINIC INTRODUCTION

### ASK ALL

#### ClinInt

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

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

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

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

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

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

- 1 Continue

### ASK ALL

#### ClinPh

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

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

- 1 Yes
- 2 No

### IF (ClinPh = No) THEN

#### ClinRef

RECORD REASON WHY RESPONDENT REFUSED THE CLINIC VISIT.

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

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

**IF (ClinRef = Other) THEN**

**ClinRefO**

INTERVIEWER: PLEASE SPECIFY OTHER REASON FOR REFUSAL.

: STRING [30]

**IF (ClinPh = Yes) THEN**

**ClinDet**

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

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

- 1 Yes
- 2 No

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

**PhoneV3**

Please could you provide me with a contact telephone number?

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

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

**IF (PhoneV3 = Given) THEN**

**TelNoV3**

Please enter phone number.

: STRING [15]

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

**TelNoChk**

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

- 1 Yes
- 2 No

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

INTERVIEWER: PLEASE ASK FOR AN ALTERNATIVE TELEPHONE NUMBER AND RECORD HERE. IF THE RESPONDENT DOESN'T HAVE AN ADDITIONAL NUMBER, ENTER <CTRL+K> HERE.  
: STRING [15]

**IF (ExtraTel = Response) THEN  
ExtraTe2**

INTERVIEWER: PLEASE ASK FOR AN ADDITIONAL ALTERNATIVE TELEPHONE NUMBER AND RECORD HERE. IF THE RESPONDENT DOESN'T HAVE AN ADDITIONAL NUMBER, ENTER <CTRL+K> HERE.  
: STRING [15]

**TelNoPre**

Which of the following is your preferred contact number?

- 1 TelNo1
- 2 TelNo2
- 3 TelNo3

**IF (ClinDet = Yes) THEN  
ClinInfo**

INTERVIEWER: PLEASE RECORD HERE ANY USEFUL INFORMATION TO PASS TO THE CLINIC APPOINTMENT TEAM. E.G. USEFUL TIMES TO PHONE THE RESPONDENT.  
: STRING [100]

**IF (ClinDet = No) THEN  
NoClin**

INTERVIEWER: THE RESPONDENT HAS SAID THEY DO NOT WANT US TO PASS THEIR CONTACT DETAILS TO THE MEDICAL RESEARCH COUNCIL SO THEY CANNOT TAKE PART IN THE CLINIC VISIT.  
THANK THE RESPONDENT FOR ALL THEIR HELP WITH STAGE 1 OF THE SURVEY.  
1 Yes  
2 No

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

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

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

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

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

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

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

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

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

1 Yes

2 No

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

### **IF (TrWatBF = Yes) THEN**

#### **TWBFExp**

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

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

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

3. REMEMBER TO LABEL THE PRE-DOSE BOTTLES.

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

HOUSEHOLD SERIAL NUMBER: \*\*\*\*\*

MOTHER IS PERSON 1, INFANT IS PERSON 2.

1 Continue

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

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

- 1 Yes
- 2 No

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

**TrWatBC**

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

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

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

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

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

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

- 1 Yes
- 2 No

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

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

1. HAND THE RESPONDENT THE **BLUE** TRACER WATER INSTRUCTION SHEET AND EXPLAIN HOW TO COLLECT THE URINE SAMPLES ACCORDING TO THE PROTOCOL.
2. MAKE SURE YOU LEAVE A PRE-DOSE KIT FOR THE CHILD SO THEY CAN COLLECT A URINE SAMPLE BEFORE VISITING THE CLINIC.
3. REMEMBER TO LABEL THE PRE-DOSE BOTTLES.

HOUSEHOLD SERIAL NUMBER: \*\*\*\*\*

- 1 Continue

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

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

- 1 Continue

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

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

- 1 Continue

**ASK ALL**

**Outro**

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

- 1 Continue

## **PART 2: Interviewer Schedule**

### **STABLE ISOTOPE URINE COLLECTION**

#### **ASK ALL**

##### **FirstQ**

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

Mother Name:

Age:

Infant Name:

DoB:

Date of Clinic Visit:

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

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

1 Continue

#### **ASK ALL**

##### **StartDat**

Date interview with this household was started.

Press <Enter> to confirm date.

: DATETYPE

#### **IF (Protocol = Body composition and fluid intake) THEN**

##### **CollUr1**

TRACER WATER: BODY COMPOSITION AND FLUID INTAKE ASSESSMENT.

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

1 Yes

2 No

#### **IF (CollUr1 = Yes) THEN**

##### **CUr1TOA**

INTERVIEWER: PLEASE GIVE (Mother's name) THE **BLUE** PROMISSORY NOTE SAYING THAT NatCen WILL SEND THEM £30 IN HIGH STREET VOUCHERS AS A TOKEN OF OUR APPRECIATION.

1 Continue

**IF (Protocol = Breast milk intake) THEN**

**CollUr2M**

TRACER WATER: BREAST MILK INTAKE ASSESSMENT.

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

- 1 Yes
- 2 No

**IF (Protocol = Breast milk intake) THEN**

**CollUr2I**

TRACER WATER: BREAST MILK INTAKE ASSESSMENT.

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

- 1 Yes
- 2 No

**IF (CollUr2M = Yes) OR (CollUr2I = Yes) THEN**

**BMDChk**

INTERVIEWER: If the mother has completed a Breast Milk Diary, please check the diary using your Breast Milk Evaluation Form and complete the first part of this form with the respondent.

- a. Check briefly whether there are any missing entries or
- b. days in the Breast Milk Diary. Record on Evaluation Form.

**Check that the parent has recorded whether it is a full or partial day of completion. Record on Evaluation Form.**

- 1 Continue

**IF (CollUr2M = Yes) OR (CollUr2I = Yes) THEN**

**BMDEval**

INTERVIEWER: Don't forget to complete the rest of the Breast Milk Diary Evaluation Form and this and the completed Diary back to NR with the urine samples.

- 1 Continue

**IF (CollUr2M = Yes) OR (CollUr2I = Yes) THEN**

**CUr2TOA**

INTERVIEWER: PLEASE GIVE (Mother's name) THE **GREEN** PROMISSORY NOTE SAYING THAT NatCen WILL SEND THEM £50 IN HIGH STREET VOUCHERS AS A TOKEN OF OUR APPRECIATION.

- 1 Continue



**IF (CollUr1 = No) OR ((CollUr2M = No) AND (CollUr2I = No) THEN  
VisitEnd**

INTERVIEWER: THERE IS NO URINE TO COLLECT SO THERE IS NO FURTHER  
WORK TO BE DONE AT THIS HOUSEHOLD.

PLEASE THANK THE RESPONDENT FOR ALL THEIR HELP WITH THE STUDY.

1 Continue

### **MOTHER'S WEIGHT MEASUREMENT**

#### **ASK ALL**

##### **Intro**

INTERVIEWER: I would like to measure the mother's (Mother's name)  
weight.

1 Continue

#### **ASK ALL**

##### **RespWts**

INTERVIEWER: MEASURE WEIGHT AND CODE.

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

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

1	Meas	"Weight obtained"
2	Ref	"Weight refused"
3	Attmp	"Weight attempted, not obtained"
4	otAt	"Weight not attempted"

**IF (RespWts = Meas) THEN**

##### **Wght**

INTERVIEWER: RECORD WEIGHT IN KILOGRAMS.

: 5.0..130.0

**IF (Wght = Response) THEN**

##### **FloorC**

INTERVIEWER CODE: SCALES PLACED ON?

1	Uneven	"Uneven floor"
2	Carpet	
3	Neither	

**IF (RespWts = Meas) THEN**

##### **RelWaitB\_UC**

INTERVIEWER: CODE ONE ONLY.

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

**IF (RespWts = Meas) THEN**

**MBookWt**

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

WEIGHT: Wght kg OR Stone stones and Pound pounds.

If weight looks wrong, go back to 'Wght' and reweigh."

- 1 continue

**IF (RespWts = Meas) THEN**

**SciNo**

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

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

- |              |              |
|--------------|--------------|
| CSC+digits   | e.g. CSC123  |
| SC+digits+TA | e.g. SC123TA |
| SC+digits+TL | e.g. SC123TL |
| SC+digits+NC | e.g. SC123NC |
| LSC+digits   | e.g. LSC123  |
| ESC+digits   | e.g. ESC123  |

: STRING [7]

**IF (RespWts = Ref) THEN**

**ResNWt\_UC**

INTERVIEWER: GIVE REASONS FOR REFUSAL.

- |   |          |  |
|---|----------|--|
| 1 | NoPoint  | "Cannot see point/Weight already known/Doctor has measurement" |
| 2 | Busy     | "Too busy/Taken long enough already/No time"                   |
| 3 | TooIll   | "Respondent too ill/frail/tired"                               |
| 4 | Intrusiv | "Considered intrusive information"                             |
| 5 | Anxious  | "Respondent too anxious/nervous/shy/embarrassed"               |
| 6 | Refused  | "Refused (no other reason given)"                              |
| 7 | Other    |  |

**IF (RespWts = Attmpt OR NotAt) THEN**

**NoWtBC\_UC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

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

**IF (NoWtBC = Other) THEN**

**NoWatCO\_UC**

INTERVIEWER: Please specify other reason.

: STRING [60]

***INFANT'S WEIGHT MEASUREMENT***

**ASK ALL**

**Intro\_UC**

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

1 continue

**ASK ALL**

**WtInt\_UC**

INTERVIEWER: EXPLAIN THE MEASUREMENT TO THE PARENT AND RECORD HERE WHETHER THEY AGREE TO YOU MEASURING THE WEIGHT OF THEIR CHILD.

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

**RespWts\_UC**

INTERVIEWER: MEASURE WEIGHT AND CODE.

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

0	Held (0)	"ChHeld"
1	Meas	"Weight obtained OnOwn"
2	Ref	"Weight refused"
3	Attmpt	"Weight attempted, not obtained"
4	NotAt	"Weight not attempted"

**IF (RespWts = Held..Meas) THEN**

**XWt1\_UC**

"INTERVIEWER: RECORD WEIGHT IN KILOGRAMS."

: 5.0..130.0

**WtAd1\_UC**

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

: 30.0..130.0

**WtChA1\_UC**

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

: 30.0..130.0

**FloorC\_UC**

INTERVIEWER CODE: SCALES PLACED ON?

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

**RelWaitB\_UC**

INTERVIEWER: CODE ONE ONLY.

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

**MBookWt\_UC**

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

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

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

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

**SciNo**

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

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

CSC+digits            e.g. CSC123

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

**IF (RespWts = Ref) THEN**

**ResNWt\_UC**

INTERVIEWER: GIVE REASONS FOR REFUSAL.

- |   |          |  |
|---|----------|--|
| 1 | NoPoint  | "Cannot see point/Weight already known/Doctor has measurement" |
| 2 | Busy     | "Too busy/Taken long enough already/No time"                   |
| 3 | TooIll   | "Respondent too ill/frail/tired"                               |
| 4 | Intrusiv | "Considered intrusive information"                             |
| 5 | Anxious  | "Respondent too anxious/nervous/shy/embarrassed"               |
| 6 | ChildRef | "Child refused to be held by parent"                           |
| 7 | ParRef   | "Parent refused to hold child"                                 |
| 8 | Refused  | "Refused (no other reason given)"                              |
| 9 | Other    |  |

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

**NoWtBC\_UC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING WEIGHT.

CODE ALL THAT APPLY.

- |    |          |   |
|----|----------|---|
| 1  | Away     | "Child: away from home during fieldwork period (specify in a Note)" |
| 2  | Unsted   | "Respondent is unsteady on feet"                                    |
| 3  | CantStan | "Respondent cannot stand upright"                                   |
| 4  | Chair    | "Respondent is chairbound"  |
| 5  | Bed      | "Confined to bed"   |
| 6  | Shoes    | "Respondent unable to remove shoes"                                 |
| 7  | More130  | "Respondent weighs more than 130kg"                                 |
| 8  | Ill      | "Ill or in pain"  |
| 9  | NotWrk   | "Scales not working"  |
| 10 | NoHold   | "Parent unable to hold child"                                       |
| 11 | ASleep   | "Child asleep"  |
| 12 | Other    | "Other - specify"   |

**IF (NoWtBC = Other) THEN**

**NoWatCO\_UC**

INTERVIEWER: Please specify other reason.

: STRING [60]