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# Construction of Wave IV dbGaP GWAS Sample Weight

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Add Health is supported by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations.

### Introduction

This document provides a brief overview of the steps in constructing GWAS sample weights. It also reports results of some statistical analysis using the constructed weights.

The total number of GWAS sample (N=9,975) who were actually assayed and number of those (N=12,234) who consented to be archived and assayed are different. When the proportions of subjects who have consented and who have actually been assayed are different for certain Add Health post-stratification domains, this might cause problems if we simply use grand sample weights for GWAS sample (Bethlehem 2002). We thus developed weights for this special sample.

### **Data Construction**

First, we used post-stratification variables, including gender, grade (7-12), and race (black and nonblack), to create 24 Add Health domains. Within each domain, we separately calculated the number of respondents who have been assayed ( $N_a$ ) and number of respondents who have consented to be assayed ( $N_c$ ).

Second, we calculated response rates within each domain by dividing  $N_a$  by  $N_c$ . **Table 1** displays the number of respondents who were assayed, number of respondents who have consented to be assayed, and response rate for each of the 24 post-stratification domains. It shows that response rates vary across different post-stratification domains.

Black Respondents						
Gender	Grade	# of Respondents Assayed	# of Respondents	Response Rate		
			Consented to be Assayed			
Male	7	163	200	0.815		
	8	165	190	0.868		
	9	162	196	0.827		
	10	179	217	0.825		
	11	147	184	0.800		
	12	147	170	0.865		
	Total	963	1,157			
Female	7	180	215	0.837		
	8	190	234	0.812		
	9	216	257	0.840		
	10	244	285	0.856		
	11	203	241	0.842		
	12	171	203	0.842		
	Total	1,204	1,435			
Non-Black Respondents						
Gender	Grade	# of Respondents Assayed	# of Respondents	<b>Response Rate</b>		
			Consented to be Assayed			

### Table 1. Response Rates of Wave IV Post-Stratification Domains for GWAS Sample

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	-	472	F00	0 700		
	7	472	598	0.789		
Male	8	510	599	0.851		
	9	703	848	0.829		
	10	744	922	0.807		
	11	730	902	0.810		
	12	616	738	0.835		
	Total	3,775	4,607			
	7	591	739	0.800		
	8	545	680	0.801		
	9	738	914	0.807		
Female	10	744	943	0.789		
	11	704	903	0.780		
	12	711	856	0.831		
	Total	4,033	5,035			
	Total Respondents					
Gender	r Grade # of Respondents Assayed # of Respon		# of Respondents	Response Rate		
			Consented to be Assayed			
Male	Total	4,738	5,764			
Female	Total	5,237	6,470			
	Total	9,975	12,234			

Third, we calculated the inverse of the response rates in each domain.

Fourth, we multiplied Wave IV *grand* sample weights by the inverse of the response rates, which produced GWAS sample weights for respondents who have been assayed and have grand sample weights (N=9,404).

Lastly, we also calculated weights for respondents (N=571) who were assayed but *missing* Wave IV grand sample weights. We assigned them with value 1 as the base weight. We then multiplied their base weight of 1 by the inverse of the response rate of their domain.

### Data Summary Statistics

**Table 2** provides summary statistics of the final constructed GWAS weights for a total of 9,975 respondents. We also calculated the range and mean of GWAS weights separately for two sub-groups. One is for GWAS respondents who are *not* missing Wave IV grand sample weight (N=9,404); and the other for those who are missing grand sample weights (N=571).

### Table 2. Summary Statistics of Weight Variables

	Minimum	Maximum	Mean	Ν
Final Wave IV GWAS Sample Weight	1.152	23185.16	1758.701	9,975
GWAS Weight Only for Respondents Who Are Not	24.154	23185.16	1865.143	9,404
Missing Wave IV Grand Sample Weight				
GWAS Weight Only for Respondents Who are Missing	1.152	1.283	1,223	571
Wave IV Grand Sample Weight				

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**Note:** one case was dropped after the GWAS weights were constructed. The exclusion of the weight for this case won't affect analysis results. The final data file includes 9,974 respondents with weights.

In addition, we conducted some descriptive statistical analysis of Wave IV outcome variables to compare results using three types of weights. **Table 3** shows the comparative results. We used two outcome variables. One is daily smoker which is a binary measure; and the other is BMI which is a continuous measure. We calculated the proportion for daily smoker and mean for BMI along with their standard errors.

Table 3. Proportions/Means and Their Standard Error of Two Wave IV Outcome Variables Using Three Types of Weights

	Weight 1		Weight 2		Weight 3	
	Final Wave IV GWAS Sample		Wave IV GWAS Sample		Wave IV Grand Sample	
	Weight		Weight When Respondents		Weight with Subproportion	
			Who are Missing WIV Grand		Analysis	
			Sample Weights are excluded			
	Proportion	Standard Error	Proportion	Standard Error	Proportion	Standard Error
WIV						
Daily	0.2651083	0.0105232	0.2651087	0.0105233	0.264839	0.0105311
Smoker						
Ν	9,679*		9,336		9,336	
	Mean	Standard Error	Mean	Standard Error	Mean	Standard Error
WIV	29.16692	0.1480495	29.16692	0.1480517	29.18109	0.1484379
BMI						
Ν	9,640*		9,294		9,294	

**Note:** Total N is smaller than the final GWAS sample (9,975) because both outcome variables have missing data. All the analysis was adjusted for school clustering and stratification by region as well.

The first analysis used the *final* GWAS sample weights for the full GWAS sample of 9,975 respondents. The second analysis excluded 571 respondents who were missing grand sample weights, and was limited to a sub-sample of 9,404 respondents whose GWAS weights were computed using the non-missing grand sample weights. The third one took the subpopulation analysis approach using the original *grand* sample weights. A binary subpopulation variable was constructed with 1 referring to those who were assayed and have grand sample weights and 0 otherwise (referring to those who are not in the genetic sample along and 571 respondents who are missing grand sampling weights).

The result using the *final GWAS sample weights* (*Weight 1*) is almost identical with the one that is limited to the subsample of respondents who have GWAS weights and are not missing grand sample weights (*Weight 2*). The result from grand sample weights (*Weight 3*) and subpopulation analysis is also similar to the results from the other two subsamples. The slight difference arises in the third or fifth decimal of the estimates for daily smoker; and appears in the second or fourth decimal of the estimates for BMI.

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### References

Bethlehem, J. G. (2002). "Weighting Nonresponse Adjustments Based on Auxiliary Information." in Groves, R., Dillman, D., Eltinge, J., and Little, R. (eds.) Survey Nonresponse. New York, NY: Wiley.

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