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.
Contents:
Interviewer Schedule ................................................................. 2
BACKGROUND AND DEMOGRAPHICS: HOUSEHOLD GRID .......... 2
YOUR BABY ................................................................................ 7
BREASTFEEDING/ WEANING PRACTICES ...................................... 10
EATING PATTERNS ..................................................................... 18
DEVELOPMENTAL STAGES .......................................................... 28
DIETARY SUPPLEMENTS AND MEDICATIONS CURRENTLY TAKEN BY INFANT AND BREASTFEEDING MOTHERS ....................... 33
SUN EXPOSURE .......................................................................... 42
CHILDCARE ARRANGEMENTS ..................................................... 46
HEALTH INFORMATION ................................................................ 48
PHYSICAL ACTIVITY AND DIGESTIVE TRANSIT ............................ 52
SMOKING AND DRINKING .......................................................... 54
ECONOMIC ACTIVITY ................................................................ 59
INCOME .................................................................................... 68
TENURE .................................................................................... 70
EDUCATION DETAILS OF PARENTS/PRIMARY CARERS ............... 72
FOOD DIARY PLACEMENT ........................................................ 73
MATERNAL MEASUREMENTS ..................................................... 76
INFANT MEASUREMENTS .......................................................... 82
FOOD DIARY COLLECTION ........................................................ 90
ESTIMATE OF DIETARY HABITS OF INTERVIEWEE ...................... 92
RECONTACT ............................................................................. 101
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.

: DATATYPE

**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)"
MixedWBC "Mixed - White and Black Caribbean"
MixedWBA "Mixed - White and Black African"
MixedWAs "Mixed - White and Asian"
MixedOth "Any other mixed background (please describe)"
Indian "Asian or Asian British - Indian"
Pakistan "Asian or Asian British - Pakistani"
Bngldesh "Asian or Asian British - Bangladeshi"
AsianOth "Any other Asian/Asian British background (please describe)"
BlackCrb "Black or Black British - Caribbean"
BlackAfr "Black or Black British - African"
BlackOth "Any other Black/Black British background (please describe)"
Chinese
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]

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”

<table>
<thead>
<tr>
<th>ID</th>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>StChild</td>
<td>“Stepson / stepdaughter”</td>
</tr>
<tr>
<td>8</td>
<td>ILChild</td>
<td>“Son-in-law/daughter-in-law”</td>
</tr>
<tr>
<td>9</td>
<td>Parent2</td>
<td>“Natural Parent”</td>
</tr>
<tr>
<td>10</td>
<td>AdParent</td>
<td>“Adoptive parent”</td>
</tr>
<tr>
<td>11</td>
<td>FParent</td>
<td>“Foster parent”</td>
</tr>
<tr>
<td>12</td>
<td>StParent</td>
<td>“Step-parent”</td>
</tr>
<tr>
<td>13</td>
<td>ILParent</td>
<td>“Parent-in-law”</td>
</tr>
<tr>
<td>14</td>
<td>Sib</td>
<td>“Natural brother / sister”</td>
</tr>
<tr>
<td>15</td>
<td>HSib</td>
<td>“Half-brother / sister”</td>
</tr>
<tr>
<td>16</td>
<td>StSib</td>
<td>“Step-brother / sister”</td>
</tr>
<tr>
<td>17</td>
<td>ASib</td>
<td>“Adopted brother / sister”</td>
</tr>
<tr>
<td>18</td>
<td>FSib</td>
<td>“Foster brother / sister”</td>
</tr>
<tr>
<td>19</td>
<td>ILSib</td>
<td>“Brother / sister-in-law”</td>
</tr>
<tr>
<td>20</td>
<td>GChild</td>
<td>“Grand-child”</td>
</tr>
<tr>
<td>21</td>
<td>GParent</td>
<td>“Grand-parent”</td>
</tr>
<tr>
<td>22</td>
<td>OthRel</td>
<td>“Other relative”</td>
</tr>
<tr>
<td>23</td>
<td>NonRel</td>
<td>“Other non-relative”</td>
</tr>
</tbody>
</table>
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”
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)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four</td>
</tr>
<tr>
<td>5</td>
<td>Five</td>
</tr>
<tr>
<td>6</td>
<td>Six</td>
</tr>
<tr>
<td>7</td>
<td>Seven</td>
</tr>
<tr>
<td>8</td>
<td>Eight</td>
</tr>
<tr>
<td>9</td>
<td>Nine</td>
</tr>
<tr>
<td>10</td>
<td>TenPlus</td>
</tr>
<tr>
<td>11</td>
<td>LessOnce</td>
</tr>
</tbody>
</table>

**Drink2**
SHOW CARD D
What is the second most commonly consumed drink that (NAME) has?
INTERVIEWER: CODE ONE ONLY.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breast</td>
</tr>
<tr>
<td>2</td>
<td>Formula</td>
</tr>
<tr>
<td>3</td>
<td>FolMilk</td>
</tr>
<tr>
<td>4</td>
<td>SoyForm</td>
</tr>
<tr>
<td>5</td>
<td>LiqWhol</td>
</tr>
<tr>
<td>6</td>
<td>LiqSemi</td>
</tr>
<tr>
<td>7</td>
<td>LiqSkim</td>
</tr>
<tr>
<td>8</td>
<td>LiqGoat</td>
</tr>
<tr>
<td>9</td>
<td>Water</td>
</tr>
<tr>
<td>10</td>
<td>FlavWat</td>
</tr>
<tr>
<td>11</td>
<td>FruitJu</td>
</tr>
<tr>
<td>12</td>
<td>Squash</td>
</tr>
<tr>
<td>13</td>
<td>SquashLo</td>
</tr>
<tr>
<td>14</td>
<td>TeaCof</td>
</tr>
<tr>
<td>96</td>
<td>None</td>
</tr>
<tr>
<td>97</td>
<td>Other</td>
</tr>
</tbody>
</table>
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
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"
If (BottBr\(S\) = Other) THEN

\textbf{BottBr\(SO\)}
INTERVIEWER: Please record other supermarket branded bottles here.
: STRING [100]

\textbf{ASK ALL}

\textbf{HSVou}
Since (NAME) was born, have you received any Healthy Start vouchers?
1 Yes
2 No

\textbf{IF (HSVou = Yes) THEN}

\textbf{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"

\textbf{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”

\textbf{IF (VouSp = EqualSome) THEN}

\textbf{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) *ever* 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?”
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)

**PelFrq**
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]

(Assk 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
FBAApp
SHOW CARD M
...he/she has a big appetite.
1 Never
2 Rarely
3 Sometime “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 Sometime “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 Sometime “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 WilkSup “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 WilkAl “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  Always “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”
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"
### MSPres
Was the supplement prescribed by your GP/other healthcare professional?
1. Yes
2. No

### MSMore
INTERVIEWER: RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.
1. Yes
2. No

### IF (MSuppYr = Yes) THEN

#### MSHSt
Were any of the supplements you/(mother’s name) have/has taken obtained through Healthy Start vouchers?
1. Yes
2. No

### IF StilBF = Yes THEN

#### MMeds
Are/Is you/(mother’s name) currently taking any prescribed medicines?
1. Yes
2. No

{If (MMeds = Yes) THEN

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

### MMedBI
INTERVIEWER: ENTER NAME OF DRUG.
Now I would like to collect some details about any prescribed medicines you are currently taking.
INTERVIEWER: Ask if you can see the containers for all prescribed medicines currently being taken. If Aspirin, record dosage as well as name.
PLEASE RECORD ORAL MEDICATION ONLY
: STRING [80]
MMedRec
INTERVIEWER: CODE WHETHER (first/next) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.
1 Inte "Checked by myself"
2 Resp "Checked by respondent"
3 NoCon "Not checked"

MMedBr
INTERVIEWER: RECORD BRAND OF MEDICATION.
INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.
: STRING [30]

MMedStr
INTERVIEWER: RECORD STRENGTH OF MEDICATION.
INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.
: STRING [30]

MMedLic
INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.
: STRING [30]

MMedForm
INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.
1 Tablets
2 Capsules
3 Drops
4 Liqu "Liquid/Syrup"
5 Powder

MMedDose
INTERVIEWER: RECORD DOSE - NUMBER OF TABLETS, DROPS, 5ml SPOONS.
CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.
: 1..20
**MMFreq**
SHOW CARD R
How often do you take this medication?
INTERVIEWER: Use <CTRL K> if does not know.
1 LessMth  "Less than once a month"
2 OneThMth  "1-3 times a month"
3 OnceWk  "Once a week"
4 TwoFrWk  "2-4 times a week"
5 OnceDay  "Once a day"
6 TwoThDay  "2-3 times a day"
7 FrMrDay  "4 or more times a day"

**MMedBIA**
Have you taken or used *(text from MMedBI)* in the last 7 days?
1 Yes
2 No

**MMedBIC**
INTERVIEWER: Any more drugs to enter?
1 Yes
2 No

**INFANT’S USE OF SUPPLEMENTS AND MEDICATIONS**

**ASK ALL**
**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 (IStill-ISMore) asked as a loop:}

IStill
INTERVIEWER: ANSWER THE FOLLOWING QUESTIONS USING THE BOTTLES OR CONTAINERS THAT YOU HAVE BEEN SHOWN BY THE RESPONDENT. Is (NAME) still taking (first/next) supplement?
1   Yes
2   No

ISRec
INTERVIEWER: CODE WHETHER (first/next) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.
1   Inte "Checked by myself"
2   Resp "Checked by respondent"
3   NoCon "Not checked"

ISName
INTERVIEWER: RECORD FULL NAME, INCLUDING BRAND AND STRENGTH. INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THE NAME, BRAND AND STRENGTH ACCURATELY SO THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT SUPPLEMENT.
: STRING [60]

ISLic
INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE SUPPLEMENT.
: STRING [30]

ISForm
INTERVIEWER: RECORD FORM IN WHICH SUPPLEMENT TAKEN.
1   Tablets
2   Capsules
3   Drops
4   Liqu "Liquid/Syrup"
ISDose
INTERVIEWER: RECORD DOSE - NUMBER OF TABLETS, DROPS, 5ml SPOONS.
CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.
: 1..20

ISFreq
SHOW CARD R
How often does (NAME) take this supplement?
INTERVIEWER: Use <CTRL K> if does not know.
1 LessMth "Less than once a month"
2 OneThMth "1-3 times a month"
3 OnceWk "Once a week"
4 TwoFrWk "2-4 times a week"
5 OnceDay "Once a day"
6 TwoThDay "2-3 times a day"
7 FrMrDay "4 or more times a day"

ISPres
Was the supplement prescribed by (NAME)’s GP/other healthcare professional?
1 Yes
2 No

ISMore
INTERVIEWER: RECORD WHETHER THERE ARE ANY MORE VITAMINS OR SUPPLEMENTS TO CODE.
1 Yes
2 No

{IF (IMeds = Yes) THEN
Following questions (IMedBI-IMedBIC) asked as a loop:}

IMedBI
INTERVIEWER: ENTER NAME OF DRUG NO.
Now I would like to collect some details about any prescribed medicines (NAME) is currently taking.
INTERVIEWER: Ask if you can see the containers for all prescribed medicines currently being taken. If Aspirin, record dosage as well as name.
INTERVIEWER: PLEASE RECORD ORAL MEDICATION ONLY
IMedRec
INTERVIEWER: CODE WHETHER (first/next) BOTTLE/CONTAINER CHECKED BY YOURSELF, THE RESPONDENT OR NOT AT ALL.
1 Inte "Checked by myself"
2 Resp "Checked by respondent"
3 NoCon "Not checked"

IMedBr
INTERVIEWER: RECORD BRAND OF MEDICATION.
INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURately so THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.
: STRING [30]

IMedStr
INTERVIEWER: RECORD STRENGTH OF MEDICATION.
INTERVIEWER: IT IS VERY IMPORTANT TO RECORD THIS ACCURately so THAT WE KNOW WE HAVE INFORMATION ON EXACTLY THE RIGHT MEDICATION.
: STRING [30]

IMedLic
INTERVIEWER: RECORD THE PRODUCT LICENSE NUMBER OF THE MEDICATION.
: STRING [30]

IMedForm
INTERVIEWER: RECORD FORM IN WHICH MEDICATION TAKEN.
1 Tablets
2 Capsules
3 Drops
4 Liqu "Liquid/Syrup"
5 Powder

IMedDose
INTERVIEWER: RECORD DOSE - NUMBER OF TABLETS, DROPS, 5ml SPOONS.
CHECK WITH RESPONDENT THE DOSE ACTUALLY TAKEN AND RECORD THIS IF IT IS DIFFERENT TO THE ADVICE GIVEN ON CONTAINER.
: 1..20
**IMFreq**

SHOW CARD Q

How often does (NAME) take this medication?

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

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

**IMedBIA**

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

1. Yes
2. No

**IMedBIC**

INTERVIEWER: Any more drugs to enter?

1. Yes
2. No
SUN EXPOSURE

ASK ALL
SunIntC
Now I’d like to ask you some questions about (NAME)’s exposure to sunlight in the last seven days. This is important as it can be related to Vitamin D levels.
Unless otherwise stated, please think of the last seven days only when answering these questions.
1 Continue

ASK ALL
OutSC
In the last seven days (since ^LDateDayLast7Days), on how many days has (NAME) spent time outside between the hours of 10am-3pm, for any reason?
INTERVIEWER: IF NONE CODE ZERO.
: 0..7

IF (OutSC > 0) THEN
TimeOC
Approximately how many hours between 10am and 3pm did (NAME) usually spend outside on average each day?
INTERVIEWER. Enter hours followed by ':' followed by the minutes. If under an hour you must enter 0 for the hour before the ':'.
Examples:
1:23 - 1 hours and 23 minutes
0:7 - 7 minutes
0:23 - 23 minutes
1:5 - 1 hour and 5 minutes
: TIMETYPE

IF (OutSC > 0) THEN
TOUncC
Generally, when (NAME) was outside, were the following parts of his/her body uncovered?
READ OUT AND CODE ALL THAT APPLY.
1 Face?
2 Head?
3 Hands?
4 Arms?
5 Shoulders?
6 Legs?
7  Most or all of upper body?
96  DO NOT READ OUT - None of these

ASK ALL
SunCC
In the last seven days, have you used sun cream on (NAME)?
1  Yes
2  No

IF (SunCC = No) THEN
SCEvC
Since (NAME) was born, have you regularly used sun cream on him/her when out in the sun?
1  Yes
2  No

ASK ALL
BurnC
Has (NAME) ever been out in sun strong enough for there to be a chance of him/her tanning or burning?
1  Yes
2  No

IF (BurnC = Yes) THEN
BFSunC
When in strong sun, do you do any of the following? INTERVIEWER: READ OUT AND CODE ALL THAT APPLY.
1  Try to keep child in the shade as much as possible
2  Use sun cream
3  Limit how much time child spent outside
4  Cover child up as much as possible (hat, long sleeves etc.)
97  Other
96  None of these

IF (BurnC = Yes) THEN
SkColC
Has (NAME)'s skin ever changed colour at all as a result of sun exposure, for example reddened, got darker, or freckled?
1  Yes
2  No
IF (Age < 12 months) THEN
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
HolU12
Since (NAME) was born, has he/she been on a sun holiday or trip to a sunny place for two days or more? This could be either in the UK or abroad.
INTERVIEWER: IT NEEDS TO HAVE BEEN SUNNY FOR TWO DAYS OR MORE WHILE RESPONDENT WAS AWAY.
1   Yes
2   No

IF (Age >= 12) THEN
HolO12
In the past year, has (NAME) been on a sun holiday or trip to a sunny place for two days or more? This could be either in the UK or abroad.
1   Yes
2   No

{IF (HolU12 = Yes) OR (HolO12 = Yes) THEN
Following questions (HolM - HolMore asked as a loop:)

HolM
Thinking of the (first/second etc.) sun holiday you took since (NAME) was born, in which month was this holiday?
INTERVIEWER: IF HOLIDAY SPANS MORE THAN ONE MONTH, RECORD THE MONTH IN WHICH THE HOLIDAY BEGAN.
1   January
2   February
3   March
4   April
5   May
6   June
7   July
8   August
9   September
10  October
11  November
12 December

**HolC**
What country did you visit on this trip?
INTERVIEWER: IF UK / GREAT BRITAIN, CHECK IF ENGLAND, SCOTLAND, WALES OR NORTHERN IRELAND.
INTERVIEWER: RECORD NAME OF COUNTRY.
INTERVIEWER: IF MORE THAN ONE, CODE THE COUNTRY WHERE RESPONDENT SPENT THE MOST TIME.
INTERVIEWER: INCLUDE VISITS TO FRIENDS AND FAMILY.
: STRING [30]

**HolMore**
Are there any more sun holidays to code?
1 Yes
2 No
CHILDCARE ARRANGEMENTS

ASK ALL
CCareIn
I’d now like to ask you about any childcare you might use for (NAME).
1 Continue

ASK ALL
CCarex
SHOW CARD T
Thinking about a typical week, do any of the people or places listed on this card look after (NAME)?
INTERVIEWER: PROBE - Which others?
1 DayN “Day nursery”
2 PlayG “Playgroup or pre-school”
3 Nurs “Nursery school or nursery class”
4 SpNurs “Special nursery or unit for children with special educational needs”
5 ChildM “Childminder”
6 Nanny “Nanny or au pair”
7 Creche
8 BabyS “Baby-sitter”
9 GrandP “The baby’s grandparent(s)”
10 Sib “The baby’s older brother/sister”
11 OthRel “Another relative”
12 OthPar “The baby’s other parent who does not live in this household”
13 Friend “A friend or neighbour”
14 NoOne “No one else looks after the baby”
15 Other “Other (please specify)”

IF (CCarex = Other) THEN
CCareO
INTERVIEWER: ENTER DESCRIPTION OF OTHER TYPE OF CHILDCARE.
: STRING [100]
{IF (CCarex <> NoOne) THEN
Following questions (Prov – CCDrink) asked as a loop:}

ASK FOR EACH PROVIDER TYPE SPECIFIED
Prov
For how many hours does (PROVIDER TYPE) usually look after (NAME) during a typical week?
0.5..168

ASK FOR EACH PROVIDER TYPE SPECIFIED
CCFood
Is (NAME) usually given meals by (PROVIDER TYPE)?
  1    Yes
  2    No

IF (CCFood = Yes) THEN
CCFoodY
Are these out-of-home meals prepared by you?
  1    Yes
  2    No
  3 Sometimes

ASK FOR EACH PROVIDER TYPE SPECIFIED
CCSnack
Is (NAME) provided with snacks at (PROVIDER TYPE)?
  1    Yes
  2    No

CCDrink
What sort of drinks is (NAME) provided with at (PROVIDER TYPE)?
CODE ALL THAT APPLY.
  1    Water
  2    Milk
  3    Squash
  4    FJuice   “Fruit juice”
  5    Other
  6    None    “No drinks provided”
HEALTH INFORMATION

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

ASK ALL
DAdv
Have you ever been advised by a dietician regarding (NAME)’s feeding?
INTERVIEWER: THIS COULD BE ANY DIETICIAN, NOT NECESSARILY
HOSPITAL BASED.
DO NOT INCLUDE HEALTH VISITORS PROVIDING ADVICE ON DIET.
1 Yes
2 No

IF (DAdv = Yes) THEN
DAdvWh
SHOW CARD U
What was the advice or prescription provided by the dietician?
INTERVIEWER: CODE ALL THAT APPLY.
1 Allergy “Advice for allergy or intolerance”
2 Insuff “Advice for concern regarding insufficient milk/food
consumption for adequate growth”
3 Constipa “Advice for constipation”
4 Wean “Advice for general weaning problems (e.g. fussy eater,
not interested in food, having difficulty moving onto solid
foods) “
5 FormAll “Specialised formula for allergy or intolerance”
6 FormOth “Specialised formula for other conditions”
97 Other

IF (DAdvWh = Other) THEN
DAdvWhO
What was the other advice or prescription provided by the dietician?
STRING [50]
ASK ALL

DHltPrb
Has (NAME) had any health problems for which he/she has been taken to the GP, Health Centre or Health visitor, or to Casualty, or you have called NHS direct?
1 Yes
2 No

{IF (DHltPrb = Yes) THEN

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

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

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

IF (DWHPrb = Other) THEN

DWhPrbX
What were the other health problems?
: String [100]

IF (DWHPrb < 15) THEN

DPrbMr
INTERVIEWER: Record whether there are any more health problems to record.
1 Yes
2 No
DInHsp
Apart from any accidents or injuries has (NAME) ever been admitted to a hospital ward because of an illness or health problem?
1 Yes
2 No

{IF (DInHosp = Yes) THEN
Following questions DHspA – DHspMr) asked as a loop:}

DHspA
What was the reason (NAME) was admitted (the first/second time)?
1 Gastro "Gastroenteritis"
2 Chest "Chest infection or pneumonia"
3 Wheezing "Wheezing or asthma"
4 Fit "Convulsion, fit or loss of consciousness"
5 Mening "Meningitis"
6 PS "Pyloric stenosis"
7 Hernia
8 Circ "Circumcision"
9 Feed “Specific problem with feeding (specify in next question)”
10 OthOp "Other operation"
97 Other "Other reason"

IF (DHspA = Feeding, OthOp or Other) THEN
DHspAX
What was the other reason?
: String [100]

DHspB
How old was (NAME) when he/she was admitted?
INTERVIEWER: PLEASE RECORD HERE WHETHER THE RESPONDENT IS ANSWERING IN MONTHS + WEEKS, OR JUST WEEKS ONLY.
1 Months "Months and weeks, e.g. 6 months 2 weeks"
2 Weeks "Weeks ONLY, e.g. 10 weeks"
3 DKnow “Can’t remember or don’t know”

IF (DHspB = Months) THEN
DHspBM
Number of months?
INTERVIEWER: NUMBER OF WEEKS TO BE ENTERED NEXT.
: 1..20
IF (DHspB = Months) THEN
DHspBMW
... and number of weeks?
: 0..3

IF (DHspB = Weeks) THEN
DHspBW
Number of weeks?
: 1..100

DHspMr
INTERVIEWER: Record whether there are any more hospital visits to code.
1 Yes
2 No
PHYSICAL ACTIVITY AND DIGESTIVE TRANSIT

ASK ALL
Intro
I am now going to ask about (NAME) physical activity and any minor gastrointestinal symptoms he/she may have.
1 Continue

ASK ALL
Active
Compared to other children of the same sex and of a similar age to yours, would you say that (NAME) is ....
1 MLessAc “Much less active”
2 LessAc “Less active”
3 MoreAc “More active”
4 MMoreAc “Much more active”
5 Same “Or about the same?”

ASK ALL
Nappy
SHOW CARD V
How many times a day (24 hours) does (NAME) usually dirty his/her nappy?
INTERVIEWER: IF ASKED, THIS QUESTION REFERS TO STOOLS ONLY
1 FourD “4 or more times a day”
2 TwoThD “2 – 3 times a day”
3 Daily “Once a day”
4 OnceTFD “Once in 2 – 4 days”
5 Weekly “Once a week”
6 DK “Can’t say”
7 NoNap “No longer in nappies”

ASK ALL
StHard
SHOW CARD W
How often are (NAME)’s stools...
...HARD?
1 Always
2 Somet “Sometimes”
3 Occ “Occasionally”
4 Never
ASK ALL  
**Constip** 
SHOW CARD W
Does (NAME) ever seem to find it painful or very difficult to pass a stool.  
Would you say.. 
READ OUT...

1  Always  
2  Somet  “Sometimes”  
3  Occ  “Occasionally”  
4  Never
SMOKING AND DRINKING

ASK ALL
Intro
INTERVIEWER: THE NEXT SET OF QUESTIONS ARE ABOUT SMOKING AND DRINKING.
WE WOULD PREFER THE RESPONDENT TO ANSWER THE QUESTIONS THEMSELVES SO PLEASE HAND THE LAPTOP TO THE RESPONDENT.
IF THE RESPONDENT DOES NOT WANT TO ANSWER THE QUESTIONS ON THE LAPTOP THEMSELVES THEN ASK THE QUESTIONS AS USUAL.
1  Continue

ASK ALL
SmokEver
Have you ever smoked a cigarette, a cigar or pipe?
1  Yes
2  No

IF (SmokEver = Yes) THEN
SmokNow
Do you smoke cigarettes at all nowadays?
1  Yes
2  No

IF (SmokNow = Yes) THEN
CigWDay
About how many cigarettes a day do you usually smoke on weekdays?
INTERVIEWER: IF LESS THAN ONE A DAY, CODE 0.
IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
: 0..97

IF (SmokNow = Yes) THEN
CigWEnd
About how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: IF LESS THAN ONE A DAY, CODE 1.
IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
: 0..97
ASK ALL
OSmNow
Do any of the people who live with you now smoke cigarettes?
CODE ALL THAT APPLY.
1 Partner "Yes, my partner smokes"
2 SElse "Yes, someone else I live with smokes"
3 No "No, nobody else who I live with smokes"
4 NA "Not applicable - I live alone with my child"

IF (OSmNow = Partner) THEN
PaSmokN
How many cigarettes does your partner smoke in a week?
: 1..500

IF (OSmNow = SElse) THEN
ESmokN
How many cigarettes does the other person you live with smoke in a week?
INTERVIEWER: IF MORE THAN ONE OTHER PERSON IN THE HOUSEHOLD SMOKES, GET THE TOTAL NUMBER OF CIGARETTES FOR ALL 'OTHER' PEOPLE.
: 1..1000

ASK ALL
PregSm
Did you/(mother’s name) smoke cigarettes at all during the three months before you/she found out you/she were/was pregnant with (NAME)?
1 Yes
2 No

IF (SmokEver = Yes) THEN
PSmEv
Did you/(mother’s name) smoke at all DURING your/her pregnancy with (NAME), even if just once or twice?
1 Yes
2 No

IF (PSmEv = Yes) THEN
PSmFre
SHOWCARD X
During your/(mother’s name) pregnancy with (NAME), which of these best describes how often you/she smoked?
1 EvDay "Every day"
2 FSixWk "5-6 times per week"
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
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
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?
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

JHRPIntr
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.

**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.

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

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

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

**SurName**
And your **surname**?
: STRING[20]
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 Fidgit "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]
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 Attmpt "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

SclNo
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"
<table>
<thead>
<tr>
<th></th>
<th>Meas</th>
<th>&quot;Weight obtained OnOwn&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ref</td>
<td>&quot;Weight refused&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Attnpt</td>
<td>&quot;Weight attempted, not obtained&quot;</td>
</tr>
<tr>
<td>4</td>
<td>NotAt</td>
<td>&quot;Weight not attempted&quot;</td>
</tr>
</tbody>
</table>

**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?
<table>
<thead>
<tr>
<th></th>
<th>Uneven</th>
<th>&quot;Uneven floor&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Carpet</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Neither</td>
<td></td>
</tr>
</tbody>
</table>

**RelWaitB**
INTERVIEWER: CODE ONE ONLY.
<table>
<thead>
<tr>
<th></th>
<th>NoProb</th>
<th>&quot;No problems experienced, reliable weight measurement obtained&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Rel</td>
<td>&quot;Problems experienced, measurement likely to be: Reliable&quot;</td>
</tr>
<tr>
<td>3</td>
<td>UnRel</td>
<td>&quot;Problems experienced, measurement likely to be: Unreliable&quot;</td>
</tr>
</tbody>
</table>

**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 = Attmp...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

Length(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

**HCreI**
INTERVIEWER: Is this measurement reliable?
1 Yes
2 No

**IF (HCreI = No) THEN**

**HCreIW**
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)."n
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]

**MbHead**
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 is 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, were does this usually take place?
1 Kitch "In the kitchen"
2 DinTab "In the dining room at a table"
3 SitTab "In the sitting room/lounge at a table"
4 Sofa "In the sitting room/lounge sitting on sofa"
97 Other

IF (WherEat = Other) THEN
WherEatO
When you eat your main meal with the rest of the family, where does this usually take place?
: STRING [100]
**ASK ALL**

**TVOn**
When you eat your main meal with the rest of the family, is the television usually on?
1 Yes
2 No

---

**ASK ALL**

**Crisps**
SHOW CARD BB
How often do you eat the following foods...
...(how often do you eat) crisps and other savoury snacks?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
9 Never

---

**ASK ALL**

**Cakes**
SHOW CARD BB
(How often do you eat) cakes and other sweet biscuits?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
9 Never

---

**ASK ALL**

**Fruit**
SHOW CARD BB
How often do you eat fresh, dried or tinned fruit?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
9 Never

ASK ALL
Veget
SHOW CARD BB
(How often do you eat) vegetables, either raw or cooked?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
9 Never

ASK ALL
Sweets
SHOW CARD BB
(How often do you eat) sweets or chocolate?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
9 Never

ASK ALL
Cheese
SHOW CARD BB
(How often do you eat) cheese or other dairy products, such as yoghurts?
1 MDaily “More than once a day”
2 Daily “Once a day”
3 TwoThW “2 or 3 times a week”
4 Weekly “Once a week”
5 TwoThM “2 or 3 times a month”
6 Monthly “Once a month”
7 TwoM “Every 2 months”
8 LessTwoM “Less often than every 2 months”
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  Sometime   "Sometimes"
4  Rarely
5  Never      "Never"
6  Don’tDr    "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  Sometime   "Sometimes"
4  Rarely
5  Never      "Never"
6  Don’tDr    "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
ASK ALL
Milk
What type of milk do you usually use?
INTERVIEWER: CODE ONE ONLY
1 Whole “Full fat”
2 Semi “Semi-skimmed”
3 One “1%”
4 Skimmed
5 Goat “Goat/sheep milk”
6 Soya “Soya milk”
97 Other “Other (please specify)”
8 NoMilk “SPONTANEOUS ONLY: Don’t use milk”

IF (Milk = Other) THEN
MilkO
What other type of milk do you usually use?
: STRING [30]

IF (Milk <> NoMilk) THEN
MilTyp
Is this milk usually:
INTERVIEWER: RUNNING PROMPT...
1 Past "Pasteurised"
2 UHT
3 Ster "Sterilised"
97 Other "Other (please specify)"

IF (MilTyp = Other) THEN
MilTypO
INTERVIEWER: RECORD 'OTHER' HERE.
: STRING[30]

ASK ALL
TBre
What type of bread, rolls, chapattis do you usually eat?
1 White “White bread”
2 Brown “Brown/granary bread”
3 Whole “Wholemeal bread”
4 Fifty “50/50 bread (eg Hovis best of both)”
5   Varies   "Varies too much to say"
6   None     "None – does not eat bread"

IF (TBre <> None) THEN
Bread
How many pieces of bread, rolls or chappatis do you eat on a usual day?
1   LessOne  "Less than 1"
2   OneDay   "1-2"
3   ThrDay   "3-4"
4   FivDay   "5 or more"

ASK ALL
Spread
What sort of spread do you mainly use on bread or vegetables?
INTERVIEWER: CODE ONE ONLY
1   Butter
2   PolyMarg  "Polyunsaturated margarine e.g. Flora, sunflower margarine, Vitalite, I-Can't-Believe-its-Not-Butter”
3   Marg      "Hard or soft margarine e.g. Blue Band, Stork, Clover, supermarket own brand”
4   LoFat     "Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light”
5   Mono      "Olive oil or monounsaturated spread e.g. Bertolli, Olivio, Olive Gold, Mono”
97  Other     “Other (please specify)”
6   NoSpread  “SPONTANEOUS ONLY: Don’t use spread”

IF (Spread = Other) THEN
SpreadO
What other type of spread do you mainly use?
: STRING [30]

ASK ALL
Fry
What sort of fat do you mainly use for cooking?
INTERVIEWER: CODE ONE ONLY
1   Butter   "Butter, ghee, dripping, lard, solid cooking fat"
2   PolyMarg  "Polyunsaturated margarine e.g. Flora, sunflower margarine, Vitalite, I-Can't-Believe-its-Not-Butter”
3   Marg      "Hard or soft margarine e.g. Blue Band, Stork, Clover, supermarket own brand”
4   LoFat     "Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light”
5   Mono      "Olive oil spread or other monounsaturated spread e.g.
Olivio, Olive Gold, Mono"
6 SunOil  "Sunflower oil, corn oil, soya oil"
7 OIOil  "Olive oil, hazelnut oil, rapeseed oil"
8 OOil  "Other vegetable oil"
97 Other  "Other (please describe)"
96 None  "SPONTANEOUS ONLY: None of these - do not use any fat when cooking"

IF (Fry = Other) THEN
FryO
What other sort of fat do you mainly use?
: STRING[100]

ASK ALL
Fat
Do you usually eat the fat on meat?"
1  All        "Yes, all of it"
2  Some      "Yes, some of it"
3  No
4  NoMeat    "Never eat meat"

ASK ALL
FruitAv
SHOW CARD CC
How often do you usually have FRESH fruit available in your home?
Would you say...
1  Always
2  Often
3  Somet    "Sometimes"
4  Rarely
5  Never

ASK ALL
VegAv
SHOW CARD CC
How often do you usually have FRESH vegetables available in your home?
Would you say...
1  Always
2  Often
3  Somet    "Sometimes"
4  Rarely
5  Never
ASK ALL
OilFish
SHOW CARD DD
Other than tinned tuna, how often do you eat **tinned oily fish**, such as salmon, sardines, mackerel, kippers, herrings, pilchards, anchovies? Please **do not** include tinned tuna.
INTERVIEWER: **TINNED TUNA DOES NOT COUNT AS OILY FISH BECAUSE THE CANNING PROCESS REDUCES THE OMEGA-3 FATTY ACID CONTENT.**

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

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

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

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

1 Continue

ASK ALL
Salt
SHOW CARD CC
How often do you add salt to your food, either during cooking or at the table?

1 Always
2 Often
3 Somet **“Sometimes”**
4 Rarely
5 Never
ASK ALL
Veg
Would you describe yourself as vegetarian or vegan?”
1 Veggie “Vegetarian”
2 Vegan “Vegan”
3 Neither “Neither”

IF (Veg = Veggie) THEN
VegeChk
Can I just check, do you eat any meat, fish, poultry or dishes that contain these?
1 Yes
2 No

IF (Veg = Vegan) THEN
VeganChk
Can I just check, do you eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?
1 Yes
2 No

ASK ALL
AttFV
The next few questions are about your attitudes towards healthy eating. What do you think is the official guideline for the number of portions of fruit or vegetables people should eat every day?
: 0..20

ASK ALL
AttSalt
What do you think is the official guideline for maximum daily salt intake for adults? Please tell me the number of grams per day.
: 0..20

ASK ALL
AttFish
What do you think is the official guideline for the number of portions of oily fish people should eat a week?
: 0..20
RECONTACT

ASK ALL
ReCont
If at some future date the Department of Health or Food Standards Agency wanted to conduct a further study from the results of this survey, would you be willing to be recontacted to help again?
INTERVIEWER: IF ASKED, THERE ARE NO CURRENT PLANS FOR FURTHER STUDIES BUT THERE MAY BE IN THE FUTURE.
1 Yes
2 No

IF (ReCont = Yes) THEN
StabAdd
Just in case we have difficulty in getting in touch with you could you give us the name and/or phone number of someone who knows you well?
INTERVIEWER: IF NECESSARY, PROMPT: Perhaps a relative or friend who is unlikely to move?
COLLECT ADDRESS DETAILS IF POSSIBLE AND RECORD IN THE FOLLOWING QUESTIONS.
1 Agreed "Agreed to provide stable contact"
2 Refused "Refused to provide stable contact"

IF (StabAdd = Agreed) THEN
StName
INTERVIEWER: Please enter the name of the contact person.
: STRING [30]

IF (StabAdd = Agreed) THEN
StRel
INTERVIEWER: Please enter the relationship to the respondent. PROBE FULLY.
: STRING [30]

IF (StabAdd = Agreed) THEN
StTelNum
INTERVIEWER: Please enter the telephone number of the stable contact Include standard code.
: STRING [20]
IF (StabAdd = Agreed) THEN
StAdd
Could we also take down an address for them?
1 Yes
2 No

IF (StAdd = Yes) THEN
StAdd1
INTERVIEWER: Please enter the stable/contact address.
Address line 1:
: STRING [30]

IF (StAdd = Yes) THEN
StAdd2
INTERVIEWER: Please enter the stable/contact address.
Address line 2:
(Just press <Enter> if no more to add.)
: STRING [30]

IF (StAdd = Yes) THEN
StAdd3
INTERVIEWER: Please enter the stable/contact address.
Address line 3:
(Just press <Enter> if no more to add.)
: STRING [30]

IF (StAdd = Yes) THEN
StAdd4
INTERVIEWER: Please enter the stable/contact address.
Address line 4:
(Just press <Enter> if no more to add.)
: STRING [30]

IF (StAdd = Yes) THEN
StAdd5
INTERVIEWER: Please enter the stable/contact address.
Address line 5:
(Just press <Enter> if no more to add.)
: STRING [30]
IF (StAdd = Yes) THEN
StAddPC
INTERVIEWER: Please enter the stable/contact address.
Postcode:
(Just press <Enter> if none.)
: STRING [8]

IF (StabAdd = Agreed) THEN
StInfo
INTERVIEWER: Please enter any other information about the stable/contact address.
(Just press <Enter> if none.)
: STRING [100]

IF (StabAdd = Agreed) THEN
ConSt
INTERVIEWER: Please read the stable contact below, and confirm whether correct.
Name:
Relationship:
Address:
Postcode:
Telephone:
Other info:
1 Correct "Details correct"
2 NotCorr "Details not correct"

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

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