

SN 3640

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Health Survey for England 1994

User Notes

1. Background

The Health Survey for England 1994 (HSE) data files contain data from the fourth year of a series of surveys designed to monitor trends in the nation's health. The 1994 Health Survey was commissioned by the Department of Health and carried out by the Joint Health Surveys Unit of Social and Community Planning Research and the Department of Epidemiology and Public Health at University College, London.

2. Survey Design

HSE 1994 was designed to monitor trends in cardiovascular disease and associated risk factors. The survey used a stratified multi-stage cluster design of the population in private households in England using the Postcode Address File as a frame. All adults (aged over 16) in selected households were eligible for interview.

The survey had two separate elements: an interviewer visit and a nurse visit. At the first visit all adults were asked to give an interview, which included a self-completion element, on a range of health related topics. The interview collected information relating to respondents' history of cardiovascular disease and associated risk behaviours such as smoking, drinking and physical activity. Respondents were also questioned about their use of health services and eating habits. They were asked to complete a booklet, containing instruments such as the General Health Questionnaire, designed to measure psychosocial well-being and perceived social support. They were then asked to have their height and weight measured. Those who agreed to the second visit, made by a nurse, were surveyed about their use of prescribed medications. Then, if the respondent was willing, further anthropometric measurements (i.e. demi-span, waist and hip circumference) were taken, their blood pressure was measured and they provided a blood sample (which was analysed for cholesterol, ferritin, haemoglobin, gamma GT, glycosylated haemoglobin, fibrinogen and serum cotinine). A limited amount of proxy information was obtained, where possible, about those unwilling to take part in the survey.

3. Description of the 1994 data files

The 1994 data consists of three files. The file HSE94H.POR contains data on household composition, basic demographic data and household level information for all respondents in co-operating households. The file HSE94I.POR contains data for all responding adults in co-operating household who gave a full interview. It contains information from the household questionnaire, main individual schedule, self-completions and the nurse visit (where one occurred). HSE94P.POR contains data from the proxy questionnaire.

3.1 Variables on the files

Each of the data files contain questionnaire variables (excluding variables used for administrative purposes) and derived variables. The content of each file is as follows:

A) The interviewed respondent file: HSE94I.POR

This file contains data for all 15,809 adults interviewed in responding households.

Data from questionnaire schedules:

The file HSE94I.POR contains variables from the following questionnaire schedules: household questionnaire; household grid; individual questionnaire; 16/17 year old smoking and drinking self-completion questionnaire; adult self-completion for all respondents and the nurse schedule. All variables present on the data file are given by name in the copy of the interview schedules provided with this guide.

Derived variables:

The HSE94I.POR file contains derived variables used by researchers working on the 1994 Health Survey report for which separate documentation is provided. These variables were derived in the QUANTUM DBMS system. The derived variable specifications explicitly document for each variable the way in which valid data was handled in the 1994 Health Survey report. For the purpose of analysis, missing data was handled in a number of ways (see the report for details). The derived variable specifications do not document every version of a variable if only the missing data specification was changed for a particular analysis.

Blood analyte variables:

The following variables have been attached to the individual file:

Analyte:	Variable:	Quality variable:
Cholesterol	CHOLEST	CHOLQUAL
Gamma GT	GAMMA	GAMQUAL
Glycosylated haemoglobin	GLYCO	GLYQUAL
Fibrinogen	FIBRIN	FIBQUAL
Ferritin	FERRIT	FERQUAL
Haemoglobin	HAEMO	HAEMQUAL
Cotinine	COTLON	COTSENT

Where a blood sample was obtained but no analysis was possible the reason is given in the relevant quality variable. Samples which were not analysed are coded as 9999 on the blood analyte variables and declared as missing values.

B) The household grid data file: HSE94H.POR

This file contains information for all 17,227 individuals within responding households. It is provided as an aid to household level analysis. It contains all variables from the household grid and household questionnaires. It also contains a number of derived variables defined at the household level.

C) The proxy data file: HSE94P.POR

This file contains all data from the proxy questionnaire, including a number of derived variables used to generate household level derived variables. The household level derived variables (and the 'raw' variables used to create them) are the only variables from the proxy data set which were used in writing the 1994 Health Survey report. Other variables on the proxy data set, although having had preliminary checks and edits applied to them, have not been scrutinised as thoroughly as those on the individual data set.

3.2 Multicoded questions

Multicoded questions are stored in the archived HSE 1994 data sets in two ways. Multicoded questions, where for example the interviewer (or nurse) is instructed to "CODE ALL THAT APPLY" or where an open ended question has elicited more than one answer, were stored as array variables in the QUANTUM DBMS system which was used to read and edit the data. However, in SPSS (which was used for analysis and archiving the data) multicoded variables must be stored as 'flat' variables, coded either **by mention** or **by category**. Questions coded by mention are stored as categorical variables where the complete value set is repeated in each of the variables. Questions coded by category are stored as indicator variables where each value in the set is stored as its own variable. Both approaches have been used in the Health Survey. In HSE 1993 all of the multicoded variables were stored by mention. In HSE 1994 most of the multicoded variables have been stored by category with two exceptions being stored by mention.

As an example, question 34b) on the 1994 individual schedule (question 7a in the diagnosis and treatment section of the 1993 individual questionnaire) is an open coded question which asks "What other treatment or advice are you currently receiving because of your *heart condition/stroke* ?". The code frame consists of three values:

- 1 - special diet
- 2 - regular check-up with GP/hospital/clinic
- 3 - other

In 1993, the variables ADHARTM1 - ADHARTM3 record the (up to) three responses to the question assigning codes 1-3 in each of the variables. In 1994, the variables ADHARTC0 - ADHARTC3 store the answer to this question as follows:

- ADHARTC0 - takes the values: -1 for those cases where the question was not applicable (ie. those who did not have a heart condition) and 0 for those who were asked about treatment/advice for their heart condition.
- ADHARTC1 - takes the values: 1 for those who were on a special diet and a 0 for all others.
- ADHARTC2 - takes the values: 1 for those who were receiving regular check-ups and 0 for all others.
- ADHARTC3 - takes the values: 1 for those who mentioned treatment/advice for their heart condition which was something other than a special diet or regular check-ups and 0 for all others.

Because a respondent could have replied with more than one answer, that respondent could have a value 1 for all three variables.

In order to emphasise the difference in the way the coding was handled between 1993 and 1994, the

variable names in 1994 will differ from those used in 1993 where the coding was done differently (ie. by category and not by mention). In some instances, the names used in the 1994 derived variable specifications may not exactly reflect those on the archived data set. QUANTUM (which was used to create the derived variables) multicoded array variables have retained the 1993 variable name as they most closely resemble a variable stored by mention. The document “1993/1994 Variable Name Comparisons” is designed to assist users interested in comparative analysis of the 1993 and 1994 data sets.

3.3 Missing values conventions

-1	Not applicable: Used to signify that a particular variable did not apply to a given respondent either because of internal routing or because they did not respond to a particular schedule (i.e. nurse schedule or self-completions).
8,88, etc	Don't know, Can't say.
9,99, etc	No answer: Used to signify missing data where a respondent failed to respond to a given question.

These conventions have also been applied to the derived variables. The derived variable specifications should be consulted for details.

3.4 Valid cases

In the 1994 Health Survey report, as in previous reports, cases were excluded from the analysis of anthropometric and blood pressure measurements if their measurement was invalid. For example, those who had smoked, drunk or eaten within 30 minutes of having their blood pressure taken were excluded from analysis as this can affect blood pressure. For each measurement listed below, a selection variable has been derived which indicates valid and invalid cases. To restrict analysis to valid cases, the selection variable should be used as indicated.

Measurement:	Select valid cases with:
Height	HTOK=1
Weight	WTOK=1
Body mass index	BMIOK=1
Demi-span	SPANOK=1
Waist measurement	WSTOK=1
Hip measurement	HIPOK=1
Waist-hip ratio	WHOK=1
Waist-height ratio	WSHTOK=1
Blood pressure	BPREAD=1

Analysis of blood analytes also excluded those taking a drug that may have affected the analyte result. The table below lists the variables used for restricting analysis to those not affected by drugs.

Analyte:	Variable:	Exclusion variable:
Cholesterol	CHOLEST	CHOLEXCL: valid = 0
Gamma GT	GAMMA	GAMMEXCL: valid = 1
Glycosylated haemoglobin	GLYCO	Not applicable

Fibrinogen
Ferritin
Haemoglobin
Cotinine

FIBRIN
FERRIT
HAEMO
COTLON

FIBEXCL: valid = 0
HAEMEXCL: valid = 0
HAEMEXCL: valid = 0
Not applicable

3.5 Respondent's Age

For confidentiality reasons, respondent's day and month of birth, as well as the day of household, individual and nurse interview, are not available in the 1994 data set. However, there are three variables available on the interviewed respondent's data set (HSE94i.POR) which provide different calculations for respondent's age. The variable AGE gives the respondent's age last birthday, 'traditional' age. IRNDAGE and NRNDAGE are calculated from the respondent's date of birth and dates of the individual and nurse interviews, respectively. These variables have been computed to give the respondent's exact age rounded to the nearest integer, 'rounded' age. They were derived using the SPSS date functions as follows:

```
COMPUTE idate = DATE.DMY(dintb, mintb, yintb) .
COMPUTE ndate = DATE.DMY(visday, vismon, visyr) .
COMPUTE dobdate = DATE.DMY(dobday, dobmonth, doyear) .
COMPUTE irndage = RND((idate-dobdate)/(86400*365.25)) .
COMPUTE nrndage = RND((ndate-dobdate)/(86400*365.25)) .
EXECUTE .
```

The day, month, and year of interview (IDATE), of nurse visit (NDATE) and birth (DOBDATE) are calculated. Then these date variables are used to compute age in years by dividing the difference between the two dates by the number of seconds and the approximate number of days in a year (allowing for leap years). Please refer to the SPSS manuals for a further explanation of the date functions.

List of Documentation provided

- * Questionnaire schedules
(including variable names and coding instructions)
- * Show cards
- * Instructions to interviewers
- * Instructions to nurses
- * Code frames and instructions
- * Derived variable specifications
- * 1993/1994 variable name comparison list

Further information about the Health Survey for England 1994 is available in:

“Health Survey for England 1994”. Volume I: findings & Volume II: Survey Methods and Documentation. Edited by H. Colhoun and P. Prescott-Clarke. HMSO. London. 1996. ISBN 011 321 895 8.



THE HEALTH SURVEY FOR ENGLAND

On behalf of the Department of Health



P1315

THE HEALTH SURVEY FOR ENGLAND: 1994

INTERVIEWER PROJECT INSTRUCTIONS

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1 BACKGROUND AND AIMS

"The Health Survey for England" is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

In 1992 the Government published a White Paper entitled "The Health of the Nation", which identified key areas for action (coronary heart disease and stroke, cancer, mental illness, HIV/AIDS, and accidents). The White Paper set out a number of targets to be achieved by the year 2000, or in some cases over a longer period. The government's overall aim in setting these targets is to increase people's life-expectancy and to improve the quality of their lives.

The White Paper recognised that a health strategy for improving life quality involved a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate its effects.

Little systematic information has hitherto been available about the state of the nation's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with health overall. And even the wider-ranging surveys fail to provide measures of change over time.

We therefore do not have a clear picture of the health of the country as a whole, or of the way it may be changing. It has not been possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vitally needed for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, one of the key recommendations of "The Health of the Nation" was that a major health survey should be carried out, on a continuous basis, to monitor the country's state of health, so that trends over time could be noted and appropriate policies planned.

The Health Survey for England is that survey. It thus plays a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of the government's policies and the extent to which its targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

The government's commitment to monitoring is emphasised by the publication in autumn 1993 of "The Health of the Nation - One Year On" which reviews progress made to date.

2. THE SURVEY

The Health Survey for England is a large survey, around 17,000 adults being interviewed each year. Fieldwork is continuous throughout the year. It is expected that the series will continue indefinitely.

The survey started in 1991. The 1991-1993 surveys were carried out for the Department by OPCS Social Survey Division. The 1994, 1995 and 1996 surveys are being carried out by the newly formed Joint Health Surveys Unit, set up in 1993 jointly by SCPR and the Department of Epidemiology and Public Health, University College London (UCL).

The survey will focus on different health issues in different years, although a core group of questions will be included every year.

The first major issue studied by the Health Survey is cardiovascular disease. The 1991, 1992 and 1993 surveys have all been focused on this issue, as will the 1994 survey. New health issues will be introduced with the 1995 survey.

Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in this country. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

Coronary heart disease caused more than a quarter of all deaths in 1991, while strokes were responsible for more than one in ten. "Every day in England heart disease and stroke kill nearly 550 people", as One Year On points out.

Cardiovascular disease is thus an issue of great importance. It is also an issue that lends itself to study in a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

The 1991-1994 surveys provide a baseline against which to measure future trends in cardiovascular health. Specific aims include:

- estimating the proportion of adults in England who have particular cardiovascular conditions
- estimating the prevalence of certain risk factors associated with these conditions, and looking at the extent to which combinations of risk factors are found
- examining the variation in risk factors between population sub-groups

This will help to:

- inform policy on preventive and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets relating to cardiovascular disease set in the "Health of the Nation". These targets relate to blood

pressure and obesity

Information about the survey, its objectives and design have been circulated to all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have been asked to confirm that they are happy with the ethical aspects of this study. At the time of writing we have heard from almost all of these committees and all we have heard from have given their approval. Should any of those not yet heard from raise any serious objections, you will not be asked to work within the area they represent.

3 THE RESEARCH TEAM

The members of the research team for the Health Survey for England 1994 are

SCPR

Patricia Prescott-Clarke
Samantha Clemens
Steve Taylor

UCL

Dr Neil Poulter
Dr Helen Colhoun
Margaret Beksinska
Elizabeth Yea

4 SUMMARY OF SURVEY DESIGN

The Health Survey for England is a survey of people aged 16 or over living in private residential accommodation in England. The sample - around 13,000 addresses - has been selected from the Postcode Address File.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been very high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (18 addresses) will work together as a team.

An advance letter will be sent to each address explaining briefly the survey and its purpose. Two other information leaflets to be given out by the interviewer and the nurse provide the respondent with greater detail.

All people aged 16 and over at an address are to be interviewed (in up to three households). Fuller details of the sample and associated documents are given in Section 7.

4.1 THE INTERVIEWER VISIT

For each household there is a short Household Questionnaire which establishes who is resident in the household and collects some basic facts about them and the

household. Ideally this questionnaire should be asked of the head of the household (see Section 11).

For each person aged 16 or over living in the household there is an Individual Questionnaire, which includes a short self-completion section. This interview should take around 40 minutes to complete. Joint (simultaneous) interviews may be conducted, where this is practical. This questionnaire and how it should be administered is discussed in more detail in Section 12.

Towards the end of the interview, each person's height and weight are measured. We estimate that this will take around 10 minutes per household. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

At the end of the interview, the second stage of the survey is introduced. The second stage involves a visit by a nurse to ask a few more questions and carry out some more measurements. The interviewer arranges an appointment for the nurse to visit a few days later.

There is a special Proxy Questionnaire (see Section 13) that can be used in specific situations when it is not possible to interview one of the adults in the household. When the Proxy Questionnaire should be used is covered in Section 13.1.

The average amount of time you will be in a one-person household will be 50-60 minutes, and about 90 minutes in a two-person household.

4.2 THE NURSE VISIT

The second stage of the survey is carried out by a qualified nurse. After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. The nurse will then call on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken and to carry out more measurements; demi-span, waist, hip, and blood pressure. If the respondent wishes to be given the results of these measurements, the nurse enters this information onto their Measurement Record Card.

The nurse will then ask for written permission to take a small blood sample (normally 16ml, but in some cases up to 20ml). The sample is sent for analysis by the laboratory attached to the West Middlesex Hospital. Details of these analyses are given later in Section 8.4.

With the respondent's permission the results of the blood test and blood pressure will be sent to their GP. The respondent can also receive their blood test results, if they so wish.

Details of how to explain the purpose of the nurse visit are given in Section 8.4.

5 SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey
Before starting work, check that you have received the following supplies

<i>Document</i>	<i>Number</i>	<i>Colour</i>
Sample related documents		
Interviewer Sample Sheet	1	white
ARF A	18	white
ARF B	4	vellum
Address labels	3 sheets	
Nurse related documents		
Nurse Record Form	18 (pre-labelled)	sand brown
Nurse Record Form	4 (unlabelled)	sand brown
Appointment Diary	1	white
Appointment Record Card	26	sand brown
Plain A4 envelopes	10	
Interview documents		
Advance letter	5	white
Survey Leaflet (stage 1)	26	white card (A5)
Household Questionnaire	16	salmon
Individual Questionnaire	26	white
Self-completion booklet	26	yellow
Smoking and drinking schedule	5	green
Proxy questionnaire	5	rose
Show cards A - N for respondents	2 sets	white astralux
Interviewer aid cards	1 set	grey
Measurement Record Card	27	blue
SCPR leaflets	30	
Other documents		
Admin Notes	1	white
Equipment		
Stadiometer to measure height		
Frankfort Plane Card		
Scales to measure weight		
Treasury tags		

6 NOTIFYING THE POLICE

You, as the interviewer, are responsible for notifying the police in your area about the work both you and your nurse partner will be undertaking on this survey. You will be given a special form for this purpose. You will need to obtain all the relevant details from your nurse partner (eg make and registration number of car) so that you can complete this form. Before you start any work hand this form in at the police station in your area together with a copy of the advance letter, Stage 1 leaflet and Stage 2 leaflet.

7. YOUR SAMPLE

7.1 THE SAMPLE DESIGN

The sample for this survey has been drawn from the publicly available Postcode Address File. 12,960 addresses (delivery points) have been selected. These are clustered into 720 postcode sectors (ie 18 addresses per sector). 60 postcode sectors will be covered each month - 1,080 addresses. The sample has been designed so that each quarter's sample is fully representative of the population of England.

Each month each interviewer will be given 18 addresses to cover in a postcode sector. The target is to interview every person aged 16 or over at these selected addresses.

The first task of the interviewer at a selected address is to identify how many households are resident. This will normally be one but occasionally an address may contain two or more households. All households (up to a maximum of three) should be included in the survey.

The interviewer then identifies and interviews all persons aged 16 or over who live in each of these households.

7.2 SAMPLING DOCUMENTS

Documents associated with sample selection and outcome recording are the Interviewer Sample Sheet, Address Record Form A (ARF A), Address Record Form B (ARF B) and three sheets of Address Labels. How each of these documents should be used is described below.

7.3 ADDRESS RECORD FORM A (ARF A)

You will receive an **ARF A** for each of the 18 addresses in your month's quota. Each of these 18 ARFs should be completed and returned to the office immediately you have finished work at the address to which it relates.

The Address Label at the top of ARF A gives, in addition to the full address, a seven-digit serial number. This is the serial number for **Household No. 1**. It is made up of three digits for sample point, two digits for the address (01-18), a single digit for the household and a check letter. Make sure that you always copy this serial number accurately onto all documents relating to that household. Here is an example label:

```
POINT: 001           JAN
ADD/HH: 01 1 2
7 WILSON STREET
WORKINGTON           A
CA14 4AZ

FA: 2
```

If the address contains only one household, ARF A is the only ARF you will need. If there are two or more households at the address, you will need to make out a supplementary ARF B for each of the additional households - see below.

The selection label on the front page should be used where there are four or more households at the address, and you have to select three at which to interview.

7.4 ADDRESS RECORD FORM B (ARF B)

If there is more than one household at an address, an **ARF B** should be prepared for each *additional* sampled household. The maximum number of ARFs you can have for an address is three - one ARF A and two ARF Bs.

ARF B should be prepared by using the appropriate pre-printed address label from the label sheets in your pack. You will note that for each address there are 2 address labels for a Household Number 2 (**), and 2 for a Household Number 3 (***) - One is for ARF B and one is for the Nurse Record Form (see Section 9.3). Make sure you use the label with the correct address and the correct household number (see Item 9b of ARF A). Stick this label in the space indicated on page 1.

7.5 COMPLETING THE ARFs

Before returning work to the office, always check carefully that the ARF has been fully and accurately completed.

Calls record

Keep a full record of all the visits you make to an address/household - include abortive visits as well as productive ones.

Any notes about what happened at each call should be made in the notes box. Label the notes with the call number.

Items 1 - 9

These only appear on ARF A. They guide you through the process of establishing the number of households at the address, and, if there is more than one household, through the household selection procedures.

Follow the routing instructions carefully.

Item 2 - If one of these codes applies, there is nothing else for you to complete on the ARF - hence the instruction END.

Item 3 - a brief resume of the *household* definition is provided in a box as a reminder.

Item 4 - give a full description of why you were unable to make contact or received a refusal to provide any information. We wish to code the reasons for analysis purposes. Include any information that might be useful should we decide to ask another interviewer to make another attempt at getting co-operation.

Item 5 - This summary sorts addresses into those requiring a household selection process (codes C and D) from those where all households are eligible for inclusion in the survey (codes A and B). Make sure you always follow the skip instructions carefully.

Item 6 - If there are four to 12 households at your address, list all of them in the grid in the order indicated.

Then use the selection label on the front of the ARF to select the three households to include in the survey. Go along the first row until you reach the number of households at your address, and then look below for the selection codes of the households to include. Ring these codes in the column headed "Selection Code". Then go to Q9 and repeat the location details of the three selected households. An example of a selection label is shown below.

```

POINT: 001
ADD/HH: 01 1 Z

HH: 4 5 6 7 8 9 10 11 12
SEL: 1 1 2 2 4 1 4 3 4
      3 4 4 4 5 7 7 5 7
      4 5 5 6 6 8 10 9 11

```

If you come across an address with 13 or more households, list them on a separate sheet of paper in the order indicated at Item 6. Then use the look-up chart on page A8. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Pin the sheet on which you have listed these households to the back of your ARF.

Item 9b Note the difference between the *Household Serial Number* in the left-hand column and the *Selection Code* to be entered in the right-hand column. The latter comes from the grid you completed at Q6 and is only used for helping you make a correct household selection. The pre-numbered Household Serial Number is the number (together with the Check Letter given on its Address Label) that should be used on all documents relating to that household. *It is vital that you do **not** confuse the two numbers.*

Having made your selection, you should prepare ARFs for each household. The household listed first at Q9b is Household No. 1. Use ARF A for this household. Write the location of this household in the box provided below the address label. This is both to remind you of which one it is and to help anyone who subsequently wishes to contact this household.

Make out an ARF B for the second and third households listed at Q9b (see above). Also write the location details of the household in the box provided below the address label.

An example of a completed page A3 is shown opposite. Given the selection label shown above, you can see that the second, third and fourth households on the list were selected. You can also see that the household living on the ground floor becomes the household with serial

IF 4-12 HOUSEHOLDS, COMPLETE Qs 6, 7 & 9a

6 LIST ALL HOUSEHOLDS AT ADDRESS

- in flat/room number order
- or • from bottom to top of building, left to right, front to back

LOCATION WITHIN ADDRESS	SELECTION CODE
Basement flat	01
Ground floor flat	02
1st floor - front room	03
1st floor - back room	04
	05
	06

LOCATION WITHIN ADDRESS	SELECTION CODE
	07
	08
	09
	10
	11
	12

7 LOOK AT SELECTION LABEL ON FRONT OF ARF, AND SELECT THREE HOUSEHOLDS RING IN THE GRID ABOVE SELECTION CODE OF SELECTED HOUSEHOLD REPEAT THEIR DETAILS AT Q9a

IF 13+ HOUSEHOLDS, COMPLETE Qs 8 & 9a

8 To select THREE households USE LOOK-UP CHART ON BACK OF ARF, then enter their details at Q9a

ALL CASES WHERE 4 HOUSEHOLDS OR MORE

9a AT Q9b REPEAT LOCATION OF THE 3 SELECTED HOUSEHOLDS AND ENTER THE SELECTION CODE OF EACH

IF 2-3 HOUSEHOLDS

9b LIST THESE HOUSEHOLDS BELOW

- in flat/room number order, or
- from bottom to top of building, left to right, front to back

HOUSEHOLD SERIAL NUMBER		IF 4+ HOUSEHOLDS AT ADDRESS, ENTER SELECTION CODE OF HH
1	Ground floor flat	02
2	1st floor - front room	03
3	1st floor - back room	04

046-051

↑
ALWAYS USE THIS HOUSEHOLD SERIAL NUMBER ON

- i) "ADDITIONAL HOUSEHOLD" ARFs
- ii) ALL DOCUMENTS RELATING TO A HOUSEHOLD

COMPLETE SEPARATE YELLOW ARFs FOR HOUSEHOLDS NUMBER 2 & 3

number 1 (use ARF A for this household), the household in the front room on the first floor is household serial number 2 (make out an ARF B for this household using the ** address label) and the household in the back room on the 1st floor is household serial number 3 (make out another ARF B for this household - using the *** address label).

Items 10 - 19

These apply to both types of ARF.

Item 11 - Record full details as instructed for Item 4.

Item 13 - This can only be coded when you have completed all your tasks for that household.

Code 41 applies if you obtained an interview with **all** household members aged over 16 (ie all persons are ringed code 51 or 52 at Item 14).

Code 42 applies if all persons at Item 14 are codes 51-54.

Code 43 applies if at least one person at Item 14 has a code 51-54 but not everyone.

Item 14 - You will have listed on the household grid in the Household Questionnaire all persons aged 16 or over in the household. You should complete a column here for **each** of these people. The Household Grid gives a Person Number for each person. Make sure you use the correct column at Item 14 for each person - eg person No. 2 on the household grid should be person No. 2 at Item 14.

Item 15 - Give a full description of why you were unable to obtain an interview. It is very important to us to know as much as possible about why a person was not covered in this survey.

Item 16 - This is a very important grid. If you fail to complete the details, the ARF will be returned to you and your work will **not** be booked in until it is completed.

For each person on the Household Grid who was interviewed, either in person or by proxy, enter their Person Number from the grid, record their title, their surname and their full initials. For example,

02 Mrs Jamieson A.K.

Ring a code to show their sex and enter their date of birth. The date of birth for an individual will have been recorded by you in two places, on the Household Grid and on the front cover of that individual's questionnaire, where you are asked to check it with the individual. Obviously, it is the individual's own report of their date of birth that we take as likely to be the most accurate if there is a discrepancy between

the two reports It is this date that should be recorded in the grid at Item 16

Finally, ring code 1 or 2 to show whether or not the respondent gave permission for their name and other details to be passed to the National Health Service Central Register (NHSCR) - see Q159 on the Individual Questionnaire

Item 17 - These correspond to your codings at Q156b and Q158b on the Individual Questionnaire

Item 18 - Your coding here should correspond to your codes at Q160b) on the Individual Questionnaire If the respondent refused to see the nurse, give full details of why this was so at b) Remember to enter the relevant Person Number

Item 19 - We want to know why a proxy interview was taken

Language problem - respondent's English is too poor to allow a personal interview to be conducted

Ill at home - the respondent was ill for the whole of that month's fieldwork period If temporarily ill and expected to be well again within the fieldwork period, interview on recovery

Away/in hospital - respondent was away on leave, on a business trip, in hospital, etc for the whole of that month's field period If they are expected to return within your fieldwork period, then arrange to interview in person on return

Observation Sheet

Complete this page for all addresses, other than those classified as deadwood at Item 2

Complete items 20 - 24 from observation of the area in which the address is located

Item 21 Ring a code to indicate the type of properties in the immediate area of the address If the address was on an estate, it would be the type of estate If in a street, the type of property in that street

Item 23 Ring a code to indicate the type of accommodation lived in by the household Thus, if your address is a whole house, but you find it is occupied by households occupying different rooms, then each household would be code 06

Time spent interviewing

Item 25 - If you have conducted at least one interview at that household, record here the amount of time you spent interviewing Because you might be interviewing two or more people simultaneously, we have asked you to

note the time spent **per session**. So if, for example, on your first visit you interview a husband and wife together and the time spent doing these interviews was 87 minutes, then enter 87 in the box for Session 1. If you then go back and interview their teenage son and that takes 35 minutes, enter 35 in the box for session 2.

Item 26 - Sum all entries at Item 25. In the case of the example above, your entry should be 122.

7.6 INTERVIEWER SAMPLE SHEET (ISS)

This single sheet double-sided document will accompany your set of 18 ARFs. It replaces the usual Sample Cover Sheet. Complete this document as you work through your addresses and retain it carefully. It allows you to keep a full record of what you did. Any queries relating to work you sent to the nurse or to your pay can be sorted out.

The ISS is pre-printed with the Address Serial Number of each address in your point. Beside each Address Serial Number there are three rows, one for each possible household at the address. Record the location details of each household.

For each household record the final outcome of your attempts to interview. Take this from the ARF (see codes 01 - 46 at Items 2,3,10, and 13). In the next column record the number of people you interviewed. Then enter the number of people for whom an appointment was made to see the nurse. This information can be found on the ARF, Item 18. Then record the date on which you sent the nurse his/her Nurse Record Form for this household (see Section 9.3). Finally, enter the date on which you return the ARF to the office.

An example of a partially completed ISS is shown oppsite.

P1315 THE HEALTH SURVEY FOR ENGLAND 1994

INTERVIEWER SAMPLE SHEET

POINT 001 SURVEY MONTH 01 POSTCODE SECTOR CA14 4
INTERVIEWER NAME Sarah James NUMBER 2024N2

SUPERVISION
(if applicable)

Supervisor Name Pauline Smith Telephone Number 0781 237

Address serial number	Household serial number	Household location	Address/house hold outcome (01-46)	If 41-43	Number agreeing to nurse visit	Date NRF posted to nurse	Date ARF posted to office
				Number interviewed			
01	1	—	41	2	2	5/1	5/1
	2						
	3						
02	1	—	02	-	-	-	5/1
	2						
	3						
03	1						
	2						
	3						
04	1	—	43	1	1	6/1	8/1
	2						
	3						
05	1						
	2						
	3						
06	1	Ground + bkv	41	2	2	7/1	8/1
	2	1st flr - back	42	2	1	6/1	8/1
	3	1st flr - front	41	1	1	7/1	8/1
07	1						
	2						
	3						
08	1	Basement	45	-	-	10/1	11/1
	2	main house	42	3	2	8/1	8/1
	3						

8. INTRODUCING THE SURVEY

The response rate achieved in 1991-1993 has been every good, and 1994 must be equally good.

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. You have been given a montage of recent press coverage of the 1991 survey report. The 1992 report will be published early in 1994 and is likely to receive wide coverage.

8.1 DOORSTEP INTRODUCTION

The way the survey is introduced is vital to obtaining co-operation. Keep your explanation as short as possible, saying as little as you can get away with. This is the way in which interviewers who get the highest response tackle their doorstep introductions.

Only elaborate if you need to, introducing a new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part.

Concentrate on obtaining the interview. Do **not** mention measurements and the nurse visit. The letter sent in advance to sampled addresses refers only to an interview. It does not mention measurements or a subsequent nurse visit. We do not want to risk losing an interview because a person is worried about being weighed or measured, or about seeing a nurse. These are decisions they can make later. The interview itself is very important, and we want this even if we do not get any measurements for a person. Our experience in the pilot and in similar types of survey is that people are usually very happy to proceed from one stage of the survey to the next, but respondents may be put off if they are told about all the stages at the beginning.

The general rule therefore is keep your initial introduction short, simple, clear and to the immediate point.

Show your identity card
Say who you are
Say who you work for
Say that you are carrying out a "very important Government survey about health."

Introduce the height and weight measurements when the interview has been completed. Introduce the nurse visit after those measurements have been carried out. Your initial task is to get the household involved so that they feel happy to continue through to the end. Occasionally you may feel that mentioning the measurements is likely to encourage a particular household to respond. In which case, you may of course do so.

What you might mention when introducing the survey

- * It is a national (Government) survey (on behalf of the Department of Health)
- * It is a very important survey
- * It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation"
- * It is the largest national survey to look at the health of the general population
- * It is carried out annually
- * It provides the government with accurate and up-to-date information on the health of the population
- * It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Paper "Health of the Nation") are achieved
- * It is used to help plan NHS services
- * It is used to help plan private medical services
- * The information is available to all political parties
- * The information will be needed by whichever government is in office
- * Results are published annually and reported in the national press
- * The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them
- * To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not
- * Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned
- * Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost
- * Each person selected to take part in the survey is vital to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.

Do not turn up with your stadiometer and scales. Leave your car somewhere where you can retrieve these. You will not require these until the end of the interview and they look very off-putting.

Once you have identified how many people aged 16+ there are in the household, you have to interview all of them. If there are two or more people to interview, it both saves time and helps to encourage co-operation if you arrange to interview them in pairs. This is explained more in Section 10. If it is not possible to see them at the same time, then you will need to arrange separate appointments. Try to see everyone in a household within the shortest possible period of time.

8.2 ADVANCE LETTER AND SURVEY LEAFLETS

A letter describing the purpose of the survey has been sent to all sampled addresses a few days in advance of fieldwork for that month. You have been given copies of the advance letter to use as a reminder.

You have also been given a leaflet which gives further details about the survey. This should be given to everyone you interview. It should only be given out on the doorstep if you feel it will help to obtain a particular person's co-operation. Read it carefully. It will help you answer some of the questions people might have.

At your briefing you will have been given a copy of another leaflet which the nurse will hand out. You may find this useful when answering questions. You can tell respondents that the nurse will be giving them it when she or he calls.

For respondents who have difficulty reading English because it is not their mother tongue the advance letter and the two leaflets have been translated into six languages - Hindi, Bengali, Gujarati, Punjabi, Urdu and Chinese. You will be given a small supply of these. If you are working in an area where you know you will need more, contact Field Department (Loretta Curtis) for further copies. You will find the name of the language recorded in English on each document.

8.3 INTRODUCING HEIGHT AND WEIGHT MEASUREMENTS

The relationship between general build and health is of great interest to the Department of Health. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population's diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place.

Explain that it will only take a very short time to do and that no one will be asked to undress.

8.4 INTRODUCING THE NURSE'S VISIT

Our target is to interview and measure everyone. The measurements carried out by the nurse are an integral part of the survey data and without them the

interview data, although very useful, cannot be fully utilised

Convincing interview respondents of the importance of the second stage of this survey is therefore an essential part of your work and should be taken as seriously as getting an interview in the first place. Your job is only complete when you have arranged an appointment for the nurse to make a visit.

Question 160 of the Individual Questionnaire gives an introduction to this second stage of the survey. Use this wording to start with. But sometimes you will need to provide further information in order to convince people of the importance of this stage. They may want to know more about what is involved. Some may be nervous of seeing a nurse and you will need to allay any fears.

Try to convince everyone that seeing a nurse is a vital part of the study and that it is non-threatening.

If the person is reluctant, use the arguments given in the box below to try to get them to change their mind -

Explain that the nurse is the best person to describe what his/her visit will be about.

Stress that they are not committing themselves by making an appointment. They can always change their mind after hearing more about it.

The nurse will be asking for separate permission to carry out the various measurements.

The blood sample is only taken if the respondent gives *written* permission at the time.

No pressure will be put on the respondent to give blood, if they do not want to.

Play the "health check" card very carefully. It is not a health check - it is a survey - and it would be very misleading to tell people that it is anything other than that. However, several of the tests that would be made in a private medical check are included, such as blood pressure and cholesterol levels. Respondents and their GPs will be given all the results, if the respondent wishes. In the pilot several of the reasons for refusal to the nurse visit were because the respondent said they "did not need a medical check - they had just had one". Some interviewers must have over-stressed this point.

As with the doorstep introduction, say as little as possible in order to gain co-operation.

interview data, although very useful, cannot be fully utilised

Convincing interview respondents of the importance of the second stage of this survey is therefore an essential part of your work and should be taken as seriously as getting an interview in the first place. Your job is only complete when you have arranged an appointment for the nurse to make a visit.

Question 160 of the Individual Questionnaire gives an introduction to this second stage of the survey. Use this wording to start with. But sometimes you will need to provide further information in order to convince people of the importance of this stage. They may want to know more about what is involved. Some may be nervous of seeing a nurse and you will need to allay any fears.

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Explain that the nurse is the best person to describe what his/her visit will be about.

Stress that they are not committing themselves by making an appointment. They can always change their mind after hearing more about it.

The nurse will be asking for separate permission to carry out the various measurements.

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As with the doorstep introduction, say as little as possible in order to gain co-operation.

General points to make when introducing the nurse visit

- * it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- * the nurse is fully trained (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey
- * if the respondent wants, they will be given the results of the measurements carried out by the nurse, including the results of their blood test. If they like, this information will also be sent to their GP. This means that by seeing the nurse they will get much of the information they would receive if they paid for a private health check - in particular blood pressure and cholesterol levels
- * we will not be testing for HIV, or any other viruses
- * the amount of blood (16ml) the nurse will take is tiny compared to the pint that blood donors give
- * they are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if they do not want to help with a particular one. The nurse has to obtain written permission from a respondent before a blood sample can be taken
- * the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
- * around 15,000 people have already given blood samples on this survey
- * Your local medical ethics committee has been consulted and has given their approval to the survey

Summary of nurse tasks and how to describe them to respondents

The various types of measurements the nurse will ask permission to carry out are listed below. When describing the nurse visit to respondents do not go through all of these. For example, when asked about blood samples, mention the things people might already know about - for example a cholesterol test to look at the type of fat in the blood, and a haemoglobin test to detect anaemia.

At the briefing you were given a copy of the yellow Stage 2 leaflet which the nurse will be giving to all the people she or he visits. This describes the purpose of each measurement. Read it carefully so that you can use the information it contains.

Demi-span - this measures the length of the arm and is strongly related to a person's height. It can provide a measure of height for those people whose height can not be properly measured. We are taking everyone's demi-span so we can see the relationship between demi-span and height.

Waist and hip measurements - the circumference of the waist and hip will be measured. The distribution of weight over the body is an important factor in cardiovascular disease.

Blood pressure - both systolic and diastolic pressures will be taken, together with a pulse reading.

Blood sample - three small tubes of blood will be taken using the safe and efficient vacutainer method. The blood will be tested for the following:

Cholesterol - which was asked about in the questionnaire, and is a type of fat found in the blood.

Fibrinogen - this is a protein necessary for blood clotting, and high levels are associated with a higher risk of heart disease.

Haemoglobin - this is the red pigment in the blood which carries oxygen. If you have a low level of haemoglobin you are anaemic. Anaemia may be caused by a shortage of iron.

Ferritin - this gives a measure of the level of iron in the body.

Glycosylated haemoglobin - tests for the control of glucose in the blood.

Gamma GT - the level of this in the blood gives an indication of the health of the liver.

serum

Cotinine - this is related to intake of cigarette smoke, and is used to detect people who are passive smokers as well as active smokers. Passive smokers are people who do not smoke themselves but who breathe in other people's cigarette smoke.

The blood will **not** be tested for any viruses, such as HIV (the AIDS test).

9. LIAISING WITH YOUR NURSE PARTNER

It is vital that you and your nurse partner establish a good working relationship. Wherever possible we will arrange for you both to attend the same briefing/training day. If this is not possible, you should arrange to meet up as soon as possible. This **must** happen before you start work.

9.1 MAKING APPOINTMENTS FOR THE NURSE VISIT

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have both been given an Appointment Diary covering the relevant survey period. Go through this together before you start work. Note **carefully** the days and times on which the nurse is available to make a visit. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liaise frequently in order to update this information.

Ideally you will provide the nurse with an even spread of work and minimise the number of visits he or she has to make to the area. But of course this might not always be possible.

Try to arrange for everyone in a household to be seen one after the other. Allow 30 minutes for each person to be seen by the nurse, plus 15 minutes per household for sorting out equipment etc. You will know how long a nurse will need to get from one address to another if you are making appointments on the same day. Do **not** under-estimate these times - this was happening on the pilot and causing problems to both nurses and respondents.

When you have made an appointment for a household, give the respondents a completed Appointment Record card. Remember to always fill in the household serial number, in case any respondent has to telephone the office with a problem. If you have made appointments for individual people remember to write their name on the Appointment Record Card and note carefully the dates and times of each person's nurse appointment in your Appointment Diary and be sure to pass this information on to the nurse.

Point out to all respondents the notes at the bottom of the Appointment Record. These tell respondents that we would like them not to eat, drink alcohol or smoke for half an hour before their appointment, and asks them to avoid wearing tight or baggy clothing. The nurse will need to measure them and such clothing makes it very difficult to get accurate measurements.

Make sure your nurse is given good warning of all appointments you have made. Do this regularly by telephone. A very important part of your job is keeping the nurse fully informed about the outcomes of your attempts to interview people and to arrange for the follow-up nurse visit.

Send the nurse the completed Nurse Record Form for that household as soon as you have completed work there (see below).

9.2 ACCOMPANYING THE NURSE

You may come across a situation where you feel that the nurse might not get a response, or might have other problems with the respondent, unless you accompanied them. If you feel this is the case, obtain clearance from your Area Manager to accompany the nurse.

9.3 THE NURSE RECORD FORM

The nurse has a list of the serial numbers of all the addresses in your sample and needs to know the outcome of your visits to each address (including any at which no interview can be attempted because they are vacant, etc). If there is more than one household at an address they need to know the number of households and the outcome for each of these. You communicate this via the Nurse Record Form. This also confirms the details of those people the nurse has to visit.

The Nurse Record Form (NRF) is the nurse's equivalent of your ARF. You should prepare one of these for each **address/household** in your quota, so for every ARF you use (whether an A or a B ARF) there should be a matching NRF.

Your sample pack contains a pre-labelled NRF for each of your 18 addresses. These are for Household No. 1 (you will see that the label gives the household code as 1). They should not be used for households number 2 or 3. Your work pack contains additional copies of the NRF for any additional households you might find. If an address contains more than one household, make out additional NRFs using the second of the address labels provided for that household (ie label ** if household No. 2 and label *** if household No. 3).

As soon as you have finished your work at an address/household, make out the NRF and send it to the nurse (even if you have already told him or her by telephone of appointments you have made). Send the NRF even if your address was vacant or there was no interview there, for whatever reason.

It is your responsibility to complete the items on page 1 of the NRF. Pages 2 and 3 are for the nurse to complete.

Enter your name/number and that of the nurse at the top of the first page. Enter the telephone number. If there is more than one household at the address, describe the location of the household covered by that NRF.

Pass onto the nurse any useful tips you can about how to find the address, if this is difficult, or any information of relevance about the residents (eg the occupant is a very nervous, blind old lady, the dog sounds vicious but is quite safe, etc).

Complete the **Interviewer Outcome Summary** box. If you arranged at least one appointment for the nurse, ring code A. In which case you complete Part A at the foot of the page. If you made no appointments for the nurse (this would include situations where the address was empty as well as a refusal to see a nurse) ring code B and send the NRF to the nurse.

If you ringed code A in the Interviewer Outcome Summary box, complete at Part A a row for **every person in the household aged 16+** regardless of whether or not

they agreed to be interviewed or agreed to see the nurse. The nurse needs to know who is resident in that household, and who co-operated with the survey and who did not. Make sure you enter household members in the same order in which you recorded them in the Household Grid in the Household Questionnaire. It is **vital** that for a particular person the Person Number the nurse uses is identical to the Person Number you have used. If there are more than 6 adults in a household, continue listing details on a second copy of the NRF and clip it to the first copy.

Enter the full name, initials and title (eg Anderson, J.L., Mr.).

Ring code 1, 2 or 3 as relevant (code 2 only applies if the person was interviewed and should tie in with your ARF entry at Item 18a).

Enter the appointment date and time.

Enter the date on which you (last) made an interview at that household.

An example of a completed NRF is shown overleaf.

10. JOINT OR SIMULTANEOUS INTERVIEWING

This survey differs from many of the surveys that SCPR carries out in that all adults in a household are interviewed. Ideally, we would want you to carry out the interviews with the different people in the household one after the other.

However, this can be time consuming, and can put respondents off - they do not want to sit around waiting while the rest of the household are being interviewed. Carrying out a joint interview may prove the best way of obtaining co-operation.

Therefore, in order to make the survey as "respondent-friendly" as possible, we feel that, where appropriate, you should carry out joint interviews. This involves going through the questionnaire with two people at once (we do not suggest interviewing more than two people at a time as this could become quite complicated).

You will still need to use two questionnaires - one for each respondent. Make sure you label each one correctly before you start the interview then **make sure you use the right questionnaire for the right person.**

Go through questions (or short blocks of questions) with each respondent in turn. Be very careful when following skip instructions, particularly when your two respondents give different answers to a question. The filtering in this questionnaire is not difficult, but be careful that nothing gets missed.

To help, we have clearly labelled questions where everyone comes back together with **ALL**.

You will also find that at the start of each new section, everyone comes back together. We have tried to label the important questions with who should be asked them. *If you get lost, go back to the last ALL question and follow through.*

Where people are filtered differently, you will need to go through their specific questions separately. For instance, suppose you are interviewing a couple where the husband has reported a cardiovascular disease, but the wife has not. The

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NURSE RECORD FORM (NRF)

INTERVIEWER NAME Sarah James No 206002

NURSE NAME Pippa Hunt No 2024N2

300 303

ADDRESS LABEL

POINT 001 JAN
ADD/HH 06 1 D

20 CHAUCER ROAD A
WORKINGTON
CA14 4HQ

FA 2

HOUSEHOLD LOCATION DETAILS

Main house
(Basement w separate household)

TELEPHONE NUMBER 0781 2572

USEFUL TIPS

INTERVIEWER OUTCOME SUMMARY	INTERVIEWER TO DO	NURSE TO DO
At least one nurse appointment made A	Complete PART A below	Complete PART B overleaf
No nurse appointment made B	Send NRF to nurse	Return NRF to office

PART A TO BE COMPLETED BY INTERVIEWER

1 Enter in grid ALL persons aged 16+ in household

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	AGREED NURSE VISIT	REFUSED NURSE VISIT	NOT INTER VIEWED	APPOINTMENT DATE	APPOINTMENT TIME
0 1	JOHN SMITH, MR	1	2	3		
0 2	TERESA SMITH, MRS	1	2	3	12 JAN	4 35 pm
0 3	SIMON SMITH, MR	1	2	3	12 JAN	4 35 pm
0 4	JULIAN SMITH, MISS	1	2	3		
0 5		1	2	3		
0 6		1	2	3		

2 DATE (LAST) INTERVIEW CONDUCTED

DAY 07 MONTH 01 YEAR 94

husband the questions relating to his illness (Q31-57, and then Q59-62). Then ask his wife the questions for those with no such illness (Q63-66). They then both join up again at Q67 and you carry on asking the same question to each in turn.

As mentioned above, we feel that you should normally do no more than two people jointly. If you have the option of doing people one after the other, and they do not mind, then do this. However, do offer the joint option. Experience suggests that this could help to persuade more people to take part.

In households with more than two people, try to split them into twos for interviewing. However, if, for instance, in a three person household you feel that the only way to get all of them is to jointly interview all three, then do this, but only after trying to persuade them otherwise.

At the end of the questionnaire there is nowhere to record the length of the interview. This is because the length of an interview does not make much sense when you are doing joint interviews. Instead, you are asked to record on the ARF the length of the interview session (see Section 7.5). Remember to do this. It is important that we know how much time interviewing is taking.

THE QUESTIONNAIRES

11. THE HOUSEHOLD QUESTIONNAIRE

This questionnaire consists of a household grid (which sorts out who lives in the household) and a few questions relating to the household

This questionnaire needs to be completed before any of the individual interviews that you do. It is therefore an integral part of the first interview(s) that you carry out.

Ideally the household questionnaire would be answered by the head of household (see box below), but if the HoH is not available, you can ask the questionnaire of any responsible adult who is around.

It may be that the person you are asking does not know all the answers to the questions eg the date of birth of all the other household members. If this is the case, you will need to go back and fill in the gaps later, when you are interviewing the other household members.

Q1. The household grid

Above the grid fill in the number of people over 16 and the number of children in the household.

Person numbers and the Head of Household

The grid should then be completed for all persons in the household, regardless of their age. Complete the grid by **first** listing all those aged 16 or over. Then list those aged under 16. By doing this you will ensure that all those eligible for interview (ie those aged 16 or over) have Person Numbers in sequential order starting with 01.

Apart from this, the order of people in the grid is up to you. If the Head of Household is the respondent, then there is no problem and that person will be number 01, the first person in the grid. However, if you are not interviewing the Head of Household, you still need to record everyone's relationship to the Head of Household. For this reason, some interviewers find it easier to still put the Head of Household as person 01, and to put the respondent lower down the grid. This is up to you. For this reason we ask you to ring the number both of the Head of Household and the respondent. *Please always do this, even if it seems obvious to you who is who.*

The Person Number that each individual ends up with is a vital part of the survey Serial Numbering. It is a survey of individuals and each interviewed person must be uniquely identified. It is also vital that all documents and information about that person can be correctly linked together. The **Person Number in the Household Grid** is the number that should be used for that person on **all** documents.

For each person write in their relationship to the Head of Household, so that this can be coded in the office (eg mother-in-law, granddaughter - do not use words like "Nan", these mean different things to different people).

Then, ring the number of the person who is the Head of household. Remember the following rules:

In a household containing only a couple (married or living together), and children under 16, the male partner (husband) is always the HoH.

In all situations where there are other relatives in the household, or where some of the household are unrelated you should ask:
"In whose name is the house (flat) owned or rented?"

Except that a husband (or male partner) always takes precedence, the person named in reply is the HoH.

Where more than one person has an equal claim to be HoH the following rules apply:

Male takes precedence over female
Older takes precedence over younger

Try to establish who is the Head of Household without asking it in these terms. Find out who is responsible for owning or renting the property, and then work out head of household from the relationships of the people in the household.

The example grid shown below covers the situation where you interview a woman who lives with her husband and children, and his parents. The house is owned by the younger couple, and therefore, the woman's husband is the Head of Household.

Age and sex

Then code the sex of each household member and obtain their date of birth. The date of birth is an important piece of information. For example, with the respondent's permission, we can use it to link into their national health records. We are also using it to check person numbers on documents. If the respondent does not know the date of birth of any household member, obtain this information from the person themselves when you interview them and use it to complete the grid.

After obtaining the date of birth, ask *"May I check, how old is now?"* Children less than 1 year should be recorded as 00 and persons over 96 as 96.

1 Number of adults (aged 16+) in household

04 (26 27)

2 Number of children (aged under 16) in household

02 (28 29)

COMPLETE GRID FOR EVERYONE IN HOUSEHOLD PUT ADULTS FIRST, THEN CHILDREN

Person no (for transfer to all documents)	First Name	Ring no of HEAD OF HOUSEHOLD	Relationship to HEAD OF HOUSEHOLD	Ring no of RESPON- DENT	Sex		Date of Birth			Age	Marital Status										
					M	F	DAY	MONTH	YEAR		M	C	Sing	W	D	Sep					
01	Jane	01	Wife	01	1	2	3	0	1	0	6	3	3	0	1	2	3	4	5	6	34 51
02	John	02	HoH	02	1	2	0	8	0	9	6	1	3	2	1	2	3	4	5	6	52 69
03	Mary	03	Mother	03	1	2	0	7	1	1	3	9	5	4	1	2	3	4	5	6	08
04	Paul	04	Father	04	1	2	2	0	1	0	3	6	5	7	1	2	3	4	5	6	88 102
05	Kylie	05	Daughter	05	1	2	1	1	1	1	8	7	0	6	1	2	3	4	5	6	106 123
06	Jason	06	Son	06	1	2	0	5	1	2	9	1	0	3	1	2	3	4	5	6	124 141
07		07		07	1	2									1	2	3	4	5	6	142 159
08		08		08	1	2									1	2	3	4	5	6	160 177
09		09		09	1	2									1	2	3	4	5	6	178 195
10		10		10	1	2									1	2	3	4	5	6	196 213
11		11		11	1	2									1	2	3	4	5	6	214 231
12		12		12	1	2									1	2	3	4	5	6	232 249

The Head of Household owns or rents the property, or is a man married to or co-habiting with a woman who is the owner/renter (i.e. husband/male partner takes precedence) If equal claim to be HoH male takes precedence over female older takes precedence over younger

Marital Status

Ask marital status by saying "Are you married, living together as a couple, single, widowed, divorced or separated?"

M = married; C = cohabiting; Sing = single; W = widowed; D = divorced; Sep = separated.

Note that living together takes priority over other categories arising from a previous relationship.

Make sure that the grid is completed, and that no household member has been omitted.

Household details

There are then a few questions about the household and the accommodation they live in.

- Q4** Every dwelling must have at least one bedroom, ie a room where a person sleeps. A bedsit will have one bedroom. Count as bedrooms those rooms the respondent considers to be bedrooms.
- Q5** Central heating includes any system where two or more rooms are heated from a central source, such as a boiler, a back-boiler to an open fire, or the electricity supply. This definition includes a system where the boiler or back-boiler heats one room and also supplies the power to heat another room.
- Where the accommodation has only one room, treat it as having central heating if that room is heated from a central source along with other rooms in the building.
- Central heating does not include appliances that are plugged into the mains, such as electric fan heaters. Electric storage heaters are, however, included. Also include under-floor heating and hot air ducts.
- Q7** "Normally available" includes vehicles used solely for driving to and from work and vehicles on long-term hire. It excludes vehicles used solely in the course of work and those hired from time to time.
- Q8** *Income support* is a benefit for those who are out of work. If someone is getting help with their mortgage interest payments via the DSS, this will be part of income support.
- Family Credit* is paid to families with low earnings with at least one dependent child and with at least one earner working 16 hours a week or more.
- Q10** Housing benefit does not include Council Tax rebate or benefit.

12 THE INDIVIDUAL QUESTIONNAIRE

12.1 FRONT PAGE

Before you start the interview make sure you have entered that person's serial number on the front of the questionnaire accurately - be sure that the person number you give a respondent matches the number they had on the household grid

Write the respondent's first name (the name they are normally known by) on the front of the questionnaire

Date of birth

If you are interviewing the Household Questionnaire respondent, copy the date of birth from the Grid, checking it with the respondent as you do it

If you are interviewing another household member, ask them "What is your date of birth?" Do not copy it from the grid. The information in the grid could be inaccurate. At the end of the interview compare the two and amend the Grid data if necessary

12.2 GENERAL HEALTH

Q3 Use probes to obtain fuller details of an illness, disability or infirmity only if necessary. For example, someone may say, "I had an operation to sort out my feet." This does not tell us what was wrong with "my feet". Probe, "Can you explain a bit more?" etc. Please use such probes sparingly for this question. Use the "Anything else" probe in order to ensure that all long-standing illnesses are recorded

Q4 This is asked of everyone, and asks about any short-term health issues that affected people in the last two weeks. Only use the words in italics if the respondent does not understand the question without them

12.3 CHEST PAIN

The questions in this section come from the "Rose-Angina Questionnaire" which is recommended by the World Health Organisation for detecting symptoms related to cardiovascular disease. When administering these questions, make no attempt to help the respondent by interpreting the questions. For example, you should not say what you think is meant by pain or discomfort in the chest. These questions are intended to stand entirely on their own and for the respondent to use their own interpretation

If a serious doubt arises about the correct interpretation of a particular answer, it should be recorded in such a way as to exclude the suspected condition eg "Do you get it when you walk uphill or hurry?" "Well, maybe, but I can't really remember." This answer should be coded as "No". However, please note that Q5 is an exception to this

- Q5 Record any instance of pain. For example, an answer such as "No, except for indigestion" should be coded "Yes". The questions that follow are designed to filter out any chest pains that are not related to cardiovascular disease.
- Q6a The answer must be interpreted strictly. We only want to know about pain when walking uphill or hurrying - not when doing any other activity. Pain experienced only when going up stairs should be recorded as "No".
- Q9 If the respondent says they take a tablet (eg GTN, nitroglycerin, trinitrin) or mouthspray (for the heart and not for the wheeze), code 1 (ie they stop walking).
- Q10 If the pain goes away after taking a tablet, or mouthspray then code 1 (ie the pain goes away after stopping and taking medicines).
- Q12 Please be as precise as possible, using the diagram as a guide. Be careful about which side is left and which is right. The numbers on the diagram match the numbers that need to be coded at 12a.
- Q13 A severe pain across the front of the chest lasting for half an hour or more could indicate that the respondent has had a heart attack. Do not give the respondent any guidance about what is meant by a severe pain across the front of the chest.
- Q14b If the doctor said the pain was "nothing to worry about" then ring code 4.
- Q15 An ECG measures the electric current generated by the heart muscle. Electrodes are connected to the left side of the front of the chest, and to the wrists and ankles. The subject does not feel any sensations during the test, and is asked to relax and lie still.
- The electrodes are attached to an ECG machine, which is the size of a video-recorder, usually on a trolley. This records the rhythm of the heart. The test only takes about 20 minutes. It is important to distinguish this test from the 24 hour Ambulatory Holter-Monitor test which is used to investigate transient types of heart rhythm abnormalities.

12.4 PHLEGM, BREATHLESSNESS AND WHEEZING

These questions come from the "Respiratory Questionnaire" which is designed by the Medical Research Council and is used throughout the world for detecting respiratory symptoms. Some respiratory symptoms are related to cardiovascular conditions.

- Q16 If the respondent does not know what phlegm is, give the following description:

"Phlegm is a thick substance which is coughed up from deep in the chest"

Phlegm from the chest or throat must be distinguished from pure nasal discharge - exclude phlegm from the nose, but include phlegm swallowed Phlegm with first smoke or on first going out of doors should be coded "Yes"

Stress the word "usually" - and note that the reference period is winter **Usually refers to most mornings in most winters.**

If the respondent works nights, then you can use the words "on getting up" rather than "first thing in the morning"

Q19-Q21 If respondent answers "sometimes" to any of the breathlessness questions, code "Yes"

Q22 If the respondent does not know what wheezing is, you may give a vocal demonstration The wheezing must occur when breathing out to qualify as a yes Do not mention asthma

12.5 DIAGNOSIS AND TREATMENT

This is a very important section and obtains information on experience of cardiovascular diseases (CVD) or other conditions which may be related to CVD They are not however explicitly referred to as cardiovascular diseases as this could lead people to exclude conditions which they do not realise belong to this category

Q25-Q28 This is a grid for recording various heart conditions Your set of Interviewer Coding Cards contains a card which gives some of the common names for some of these illnesses

You should always work down the grid - completing for each condition Q25-28, as relevant Some of the conditions (high blood pressure, heart murmur and diabetes) have no follow up questions - so you would just ask the next condition

Other heart trouble must be described in detail at the bottom of the grid, so that it can be coded later in the office by the survey doctor In particular DH would like any cases of ischaemic and transient stroke to be coded under this This is a condition where someone suffers a mini-stroke which can lead to temporary black-outs Please get as much information as you can and record it in the space at the bottom of the grid

Q26 At this question we are trying to find out whether the condition was medically diagnosed If the respondent had the condition diagnosed when still a small child, then it might be the respondent's parents who were informed of the diagnosis rather than the actual respondent This should still be coded "Yes"

Q27-Q28 Only asked where angina, heart attack, abnormal heart rhythm,

other heart trouble or stroke have been diagnosed by a doctor.

- Q28 Refers to the actual condition or event, not to after effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.
- Q29 This summarises the conditions that a respondent has had. Be sure to ring **all** the codes that apply. Angina, heart attack, abnormal heart rhythm and other heart trouble are treated as one block and coded B, because if a respondent has had more than one of these it can be difficult for them to distinguish the treatment that is given for each one separately.
- This summary question is important as much of the filtering for this section and the section "Use of services" relies on it. Therefore double check that you have ringed the correct codes.
- If you are doing joint interviewing where one person does have some cardiovascular conditions and one does not, please note that everyone joins back together at the start of the "Use of Services" section on p.14.
- Q34 Other treatment can include a wide variety of things. The most common seem to be going for regular check-ups, and changing diet. Keep the definition fairly wide, and if the respondent mentions anything that they think is "other treatment", note it down.
(This also applies to Q41, Q49 and Q57)
- Q36 Medical diagnosis is important to prevent incorrect self-diagnosis. We are interested in diagnosis by proper medical personnel - this will include nurses as well as doctors.
- Q38 It is quite common for women to have high blood pressure only when they are pregnant - which is not seen as a condition related to cardiovascular disease. Therefore, such women are not asked the follow-up questions. This is also true for diabetes and heart murmur.
- Q40d If the respondent has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the respondent should stop (a medical advisor or the respondent) and then code why.

12.6 USE OF SERVICES

This section is to find out about the use of various health services, particularly by those with CVD complaints. It is not designed to investigate need for services.

The first few questions (Q59-Q62) are for those who have a cardiovascular

condition. The next few (Q63-Q66) are for those with no such condition. If you are conducting joint interviews, everyone comes back together at Q67. You will need to refer to the conditions that they mentioned having, if necessary refer to Q25 to check.

- Q59 Exclude talking to a doctor at a hospital. Hospital visits are covered later.
- Talking to a doctor can mean seeing him/her (at home, at the surgery etc) or speaking to him/her on the telephone. Enter details only if the respondent actually talked to the doctor - but exclude social chats with a doctor who happens to be a friend or relative.
- Include talking to a doctor at a district health authority clinic (eg a family planning clinic) or talking to a doctor while abroad.
- Q61 This asks about any visit to a hospital, where the respondent did not stay overnight. Include any visits to any hospitals or clinics (eg for psychiatric treatment, for minor operations, to a private hospital or clinic, or abroad).
- We are asking about any such visits in the last twelve months. Be sure to quote the full date and year 12 months ago. Eg "12th of July 1992."
- Q62 An in-patient stay must be for at least one night.
- Q63-Q66 These questions are for people who do not have any CVD condition.
- Q63 Exclude talking to a doctor at a hospital, as hospital visits are covered later.
- Talking to a doctor can mean seeing him/her (at home, at the surgery etc) or speaking to him/her on the telephone. Enter details only if the respondent actually talked to the doctor - but exclude social chats with a doctor who happens to be a friend or relative.
- Include talking to a doctor at a district health authority clinic (eg a family planning clinic) or talking to a doctor while abroad.
- Q65 This asks about any visit to a hospital, where the respondent did not stay overnight. Include any visits to any hospitals or clinics (eg for psychiatric treatment, for minor operations, to a private hospital or clinic, or abroad).
- We are asking about any such visits in the last twelve months. Be sure to quote the full date and year 12 months ago.
- Q66 An in-patient stay must be for at least one night.

Q67

There are a few questions about having blood pressure measured. As part of the new GP contract patients should be offered the opportunity to have their blood pressure regularly checked. These questions are to find out whether people have been having such checks and what feedback they received.

This gives you an idea of the sort of number you should be expecting from the respondent. On no account should you discuss these levels with the respondent.

Blood pressure is the force needed to keep the blood moving through the body every time the heart beats. The systolic pressure is the high pressure recorded when the heart squeezes out the blood. When the heart relaxes between beats the pressure falls and becomes a little lower - the diastolic pressure.

Thus, when you have your blood pressure taken there are two numbers which are recorded eg 120/80. The top number is the systolic pressure and the bottom number is the diastolic pressure.

A very rough guide to the sorts of blood pressures that you might expect people to have are given below:

	<i>Systolic</i>	<i>Diastolic</i>
<i>Normal</i>	<i>< 150</i>	<i>< 90</i>
<i>Mildly raised</i>	<i>150-174</i>	<i>90-114</i>
<i>Severely raised</i>	<i>>175</i>	<i>>115</i>

We are only interested in blood pressure measurements taken by a doctor or nurse. We do not want to know if people had their blood pressure taken by eg a fitness assessor at the sports centre, a machine at the chemist, a physiotherapist, a dietician, or any self-testing. It is only medical testing in which we are interested.

Q67c Doctors may use a variety of euphemisms to describe high blood pressure. so code as "higher than normal" anything such as slightly raised, moderately raised, a little high etc.

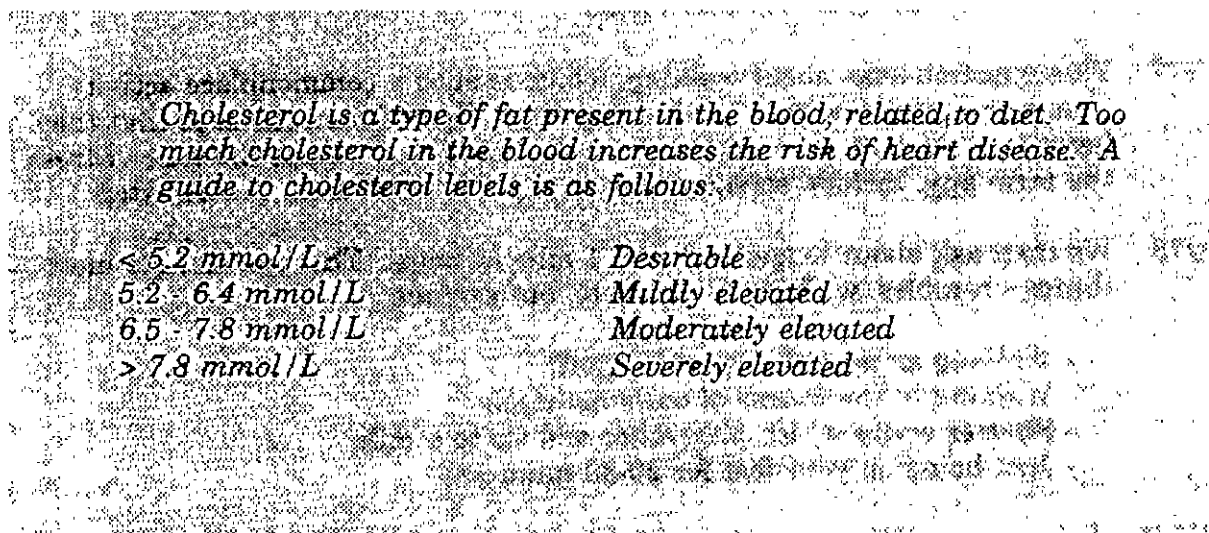
Q67d If a respondent reports high blood pressure here, check to see if they mentioned it earlier. If not, check whether the high blood pressure was a

one off, in which case the inconsistency can be ignored. However, if the respondent says that they were told they had high blood pressure a number of times, then you should go back to the diagnosis and treatment section, recode Q25 and re-ask the questions up to Q58. However, if at Q25 the respondent still says that they do not have high blood pressure, then carry on from Q68.

Q69 If the respondent says that they were told what their blood pressure was and they remember it, then we ask them what the value was. If the respondent only knows one number or gives a figure that will not fit in the boxes (eg a 4 digit number) then write it into the box underneath the question.

Q70 This asks about cholesterol, in a similar way to blood pressure.

These are the sort of value you should be expecting, but do not discuss these levels with the respondent.



Cholesterol is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease. A guide to cholesterol levels is as follows.

<i>< 5.2 mmol/L</i>	<i>Desirable</i>
<i>5.2 - 6.4 mmol/L</i>	<i>Mildly elevated</i>
<i>6.5 - 7.8 mmol/L</i>	<i>Moderately elevated</i>
<i>> 7.8 mmol/L</i>	<i>Severely elevated</i>

Q72c If the respondent gives a value that cannot fit in the boxes, then note it down in the space under the question.

12.7 ACTIVITY AND EXERCISE

There is an established association between high levels of habitual physical activity and a low incidence of coronary heart disease. Also, high blood pressure can be controlled to some extent by exercise.

These questions were developed from the "Allied Dunbar National Fitness Survey".

The questions all relate to the four weeks prior to the interview, so you need to focus the respondent's attention on this.

Q73b This asks about physical activity in the respondent's job. If they have more than one job, ask them about their main job.

Q75 This asks about housework - excluding any done as part of the respondent's job. It is important that you read the preamble. The first showcard asks about general housework, and the second showcard focuses in on heavy housework. It is the heavy housework we are interested in - from the card or other similar types of housework.

We want to know the number of days in the last four weeks on which the respondent has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn't, so please be careful to stress that we mean heavy housework such as the things on Card B, and not just any housework.

Q76 Exclude any work done as part of a job eg as a gardener or builder

Again there is a showcard with general building and maintenance tasks on it. Card D focuses on heavy manual work. It is the heavy work that we are interested in. Again we want to know the number of days in the last four weeks on which such work was done.

Q77 This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. Thus if someone says that they have done no walks of quarter of a mile, check that this is the case. Stress the term any, include walking to the shops, or home from the bus stop

Q78 We then ask about longer walks of 1 mile or more. This can include most things - rambles, walking to work etc, but exclude:

- Walking as part of a sport (eg golf)
- Walking in the course of one's main job
- Shorter walks which altogether add up to a mile
- Just being on your feet for 20-30 minutes

Q78b This is the number of walks in the last four weeks - so two walks in one day counts as 2.

12.8 SPORTS AND EXERCISE

This section looks at recreational sports or exercise. We do not want to double-count anything here. If someone is a professional sportsperson in their main job, their activities as part of this job should not be recorded here. However, if they do sport as part of a second job, which has not been included in the previous question, then this should be recorded here.

Similarly, if someone mentions hiking, they might have told you about this under walking. Check if they have. If they have do not include it in this section. If they have not included it before then include it in this section.

Q80 We are asking about the last four weeks, as the benefit to the heart is related to physical activity done over this period.

Some people do seasonal sports and so feel that their answers to this

question are not typical. If your respondent raises this point, then explain that we want to find out about the last four weeks because the benefit the heart gets from the activity is thought to be related to the physical activity done over the previous four week period. Also point out that we are trying to look at the activity levels across the year for the population in general - and so, even though for an individual a four week period is unlikely to be representative, across the whole sample we should get a good picture.

Code 2,3 - these two codes cover similar activities. Take the respondent's definition of which they do. If the respondent says that they do both, check that the two are done on different occasions (rather than doing sit-ups at the end of an aerobics class). Code both if they are done on separate occasions, otherwise only use code 2 or code 3.

Q80d We want to know how much time the respondent usually spends doing an activity. This is time spent actually doing the activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.

Q80e This is to ascertain the amount of effort that was put into an activity. We need to know whether the level of activity was enough to make them **either** out of breath **or** sweaty (eg swimming might make you out of breath, but not sweaty).

12.9 EATING HABITS

Diet is an important risk factor in cardiovascular disease. For instance, high fat intake can increase levels of cholesterol in the blood, which increases the chance of getting heart disease. In this survey we do not ask detailed questions about what people actually eat. Instead we are trying to focus on a few indicators of "healthy" versus "less healthy" eating habits to get a general overview.

As far as possible avoid mentioning the risks of eating less healthily in case it biases the replies. If asked about the purpose of the section, say that there is a lot of discussion about the effect of diet on health, and that we are interested to see what effect this discussion is having on people's eating habits.

In many of the questions in this section we ask about what the respondent usually eats. By this we mean the type of food the respondent most often eats. If, for example, the respondent says that they eat two types of bread, check if they eat one type more frequently.

Q81 This is a code one only question. The definition of bread is wide - it includes rolls, pittas, bagels, nans, chapattis etc as well as standard bread. We are interested in the type of bread normally eaten.

In analysis we are going to look at wholemeal bread as this is particularly high in fibre. There may be confusion about different types of brown bread - not all brown bread (such as granary or wheatmeal) is wholemeal. So if the respondent says that they eat brown bread check whether this is wholemeal brown bread or not. If the respondent is

confident that it is wholemeal code 03, if not - use code 02.

If the respondent mentions Hi-bran bread, code 04 and specify.

At code 04 there is an instruction to establish the type and code 01-03 as appropriate. This will occur with respondents who eat different kinds of bread (nans, pittas, parathas, chapattis etc). Find out what kind of flour is used to make the bread and code 01 to 03 as appropriate.

Generally, you should use code 04 only as a last resort, and if you do use it please specify in detail.

Q82 This is to try to get an idea of the quantity of bread eaten. Obviously it is most relevant to those who buy pre-cut bread, but you can ask those who buy uncut bread to estimate the width of the slices they usually eat, in comparison with pre-cut bread.

If someone really can not make a judgement, code "don't know". Use the code "does not eat any sliceable bread" when it does not make sense to talk about slicing the normal type of bread (Nans, pittas, chapattis, rolls).

Q83 Again code one only. Ask this as an open question, but if the respondent wants clarification or gives an inappropriate answer (eg jam) offer them the categories given on the questionnaire.

In your Interviewer Coding Cards you have a card (Card A) which lists the brand names of many butters and margarines. You can use this to code the respondent's answer if it is not immediately obvious. They may say "Anchor Butter" which could immediately be coded as 1. However if they say St. Ivel Gold, you may need to check Card A to check that this would be code 4.

If the respondent gives you a brand name that is not on the list, read out the precodes and ask which type it is. If it is not obvious which type it is - write it on the questionnaire.

If the respondent cannot remember the name of the product they use, or does not know which type it is, do NOT ask them to check unless they offer to go and look at the container.

Q84 This asks about the type of fat used in deep and shallow frying. If someone uses one type in shallow frying and one type for deep frying, check which they do most often and code accordingly. The main distinction here is between solid cooking fat and cooking oil. If someone tells you a brand name probe to check which type of fat it is. (If someone says that they fry in butter or margarine, write it in and code 3).

Q85 This asks about the type of milk that the respondent usually uses (ie uses most often). Here is a guide to milk bottles:

Gold top = Channel Island, Jersey	Code 1
Red or silver top = Whole milk	Code 1

much information as the interview, this should only be done under exceptional circumstances.

Make sure that you always write the respondent's serial number and first name on the front of the booklet. Ask the respondent to read the instructions on the front page of the booklet before starting to complete it.

Check quickly through the booklet when it is handed to back to make sure that it is complete.

Smoking

Smoking is an important risk factor in cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns, cardiovascular symptoms and use of services. The data collected here will allow us to discover what proportion of the population is exposed to this risk factor, and how it relates to other risk factors such as heavy drinking, lack of exercise or high blood pressure.

It will also allow us to monitor over time whether smoking habits change.

Avoid reminding respondents of the health risks of smoking in case it biases their replies.

We are interested in looking at ordinary tobacco which is smoked. Ignore any references to snuff, chewing tobacco or herbal tobacco. Include hand rolled cigarettes.

Q93a By ever smoked, we mean even just once in their life.

Q94 We ask here about daily consumption. If someone can only tell you how many ounces of tobacco they smoke a day, or can only give an overall weekly total, then write it in next to the question with a note.

Q97 If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.

There are a few questions on smoking and pregnancy for those who are currently pregnant or have recently been pregnant.

Q100 Ex-smokers are asked about current pregnancy to see if they stopped due to the pregnancy. Current smokers are not asked about current pregnancy, because if they are pregnant, they are obviously smoking at the same time.

Q101 Current smokers and non-pregnant ex-smokers are asked about pregnancies in the last year - this means any stage of pregnancy at any time in the last year. (Current pregnancies are filtered off for the reason given above).

Drinking

The information collected here will be used to look at the relationship between drinking habits and cardiovascular disease. We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the respondent is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade does have a reasonable alcohol content and so is included.

Q108 This asks about different groups of drinks, and how often they are drunk. For each group of drinks read out the full description. We are interested in the frequency of drinking all types of drink in a category - so if someone says that they drink gin once a month and vodka three or four times a week, ask them to tell you how often they drink any kind of spirit.

There are some drinks that people like to think are non-alcoholic such as Ginger Wine or Peppermint cordial. These should be recorded if mentioned, under any other alcoholic drinks.

Remember to ask and code "Any other alcoholic drinks" at Q108b

Q109 Ask this question for any of the groups of drinks that the respondent has drunk at all in the last 12 months (see Q108). If the respondent says that the amount they drink on any one day varies greatly, ask them to think of the amount they would drink most often.

Again, the amount refers to the whole group of drinks, not to a particular drink within a group.

For shandy and for beer the amount is coded in half pints, so any answers given in pints will need to be multiplied by two before entering. eg 3 pints of shandy = 06. With beer you also have the option to code in cans if the respondent answers in this way. If the respondent tends to drink cans and halves in a usual drinking occasion, then write in both on the questionnaire.

Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and write this in.

For wine the answer is in glasses

A carafe or 70cl standard bottle	=	06 glasses
Half a bottle	=	03 glasses
1/3 or 1/4 bottle	=	02 glasses
Litre bottle	=	08 glasses
Half a litre bottle	=	04 glasses

1/3 of a litre bottle = 03 glasses
1/4 of a litre bottle = 02 glasses

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. 1 bottle of fortified wine is 14 small glasses.

For any other type of drink, please write in the measure if it is coded "other".

- Q112b At code 09 include trying to get pregnant. Apart from this, the question relates to conditions that the respondent had at the time, rather than to ones that they thought that they might develop.
- Q113 We want to know about medical people eg doctors, nurses, health visitors, as opposed to non-medical advisors eg staff at a fitness centre. If you are not sure whether a person counts as medical or not - write it down.
- Q116b See Q112b
- Q117 See Q113

12.11 SELF-COMPLETION BOOKLET - DRINKING AND PSYCHO-SOCIAL

Everyone (including the 16-17 year olds) comes back together here to go through the yellow self completion form. The yellow self-completion booklet is divided into distinct sections:

- p3 Has a series of questions about drinking behaviour and experiences. (Only to be asked of those who drink more than once or twice a year).
- p5 A series of questions about stress at work. The questions are concerned with the amount of control that people feel they have over their job and the degree of initiative that they exercise at work. (To be asked of those who were working last week).
- p6-p7 GH1 - GH12 This is a standard questionnaire known as the "General Health Questionnaire." It measures the presence of likely depression and anxiety (but do not tell respondents this). It is to be completed by all respondents.
- p8-p10 These questions look at the effect of stress on health, and the degree of social support or isolation a person feels.
- p11 This page is just for women, and is to find out whether the respondent has reached the menopause. It also asks about use of the contraceptive pill.

As explained here, not all the sections of the self-completion booklet are to be answered by everyone. Therefore at Q118-Q120 of the questionnaire there are some check questions:

- Q118 16-17 year olds who have been through the smoking and drinking booklet have already answered the drinking experiences questions Therefore, for these people, p3 of the yellow booklet is crossed through
- Q119 For those aged 18+ who did not use the smoking and drinking booklet, check their answer to Q110 This shows whether the respondent drinks more than once or twice a year If the respondent is a non-drinker (Q110 is blank) or drinks rarely (code 7 or 8 at Q110) then they do not need to answer the drinking experiences questions, and p3 of the self completion booklet is crossed through
- Q120 Everyone is asked whether they worked last week See the notes below as to what counts as paid work It is important that people are coded correctly here as this question is used as a check at the start of the classification section
- If the respondent is not in work, then they do not need to answer the "stress at work" questions, and p5 of the self-completion booklet is crossed through
- Q121 Hand over the self-completion booklet and read out the preamble It is important to stress that the respondent should ignore any crossed through pages Ask the respondent to read the instructions on the front of the booklet Also stress that they should read the introduction above each section This is important as the sections all ask the respondent to think about different time periods

Make sure that you put the respondent's serial number and first name on the front of the booklet

Code at Q122 the outcome of the self-completion When you get the self-completion back, check that it is all filled in Check especially that women have completed p11, as this was often missed in the pilot

What counts as paid employment or self-employment?

- This includes any paid employment - no matter how few hours Include things like babysitting, a paper round, Saturday jobs, casual work It also includes
- Anyone paid a wage or salary by an employer while attending an educational establishment
 - Wives or husbands working unpaid in their spouse's business as long as they work for 15 hours a week or more
 - Anyone working in a friend or relative's business as long as they receive an amount of money in remuneration, or a share of the profits
 - People working for employers last week as part of a Government Scheme
 - Anyone absent from work due to holiday, maternity leave lay-off etc

provided they have a job to return to - with the same employer.

Dealing with Government Training Programmes:

The main Government Training Programmes that are currently running are:

Youth Training (YT) which focuses on people aged 16 or 17. Those on the scheme will either be working for an employer or receiving some training, some or all of which will be at a college.

Those with an employer should be treated as working last week and asked about their YT job.

Those at college or some other training venue should be coded as not working last week, and at Q125 should be coded 8 "Doing something else" (specify that they are on YT).

Employment Training (ET) (now known as Training for Work) is for people aged 19-63. It has subsumed many of the old training schemes such as Community Programme, Voluntary Project Programme, Wider Opportunity Training Programme. As with YT, people on ET can be with an employer or can be training at college or a similar place. Treat the same way as you treat YT trainees.

Community Industry (CI) is very rare now, and people on this are basically counted as working. They will have a contract of employment, usually doing a job which benefits the community. Count anyone on this scheme as in work last week.

Employment Action (EA) (also now part of Training for Work) offers temporary work to those who do not need or want vocational training. They should be treated as in work and details collected about their EA job.

12.12 CLASSIFICATION

Q125 Those who are not working are asked what they did last week

Code 3 -if the sickness or injury has lasted over 28 days, code them as something else (code 8)

Code 4 - those on vacation should be counted as in full time education if they are planning to return at the next opportunity (ie are not taking a year out). If return depends on exam results, assume that they get the results and code them as 4. If a student says that they were working or looking for work in the previous week, then code them as this - as we do ask people whether they are in full-time education separately.

Code 5 - if the respondent is aged over the limits for this code they should be coded one of 6-8

Code 6 - this only applies to people who retired from full-time employment at around retirement age

Q129

-Q132 These are different preambles to the questions about jobs. Make sure you follow the filters carefully so that your respondent gets read the correct preamble

12.13 PARENTAL HISTORY

We need to collect information about the respondent's natural parents - not adopted or step parents

Q150 -

Q155 The questions ask first about mother and then father. If the respondent's parent is in the household we check if that is the respondent's natural parent. If so we do not need to ask any questions about him/her

When natural parents are not living in the household, we ask whether the natural parent is still alive. If the parent is still alive, we ask their age. If the natural parent is dead, we ask for age at death and whether they died of a cardiovascular disease. Only code one cause of death - the main cause. If the only known cause is "old age", code don't know. If the only known cause is "heart failure", then code don't know, but also write it in

If exact age at death is not known, then accept an estimate

12.14 MEASUREMENTS

A detailed protocol of how to take height and weight measurements is appended to these instructions. In this section we describe who is eligible, the type of site required to take the measurements and how to complete this section of the questionnaire

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Respondents who are chairbound should not have their height and weight taken. Similarly, if after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements, do not attempt to take them. In addition, pregnant women are not eligible for weight as this is clearly affected by their condition. Pregnancy is recorded at Q157b

If you do not attempt a height or a weight measurement for these reasons, code 3 at Q156b and Q158b and record the reason at Q156d and Q158d

It is preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted choose a floor with the thinnest and hardest carpet (usually the kitchen)

Read the preamble at Q156a. If further explanation is required, say that although many people know their height and weight, these measurements are not usually

up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to cardiovascular disease risk.

Measurement record card

When you have taken the respondent's height and weight, offer the respondent a record of his/her measurements. Make out a blue Measurement Record Card and give it to the respondent. If the respondent would like their weight in stones and pounds rather than kilos, you will need to use your weight conversion chart (one of the interviewer coding cards) to look this up. Some stadiometers will give you a reading of height in feet and inches as well as in metres and there is a height conversion chart at the back of the Interviewer Coding Cards (see the instructions on how to use the stadiometers). There is room on the Measurement Record Card to write height and weight in both metric and imperial units - if the respondent wants both.

12.15 THE NATIONAL HEALTH SERVICE CENTRAL REGISTER

The National Health Service has a central register, and we would like to flag the names of respondents on this. As the survey is planned to continue for many years, it will be useful to be able to follow up what happens to respondents in the future. For example, looking ahead into the future, we can be informed when a respondent dies and of the cause of their death. This information, linked to the information obtained in the survey, could be extremely helpful to future medical researchers.

However, as this may seem off-putting to the respondent we have worded the question about flagging on the NHS register in a more general way.

If the respondent refuses permission, please write in why they did so.

13. THE PROXY QUESTIONNAIRE

The proxy questionnaire is designed to collect some information about people who would not otherwise take part in the survey. This will enable us not only to get more information, but to compare the characteristics of those we get full information from with those we have been unable to interview personally. This is especially important with a health survey, as it may be that a lot of people do not take part due to illness - and this could bias the results. By asking for some information by proxy, we can work out whether this is a serious cause of bias, and look at other effects of non-response.

13.1 WHEN TO USE THE PROXY QUESTIONNAIRE:

The proxy schedule should be used only in circumstances where you are sure you cannot get a full response. Situations include the following:

- a) Where the subject is senile, mentally backward or deaf
- b) Where the subject is ill and will definitely not be well enough for at least six weeks from the start of the fieldwork period
- c) Where the subject is away or in hospital and will not be returning for at least six weeks from the start of the fieldwork period
- d) Where the subject does not speak English well enough to answer questions, but there is someone who can act as an interpreter with the subject's permission¹

Make sure that you only use the proxy questionnaire in these specific instances, and always record on the ARF why you took a proxy.

Where possible, get the permission of the subject to do a proxy interview, before you interview another household member on their behalf. If you never see the subject in person (eg they are in hospital) you could get another household member to ask their permission for you. If the respondent is away, you could get permission by telephone. Of course, there will be cases when you can not get permission (eg if the subject is senile or out of contact for the whole of the fieldwork period). If you can not get permission in these cases, take a proxy anyway.

¹ Where someone needs an interpreter in order to answer the questions, a proxy should be taken. You must not use the individual questionnaire in this situation, however good the interpreter seems.

13.2 WHO SHOULD GIVE THE PROXY INFORMATION?

Ideally, you will want someone who can provide fairly accurate information, but you need to bear in mind confidentiality issues. It is best to get the proxy information from a close relative. Proxy information will usually be obtained from someone else in the household. This will not always be possible eg if someone is living alone. Use your judgement to decide who would be a good proxy, but if you are in any doubt please contact your Area Manager.

13.3 THE CONTENT OF THE PROXY QUESTIONNAIRE

The proxy questionnaire is a short version of the individual questionnaire. It covers, though in less detail, General Health, Diagnosis and treatment, use of services, smoking and drinking, and classification.

Height and weight are included but these can only be taken when the subject is actually participating in the interview. This will be the case if you are interviewing someone with the aid of an interpreter. Only take the measurements if you are sure that the subject understands what is happening.

There will be no nurse visit for people interviewed by proxy.

The front page

On the front page, as well as recording the subject's name and date of birth, you will need to record who is providing the proxy information, and whether the subject was absent, present and not participating, or present and participating.

14. RETURNING WORK TO THE OFFICE

Work for one household should be returned in one batch. Wait until you have completed a household and then send it back immediately. It should be sent back to the office the same day as you send the NRF to the nurse. Before returning work for a household, check that you have all the documents, that they are correctly serial numbered and completed. Check that they match with your ARF entries. All these documents should be treasury tagged together. Collate documents in the following order:

Household Questionnaire

Person No. 1 Individual Questionnaire (or Proxy Questionnaire)

Person No. 1 Self-completion booklets

Person No. 2 Individual Questionnaire (or Proxy Questionnaire)

Person No. 2 Self-completion booklets

etc.

Return the ARF for that household at the same time in a separate envelope.

At the end of your assignment, check that you have accounted for all your addresses on the Interviewer Sample Sheet. Note on your Interviewer Sample Sheet the date of despatch. Retain this sheet in case of any queries.

15. ANY PROBLEMS

If you have any problems with the survey itself, or with the questionnaires, contact any of the research team at SCPR (Sam Clemens, Trish Prescott-Clarke or Steve Taylor) on 071 250 1866. If you have a problem with your equipment or supplies, talk to your Area Manager or contact Loretta Curtis in Brentwood on 0277 200600.

PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a telescopic device with a head plate, base plate and control panel. There are two models of stadiometer in use on this survey. All the stadiometers work in the same way, but there are one or two differences between the two models of stadiometer. One type of stadiometer has a blue casing around the control panel while the other stadiometers have a red casing. Look at your stadiometer now and find out if it is a Blue or a Red stadiometer. **If you have a Blue stadiometer, there are notes in *italics* which apply to your stadiometer.** The notes in *italics* only apply to the blue stadiometers so if you have a red stadiometer they will not apply to you.

Please take great care of this equipment. It is sensitive and expensive. Particular care needs to be paid when opening up the stadiometer and when repacking it in the box provided. Treat the stadiometer as you would a computer or an electronic calculator.

- Do not bend the head or base plate
- Do not drop it
- Keep it away from magnetic fields and electrical contacts eg do not place it too near televisions or electric motors, and do not take it on the underground
- Open and close the stadiometer slowly
- When not in use keep it in the box provided

The head plate

This should be raised into position and secured by the wing nut. Always lower the plate when the rod is not in use to avoid accidental damage. Do not turn the wing nut while the respondent is standing on the stadiometer as the plate may fall onto their head.

Ensure that the plate is secured in the horizontal position before extending the rod. To raise the rod pull on the telescopic rod. Never pull on the head plate.

The plate has a suction magnet which keeps it flat against the back of the stadiometer when not in use. If this falls off please stick it on again using superglue.

The link between the rods and head plates may distort if pressure is applied.

Take care to protect the head plate in transit, cushioning it as much as possible.

The control panel

The **Stadiometer display** is switched on and off by pressing the ON/OFF key. The stadiometer will only turn on if the rod is fully retracted. If you try to turn the stadiometer on when it is even slightly extended the display will read "ERR".

Switch the key to OFF. Ensure the rod is fully retracted and then reset to ON. When turned on in the fully retracted position the reading gives the minimum length of the rod. *The rods on the blue stadiometers have black square stop buttons which prevent the thinner rods from retracting back into the fatter rods. Simply press the black button to release the stopper and the rods will then retract as normal.*

To conserve the battery the AUTO OFF control will cut in approximately 5 minutes after the ON/OFF key is operated or after the rod is drawn out or pushed in.

The **light key** is used to illuminate the Liquid Crystal Display (LCD) when the rod is being used in a dark place. The light will only come on when the light key is depressed. Excessive use of the light will drain the battery.

The **HOLD key** is used to hold the reading when the rod is moved from the measuring position. An "H" will be displayed in the top corner of the panel while the reading is being held *and the blue stadiometers will also make a beeping sound.* The reading is retained until the hold key is depressed again or until the ON/OFF switch is activated. Always use the hold key to hold a reading before allowing the respondent to step out from the stadiometer. *On the blue stadiometers, be careful not to keep the hold button pressed in for too long as this causes the stadiometer to enter a memory mode. When using the hold function on the blue stadiometers, simply press the "HOLD" button once, quite sharply. DO NOT KEEP THE HOLD BUTTON PRESSED IN for more than a second or so.*

The **MODE key** is used to select units of measurement. Measurements recorded on the questionnaire should always be in metres and centimetres but, if the respondent would like to know their measurement in feet and inches use this key. There are three modes - metres, feet and inches and inches. Make sure you always measure in metres (ie the reading is in the form N.NNN). *The blue stadiometers do NOT have a MODE key. They will always display a reading in metres but you have been supplied with a Waist / Hip and Height conversion chart at the back of your Interviewer Coding Cards so that you may easily convert from metres to feet and inches for those respondents who would like to know their height in the imperial measure.*

If the LCD displays "**SPDERR**", the rod has been extended faster than the equipment can record - the maximum speed is 500m/sec. Switch the key to OFF and reset to ON. Extend the rod more slowly.

Batteries

The two types of stadiometer take different batteries. The Red type takes 4 x 1.5v batteries (D23 Manganese or MN9100 Manganese). The Blue type takes 4 AA-size batteries.

The cover for these batteries is fastened with a small screw. *Blue stadiometers have a battery cover that simply slips off.* It should not be necessary for you to change the batteries, but if the light on the stadiometer does not work *or "Lb" is displayed*, then it indicates the batteries are flat. In this case either phone the office for the appropriate replacement or you can purchase them. The Manganese

batteries can be bought in any camera shop and the AA-size batteries will be commonly available in most shops that sell batteries

B. THE PROTOCOL

- 1 Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible
- 2 Turn on the stadiometer and open it to allow sufficient room for the respondent to stand underneath it. Check the mode is set to metric and that there is no error message
- 3 The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards
- 4 Place the measuring arm just above the respondent's head
- 5 Move the respondent's head so that the Frankfort Plane is in a horizontal position (ie parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram overleaf). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, ie the top back half

To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm

- 6 Instruct the respondent to keep their eyes focused on a point straight ahead, to breathe in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head
- 7 Press the hold key. This is important otherwise the measurement may change. Read the height value in metric units to the nearest millimetre and record it on the schedule
- 8 Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head
- 9 Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured

Additional Points

10. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (eg those with protruding bottoms) then give priority to standing upright.
11. If the respondent has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at Q156e. If it is a hairstyle that can be altered, eg a bun, if possible ask the respondent to change/undo it.
12. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

Extra Notes for Interviewers

March 1994\p1315

Here is a new set of Project Instructions for the Health Survey for England to replace the ones that you already have. There are only minor changes to these instructions, but we are sending you a copy in a cover so that they are more robust. Hopefully, in future if there are any changes we will just send you the amended page(s) and you will be able to slot them into your instructions.

There are some points about the questionnaires that we would like to draw your attention to. Some of these are covered in the instructions, but some are not - so please read this note carefully.

Household grid

1 *Children aged under 16*

All children aged under 16 who live in the household must be included on the household grid. They should be put on the grid after any adults aged 16 or over. Therefore, in a situation where you have a couple, their two young children and an adult friend of the couple living in a household - the children would come after the adult friend (ie would be in position 04 and 05 on the grid).

Children under 16 should not appear on the ARF as there is no outcome for them.

2 *Who is the respondent?*

The Household Questionnaire should be completed by interviewing one person (ideally the Head of Household). That person is the respondent and it is their person number that should be circled in the "respondent" column of the grid. Other household members may help out with details, but do not ring their person number in the "respondent" column. Only one number should ever be ringed in the respondent column - that of the person you are mainly directing the household questionnaire to.

Individual questionnaire

Q25 *The cardio-vascular disease grid*

High blood pressure, heart murmur and diabetes have no follow up questions as part of the grid. Do not ask the follow up questions and code them in an adjacent column. The follow up questions for these conditions are asked later in the section.

If anyone has "other heart trouble", remember to write in as much detail as possible about this other heart trouble in the space underneath the grid. It is vital that we have information about any other heart condition so that we can code it in the office.

Q29 Remember that diabetes, heart murmur and high blood pressure DO count as heart conditions and should be coded using D, E or F as appropriate. People should only be coded as A - "No heart conditions" if there is a code 0 ringed for every condition at Q25. It is vital that this check question is correctly coded.

Q60 This question refers specifically to heart conditions that the respondent has mentioned. At Q60b you should be able to ring one of the codes available. If someone gives an answer that will not fit any codes (eg flu), then you must go back to Q60a and re-ask the question emphasising that this question refers to talking to a doctor about their heart condition(s) that they mentioned at Q25, and not just talking to a doctor about any condition that they have had.

If someone answers "Less than two weeks ago" at Q60a you are sent back to Q59. Q59 is about talking to a doctor in the last two weeks. To reach Q60 the respondent did not mention talking to a doctor in the last two weeks about their heart condition. Clearly there is some confusion as they then contradict this at Q60. You need to sort out where the mistake was made. Explain to the respondent that you seem to have made a slight mistake and return to Q59 to sort out where the error is. It may be that the respondent forgot when answering Q59a that they had talked to a doctor in the last two weeks. If so change this to code 1 and follow the skips. The respondent may have missed out a visit when answering Q59b - eg they had been twice in the last two weeks, once about their sinuses and once about their angina, but had only told you about the sinus visit. If so, amend Q59b and c.

Q119a If someone drinks more than once or twice a year ie they went through the drinking section and answered 1-6 at Q110, then they should answer p3 of the self completion, so do not cross it out. Page 3 should only be crossed out for those people who do not drink (and so were not asked the drinking questions), people who drink only once or twice a year at q110 (code 7 or 8), or 16-17 year olds who did the green self-completion booklet. Check carefully before crossing out any pages.

I hope that this clarifies some of the difficulties that have come up over the last two months. If you ever have any queries about the questionnaire, please do not hesitate to contact Sam Clemens, Steve Taylor or Trish Prescott-Clarke at SCPR on 071-250-1866.

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HEALTH SURVEY FOR ENGLAND: 1994

NURSE INSTRUCTIONS

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1. BACKGROUND AND AIMS

"The Health Survey for England" is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

In 1992 the Government published a White Paper entitled "The Health of the Nation", which identified key areas for action (coronary heart disease and stroke, cancer, mental illness, HIV/AIDS, and accidents). The White Paper set out a number of targets to be achieved by the year 2000, or in some cases over a longer period. The government's overall aim in setting these targets is to increase people's life-expectancy and to improve the quality of their lives.

The White Paper recognised that a health strategy for improving life quality involved a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate its effects.

Little systematic information has hitherto been available about the state of the nation's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with health overall. And even the wider-ranging surveys fail to provide measures of change over time.

We therefore do not have a clear picture of the health of the country as a whole, or of the way it may be changing. It has not been possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vitally needed for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, one of the key recommendations of "The Health of the Nation" was that a major health survey should be carried out, on a continuous basis, to monitor the country's state of health, so that trends over time could be noted and appropriate policies planned.

The Health Survey for England is that survey. It thus plays a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of the government's policies and the extent to which its targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

The government's commitment to monitoring is emphasised by the publication in autumn 1993 of "The Health of the Nation - One Year On" which reviews progress made to date.

2. THE SURVEY

The Health Survey for England is a large survey, around 17,000 adults being interviewed each year. Fieldwork is continuous throughout the year. It is expected that the series will continue indefinitely.

The survey started in 1991. The 1991-1993 surveys were carried out for the Department by OPCS Social Survey Division. The 1994, 1995 and 1996 surveys are being carried out by the newly formed Joint Health Surveys Unit, set up in 1993 jointly by SCPR and the Department of Epidemiology and Public Health, University College, London (UCL).

The survey will focus on different health issues in different years, although a core group of questions will be included every year.

The first major issue studied by the Health Survey is cardiovascular disease. The 1991, 1992 and 1993 surveys have all been focused on this issue, as will the 1994 survey. New health issues will be introduced with the 1995 survey.

Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in this country. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

Coronary heart disease caused more than a quarter of all deaths in 1990, while strokes were responsible for more than one in ten. "Every day in England heart disease and stroke kill nearly 550 people", as One Year On points out.

Cardiovascular disease is thus an issue of great importance. It is also an issue that lends itself to study in a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

The 1991-1994 surveys provide a baseline against which to measure future trends in cardiovascular health. Specific aims include:

- estimating the proportion of adults in England who have particular cardiovascular conditions;
- estimating the prevalence of certain risk factors associated with these conditions, and looking at the extent to which combinations of risk factors are found;
- examining the variation in risk factors between population sub-groups.

This will help to

- inform policy on preventive and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets relating to cardiovascular disease set in the "Health of the Nation" These targets relate to blood pressure and obesity

Information about the survey, its objectives and design have been circulated to all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have been asked to confirm that they are happy with the ethical aspects of this study. At the time of writing we have heard from almost all of these committees and all we have heard from have given their approval. Should any of those not yet heard from raise any serious objections, you will not be asked to work within the area they represent.

3. SOMETHING ABOUT SCPR AND UCL

SCPR is one of Britain's leading social research institutes. It was founded in 1969 as an independent, non-profit making institute specialising in social surveys. Some of SCPR's work is initiated by the institute itself and grant-funded by research councils or foundations. Other work is initiated by government departments, local authorities or quasi-government organisations to collect and interpret information on aspects of social, health and economic policy. SCPR has its own research, interviewing, coding and computing resources.

The UCL Department of Epidemiology and Public Health is one of the leading academic departments of public health. It was awarded a star, equivalent to the top rating of 5, in the UFC (Universities Funding Council) research excellence assessment exercise. The main thrust of the Department's work has been in cardiovascular disease, diabetes and dental health. It has also conducted studies in mental health, neuro-epidemiology, cancer and chronic respiratory disease.

Early in 1993 SCPR and the UCL Department of Epidemiology set up "The Joint Health Surveys Unit" in order that their joint expertise could be utilised in undertaking health surveys.

In working on this survey, you are acting as a representative of both these organisations. Both organisations attach great importance to high quality work. We are therefore relying on you to ensure that you have fully mastered the task expected of you before starting work.

4. THE SCPR/UCL TEAM

4.1 The Research Team

The members of the research team are:

SCPR

Patricia Prescott-Clarke
Samantha Clemens
Stephen Taylor

UCL

Dr. Neil Poulter
Dr. Helen Colhoun
Margaret Beksinska
Elizabeth Yea

4.2 The Survey Doctor

Dr. Helen Colhoun of UCL has been appointed "Survey Doctor". Dr. Colhoun is responsible for providing nurses with medical support - she can be contacted both in and out of office hours (see Section 20) - and for liaising with GPs in respect of measurement or blood sample abnormalities which are detected as a result of this survey.

4.3 The Fieldwork Team

Each nurse will be supported in their area by a local fieldwork team consisting of their Area Manager, a nurse supervisor and an interviewer supervisor. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will from time to time accompany you in the field. Your interviewer supervisor is there to help you obtain high levels of co-operation from members of the public. This supervisor will also accompany you in the field from time to time. The names of your supervisors are in the project admin notes. They are there to help you do your job to the best of your abilities - please consult them whenever you feel you need help.

Section 20 of these instructions gives a list of names and telephone numbers of others to contact if you have problems.

5. SUMMARY OF SURVEY DESIGN

5.1 The sample

The Health Survey for England is a survey of adults aged 16 or over living in private residential accommodation in England. The sample - around 13,000 addresses - has been selected from the Postcode Address File.

There are two parts to the survey - an interviewer administered interview (Stage 1) and a visit by a nurse to carry out measurements and take a blood sample

(Stage 2) Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. Response to date has been very high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (18 addresses) will work together as a team.

An advance letter will be sent to each address explaining briefly the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

All persons aged 16 and over at a sampled address will be included in the survey (in up to three households). Fuller details of the sample design and associated documents are given in Section 12.

5.2 The interviewer visit

The interviewer first establishes who lives in the household and then collects some basic facts about them. This information is collected using the Household Questionnaire.

Each person aged 16 or over is then interviewed using the Individual Questionnaire. This includes a short self-completion section. The interview has questions on

General Health

Self-reported general health and long-standing illness or disability

Chest pain, phlegm, wheezing and breathlessness

These questions establish the prevalence of symptoms relevant to cardiovascular disease.

Cardiovascular disease - diagnosis and treatment

A set of questions establish the prevalence of cardiovascular disease and related conditions (high blood pressure, angina, heart attack, abnormal heart rhythm, other heart trouble, stroke, heart murmur, diabetes). Respondents reporting any of these conditions are asked whether the condition was diagnosed by a doctor and what treatment they have received.

Use of services

A series of questions about use of various health services - when a GP was last consulted, hospital visits within the last year (as inpatient or outpatient), and blood pressure and cholesterol checks by a doctor or nurse.

Activity and exercise

Eating habits

Smoking and drinking

Psycho-social factors (related to stress and anxiety)

Parental history

To ascertain if the respondent's parents died of cardiovascular disease.

General background information

For example, age, sex and current working status.

Towards the end of the interview, the respondent's height and weight are measured. A record of these is given to the respondent on a Measurement Record Card.

The second stage of the survey is then introduced - the visit by a nurse to ask a few more questions and to carry out some more measurements. The interviewer arranges an appointment for the nurse to visit a few days later.

A special Proxy Questionnaire can be used by the interviewer when it is not possible to interview one of the adults in the household. Respondents for whom information is collected by proxy will not be subject to a visit by the nurse.

5.3 The nurse visit

The second stage of the survey is carried out by a qualified nurse. The nurse calls on the respondent in their home and asks a few questions about prescribed medicines that are being taken and carries out demi-span, waist, hip, and blood pressure measurements. If the respondent wishes to be given the results of these measurements, the nurse enters the information onto their Measurement Record Card.

The nurse will then ask for written permission to take a small blood sample (normally 16ml, but in some cases up to 20ml). The sample is sent for analysis to the West Middlesex Hospital laboratory (this laboratory will pass a small amount of serum on to the Poisons Unit of the Institute of Psychiatry for a specialised analysis of cotinine levels). Details of the analysis are explained later in Section 17.

With the respondent's permission the results of the blood test and blood pressure will be sent to their GP. The respondent can also receive their blood test results, if they request it.

Details of how to contact respondents and explain the purpose of the nurse visit are given in Section 9.

6. SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

Nurse Identity Card
Nurse Sample Sheet
Nurse Record Forms (they will be sent you by your interviewer-partner)
Nurse Schedules
Consent Booklets
Set of labels for blood sample tubes
Drug coding booklet
Blood Pressure Guide card
Appointment Diary
Stage 2 leaflets

Equipment

Dinamap 8100
Demi-span tape
Insertion tape
Skin marker pen
Vacutainer equipment for blood sample
Other blood sample equipment - see Protocol for taking blood appended
British National Formulary (BNF)

The equipment is described in more detail later in the sections on the measurement protocols

7. NOTIFYING THE POLICE

The interviewer with whom you will be working is responsible for notifying the police about the survey and for informing them that the two of you will be working in the area. Your interviewer-partner will need to collect some details about your car so that he/she can fill in the necessary details on the letter to be left with the police.

You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey workers before agreeing to see you.

8. ACHIEVING A HIGH RESPONSE RATE

8.1 The importance of a high response rate

The response rate achieved in 1991-1993 has been very good, and 1994 must be equally good.

A high response rate at both stages of the survey is crucial if the data collected is to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey is therefore vital to its success.

8.2 "You won't want to test me..."

Some people think that they are not typical (they are old, they are ill, they are young and healthy, and so on) and that it is therefore not worth while (from both your and their point of view) to take part in the survey. You will have to explain how important they are. The survey must reflect the *whole* population, young and old, well and ill, so we need information from all types of people, whatever their situation. If someone suggests that you see someone else instead of them, explain that you cannot do this, as it would distort the results.

Our target is to interview and measure everyone. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

8.3 Health is interesting and important

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. You have been given a montage of recent press coverage of the 1991 report. The 1992 report will be published early in 1994 and is likely to receive wide coverage. This should make the task of securing co-operation easier.

In any case, your respondents have already cooperated with the first part of the survey, and have agreed to see you.

Most of these will be looking forward to your visit and will be keen to help. But some may have become reluctant to co-operate, perhaps because they have become nervous. You will need to use your powers of persuasion to reassure and re-motivate such people: it is vital that they take part.

8.4 Respondents are not patients

Your previous contact with the public as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional.

Your contacts with people in the course of this survey will be quite different. Instead of being patients, they will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.

They are under no obligation to take part, and can decline to do so - or can agree, but can then decline to answer particular questions or provide particular measurements. But of course we want as few as possible to decline, and we rely on your skills to persuade them to participate.

9. CONTACTING AND OBTAINING CO-OPERATION

9.1 What to do on initial contact

Section 9 talks about making contact with respondents and obtaining their co-operation. Section 10 tells you how to introduce the measurements.

When you first arrive at the household, show your **identity card** right away (whether or not you are asked for it).

Interviewed household members will already have been given a (white) leaflet by the interviewer describing the purpose of the survey and outlining what is involved. You have been given a copy of this leaflet so that you know its contents. However, some respondents may have forgotten what the interviewer told them about the survey's purpose or about what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example about how the household was sampled. Some points you might need to cover are shown in the box below.

- * *who you are working for* - SCPR and UCL (see section 3)
- * *who the survey is for* - for the government (it has been commissioned by the Department of Health)
- * *why the survey is being carried out*
- * *what you are going to do* - see section 10
- * *how the respondent was selected for the survey* - their address was selected from the Postcode Address File which is compiled by the Post Office. It lists every address where mail is delivered. The way addresses have been selected means that the people living in these addresses are a true cross-section of the whole population of England. Therefore at each selected address we want to interview everyone aged 16 or over. Once an address is selected, we cannot substitute any other address. Otherwise we would no longer have a proper sample of the population.
- * *the confidential nature of the survey* - individual information is not released to anyone outside the research team.
- * *how much time you need* - this varies a bit but it is best to allow 30 minutes per person plus another 15 minutes per household (to put equipment away and so on).

You will find on the opposite page what the interviewers were told they could say, if necessary, in answer to queries. You can use these points, but only if you need to.

What you might mention when introducing the survey

- * It is a national (Government) survey (on behalf of the Department of Health)
- * It is a very important survey
- * It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation"
- * It is the largest national survey to look at the health of the general population
- * It is carried out annually
- * It provides the government with accurate and up-to-date information on the health of the population
- * It gives the Government information on health trends and monitors how well the health targets set by the Government (in the White Paper "Health of the Nation") are achieved
- * It is used to help plan NHS services
- * It is used to help plan private medical services
- * The information is available to all political parties
- * The information will be needed by whichever government is in office
- * Results are published annually and reported in the national press
- * The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them - information about these people is vital
- * To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not
- * Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned
- * Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost
- * Each person selected to take part in the survey is vital to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.
- * no-one outside the research team will know who has been interviewed, or will be able to identify an individual's results
- * the government only gets a statistical summary of everyone's answers

9.2 Keeping your introduction short

While you will need to answer queries that respondents may have you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off.

Only elaborate if you need to, introducing a new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part. Do not quote points from the boxes except in response to questions raised by the respondent.

The general rule, therefore, is to keep your initial introduction **short, simple, clear** and to the immediate point.

9.3 Being persuasive

It is essential to persuade reluctant people to take part, if at all possible.

You will need to tailor your arguments to the particular household, meeting their objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to your Interviewer Supervisor (or your Area Manager).

9.4 Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out on an urgent errand.

In any case, make every effort to recontact the person and fix another appointment. Start by leaving a note at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Try telephoning them and find out what the problem is. Allay any misconceptions and fears. Make them feel they are important to the success of the survey. A chat with your interviewer partner might help. She/he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

9.5 The number of calls you must make

You are asked to keep a full account of each call you make at a household on page 2 of the Nurse Record Form (see Section 12 for a description of this form). Complete a column for each call you make, telephone calls as well as personal visits. Note the exact time (using the 24 hour clock) you made the call, and the date on which you made it. In the notes section keep a record of the outcome of each call - label your notes with the call number.

You must make at least **4 personal visits per respondent** before you can give up. Each of these calls must be at different times of the day and on different days of the week. However, we hope you will make a lot more than four calls to get a difficult-to-track down respondent. If you fail to make contact, keep trying.

10. INTRODUCING YOUR MEASUREMENT TASK

10.1 The introduction

Before you make any measurements, you will need at an early stage to hand over the stage 2 leaflet (see below) and explain what you hope to do during your visit.

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. She/he will have told respondents that you are the best person to explain what your visit is about.

The list overleaf has been given to interviewers to guide their description of your task. That is also your starting point.

Build on what the interviewer has told the respondents. All the respondents have been given a Stage 1 leaflet which briefly mentions Stage 2. You have copies of the Stage 2 leaflet. Draw on this to describe what is involved. Explain to people that if they do not want a particular measurement taken, you will skip over it. Tell them that you can only take a blood test if they are willing to sign a written consent. The decision is the respondent's, although of course we hope to persuade them of the value of taking part fully.

Play the "health check" card very carefully. It is not a health check: it is a survey, and it would be misleading to tell people that it is anything other than that. However, it is true that we include several of the tests that would be made in a private medical check, such as blood pressure and cholesterol levels. Respondents and their Gps will be given all the results, if the respondent wishes, but in the pilot several of the reasons for refusal to the nurse visit were because the respondent said they "did not need a medical check - they had just had one". Some nurses must have over-stressed this point. It is not a medical check-up we are doing for the respondent - it is collecting **vital** information for the government on how healthy are the people of this country.

General points to make when introducing your visit

- * it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- * you are a fully trained nurse (Grade E or above) You have had extensive experience of working in hospitals, health centres or wherever and have also been especially trained for this survey
- * if the respondent wants, they will be given the results of the measurements carried out by you, including the results of their blood test. If they like, this information will also be sent to their GP. This means that by seeing you they will get much of the information they would receive if they paid for a private health check - in particular blood pressure and cholesterol levels
- * we will not be testing for HIV, or any other viruses
- * the amount of blood (16ml) taken is tiny compared to the pint that blood donors give
- * they are not committing themselves in advance to agreeing to everything. Separate permission will be asked for each test, so the respondent can decide at the time if they do not want to help with a particular one. Written permission is needed from a respondent before a blood sample can be taken
- * the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
- * around 15,000 people have already given blood samples on this survey
- * the medical ethics committee in your area has been consulted and has given their approval to the survey.

10.2 The Stage 2 Leaflet

A copy of this leaflet **must** be given to all respondents **before** you start doing any measurements. It describes what you will be doing and sets out the insurance implications of allowing the information to be passed to Gps.

For respondents whose first language is not English, and who have difficulty reading English, there are copies of the leaflet available in six languages: Hindi, Bengali, Gujarati, Punjabi, Urdu and Chinese. These should be used if you think that a respondent would find it easier to understand the leaflet in any of these languages. It is important that respondents know what your visit involves. The relevant pages of the Consent Booklet, which the respondent signs, have also been translated (see section 13.2).

11. LIAISING WITH YOUR INTERVIEWER PARTNER

You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. Wherever possible we will have arranged for you and your interviewer partner to attend the same briefing/training day. But if this is not possible, we want you to meet each other before the interviewer starts working. The interviewer has been told to make contact with you to set this up.

The formal lines of communication between you are described in the next section. The informal lines are just as important. It has been stressed that an important part of the interviewer's job is to keep you fully informed about the outcomes of his/her attempts to interview people. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

Appointment Diary

You and your interviewer have both been given an **Appointment Diary** covering the relevant survey period. You should go through this together before you start work. Let the interviewer know the days and times on which you are available for appointments to see respondents. Make sure you keep a careful note of the times you give her/him. You will need to liaise frequently in order to update this information. **Never** put the interviewer in the situation where he/she makes an appointment for you in good faith, only to discover you have a prior commitment.

Give the interviewer as much flexibility as possible for making appointments. People lead very busy lives nowadays. They are doing something to help us and may not give it the greatest priority.

The interviewer will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work.

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. She/he has been told to allow 30 minutes for you to see each person, plus 15 minutes per household for sorting out equipment etc. She/he has also been reminded that you need time to travel between addresses.

The interviewer is instructed to give you good warning of all appointments made for you. If the appointment is within the next day or so, they will telephone through the details. You will need to record the names of the respondents, their serial numbers, and their address. All this will be confirmed via the Nurse Record Form. Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days' notice, tell the interviewer so that she/he can

phone through other appointments too

Appointment Record Card

The interviewer will give each respondent an Appointment Record card. This confirms the appointment time and reminds them that we would like them to avoid eating, smoking and drinking alcohol for 30 minutes before you arrive. It also asks them to wear light, non-restrictive clothing and to find their medicine containers. A copy of this card is in your supplies for information.

12. YOUR SAMPLE

12.1 The sample design

The sample for this survey is a random probability sample. This means that all adults in England have an equal chance of being selected.

12,960 addresses have been drawn from the publicly available Postcode Address File - this is a file compiled by the Post Office and lists all addresses to which mail is delivered. The addresses are clustered into 720 Postcode Sectors (a sector is an area about the size of an electoral ward) - 18 addresses per sector have been selected. 60 postcode sectors will be covered each month. The sample has been designed so that each quarter's sample is fully representative of the population of England.

Each month an interviewer and his/her nurse partner are together responsible for a postcode sector - that is 18 addresses. The target is to interview and measure every adult aged 16 or over at these selected addresses.

The interviewer's first task is to make contact at each sampled address and identify how many households are resident. In most cases there will only be one household, but occasionally an address will contain two or more households eg a house may be split into flats that are not separately identified by the address. All households (up to a maximum of three) will be included in the survey. (If there are more than three, the interviewer will select three for the survey.)

The interviewer's next task is to identify and interview all the persons aged 16 or over who live in each of these households.

All persons who are interviewed are eligible for the second stage of the survey - the nurse visit. The interviewer will arrange an appointment for you to call. In some cases however the respondent will refuse to co-operate with this second stage.

The interviewer will provide you with full details of appointments made and of households at which no-one has co-operated with the survey.

Those for whom information is collected by proxy are **not** eligible for the nurse visit. They have not given permission for this, nor has the interviewer collected

the relevant corresponding information. Should someone who was interviewed by proxy subsequently tell you they are willing to co-operate with your stage of the survey, try to persuade them to see the interviewer in person. Explain that without the information obtained in the interview the measurements obtained by the nurse have little meaning. Do not take measurements until they have been interviewed in person by the interviewer. This also applies if someone originally refused to the interviewer, but then changes their mind.

12.2 Serial Numbers

Each address/household/person in the survey has been given a unique identity number. This number allows us to distinguish which documents relate to which person. This number is called the Serial Number.

The serial number is made up of a number of different components:

- Point Number - a three-digit number for the postcode sector (the sampling point). All addresses you will have in a month will have the same point number.
- Address Number - a two-digit number for the address sampled from the postcode file. These run from 01 to 18 in each postcode sector.
- Household Number - one-digit number for each sampled household at the address (number 1, 2 or 3).
- Check Letter (CKL) - a letter of the alphabet.
- Person Number - a two-digit number assigned to each person aged 16 or over in a household - starting with 01 and working upwards.

For example, a respondent's serial number could be:

003 12 2 K 02

The serial number of the respondent must be recorded on all documents for that respondent. Great care must be taken to ensure that the correct serial number has been used. It is vital that the information the interviewer collects about someone is matched to the information you collect about them. If the wrong serial numbers are entered on documents, there is a danger that the data from one person will be matched with that from someone else.

12.3 Nurse Sample Sheet (NSS)

At the start of each month's fieldwork you will be given a Nurse Sample Sheet (NSS). This tells you the postcode sector in which you will be working, and its point number.

The NSS is divided into 18 rows - one for each address sampled in the postcode sector. These have been numbered 01 to 18. The purpose of this sheet is to let you keep an account of the work you receive from the interviewer. At the end of the interviewer's fieldwork period you should have been able to account for all the 18 addresses on your NSS.

Each address row has been sub-divided into three - to allow for up to three households at an address to be covered (see above). Where there is only one household at an address, that household is automatically Household No 1. If there are additional households to be covered, the interviewer will have given these Household Serial Numbers 2 and 3.

12.4 Nurse Record Form (NRF)

You will receive these forms from your interviewer. If there is just one household at a sampled address, you will receive one NRF. If the interviewer finds two or more households at an address, you will receive two or three NRFs - one for each sampled household. You should therefore receive at least 18 NRFs during the course of a month's fieldwork. Each time you receive one enter the date of receipt on your NSS.

Although there may be nothing for you to do at some of the 18 addresses (see below), we have arranged for an NRF for each one to be sent to you so that you can check that all have been dealt with by the interviewer-nurse team, and that none have been missed by either of you.

The Nurse Record Form has two functions. It tells you the outcome at each household of the interviewer's attempts to obtain interviews and arrange appointments for you. It is the form on which you report to the office how successful you yourself are at those households where appointments have been made for you.

The NRF will arrive with page 1 completed by the interviewer. At the top of page 1 you will find the address, the household serial number, the location of the household within the address (if there is more than one household living there), any tips about the household location or the occupants that the interviewer feels you might find useful, and the household's telephone number, if known.

In the box labelled **Interviewer Outcome Summary** the interviewer will have ringed code A or code B.

Code A = at least one person in the household has agreed to see you and an appointment has been made.

Code B = no appointments for you have been made (including situations where the interviewer found that the address was empty, as well as ones where everyone who lives in the household has refused to be interviewed).

On receipt of the NRF enter onto your NSS if the outcome was A or B.

If Code A applies,

the interviewer will have completed Part A on page 1 of the NRF. She/he will have entered the full name and title of **ALL** persons in the household aged 16 or over - **regardless of whether they were interviewed or not, and whether they agreed to see you or not.** In the column to the left of each person's name is their **Person Number.** **Whenever you enter a serial number for that person you must use this and only this Person Number.**

The interviewer will ring for each person code 1, 2, 3 or 4. **Contact only those persons for whom code 1 has been ringed** - these are the household members who both agreed to be interviewed and to see you. Record on the NSS the number of appointments made for you at that particular household.

Code 2 will be ringed if the person was interviewed but refused to see you. Code 3 will be ringed if the person could not be interviewed (they were mentally incapable, had insufficient English, refused, etc) but someone else in the household answered the short proxy questionnaire about that person. Code 4 will be ringed when the person was not interviewed and it was not possible to obtain any proxy information¹

The appointment date and time is given for each person for whom an appointment was made. The date of the last contact the interviewer had with the household is noted at the foot of the page.

If there are more than 6 persons aged 16 or over in a household, the interviewer will have listed details of the additional people on a second copy of the NRF and clipped it to the first copy.

How you complete the rest of this form is covered in Section 19.

If Code B applies,

the interviewer will send you the NRF without completing Part A. There is nothing for you to do at this household, except note on your NSS that you have received the NRF and the date of receipt. Return the NRF to the office with your next batch of work.

An example of a NRF completed by the interviewer is shown overleaf.

¹ Occasionally you will find that someone in the household for whom codes 2, 3 or 4 have been ringed on seeing you decide that they would like to co-operate after all. If they are code 2, then go ahead and carry out the measurements. Pin a note to your NRF pointing out what has happened. If they are code 3 or 4, say you will ask the interviewer to contact them to arrange a convenient time for an interview. When this has taken place, you will come back and take their blood pressure etc.

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NURSE RECORD FORM (NRF)

INTERVIEWER NAME Sara L Jones No 20600
NURSE NAME Pippa Hunt No 2024V2

300-303

ADDRESS LABEL

POINT 001 JAN
ADD/HH 04 1 G

15 GUARD STREET
WORKINGTON A
CA14 4EJ

FA 2

HOUSEHOLD LOCATION DETAILS

Basement Flat

TELEPHONE NUMBER 0781 2572

USEFUL TIPS
Tessa Smith nee now of "needles"

INTERVIEWER OUTCOME SUMMARY	INTERVIEWER TO DO	NURSE TO DO
At least one nurse appointment made A	Complete PART A below	Complete PART B overleaf
No nurse appointment made B	Send NRF to nurse	Return NRF to office

PART A TO BE COMPLETED BY INTERVIEWER

1 Enter in grid ALL persons aged 16+ in household

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	AGREED NURSE VISIT	REFUSED NURSE VISIT	PROXY INTERVIEW	NOT INTERVIEWED	APPOINTMENT DATE	APPOINTMENT TIME
0 1	JOHN SMITH, MR	1	2	3	4		
0 2	TESSA SMITH, MRS	1	2	3	4	12 MAR	6.30pm
0 3	JULIAN SMITH, MR	1	2	3	4	12 MAR	6.30pm
0 4	SALLY SMITH, MISS	1	2	3	4	12 MAR	6.30pm
0 5		1	2	3	4		
0 6		1	2	3	4		

2. DATE (LAST) INTERVIEW CONDUCTED DAY MONTH YEAR
07 03 94

13. THE NURSE SCHEDULE AND THE CONSENT BOOKLET

These are the two documents (plus associated coding booklet) that you will need to carry out your work with a respondent. The Nurse Schedule is the document you work through systematically. It tells you which questions to ask and what action to take. The Consent Booklet contains the forms the respondent has to sign to give written consent for:

- their blood pressure readings to be sent to their GP
- a sample of blood to be taken
- the results of the blood sample analyses to be sent to their GP
- a small amount of blood to be stored for possible future analyses

If the respondent is a minor (ie aged 16 or 17) their parent or guardian also has to give a written consent before a blood sample can be taken.

The Consent Booklet also contains the cover note which accompanies the blood sample tubes when they are despatched to the laboratory.

The Nurse Schedule and the Consent Booklet work together and for that reason they are described together in this section.

13.1 General tips on how to use the documents

Follow the instructions in the Nurse Schedule precisely, and in the order given. Read out the questions **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Ring the code beside the response appropriate to that respondent (eg at Q2b if the respondent is pregnant, you would ring code 1) indicating the answers received or the action you took.

Beside the codes you ring you may see a "filter" instruction. This tells you which question in the Nurse Schedule you should go to next. If there is no instruction beside a code, continue with the question immediately below it.

Some questions take the form of a "CHECK" - see Q2a for an example. This an instruction to you to find out something or to look back to an earlier response.

When you get a response to a question which makes you feel that the respondent has not really understand what you were asking or the response is ambiguous, repeat the question. If necessary, ask the respondent to say a bit more about their response.

13.2 Preparing the documents before you start your interview

It is important that both the Nurse Schedule and the Consent Booklet are correctly serial numbered **before** you start to interview a respondent. Be very careful to check that you have entered the correct person number for your respondent (the number given to them on the NRF). See Section 12.2 on serial numbers.

The Consent Booklet

Write the address at which you are interviewing in the box at the top of the Consent Booklet Write the survey month next to the box, and then fill in the serial number boxes Accuracy is vital

Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2

Complete Items 3 to 5 before you start using the Nurse Schedule to collect the information from the respondent

At Item 3 record the **full** name of the respondent We will be using this to write a thank-you letter to the respondent giving them their test results (if they wish), and to write to their GP (with their permission) to give him/her their test results The name by which the GP **knows** the respondent is checked, if appropriate, during the interview This may, for example, be a maiden name

Ask the respondent for their date of birth and enter this in the boxes provided at Item 5 The respondent may say they have already given it to the interviewer Explain that you have been asked to get it again as it will help ensure the right documents get put together

Items 6-9 are completed during the course of your interview

At Item 6 you write in the name, address and telephone number of the respondent's GP, if the respondent gives consent for their blood pressure and/or blood test results to be sent to their GP

At Item 7 you record how complete you believe the GP address to be

Items 8 and 9 are boxed together These are very important You record here the outcome of your requests for permission for

- i) the blood pressure results to be sent to the GP
- ii) a sample of blood to be taken
- iii) the blood sample results to be sent to the GP
- iv) a small amount of blood to be stored for future use

You should also record whether or not the respondent requested that their blood sample results be sent to them

By the end of the interview every respondent should have FIVE codes ringed at Items 8/9

Use black when completing the booklet, and ensure that signatures are always in ink Do not erase any of the personal information If necessary, cross out errors and rewrite so that any corrections can be seen

Pages 2 and 3 of this booklet (Blood Pressure to GP Consent Form and Blood Sample Consent Form) have been translated into six languages - Bengali, Hindi, Punjabi, Gujarati, Urdu and Chinese. If someone you interview does not adequately read English because that language is not their mother tongue, ask them to read and sign the Consent Forms in the appropriate language. Clip these Consent Forms inside the Consent Booklet.

You will be given a small supply of these translations. If you need more, get in touch with the Field Department (Loretta Curtis).

The Nurse Schedule

Complete the front page of this schedule before you carry out the interview. Again make sure you enter the correct codes in the serial number boxes and fill in the survey month. Only enter the respondent's name. Transfer the date of birth from the Consent Booklet front page, writing the month in words. (This is just a check, as sometimes numbers get transposed or look like other numbers). Enter the time you start the interview with that respondent.

13.3 Carrying out the interview

Before starting to carry out your interview, check whether any of the people you have come to see have eaten, smoked or drunk alcohol in the last 30 minutes. This could affect their measurements. If someone has done any of these things, arrange to see other members of the household first in order to give time for the effects to wear off.

Similarly if someone in the household wants to eat, smoke or drink alcohol in the near future (eg one person is going out and wants a snack before they leave) then try to measure that person first. Adapt your measurement order to the needs of the household.

You may feel that if you try to rearrange things in this way, you are likely to lose an interview with someone you may not be able to contact again. In such cases, give priority to getting the interview, rather than rearranging the order.

The question numbers below refer to those in the Nurse Schedule.

Qs 1 - 8

Q2a In many cases the distinction between codes 1 and 2 will be obvious. But if you assess someone to be in their forties or fifties, ask them "Can I check your age last birthday?" and use the information to ring the correct code.

Q2b You need to check if the respondent is pregnant as this affects what measurements you can do. Pregnant women only have their demi-span measured. They do not have their blood pressure or their waist-hip circumference taken, and you should not take a blood sample from them.

If the respondent is pregnant, follow the filters through the questionnaire - which take you past these measurements and tell you which consent codes to ring

Q3/4 These are questions about prescribed medicines. Ignore any non-prescribed medicines that the respondent may be taking. Record in the grid the brand name of all the prescribed medicines currently being taken by the respondent (we are not interested in any medicines prescribed years ago, and no longer being taken). Medicines should be being taken now, or be current prescriptions for use "as required". Keep checking "Are you taking any other medicines, pills, ointments or injections prescribed for you by a doctor?" Try to see the containers for the medicines.

The contraceptive pill should **not** be included here as it was covered in the interview administered by the interviewer. But pills for hormone replacement therapy should be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

The interviewer will have told the respondents that you will be asking about prescribed medicines, and will have asked the respondent to get their medicines ready prior to your visit. The respondent may have forgotten this, and so you may have to ask them if they can fetch the containers so you can have a look at them. If possible ask all members of the household to collect together their medicines and prescribed dietary supplements early on in your visit, to avoid multiple trips to the bathroom cabinet.

Check the name of the medicine very carefully and record it in BLOCK CAPITALS. Record the brand name/generic name so that you can code it.

One of your tasks is to "code" the drugs taken, and to enter a two-digit survey code for the drug in the space provided in the grid at Q4. Ideally, do this drug coding during the interview as it will give you the chance to query any hard-to-find drugs. But if it is likely to take up a lot of time and cause the respondent to lose patience, then do it at home afterwards. With practice, you will get to know the more common drugs and will be able to code them quickly. Details of how to code medicines are given in section 13.4.

Remember to ask part b) of Q4.

Q5 Any dietary supplements that are prescribed should be recorded at Q4. This is just asking about non-prescribed diet supplements eg multi-vitamins, iron tablets, or any other "health - food supplements".

Q6-Q8 We want to check whether the respondent has been exposed to nicotine other than by smoking or passive smoking, as this may affect some of the blood tests. We are only interested if they have used any of these.

products in the last 7 days. We ask about nicotine chewing gum - if you come across people who use a different type of nicotine "sweet", eg ones you suck, write down the details.

- Q7 This asks about nicotine patches. There are many types of nicotine patch on the market - and most of them have very similar names. Ask for the name of the product that the respondent uses - this is important as some of the products on the market contain very little nicotine. Do not prompt the respondent, as they are likely to pick one of the names you say, as it will be close to the name of the brand they use. Only prompt if the respondent gives you a name extremely close to one of the ones listed. Ideally try to see the packet.

If they have used more than one brand, code the one used most recently.

- Q8 Nicotine inhalants are fairly rare, but some respondents may have used one.

The rest of this schedule is concerned with the various measurements you have to make and with obtaining blood samples. The protocols for doing these can be found in Sections 14 to 17. The rest of this section describes how to introduce these, how to record the measurements on the Nurse Schedule, and how to fill in the relevant pages of the Consent Booklet.

Q9-14 Blood Pressure

Everyone, except pregnant women, is eligible for blood pressure measurements.

The protocol in Section 14 explains how to take blood pressure readings. You will be taking three readings.

- Q9b Blood pressure can be higher than normal immediately after eating, smoking or drinking alcohol. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case ring all the codes that apply. If none of these have been done within 30 minutes of reaching this question, ring code 4 (this of course includes those you successfully "juggled").
- Q10 Record the blood pressure readings in the boxes provided. The layout corresponds to the Dinamap display panel. Double check each entry as you make it to ensure you have correctly entered the reading. Remember, if you get an 844 error reading, check the respondent's pulse. If it is not erratic, repeat the measurement, ensuring that the respondent sits still (the likely cause of the error reading). If the pulse is erratic, ring code 2 at Q11a and code 2 at Q11b.

Q11 Ring a code at Q11a to show the outcome of your attempt to get blood pressure readings Only ring code 1 if you got three valid readings In all cases where you attempt to measure blood pressure but fail to get three valid readings, ring code 2 Ring code 3 if you did not attempt to take blood pressure for reasons other than a refusal If you get a refusal, ring code 4.

If you attempted a reading but failed to get it, ring a code at Q11b to show what the problems was If necessary, write in full details

If you did not attempt a reading, record at Q11c the full reasons why this was so

Q12 If you were unable to get a blood pressure reading (ie Q11a codes 2,3 or 4), ring consent code 02 on the Consent Booklet

Q13 If you did get three valid readings, code whether these were obtained without problem, or whether any problems were experienced

Q14 If you obtained a blood pressure reading, ask this question If the person agrees to the results going to their GP, turn to the second page of the Consent Booklet (**Blood Pressure to GP Consent Form - sheet BP**)

Explain you have to get written consent in order to send the blood pressure readings to their GP, fill in their name at the top of the form and ask them to sign and date the form

(As explained before, this Consent Form has been translated for respondent's whose normal language is not English Give these out as appropriate and ask the respondent to read and sign the translated page Clip this into the Consent Booklet)

Then turn to the front of the Consent Booklet and ring consent code 01 Ask the respondent for the name, address and telephone number of their GP If possible, obtain the postcode Record this at items 6 and 7 of the Consent Booklet If your respondent does not know their GP's full address and/or postcode, look it up in the relevant telephone directory later (public libraries hold telephone directories for the whole country) Do your best to get hold of the phone number as well - including the local area code

You should then offer the respondent their blood pressure readings If they would like them, enter them on the respondent's Measurement Record Card The interviewer should have given them one of these with their height and weight recorded on it If the respondent has lost it, or claims never to have had one, make out a new one, entering their name is on the front of the card, etc

In the section on how to take blood pressure (section 14) there is also some

information about informing respondents about their blood pressure readings. This is very important - as you will have to make some comment about the readings, but it is not the purpose of the survey to provide respondents with medical advice. Please make sure you read section 14.5 very carefully and are aware of the guidelines.

Q17 - Demi-span measurement

How to take a proper demi-span measurement is explained in the protocol- Section 15. It is essential that all nurses take the measurement in the same way. Two readings are taken. Explain to the respondent that this is to improve accuracy.

Record the two measurements to the nearest millimetre (see section 15.4).

Record the measurement outcome at Q17a. Record at Q17d how it was taken and at Q17e how reliable you think the measurement is. In general, if you experienced problems that lead you to believe that the measurement is at least 1cm more or less than the true measurement, this should be coded as unreliable.

Offer to write the measurements onto the respondent's Measurement Record Card. If the respondent would like the measurement in inches, there is a conversion chart on the back of your drug coding booklet.

Q18-Q22 - Waist and hip circumferences

Waist and hip measurements are taken from all respondents except those who are pregnant. Each measurement is taken twice, to improve accuracy. Fuller details of how to do this are given in Section 16.

Record measurements to the nearest mm (see section 16.5).

If anyone refuses to have these measurements taken, record why.

At Q21 and Q22 record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for the analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered, this should be coded as unreliable.

Offer to write the measurements on the Measurement Record Card.

Again, you can use the conversion chart at the back of the drug coding booklet if the respondent wants to know their measurements in inches.

Q23-Q38 - Blood Sample

In order to take blood we need to obtain written consent from the respondent. And, if the respondent is a minor (aged 16 or 17), we also have to obtain the

written consent of a parent or guardian before blood can be taken. We also need written consent to send the blood test results to the respondent's GP, and to store a small sample of the blood for future analysis. These consents are all contained on page three of the Consent Booklet - **Blood Sample Consent Form BS**

If the respondent agrees to all three, he/she will have to sign the Consent Form three times. We ask for all the consents to be signed one after the other, before we take the blood. You will need to explain to the respondent the need for all these consents and how important they are.

Remember to enter your name at the head of this form.

As explained earlier, this Consent Form has been translated for respondent's whose normal language is not English. If appropriate, give one to the respondent and ask them to read and sign it. Clip this into the Consent Booklet.

Q23 If a respondent aged 16-17, always obtain written consent from a parent or guardian in advance of taking blood.

If the respondent does not live with a parent or guardian, then you cannot take any blood from them. In which case, ring code 2 at Q23b, go to Q39 and follow the instructions to ring consent codes 04, 06, 08 and 10 on the Consent Booklet. You have then completed your interview with that respondent.

Q24 Explain the purpose and procedure for taking blood. All persons aged 18 or over, and all persons aged 16 or 17 living with a parent or guardian who gives consent, are eligible for a blood sample to be taken.

Q24a Check by asking this question if the respondent has a clotting or bleeding disorder. These are very uncommon. If you do find someone with these problems, **do not** attempt to take blood from them, even if the disorder is controlled.

Some respondents might be taking medicine that thins their blood so that they do not stop bleeding easily. If this is the case then do not take a blood sample. Examples of such drugs are Warfarin and high dosage aspirin (3-4 times a day). You will need to check this out, particularly with elderly respondents.

Q24b Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their objections, but do not coerce people into giving a blood sample.

If the respondent refuses, record the reason why at c). The pre-codes cover the main reasons that were given by respondents to OPCS, in previous health surveys. Then go to Q39 and ring codes 04, 06, 08, and 10 on the Consent Booklet.

- Q25 Explain to the respondent the need for written consent, and that there are three things that you need consent for. Explain that you will go through these things now, before you take any blood.
- Q26 If the respondent is aged 16 or 17 and has agreed to the blood sample you will need to get consent from their parent or guardian. If the parent or guardian refuses consent, write in why, go to Q39 and code 04, 06, 08 and 10 on the Consent Booklet.
- Q27 As blood taking is an invasive procedure, we need to get written consent to take it. Thus, when your respondent agrees to a blood sample, you will need to complete part I of the "**Blood Sample Consent Form**" - **sheet BS**. If they are 16 or 17, ask the parent or guardian to countersign. You must not take any blood until this part of the Consent Form has been fully signed. Ring consent code 03 on the Consent Booklet to show that this has been done.
- Q28-
- Q31 Check if the respondent has a GP and ask if the results of the blood tests can be sent to their GP. If so, follow the instructions: get a signature at part II of the "Blood Sample Consent Form", check the GP details are filled in on the front page and ring consent code 05 on the consent booklet. If they do not want the results to go to their GP or they do not have a GP, ring code 06 instead.
- Q32 You then need to ask for consent to store any remaining blood for future analysis. Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely not involve a test for viruses (eg AIDS test). Again follow the instructions on the schedule and get a signature at part III of sheet BS. Ring consent code 07 if storage consent is given. Ring consent code 08 if no storage consent is given.
- Q35 Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the protocol in section 17 for how to proceed. If you obtain a sample, note down any problems at Q36. If you do not manage to get any blood explain why not at Q38. If you do not get any blood ring consent code 10 on the Consent Booklet.
- Q37 You can now offer to send the blood test results to the respondent. If the respondent wants the results he or she will be sent them, with a note explaining that the results are best interpreted by their GP. Code 1 (Yes) at Q37a if the respondent wants their results, and also ring code 09 on the Consent Booklet. If the respondent does not want their results, ring code 10 on the front page of the Consent Booklet.

Ensure that you have five codes ringed on the front of the Consent Booklet. If any results are to go to the GP (either consent code 01 or 05 ringed) check that you

have details of the GP. The GP details are needed so that we can telephone and write to the GP, if there is an abnormal result. Therefore the GP address should be as full as possible, and the telephone number should include the local area code.

At the end of the interview, thank the respondent for all their help. We will be writing to thank them also.

Fill in the time that the interview ended, and work out the length of the interview. Remember to fill in the date of the interview and your nurse number.

How to despatch the blood samples to the lab is described in Section 16.

13.4 Coding the medicines

To help you code drugs at Q4 of the Nurse Schedule you have been given a drug coding booklet, and a copy of the British National Formulary (BNF).

The Drug Coding Booklet

The drug coding booklet is split into three sections.

Firstly, there is an alphabetical list of the more commonly used drugs to help you code these drugs quickly during the interview. The code to enter in the box beside the drug is given in the right hand column. Enter a leading zero if the code is a single digit - eg 05.

Then there is a list by BNF reference. This can be used in conjunction with the BNF (see below).

Then there is a list by the use of the drug. This gives the codes for drug types - for example lipid-lowering drugs are code 09. The numbers in brackets refer to the chapter reference given at the top of each page in the BNF (see below). In some cases you may know what a drug is used for and can use this card to determine its code.

For example, if you know that Fenbufen is a non-steroid anti-inflammatory drug (NSAID), you can find it under the heading "Central Nervous System" in this part of the booklet, and can code it as 15.

The British National Formulary (BNF)

Use this to check out the less common drugs or any coding you are unsure about. Look the drug up in the index. Turn to the correct page and note the chapter reference at the top of the page. This is used in conjunction with the pages in the booklet that give you the code by BNF reference. The left hand column of these pages shows the BNF chapter references (eg 2.12 are lipid-lowering drugs). The right hand column shows the survey code.

If you are not sure about the coding of a drug, look it up in the index of the BNF.

If you are not sure about the correct code for a prescribed medicine, try to find out what it was prescribed for. Get as much detail as possible, so that you can discuss it with the survey doctor later. Some drugs that are officially discontinued are still manufactured for named patients only. Someone on one of these drugs can probably give you quite a bit of detail about it, which will help the survey doctor decide how it should be coded.

If the respondent takes aspirin (97) or salazyopyrin (98) record the dosage, as this can vary.

THE PROTOCOLS

14 BLOOD PRESSURE MEASUREMENT AND HEART RATE READINGS

High blood pressure is an important risk factor for cardiovascular disease. During the first visit, the interviewer will have asked the respondent if he/she has ever had high blood pressure. If this is the case more detailed information will have been collected.

However, it is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure set in the Health of the Nation.

14.1 Equipment

Dinamap 8100 blood pressure monitor
Blue pneumatic hose
Small adult cuff (17-25 cm)
Standard adult cuff (23-33 cm)
Large adult cuff (31-40 cm)
Power cord
Operation Manual

The Dinamap 8100 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure, mean arterial pressure (MAP) and pulse rate automatically at pre-selected time intervals. On this survey three readings are collected at one minute intervals.

The Dinamap is equipped with a rechargeable battery, which can run for a minimum of six hours when fully charged. It is essential to keep the battery charged as fully as possible. A yellow battery light will flash as a warning sign on the monitor to alert the user when the charge has fallen below 10%. To recharge the battery, connect the monitor to the mains and press the rear panel AC power switch to the ON ('P') position. The green MAINS AC light will indicate that the battery is charging. An overnight charge (eight hours) will provide about four hours of operation.

!! PLEASE REMEMBER TO CHARGE THE BATTERY !!

When the Dinamap is switched on the monitor momentarily displays eights (888s) in all the digital displays and all indicators will flash as a check for the operation of all LEDs. The audio alarm is also sounded as a check for its operation. If on turning on the monitor any of the displays fail to show the 888s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

It is important to use the correct cuff size. Using the tape measure, measure the circumference of the right upper arm:

Arm Circumference	Cuff Size
17-25 cms	Small adult
23-33 cms	Standard adult
31-40 cms	Large adult

Where possible, use the standard adult cuff size. If the circumference is in the overlap (ie 23-25 cms or 31-33 cms) use the standard cuff.

The appropriate cuff should be connected via the blue pneumatic hose to the two cuff connectors at the bottom of the display. It is important to ensure these screw connectors are properly connected to avoid any air leak. However do not overtighten. The pneumatic seal is not made by tightening the connector.

14.2 Eligibility

The only people who are not eligible for blood pressure measurement are pregnant women. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the schedule.

All other adults are eligible, unless they do not wish to give their permission.

14.3 Procedure

The respondent should not have eaten, smoked or drunk alcohol in the 30 minutes preceding the blood pressure measurement. If possible, arrange the timing of the measurements to ensure that this is the case.

Ask the respondent to remove outer garments (eg jumper, cardigan, jacket) and expose the right upper arm. The sleeve should be rolled or slid up to allow sufficient room to place the cuff. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

Wrap the correct sized cuff round the upper right arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the schedule. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 2 cm above the cubital fossa (elbow crease).

Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so

that the right arm will be resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with cuff applied, legs uncrossed and feet flat on the floor.

Explain that before the blood pressure measurement we need them to sit quietly for five minutes to rest. They should not smoke, eat, drink or read during this time. Explain that during the measurement the cuff will inflate three times and they will feel some pressure on their arm during the procedure.

After five minutes explain you are starting the measurement. Ask the respondent to relax and not to speak until the measurement is completed as this may affect their reading.

- a Switch the monitor 'ON'.
- b Press the **SILENCE** button until the yellow triangle above it lights up.
- c Press the **AUTO/MANUAL** button until the green triangle above it lights up. The cuff will now start to inflate and take the first measurement.
- d Press the cycle **SET** button until the number 1 lights up in the minutes box. Blood pressure will then be recorded at one minute intervals thereafter. After each interval record the reading on the schedule.
- e It is possible to retrieve any of the three readings if they need to be checked or if you didn't record them for any reason. To do this wait until the three readings have been taken then press the **AUTO/MANUAL** button followed by the **PRIOR DATA** button. This will display the previous reading ie the second blood pressure. Press the **PRIOR DATA** button again to display the first blood pressure reading, and once again to return to the final reading. The minutes display indicates how long ago the measurement was taken. **IT IS NOT POSSIBLE** to retrieve the readings once the monitor has been switched off.
- f After the three measurements are complete and recorded on the schedule switch the monitor 'OFF' and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the red cancel button or the power OFF button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

14.4 Error readings

The most common error reading is 844. This is displayed if one measurement exceeds 120 seconds. This is usually caused by the respondent moving during the measurement. It can also be triggered by an erratic pulse rate. Ask the respondent to sit as still as possible during the measurement. Check the respondent's pulse rate manually. If their pulse rate is erratic, try ensuring that the respondent sits still.

However, if it still not possible to obtain a measurement without an error reading, record this on the schedule and abandon the procedure.

Other error readings are detailed in the troubleshooting section of the Operation Manual (page 33-35).

14.5 Informing respondents of their blood pressure readings

If the respondent wishes, record details of the three readings on their Measurement Record Card.

It is at this point you will have to make some comment about these readings. It is very IMPORTANT to remember that it is **not** the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say and in each situation has been agreed with the Department of Health. It is very important that **you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading.** Read the instructions below very carefully and make sure you always follow these guidelines. To help you remember, you have been given a *Blood Pressure Guide Card* which summarises these rules.

Base your comments on all three blood pressure readings. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken. However, if the first reading shows a raised pressure, you should still follow the guidelines below.

Definitions of raised blood pressure differ slightly. The Department of Health have decided to adopt the ones given below for this survey. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown overleaf.

Points to make to a respondent about their blood pressure

Normal:

'Your blood pressure is normal'

Mildly raised:

'Your blood pressure is a bit high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.'

SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For all women, and men aged less than 50

<u>Rating</u>	<u>Systolic</u>		<u>Diastolic</u>
Normal	< 140	and	< 85
Mildly raised	140 - 159	or	85 - 99
Moderately raised	160 - 174	or	100 - 114
Severely raised	175 or more	or	115 or more

Men aged 50 or over

Normal	< 160	and	< 95
Mildly raised	160 - 169	or	96 - 104
Moderately raised	170 - 174	or	105 - 114
Severely raised	175 or more	or	115 or more

NB < less than, ≥ greater than or equal to

Moderately raised

'Your blood pressure is a bit high today'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure'

'You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not'

Severely raised:

'Your blood pressure is high today'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure'

'You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not'

Note: If the respondent is elderly and has severely raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, we will have informed the GP of their result (providing the respondent has given their permission).

14.6 Action to be taken by the nurse

The chart below summarises what action you should take as a result of the knowledge you have gained from taking the blood pressure readings.

The Survey Doctor is Dr. Helen Colhoun of the Department of Epidemiology and Public Health, at UCL. She is available on 071 387 7050 ext 5702 during working hours. Out of office hours, Dr. Colhoun has a pager on which you can leave a message for her to get back to you. In order to leave a message phone 081 345 6789 and ask for "UCL 1." You will then be able to give a short message and the telephone number where you can be contacted. Do not hesitate to contact her whenever you feel you need advice about what to do after seeing a respondent. If for any reason, you cannot make contact with Dr. Colhoun, speak to Elizabeth Yea or Margaret Beksinska on 071 387 7050 x 5700, who will be able to make contact on your behalf.

BLOOD PRESSURE	ACTION
<p>Normal/mild/moderate bp</p> <p>Systolic < 175 mmHg and Diastolic < 115 mmhg</p>	<p>No further action necessary</p> <p>If you feel that the circumstances demand further action, inform the Survey Doctor and she will then inform the respondent's GP immediately if she deems it necessary.</p>
<p>Severely raised bp</p> <p>Systolic > 175 mmhg or Diastolic > 115 mmhg</p>	<p>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP.</p> <p>If the respondent has any symptoms of a hypertensive crisis* contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.</p>

* A hypertensive crisis is an extremely rare complication of high blood pressure
Its signs and symptoms include
diastolic bp > 135 mmhg
headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac
failure, oliguria, nausea & vomiting

All apparently high or unusual readings will be looked at by the Survey Doctor when they reach the office. If the reading is judged to be high, then the survey doctor will contact the respondent's GP, drawing attention to the reading. In cases where the respondent is not registered with a GP, or has refused consent for us to contact their GP, the respondent will be contacted directly.

15. MEASUREMENT OF DEMI-SPAN

15.1 Purpose

When the interviewer visited the respondent she or he attempted to measure the respondent's height and weight. However, measuring height can be quite difficult if the respondent cannot stand straight or is unsteady on their feet. This can occur with some elderly people, and with people who have particular disabilities. Additionally, height decreases with age. This decrease varies from person to person, and may be considerable.

Prior to the 1991 Health Survey there had been no attempt to measure the heights of respondents older than 64 years. However, it is becoming more important to have information about the health of the elderly. Therefore an alternative measure of skeletal size, the demi-span, was developed which can be measured easily and does not cause unnecessary discomfort or distress to the elderly or handicapped.

Although the demi-span was developed as an alternative measure of skeletal size for the elderly or handicapped, we need to measure demi-span for all age groups so that we have comparable data.

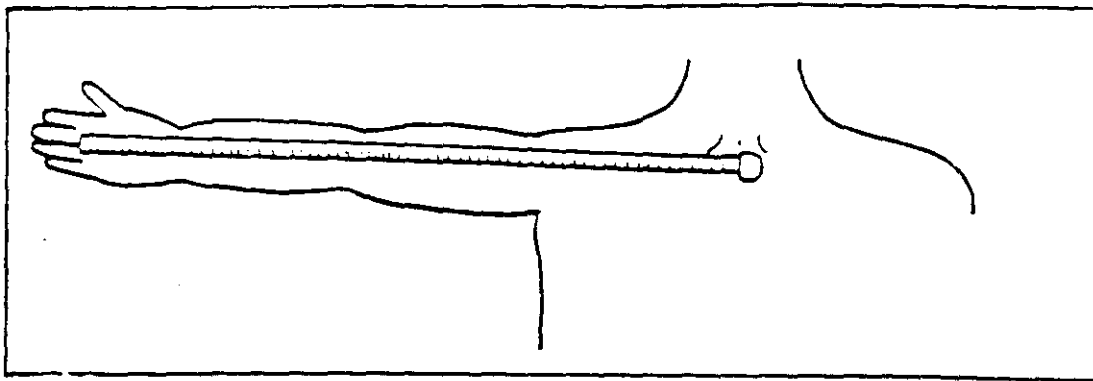
The demi-span measurement is the distance between the sternal notch and the finger roots with arm out-stretched laterally.

15.2 Equipment

- a thin retractable demi-span tape calibrated in cm and mm
- a skin marker pencil

A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch (see Figure 1). The tape is easily damaged if it is bent.

Figure 1



15.3 Eligibility

Everyone is eligible for the demi-span with the exception of those who cannot straighten either arm. If this is the case, Q9(a) should be coded 3 and Q9(b) should be coded 1.

15.4 Preparing the respondent

The measurement is made on the right arm unless this arm cannot be fully stretched. In which case the left arm may be used and this should be recorded on the schedule.

Although the measurement requires minimal undressing, certain items that might distort the measurement will need to be removed . These include:-

- Ties
- Jackets and thick garments such as jumpers
- Jewellery items such as chunky necklaces/bracelets
- Shoulder pads
- High heeled shoes

Shirts should be unbuttoned at the neck.

If the respondent does not wish to remove any item that you think might affect the measurement, you should record this on the schedule but still take the measurement.

15.5 Protocol

1. Locate a wall where there is room for the respondent to stretch his/her arm. They should stand with their back to the wall but not support themselves on it. Ask the respondent to stand about 3 inches (7cm) away from it.
2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.

3. Ask the respondent to raise their right arm until it is horizontal. The right wrist should be in neutral rotation and neutral inflexion. Rest your left arm against the wall allowing the respondent's right wrist to rest on your left wrist.
4. When the respondent is standing in the correct position **mark the skin at the centre of the sternal notch** using the skin marker pencil (explain to the respondent that this mark should wash off afterwards). It is important to mark the sternal notch while the respondent is standing in the correct position.

If the sternal notch is obscured by clothing, use a piece of tape (eg Sellotape or masking tape) on the clothing. Note this on the schedule. Use tape that will not mark the clothing.

If the respondent will not allow use of either the marker pencil or the tape, proceed with the measurement but record on the schedule that you were not able to mark the skin.

5. Ask the respondent to relax while you get the demi-span tape.
6. Place the hook between the middle and ring fingers so that the tape runs smoothly along the arm.
7. Ask the respondent to raise their arm. Check they are in the correct position, the arm horizontal, the wrist in neutral flexion and rotation.
8. Extend the tape to the sternal notch. If no mark was made, feel the correct position and extend the tape to this position.
9. When ready to record the measurement ask the respondent to stretch his/her arm.

Check that

- the respondent is in the right position: no extension or flexion at the wrist or at the shoulders,
 - the hook has not slipped forward and the zero remains anchored at the finger roots,
 - the respondent is not leaning against the wall.
10. Record the measurement in cms and to the nearest mm at Q17 of the Nurse Schedule. If the length lies half-way between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8.
 11. Ask the respondent to relax and loosen up the right arm by shaking it.

12. Repeat the measurement from steps 6-11.

15.6 Using the tape

The tape is fairly fragile. It can be easily damaged and will dent or snap, if bent or pressed too firmly against the respondent's skin. Also the ring connecting the hook to the tape is a relatively weak point. Avoid putting more strain on this ring than necessary to make the measurements.

When extending the tape, hold the tape case rather than the tape itself as this puts less strain on the hook and tape.

When holding the tape to the sternal notch, do not press into the sternal notch so much that the tape kinks.

15.7 Points to watch

Make sure that the respondent does not flex their wrist or move their trunk or shoulder when stretching their arm.

Be careful that the corner of the hook acting as the zero point does not move away from the finger root so affecting the point from which the measurement is taken.

15.8 Seated and lying measurements

If the respondent is unable to stand in the correct position, or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. Still try to support the arm if possible. You may need to sit or kneel to take the reading.

If the respondent is much taller than you, take the measurement with the respondent sitting.

If the respondent finds both standing and sitting in the correct position difficult, the measurement can be taken lying down.

If the respondent's arm is much longer than yours, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder as this will not provide sufficient support.

16. MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES

16.1 Purpose

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist-to-hip ratio is a

measure of distribution of body fat (both subcutaneous and intra-abdominal)
Analyses suggest that this ratio is a predictor of health risk like the body mass index
(weight relative to height)

16.2 Equipment

Insertion tape calibrated in mm, with a metal buckle at one end

The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape

16.3 Eligibility

The respondent is ineligible for the waist and hip measurement if

- a Pregnant
- b Chairbound
- c Has a colostomy/ileostomy

If any of the above apply, record this on the Schedule (Q10b on page 7) If there are any other reasons why the measurement was not taken, record this on the Schedule and note down the reason

16.4 Preparing the respondent

The interviewer will have asked the respondent to wear light clothing for your visit
Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading

If possible, without embarrassing you or the respondent, ensure that the following items of clothing are removed

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- shoes with heels
- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

If the respondent is wearing a belt, ask them if it would be possible to remove it or loosen it for the measurement

Pockets should be emptied

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at Q21/22

If possible, ask the respondent to empty their bladder before taking the measurement.

16.5 Using the insertion tape

All measurements should be taken to the nearest millimetre. If the length lies halfway between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8.

Ensure the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides.

If possible, kneel or sit on a chair to the side of the respondent.

Pass the tape around the body of the respondent and insert the plain end of the tape through the metal ring at the other end of the tape.

To check the tape is horizontal you have to position the tape on the right flank and peer round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent.

Hold the buckle flat against the body and flatten the end of the tape to read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

16.6 Measuring waist circumference

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.
2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.
3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.
4. Repeat this measurement again.
5. If you are of the opinion that clothing, posture or any other factor is

significantly affecting the waist measurement, record this on the schedule

16.7 Measuring hip circumference

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference
2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, eg 095 3
3. If clothing is significantly affecting the measurement, record this on the schedule
4. Repeat this measurement again

16.8 General points

The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be folded before the measure is taken

If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around

If the measurement falls between two millimetres, the measurement should be recorded to the nearest even millimetre

16.9 Measuring the waist circumference

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger

If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement

16.10 Recording problems

We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.

17. BLOOD SAMPLE COLLECTION

17.1 Purpose

The blood sample is being taken to obtain indicators of risk factors for cardiovascular disease and of other measures of health and nutrition.

The blood will be analysed for total serum cholesterol, fibrinogen, haemoglobin, ferritin, glycosylated haemoglobin, gamma GT and serum cotinine.

Cholesterol and fibrinogen are being measured because raised levels are associated with higher risks of heart attacks. Raised glycoylated haemoglobin is an indicator of Diabetes Mellitus, a risk factor for CVD. Haemoglobin and ferritin are being measured as indicators of iron status. Gamma GT and serum cotinine are indirectly linked to CVD in that gamma GT levels are affected by alcohol consumption and serum cotinine levels by smoking and passive smoking. This is not stressed to the respondents in the leaflets as we do not wish to worry them unduly.

17.2 Equipment

Tourniquet	Vacutainer holder
Alcohol swabs	Vacutainer needles 21G
Dental roll	Butterfly needles 23G
Rubber gloves	Needle disposal box
Adhesive dressing	Vacutainer 10 ml plain tube
Plastic postal containers	Vacutainer 2 ml EDTA tubes
Padded envelopes	Vacutainer 4 ml citrate tubes
Sealable plastic bags	
Kitchen roll	
Micropore tape	
Set of labels for blood sample tubes	

The tubes should be filled in the following order:

- 10 ml plain tube (red cap)
- 2 ml DTA tube (lavender cap)
- 4 ml Citrate tube (blue cap)

The tubes should be filled in this order so that, if a situation arises where there will be insufficient blood to fill all the tubes, the analyses with the highest priority can still be undertaken.

17.3 Eligibility

Do not take a blood sample on respondents who are

- a Pregnant
- b Have a clotting or bleeding disorder
- c Aged 16 or 17 and do not live with a parent or guardian
- d Not willing to give their consent in writing

17.4 Preparing the respondent

Ask the respondent if they have had any problems having blood taken before

1. Explain the procedure to the respondent They should be seated comfortably in a chair, or if they wish, lying down on a bed or sofa
2. Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface Ask them to remove their jacket or any thick clothing, if it is difficult for them to roll up their sleeve

The antecubital fossae may then be inspected It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly

Do not ask the respondent to clench his/her fist

3. Select a suitable vein and apply the tourniquet around the subject's arm In certain cases the tourniquet may have to be applied to locate a reasonable vein However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time Do not leave the tourniquet in place for longer than 2 minutes

Ask the respondent to keep his/her arm as still as possible during the procedure

Clean the venepuncture site gently with an alcohol swab Allow the area to dry completely before the sample is drawn

4. Put on your rubber gloves at this point

17.5 Taking the sample

5. Venepuncture is performed with a twenty one gauge vacutainer needle or butterfly

Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured Place

your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.

Remember to take the tubes in the correct order. The first tube should always be the plain 10ml tube with the red cap followed by the lavender EDTA tube and finally the blue citrate tube. The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservative.

6. Release the tourniquet (if not already loosened) as the blood starts to be drawn into the tube. Remove the needle and place a dental roll firmly placed over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.
7. If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, do not attempt to try again. Record the number of attempts on the Schedule.
8. Remove the needle from the vacutainer holder by inserting it into the slot at the top of the needle disposal box. Push it towards the narrow end of the slot until the hub fins are engaged. Twist the holder anti-clockwise to unthread the needle. Then slide the holder towards the centre of the slot, allowing the needle to drop into the container.

IMPORTANT WARNING

Never re-sheath the needle after use.

Do not allow the disposal box to become overfull as this can present a potential hazard.

9. Check on the venepuncture site and affix an adhesive dressing, if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.

17.6 Fainting respondents

If an respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down.

If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.

17.7 Disposal of needles and other materials

Place the used cotton wool balls, gloves, etc in the self-seal disposal bag. This bag, together with the needle disposable box, should be taken to your local hospital for incineration. Telephone them beforehand, if you are not sure where to go. If you come across any problems with the disposal, contact the Survey Doctor who will contact your local hospital.

18. SENDING BLOOD SAMPLES TO THE LABORATORY

The blood samples are to be sent to the West Middlesex Laboratories. It is important that the blood is sent properly labelled and safely packaged and that it is despatched immediately after it has been taken.

18.1 Labelling the Blood tubes

You have been provided with a set of serial number and date of birth labels to use to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very **clearly** on each label - the laboratory were having problems reading some nurses' writing on the pilot survey.

Label the tubes as you take the blood. It is **vital** that you do not confuse blood tubes within a household. The tubes for each respondent must be packed separately from those of other members of the household. Check very carefully that you have done this. We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the findings of the blood analyses to the wrong's persons data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

Stick this label over the label already on the tube. The laboratory need to be able to see on receipt how much blood there is in the tube.

18.2 Completing the despatch note

On page 4 of the Consent Booklet there is a despatch note that should be filled in and sent to the laboratory with the blood sample. Fill in the serial number of the person - again take great care. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial numbers you have recorded on the tubes.

Complete items 3 to 5 carefully - remembering to record the time you took the blood sample using the 24 hour clock.

At Item 6 ring a code for each tube you are sending to the laboratory. It may be that you only managed to obtain two tubes from the respondent, in which case you would ring the appropriate codes.

At Item 7 you are telling the laboratory whether or not permission has been obtained.

to store part of the blood. Remember always to ring the appropriate code. Do this by checking Item 8 on the front page of the booklet.

At Item 8 enter your Nurse Number.

Tear off this despatch note and send with the blood to the lab.

Also complete the **Office Despatch Note** copy on the last page of the Consent Booklet. This is so we know what you have sent to the lab., and when.

18.3 Packaging the blood

The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

1. The tubes come with a plastic container. Return the filled tubes to this container, pressing the two halves firmly together.
2. Place the container into the plastic bag, with the opening of the bag covering the hinged part of the plastic container. Ensure that the bag is sealed.
3. Wrap a piece of kitchen towelling paper around the plastic container.
4. Place the wrapped container into the pre-addressed envelope, inserting it so that the opening of the plastic bag goes in first (ie away from the entrance to the envelope).
5. Put the Blood Sample Despatch Note in the envelope.
6. Fold over the end of the envelope, and seal firmly with **sellotape**. Wrap the tape right round the envelope.

NEVER use staples to seal the envelope

Staples can cut post office workers' hands. When blood is transported this can be dangerous.

7. Post the envelope immediately. It will go special delivery. This ensures that it arrives the next day.

If you do your interview too late to catch the last post, post it to catch the next post. If you miss the Saturday post collection, take the envelope to a box that has a Sunday collection. The blood should not be refrigerated.

8. When you have posted the blood samples, fill in the **time and date of posting** on the office copy of the Blood Sample Despatch Note.

19. COMPLETING THE NRF AND RETURNING WORK

19.1 Recording the outcome of your attempts to interview and measure

You should complete sections 2, 3 and 4 of the **Nurse Record Form (NRF)** to report to the office the outcome of your attempts to interview and measure persons in households at which the interviewer obtained at least one interview

Item 2 complete a column for each person in the household listed by the interviewer on the front page. This tells us whether or not you completed the Nurse Schedule, and if not, why this was so. The codes in this column are referred to as Outcome Codes

Make sure you use the correct column for a respondent. They should be in the same order as listed on the front page. Enter their initials at the head of each column

If the interviewer rang codes 2 or 3 on the front page, then you ring code 80. If the interviewer rang code 1, then you should ring one of codes 81-90 as appropriate

Use code 81 if you went through the whole schedule with the respondent and completed all the relevant questions. This code applies even if the respondent refused any of the measurements

A proxy refusal is the situation where someone else refuses on behalf of someone else - for example, a husband who says he will not allow his wife to be seen by a nurse. Obviously you should do your best to try and see the person yourself but sometimes this is not possible

Codes 87-89 should be used only if the respondent is unavailable for interview for these reasons throughout the whole of your fieldwork period. If they are likely to return, and be fit to be seen, during that time, then try again later

Item 3 Complete this grid for everyone you interviewed - ie outcome code 81 at Item 2

Enter each interviewed person's number and their initials at the head of the column

Complete both parts a) and b)

Item 4 Complete this for each person you were unsuccessful at obtaining an interview from (ie those you coded 83-90 at Q2)

An example of completed pages 2 and 3 is appended

19.2 Returning work to the office

You should return work to the office quickly.

If you are measuring everyone in a household at one time, or within a very short time (within a day or so), then return all the work for that household in one batch and on completion. Do not hold on to it.

However, if you do some work at a household and then make another appointment later on to finish off that household, then return the work you have done straightaway. Do not wait until you have finished a household entirely if it will mean that you have to hang on to completed schedules.

Before returning work check that you have all the documents you should have and that they are properly serial numbered and so on. Check that they match with your NRF entries. The documents you should return for a person are:

Consent Booklet- 1 per person with an outcome code 81

Nurse Schedule - 1 per person with an outcome code 81

Send the Nurse Record Form to the office when you have completed everything you have to do at a household.

For confidentiality reasons, never send the Nurse Schedule back in the same envelope as its Nurse Record Form or Consent Booklet. Always post the two packages at the same time.

Pin together the Nurse Record Form and Consent Booklets and return them in one envelope. Send the completed Nurse Schedules back in a separate envelope.

At the end of your assignment, check that you have accounted for all the serial numbers on the Nurse Sample Sheet. Keep this NSS. It will help sort out queries, should there be any, about work done by you.

20. CONTACTS FOR ANY PROBLEMS

You will have the telephone number for your nurse supervisor, interviewer supervisor and Area Manager.

If you have any problems using your equipment or need to discuss protocols, contact your nurse supervisor.

Your interviewer supervisor will be able to help and advice on any aspects of "survey work" - getting cooperation, completing the documents, etc.

If there are any problems with the interviewer liaison, contact your Area Manager.

If you need more supplies or need to contact the Field Department, please phone Loretta Curtis at Brentwood on 0277 200600

The SCPR team (Trish Prescott-Clarke, Samantha Clemens, Steve Taylor) will be happy to answer any queries you have about the survey itself or about any of the documents you are using. You can contact them on 071 250 1866

The Survey Doctor is Dr Helen Colhoun. She can answer any medical queries. During office hours you can contact her on 071 387 7050 ext 5702. Out of office hours you can contact her via her pager - 081 345 6789 ask for "UCL 1"

PART B - TO BE COMPLETED BY NURSE

Spere 304 323

1 CALLS RECORD (Note all personal visits and telephone calls even if no reply)

TNC 324 325

CALL NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
TYPE OF CALL												
Telephone	1	1	1	1	1	1	1	1	1	1	1	1
Personal visit	2	2	2	2	2	2	2	2	2	2	2	2
EXACT TIME OF CALL (24 hr clock)	18 30	19 05	17 45									
DATE												
i) Day (Mon = 1 Tues = 2 etc)	3	4	1									
ii) Date	12	13	17									
iii) Month	01	01	01									
NOTES	1. Son was out - arranged to telephone him to refile appointment 2 Refused appointment for 17/1 at 5 45 pm 3 saw son and completed											

2 OUTCOME OF ATTEMPT TO MEASURE PERSONS AGED 16+ IN HOUSEHOLD

(Complete column for each person listed at Part A)

PERSON NUMBER	RING PERSON NUMBER FOR EACH PERSON AGED 16+					
	01	02	03	04	05	06
INITIALS	JS	TS	JS (son)	SS		
NOT INTERVIEWED/REFUSED TO INTERVIEWER	80	80	80	80	80	80
NURSE SCHEDULE COMPLETED	81	81	81	81	81	81
NURSE SCHEDULE NOT COMPLETED						
- no contact made	83	83	83	83	83	83
- refusal by person	84	84	84	84	84	84
- proxy refusal	85	85	85	85	85	85
- broken appointment	86	86	86	86	86	86
- ill (at home)	87	87	87	87	87	87
- ill (in hospital)	88	88	88	88	88	88
- away (other reason)	89	89	89	89	89	89
- other (GIVE REASON)	90	90	90	90	90	90

326 349

END

GO TO

Q3

GO TO Q4

117

3. COMPLETE a) AND b) FOR EACH MEASURED PERSON (CODE 81)

ENTER PERSON NUMBER		02	03				
INITIALS		TS	JS(NR)				
a)	OUTCOME OF ATTEMPT TO OBTAIN BLOOD PRESSURE						
	- obtained	①	①	1	1	1	1
	- attempted, not obtained	2	2	2	2	2	2
	- not attempted	3	3	3	3	3	3
	- refused	4	4	4	4	4	4
b)	OUTCOME OF BLOOD SAMPLE						
	- taken	①	①	1	1	1	1
	- attempted, not obtained	2	2	2	2	2	2
	- not attempted	3	3	3	3	3	3
	- refused	4	4	4	4	4	4

350-361

362-373

4. COMPLETE FOR EACH PERSON NOT MEASURED (CODES 83-90 AT Q2)

PERSON NO.	FULL REASON WHY NO MEASUREMENT OBTAINED
04	Decided she was scared of blood pressure machine and of blood sample quite adamant that she would not co-operate

END

SPARE
374-399

P1315 THE HEALTH SURVEY FOR ENGLAND 1994

NURSE SAMPLE SHEET

POINT: 001 SURVEY MONTH: 01 POSTCODE SECTOR: CA14 4
NURSE NAME: Pippa Hunt NUMBER: 2024N2

SUPERVISION (if applicable) SUPERVISOR NAME: Alison Clark TELEPHONE NUMBER: 0781 7290

Address serial number	Household serial number	Date received NRF	Interviews outcome A or B	If outcome A	Number measured by nurse	Date NRF posted to office	Notes
				Number of appointments made			
01							
02	1	7/1	B			8/1	
03	1	9/1	A	1	1	13/1	
	2	10/1	A	2	2	15/1	
04	1	9/1	A	3	2	18/1	interviewed
05							
06	1	7/1	B			8/1	
07							
08							

NURSE SAMPLE SHEET CONTINUED/...

Address serial number	Household serial number	Date received NRF	Interviews outcome A or B	If outcome A:	Number measured by nurse	Date NRF posted to office	Notes
				Number of appointments made			
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							

KEEP THIS FORM IN CASE OF QUERIES OR DISCREPANCIES WITH WORK SENT BY INTERVIEWER OR RECEIVED IN OFFICE

Extra Instructions for Nurses

Here is a new set of Project Instructions to replace those that you already have. They have been put into a folder to make them a bit more robust. We also enclose a new Blood Pressure Guide card (on pale green card) which should replace the guide on white card in your Dinamap case.

We would like to draw your attention to a few specific points, which are outlined below - so please read this note carefully.

1 New rules on what should be considered severely raised BP

Please read the new pages (ps. 33-36) in the new Nurse Instructions carefully, and look at the new Blood Pressure Guide Card. Make sure that you are familiar with these changes.

2 Consent for taking blood from 16/17 year olds

Before taking blood from 16 or 17 year olds, you must make sure that you always get both the respondent's own signature and their guardian's. Remember that even if 16/17 year olds are married and not living with their guardian, you cannot take their blood unless you have both the respondent's own signature and that of their guardian.

3 Consent for blood from all respondents

It is not sufficient to simply have one signature at item III on the BS page of the Consent Booklet. You must make sure that you have all relevant signatures.

4. Blood Sample Outcome

Remember to check that your codes for blood sample outcome at Q3b on the NRF and at Q36a on the Nurse Schedule match up correctly. If you send any blood to the lab (even if you only manage one tube) this still should be recorded as blood taken on the NRF.

5. GP address

If respondents do not know the name of their GP, please leave blank the top line of the GP name and address section in the Consent Booklet. You should complete the practice name and the address as fully as possible. This is necessary to stop the computer sending nonsense letters to Dear Dr Head of Practice.

You must fill in the full GP name and address on every Consent Booklet, even where members of the household have the same GP. This is because the people who book the work into the computer do not necessarily get the work in person and household order, and so can not just refer to the previous NRF to get the address.

6. **Waist and hip measurements**

In the briefings you are told to carry out the procedure twice ie waist, hip, waist, hip. If the two measurements that you get for waist or hip are very different (eg differ by 3cm or more), you may need to take more measurements in order to work out which one is correct. If an incorrect measurement has been recorded on the nurse schedule, cross it out and write the correct one in by the side.

Measurements are only coded as unreliable if you think that the clothing the participant is wearing has affected the measurement by 0.5cm. Unreliable does not refer to any measurement errors that you feel you may have made.

7. **Needle Stick Injuries**

Any nurse who sustains such an injury should go immediately to a casualty department. The nurse should inform his or her nurse supervisor of the incident, and the nurse supervisor should inform Liz Yea at UCL.

8 **Blood Packaging**

Just to clear up any confusion over the way blood should be packaged for despatch:

- a) The tubes are put in the plastic container and the two halves are pressed firmly together
- b) A piece of kitchen towel is then wrapped round the plastic container
- c) The container with the tissue wrapped round it is then put in the resealable plastic bag, with the opening of the bag covering the hinged part of the container
- d) The wrapped container is then put into the pre-addressed envelope, inserting it so that the opening of the plastic bag goes in first
- e) The envelope is then sealed with sellotape and posted

Some of you may have been told that the kitchen roll goes outside the plastic bag, but we have checked with the lab and the kitchen roll goes inside the bag.

10. **Returning Work**

Post blood samples immediately - remember that if you miss the last Saturday post you must go to a box that has a Sunday collection.

Post the NRF and the Consent Form together the same day as you send the blood samples (or in time the following day to catch the post). Post the Nurse Schedule at the same time in a separate envelope.

Please stick to the rules and do not "hoard" work. We have to liaise with GPs and respondents in the event of any serious abnormalities detected in the blood pressure readings or the blood analytes. This referral back is being seriously delayed as work is not being returned in time.

P1315

Health Survey for England: 1994

NURSE SCHEDULE

Survey Month _____										
(1 3)	(4 5)	(6)		(7 8)	(9-11)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spare					
POINT	ADDRESS	HHLD	CKL	PERSON No	2 DIGITS					
3 DIGITS	2 DIGITS	1 DIGIT		(from NRF)						
First name _____					O U O	(12 13)				
						<input type="text"/>	<input type="text"/>			
						Card				
						(14 16)				
						Spare				
					2 DIGITS	(17 18)	<input type="text"/>	<input type="text"/>	(19 20)	2 DIGITS
					Date of Birth	Day	Month		Year	2 DIGITS
					(Check with respondent)		(in words)			

CHECK AGAINST H/H GRID

Time interview began

(23 25)	<input type="text"/>	
	99	99 = N/A
	(24 hr clock)	

Spare 27 36

1. NURSE CHECK:

CHECK WHETHER ANY OF THE HOUSEHOLD MEMBERS HAVE EATEN, SMOKED OR DRUNK ANY ALCOHOL IN THE PREVIOUS 30 MINUTES. REARRANGE ORDER OF RESPONDENTS AS NECESSARY. DO NOT ALTER ORDER OF MEASUREMENTS FOR ANY RESPONDENT.

2a) NURSE CHECK: Respondent is -
CHECK FRONT PAGE

NOT KEYED IN '93
'94: - NCGEN

Female, aged 16-49

Female, aged 50 or over

Male

1	ASK b)
2	GO TO Q3
3	

37

b) Can I check, are you pregnant at the moment?

'91/'92: - PREGNTJ
'93: - PREGNTJ

'94: - PREGNTJ

q = N/A

Yes 1
No 2

38

ALL

3. Are you taking or using any medicines, pills, ointments, or injections prescribed for you by a doctor?

'91/'92: - MEDCNJB
'93: - MEDCNJB

'94: - MEDCNJB

q = N/A

Yes 1 GO TO Q4
No 2 GO TO Q5

39

4a) Could I take down the names of the medicines, pills, ointments or injections prescribed for you by a doctor?

- 1) ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN
- 11) RECORD THE BRAND NAMES OF EACH MEDICINE IN BLOCK CAPITALS IN THE BOXES BELOW
- 111) USE DRUG CODING BOOKLET TO ENTER APPROPRIATE CODE IN "CODE" BOX

ASK (b) AND RING THE CORRESPONDING CODE

b) Have you taken/used (medicine, ointment etc) in the last seven days?
RING CORRESPONDING CODE IN GRID UNDER b)

PRESCRIBED MEDICINES

91/92'- MED 1-18
93'- MED 1-18
94! MED [1-16]

91/92' MED 1-18a
93' MED [1-18]a
94' MED [1-16]a
b)

BRAND NAME	CODE	Yes	No	
} SEE OPEN CODE FRAME	<input type="text"/>	1	2	40 42
	<input type="text"/>	1	2	43 45
	<input type="text"/>	1	2	46-48
	<input type="text"/>	1	2	49-51
	<input type="text"/>	1	2	52 54
	<input type="text"/>	1	2	55 57
	<input type="text"/>	1	2	58 60
	<input type="text"/>	1	2	61 63
	<input type="text"/>	1	2	64 66
	<input type="text"/>	1	2	67 69
	<input type="text"/>	1	2	70 72

ALL

5. At present, are you taking any vitamin or mineral supplements or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

Q = N/A

91/92: VITAMIN
93: VITAMIN
94: VITAMIN

Yes 1 GO TO Q6
No 2

ALL

6a) In the last interview you will have been asked about smoking. I now have just a few questions about sources of nicotine other than cigarettes. In the last seven days, have you used any nicotine chewing gum?

Q = N/A

NOT IN 91/92/93
94: USEGAM

Yes 1 ASK b)
No 2 GO TO Q7

b) What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
IF BOTH - WHICH MOST RECENTLY
IF CAN'T SAY - ASK TO SEE PACKET

Q = N/A

NOT IN 91/92/93
94: GUMMG

2mg 1
4mg 2
Can't say (and no packet available) 8

ALL

7a) And in the last seven days have you used nicotine patches that you stick on your skin?

Q = N/A

NOT IN 91/92/93
94: USEPAT

Yes 1 ASK b)
No 2 GO TO Q8

b) Can you tell me which brand of nicotine patches you use?

Q = N/A

DO NOT PROMPT
IF NOT SURE, ASK TO SEE PACKET
NOT IN 91/92/93
94: PATNAME

Nicobate 1
Nicorette 2
Nicotinell 3
Other (write in name) 4
..... Niconil 5
Can't say (and no packet available) 8

ALL

8. In the last seven days, have you used any other nicotine products, for example, nicotine lozenges or nicotine inhalents?

Q = N/A

NOT IN 91/92/93
94: OTHNICP

Yes 1
No 2

BLOOD PRESSURE AND HEART RATE READINGS

ALL

9a) NURSE CHECK Q2b)

Q3 - DNAPREGJ
(DIFF CODES)

Respondent is pregnant (CODE 1 AT Q2b)

1 GO TO Q12

Q4 - NCPREGJ

Other

2 ASK b)

81

ALL EXCEPT PREGNANT WOMEN

b) (As I mentioned earlier) We would like to measure the blood pressure of everyone taking part in the survey. The analysis of blood pressure readings will tell us a lot about the health of the population.

May I just check, have you eaten, smoked or drunk alcohol in the past 30 minutes?

Eaten

1

82 84

CODE ALL THAT APPLY

Smoked

2 GO TO Q10

9 = N/A

Drunk alcohol

3

Q1/Q2 - CONSUBM1-3

None of these

4

Q3 - CONSUBM1-3

Q4 - CONSUBC 0-9

10 TAKE THREE MEASUREMENTS FROM RIGHT ARM AND RECORD READINGS BELOW

MAY BE BLANK

First reading
Q1/Q2 FIRSTMAP
Q3 FIRSTMAP
Q4 FIRSTMAP

MAP (mmHg)

--	--	--

SYSTOLIC (mmHg)

--	--	--

Q1/Q2 FIRSTSYS
Q3 FIRSTSYS
Q4 FIRSTSYS

85 96

Q1/Q2 FIRSTPUL
Q3 FIRSTPUL
Q4 FIRSTPUL

PULSE (bpm)

--	--	--

DIASTOLIC (mmHg)

--	--	--

Q1/Q2 FIRSTDIA
Q3 FIRSTDIA
Q4 FIRSTDIA

Second reading
Q1/Q2 SECMAP
Q3 SECMAP
Q4 SECMAP

MAP (mmHg)

--	--	--

SYSTOLIC (mmHg)

--	--	--

Q1/Q2 SECSYS
Q3 SECSYS
Q4 SECSYS

97-108

Q1/Q2 SECPUL
Q3 SECPUL
Q4 SECPUL

PULSE (bpm)

--	--	--

DIASTOLIC (mmHg)

--	--	--

Q1/Q2 SECDIA
Q3 SECDIA
Q4 SECDIA

Third reading
Q1/Q2 THROMAP
Q3 THROMAP
Q4 THROMAP

MAP (mmHg)

--	--	--

SYSTOLIC (mmHg)

--	--	--

Q1/Q2 THROSYS
Q3 THROSYS
Q4 THROSYS

109 120

Q1/Q2 THROPUL
Q3 THROPUL
Q4 THROPUL

PULSE (bpm)

--	--	--

DIASTOLIC (mmHg)

--	--	--

Q1/Q2 THRODIA
Q3 THRODIA
Q4 THRODIA

11a) RING CODE: Blood pressure measurement obtained

1	GO TO Q13
2	ASK b)
3	GO TO c)
4	

Blood pressure measurement attempted, but not obtained

Blood pressure measurement not attempted

91/92:BPRESF

93:BPRESF

Blood pressure measurement refused

94:RESPBP (CODE FRAME REVERSED) ^{q=N/A}

MEASUREMENT ATTEMPTED, NOT OBTAINED

b) RECORD WHY READING NOT OBTAINED

CODE ALL THAT APPLY

92/93:SEE Q13

Respondent was upset/anxious/nervous

1	
2	GO TO Q12
3	
4	

94:NATTBPCO-9 Erratic pulse (error 844)

Excessive movement (error 844)

Other (GIVE FULL DETAILS)

q=N/A

c) GIVE REASON FOR REFUSAL/NOT ATTEMPTING MEASUREMENT

91/92:NOT KEYED 93:NOT KEYED

94:NOT KEYED

BLOOD PRESSURE READING NOT OBTAINED/TAKEN

12. ENSURE CONSENT CODE 02 IS RINGED ON FRONT OF CONSENT BOOKLET.
NOW GO TO Q17.

CHECK CONSENT BOOKLET Q8 CODE 02

BLOOD PRESSURE OBTAINED

Q1/Q2 TAKOIFM (-6)
Q3 TAKOIFM (-6)

Q4 DIFBPCO-9

13 RECORD ANY PROBLEMS TAKING READINGS

Q2-Q3 & Q13+11b COMBINED

No problems taking blood pressure 1

Reading taken on left arm because right arm not suitable 2

Q = N/A

Respondent was upset/anxious/nervous 3

Other problems (GIVE FULL DETAILS) - 4

14a) Are you registered with a GP?

Q1/Q2 GPREG-B
Q3 GPREG-B

Q4 GPREG-B

Q = N/A

Yes 1 GO TO b)

No 2 GO TO d)

b) May we send your blood pressure readings to your GP?

Q1/Q2 GPSEND
Q3 GPSEND

Q4 GPSEND

Q = N/A

Yes 1 GO TO Q15

No 2 GO TO c)

c) Specify reasons for refusals?

CODE ALL THAT APPLY

Q1/Q2 GPREFM (-3)
Q3 GPREFM (-3)

Q4 GPREFCO-9

Q = N/A (COL 140)

Hardly/Never sees GP 1

GP knows respondent's BP level 2 GO TO d)

Does not want to bother GP 3

Other (WRITE IN) 4

d) ENSURE CONSENT CODE 02 IS RINGED ON FRONT

OF CONSENT BOOKLET CHECK CONSENT BOOKLET Q8 CODE 02

GO TO Q16

IF CAN SEND RESULTS TO GP

15a) COMPLETE 'BLOOD PRESSURE RESULTS TO GP CONSENT FORM' (FORM BP)
ASK RESPONDENT TO SIGN AND DATE IT

b) CHECK GP NAME, ADDRESS AND PHONE NO ARE RECORDED ON FRONT OF CONSENT
BOOKLET CHECK NAME BY WHICH GP KNOWS RESPONDENT

c) ENSURE CONSENT CODE 01 IS RINGED ON FRONT OF CONSENT BOOKLET
CHECK CONSENT BOOKLET
Q8 CODE 01

BLOOD PRESSURE READING OBTAINED

16 OFFER BLOOD PRESSURE RESULTS TO RESPONDENT
ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD
CARD IF REQUIRED)

WAIST AND HIP CIRCUMFERENCES

18 ALL
NURSE CHECK Q2b)

91/92 ONAPREGW
93' ONAPREGW (DIFF CODES)
94' NCPREGW

Respondent is pregnant (CODE 1 AT Q2b)
Other

1	GO TO Q39 P 15
2	ASK Q19

160

19a) ALL EXCEPT PREGNANT WOMEN
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

SPARE
161 166

MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM

1st measurement
2nd measurement

91/92' WAIST1
93' WAIST1
94' WAIST1

91/92' HIP1
93' HIP1
94' HIP1

91/92' WAIST2
93' WAIST2
94' WAIST2

91/92' HIP2
93' HIP2
94' HIP2

Waist circumference (cms)
Hip circumference (cms)
Waist circumference (cms)
Hip circumference (cms)

MAY BE BLANK

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

167-71
172-76
177 81
182-86

b) NURSE CHECK
91/92' WHRESP }
93' WHRESP } FRAME REVERSED
94' RESPWH

Both measurements obtained
Only one measurement obtained
Both measurements refused
Measurement not attempted

9 = N/A

1	GO TO Q21
2	
3	ASK Q20
4	

187

20 GIVE REASON FOR REFUSAL/NOT ATTEMPTING/WHY ONLY ONE OBTAINED

91/92' WHPNABM 1-6
93' WHPNABM 1-6

Respondent is chairbound
94' WHPNABC 0-9
Other (Give full details below)

1	9 = N/A
2	

188-89

REASON FOR REFUSAL/NO ATTEMPT/ONLY ONE MEASUREMENT

SPAR
190 19

21a) RECORD IF ANY WAIST MEASUREMENT TAKEN:

Waist measurement obtained:

9 = N/A

No problems experienced, reliable waist measurement

Problems experienced-waist measurement likely to be:

92: SEE (b) BELOW reliable

93: RELWJ (FRAME SLIGHTLY DIFFERENT) slightly unreliable

94: WJREL unreliable

(NO waist measurement obtained)

1	GO TO Q22
2	
3	ASK b)
4	
7	GO TO Q22

196

b) RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

92: WAISTAM 1-6 OR (CONTAINS INFO ON FACTORS INCREASING/DECREASING MEASUREMENT)

93: PROB WJ Increases measurement 1

94: PROB WJ Decreases measurement 2

9 = N/A

197

22a) RECORD IF ANY HIP MEASUREMENT TAKEN:

Hip measurement obtained:

9 = N/A

No problems experienced, reliable hip measurement

Problems experienced, hip measurement likely to be:

92: SEE (b) BELOW reliable

93: REL HJ slightly unreliable

94: HJREL unreliable

(NO hip measurement obtained)

1	GO TO c)
2	
3	ASK b)
4	
7	GO TO c)

198

b) RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

92: HIPAL 1-6 OR (CONTAINS INFO ON FACTORS INCREASING/DECREASING M'MENT)

93: PROB HJ Increases measurement 1

94: PROB HJ Decreases measurement 2

9 = N/A

199

c) OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

BLOOD SAMPLE

ALL EXCEPT PREGNANT WOMEN

23a) NURSE CHECK Respondent is aged 16-17 1 CHECK b) 200
 NOT IN 91/92/93 Respondent is 18+ 2 GO TO Q24

94' NCGE1

b) NURSE CHECK 1 GO TO Q24 201
 a1/a2' NOGUARD Respondent lives with parent or guardian
 a3' NOGUARD (DIAM CODES) Does NOT live with parent or guardian 2 NO BLOOD TO BE TAKEN GO TO Q39
 a4' NCGUARD

24 EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD

a) May I just check, do you have a clotting or bleeding disorder? Yes 1 NO BLOOD TO BE TAKEN GO TO Q39 202
 a1/a2' CLOTB a = N/A
 a3' CLOTB No 2 ASK b)
 a4' CLOTB

IF NO
 b) Would you be willing to have a blood sample taken? Yes 1 GO TO Q25 203
 a1/a2' BSWILL a = N/A
 a3' BSWILL No 2 GO TO c)
 a4' BSWILL

c) RECORD WHY BLOOD SAMPLE REFUSED 99 = N/A
 CODE ALL THAT APPLY
 a1/a2' REFBSM1-6 01 204-215
 a3' REFBSM1-6 Previous difficulties with venepuncture 02
 a4' REFBSM1-99 Dislike/fear of needles 03
 CODE 6 EXCLUDED IN '93 Respondent recently had blood test/health check 04 GO TO Q39
 Refused because of current illness 05
 Worried about HIV or AIDS 06
 Other (GIVE FULL DETAILS) _____

25. EXPLAIN NEED FOR WRITTEN CONSENT.
EXPLAIN THAT THERE ARE THREE THINGS THAT CONSENT IS
NEEDED FOR, WHICH YOU WILL GO THROUGH NOW, BEFORE
TAKING BLOOD.

26a) NURSE CHECK: Respondent is aged 16-17
Respondent is 18+

1	CHECK b)
2	GO TO Q27

216

94: NCAGE2

IF AGED 16-17

b) CHECK: Is a parent or guardian willing
to give consent?

9/92: }
93: } GUARDCON

a=N/A

Yes

No

1	GO TO Q27
2	GO TO c)

217

94: GUARDCON

IF NOT WILLING TO GIVE CONSENT

c) RECORD DETAILS OF WHY CONSENT REFUSED

NOT KEYED

GO TO Q39
NO BLOOD TO BE TAKEN

218-225

GETTING CONSENT TO GIVE BLOOD

27a) FILL IN RESPONDENT'S NAME AND YOUR NAME AT TOP OF FORM BS IN CONSENT BOOKLET.
ASK RESPONDENT TO READ AND SIGN AND DATE PART I.
IF RESPONDENT IS 16-17 ENSURE PARENT/GUARDIAN SIGNS.

b) ON FRONT OF CONSENT BOOK, ENSURE PERSONAL DETAILS ARE
COMPLETED AND THAT CONSENT CODE 03 IS RINGED.

CHECK CONSENT BOOK CODE 03

GETTING CONSENT TO SEND RESULT TO GP

28a) NURSE CHECK Respondent registered with GP
91/92'GPSAM a=N/A No GP
93'GPSAM 94'GPSAM

1	GO TO b)
2	GO TO Q31

226

IF REGISTERED WITH GP

b) May we send the results of your blood sample analysis to your GP?
91/92'SENDSAM a=N/A
93'SENDSAM 94'SENDSAM

Yes
No

1	GO TO Q29
2	GO TO Q30

227

RESULTS CAN BE SENT TO GP

29a) OBTAIN SIGNATURE FOR PART II OF BLOOD SAMPLE CONSENT FORM

b) CHECK GP NAME, ADDRESS AND PHONE NO ARE RECORDED ON FRONT OF CONSENT BOOKLET CHECK NAME BY WHICH GP KNOWS RESPONDENT

c) CIRCLE CONSENT CODE 05 ON FRONT OF CONSENT BOOKLET GO TO Q32 CHECK CONSENT BOOKLET CODED 05

IF RESULTS NOT TO BE SENT TO GP

30 Why do you not want your blood sample results sent to your GP?

a=N/A

CODE ALL THAT APPLY

91/92'SENDSAM 1-3
93'SENDSAM 1-3

Hardly/never sees GP

GP recently took blood sample

94'SENDSACD-9 Does not want to bother GP

Other (GIVE DETAILS) _____

1
2 GO TO Q31
3
4

228 31

IF RESULTS NOT TO BE SENT TO GP OR NO GP

31 CIRCLE CONSENT CODE 06 ON FRONT OF CONSENT BOOKLET CHECK CONSENT BOOKLET CODED 06

GETTING CONSENT TO STORE BLOOD

32. ASK FOR CONSENT TO STORE ANY REMAINING BLOOD FROM THE SAMPLE FOR FUTURE ANALYSIS.

NOT IN 92

93: CONSTOR (NOT REG 6P)
CONSTOR 1 (REG 6P)

94: CONSTORB

Storage consent given

Consent refused

1 GO TO Q33

2 GO TO Q34

a = N/A

232

STORAGE CONSENT GIVEN

33a) OBTAIN SIGNATURE AT PART III OF BLOOD SAMPLE CONSENT FORM.

b) RING CONSENT CODE 07 AT FRONT OF CONSENT BOOKLET.

GO TO Q35

CHECK CONSENT BOOKLET CODED 07

STORAGE CONSENT REFUSED

34. RING CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET.

CHECK CONSENT BOOKLET CODED 08

TAKING BLOOD SAMPLE

35. CHECK YOU HAVE ALL APPLICABLE SIGNATURES.

TAKE BLOOD SAMPLES:

36a) BLOOD SAMPLE OUTCOME:

a1/a2: SAMPTAKB

93: SAMPTAK B

94: SAMPTAK (ONE LESS CODE)

Blood sample taken

No blood sample obtained

1 GO TO b)

2 GO TO Q38

a = N/A

233

b) RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE:

CODE ALL THAT APPLY

No problems

a1/a2: DIFSA MI-3

93: DIFSA MI-3 DIFFERENT

Collapsing/poor/unsuitable/no palpable veins

94: SAMDIFCO-9

Second attempt necessary

Some blood obtained, but respondent fell faint/fainted

Unable to use tourniquet

Other difficulties (GIVE DETAILS)

01

02

03

04 GO TO Q37

05

06

07

aa = N/A

234-243

IF BLOOD SAMPLE OBTAINED

37a) Would you like to be sent the results of your blood sample analysis?

NOT IN 92/93

94'SNORSAM

9 = N/A

Yes	1	GO TO b)
No	2	GO TO c)

244

IF WOULD LIKE RESULTS

b) CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET
GO TO Q40

CHECK CONSENT BOOKLET CODED 09

IF WOULD NOT LIKE RESULTS

c) CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET
GO TO Q40

CHECK CONSENT BOOKLET CODED 10

IF BLOOD SAMPLE NOT OBTAINED

38a) RING REASON NO BLOOD OBTAINED

CODE ALL THAT APPLY

91/92 NOBSM1-6

No suitable vein/collapsed veins

01

93'NOBSM1-6

Respondent was too anxious/nervous

02 GO TO b)

Respondent felt faint/fainted

03

94 NOBSCO-4

Other difficulties (GIVE FULL DETAILS)

04

99 = NA

01
02 GO TO b)
03
04

245-252

b) CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET
GO TO Q40

CHECK CONSENT BOOKLET CODED 10

IF NO BLOOD TO BE TAKEN
(INC. PREGNANT WOMEN)

39. CIRCLE CONSENT CODES 04, 06, 08 AND 10 AT FRONT OF CONSENT BOOKLET.

CHECK CONSENT BOOKLET CODED 04.06. 08.10

ALL

40. ENSURE THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.

MAKE SURE THAT THERE ARE FIVE APPROPRIATE CONSENT CODES RINGED ON FRONT OF CONSENT BOOKLET.

41. TIME AT END OF INTERVIEW

9 9 9 9 = N/A

253-256

LENGTH OF INTERVIEW

9 9 9 = N/A MINS

257-259

DATE OF INTERVIEW

[][] [][] [][]

260-55

DAY MONTH YEAR
94:VISDAY 94:VISMON 94:VISYR 93: SAME NAMES

NURSE NUMBER

[][][][][][][][]

266-69

NURSE SIGNATURE

P1315

Health Survey for England: 1994

HOUSEHOLD QUESTIONNAIRE

Survey Month _____

(1-3)	(4-5)	(6)		(7-8)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 0
POINT	ADDRESS	HHLD	CKL	PERSON

FOR OFFICE USE ONLY

Spare	(9-11)
CARD	(12-13)
Spare	(14-20)
	(21-25)

0 3

1

1. Number of adults (aged 16+) in household 91/92:NADULTS (26-27)
93:NADULTS
94:NADULTS
2. Number of children (aged under 16) in household 91/92:NCHILD (28-29)
93:NCHILD
94:NCHILD

COMPLETE GRID FOR EVERYONE IN HOUSEHOLD. PUT ADULTS FIRST, THEN CHILDREN.

91/92: PERSNO 93: PERSNO 94: PERSNO Person no. (for transfer to all documents)	First Name	91/92: HOH IS 93: HOH IS Ring no. of HEAD OF HOUSEHOLD	Relationship to HEAD OF HOUSEHOLD 91/92: RELTOH 93: RELTOH 94: RELTOH	Ring no. of RESPONDENT	Sex M F	91/92: DOB DAY 93: DOB DAY 94: DOB DAY DAY	91/92: DOB MONTH 93: DOB MONTH 94: DOB MONTH MONTH	91/92: DOB YEAR 93: DOB YEAR 94: DOB YEAR YEAR	91/92: AGE 93: AGE 94: AGE Age	91/92: MARSTAT 93: MARSTAT 94: MARSTAT Marital Status							
		94: HOH IS				M	C	Sing	W	D	Sep						
01		01	SEE OPEN CODE FRAME	01	1 2					1	2	3	4	5	6	14-51	
02		02		02	1 2						1	2	3	4	5	6	52-69
03		03		03	1 2						1	2	3	4	5	6	70-87
04		04		04	1 2						1	2	3	4	5	6	88-105
05		05		05	1 2						1	2	3	4	5	6	106-123
06		06		06	1 2						1	2	3	4	5	6	124-141
07		07		07	1 2						1	2	3	4	5	6	142-159
08		08		08	1 2						1	2	3	4	5	6	160-177
09		09		09	1 2						1	2	3	4	5	6	178-195
10		10		10	1 2						1	2	3	4	5	6	196-213
11		11		11	1 2						1	2	3	4	5	6	214-231
12		12		12	1 2						1	2	3	4	5	6	232-249

The Head of Household owns or rents the property, or is a man married to or co-habiting with a woman who is the owner/renter (i.e. husband/male partner takes precedence). If equal claim to be HoH: male takes precedence over female older takes precedence over younger

MANUAL CHECK THAT RELATIONSHIP TO HEAD OF HOUSEHOLD IS ACCEPTABLE

HOUSEHOLD DETAILS

3 Does your household own or rent this accommodation?

PROBE FOR DETAILS

91/92 OWNORENT

93 OWNORENT

94' OWNORENT

ONE 2 DIGIT CODE ONLY

Owns - with mortgage/loan 01

- outright 02

Rents - local authority/new town 03

- housing association 04

- privately unfurnished 05

- privately furnished 06

- from employer 07

- other with payment 08

Rent free 09

99 = N/A

4 How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?

ONE 2 DIGIT CODE ONLY

EXCLUDE BEDROOMS
CONVERTED TO OTHER
USES

1-8 (WRITE IN)

0	
---	--

99 = N/A

9 or more - CODE 09

91/92 ' BEDROOMS

93 BEDROOMS

94' BEDROOMS

5 Does your household have any form of central heating, including electric storage heaters, in your (part of the) accommodation?

ONE CODE ONLY

CENTRAL HEATING = 2 OR MORE ROOMS,
(INC KITCHENS, HALLS, LANDINGS, BATH/WC)
HEATED FROM ONE CENTRAL SOURCE

Yes 1

No 2

9 = N/A

91/92 CENTHEAT

93 CENTHEAT

94 CENTHEAT

6 Does your household have a telephone in your (part of the) accommodation?

ONE CODE ONLY

SHARED TELEPHONES LOCATED IN PUBLIC
HALLWAYS TO BE INCLUDED ONLY IF THIS
HOUSEHOLD IS RESPONSIBLE FOR PAYING
ACCOUNT

Yes 1

No 2

9 = N/A

91/92 PHONE

93 ' PHONE

94' PHONE

7a) Is there a car or van normally available for use by you or any members of your household?

ONE CODE ONLY

INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF THE HOUSEHOLD

Q = N/A

Yes	1	ASK b)
No	2	GO TO Q8

Q1/Q2: CAR

Q3: CAR

Q4: CAR

b) ONE CODE ONLY
How many are available?

Q1/Q2: NUMCARS } DIFFERENT WORDING
Q3: NUMCARS }
Q4: NCARS

1	1	
2	2	Q = N/A
3 or more	3	

ALL

8. Are you or anyone else in your household receiving either of the following state benefits ... READ OUT AND CODE FOR EACH

ONE CODE ONLY ON EACH COL.
Q = N/A ON EACH COL.

Q1/Q2: INCSUP

Q3: INCSUP

Q4: INCSUP

... income support? Yes No

... Family Credit? Yes No

Q1/Q2: FAMCRED

Q3: FAMCRED

Q4: FAMCRED

9. INTERVIEWER CHECK Q3

NOT ASKED IN Q2/Q3

Household owns (CODE 01 OR 02)

Household rents (CODE 03-09)

Q4: ICHOUSE

1	GO TO Q11
2	ASK Q10

10. At the present time, do you or anyone in your household get any Housing Benefit to help pay the rent? Please include any Housing Benefit paid directly to your landlord as well as any paid to you?

ONE CODE ONLY

Q = N/A

Q1/Q2: HOUSE BEN

Q3: HOUSE BEN

Q4: HBEN

Yes	1
No	2

11.

DATE OF INTERVIEW:

Q1/Q2: DINTA
Q3: DINTA
Q4: DINTA
DAY

--	--

Q1/Q2: MINTA
Q3: MINTA
Q4: MINTA
MONTH

--	--

Q1/Q2: YINTA
Q3: YINTA
Q4: YINTA
YEAR

--	--

INTERVIEWER NO.

--	--	--	--	--	--

INTERVIEWER NAME _____

OBSERVATION SHEET

- 20 **TYPE OF AREA**
- 92/93 - AREA TYPE
(DIFFER CODES)*
- | | | | |
|---------------------------------|---|---|-------------------|
| Code <u>one</u>
only | Urban/City Centre | 1 | |
| | Small country town centre | 2 | |
| | Suburban residential | 3 | <i>94 AREATYP</i> |
| | Rural residential/village centre | 4 | |
| | Rural (agricultural with isolated dwellings or small hamlets) | 5 | |
-
- 21 **PREDOMINANT RESIDENTIAL BUILDING TYPE**
- | | | | |
|---------------------------------|---|----|---|
| Code <u>one</u>
only | Houses - terraced | 01 | |
| | - semi-detached | 02 | |
| | - detached | 03 | <i>92/93 TYPEACC
(DIFFER CODES)</i> |
| | - mixed | 04 | <i>94 BUILDING</i> |
| | Low rise flats (5 storey blocks or less) | 05 | |
| | High rise flats (blocks over 5 storeys) | 06 | |
| | Flats with commercial (flats/maisonettes over parades of shops) | 07 | |
| | Flats - mixed (high and low rise) | 08 | |
| | Mixed houses and flats | 09 | |
-
- 22 **AGE OF DWELLING**
- NOT IN 92/93*
- | | | | |
|---------------------------------|---------------|---|-------------------|
| Code <u>one</u>
only | Pre-1919 | 1 | |
| | 1919-1944 | 2 | <i>94 AGEDWEL</i> |
| | 1945 or later | 3 | |
-
- 23 **HOUSEHOLD DWELLING TYPE**
- NOT IN 92/93*
- | | | | |
|---------------------------------|--|----|--------------------|
| Code <u>one</u>
only | Whole house/bungalow - detached | 01 | |
| | - semi-detached | 02 | |
| | - terraced | 03 | |
| | Purpose built flat/maisonette - basement - 3rd floor | 04 | <i>94 DWELTYPE</i> |
| | - 4th floor or higher | 05 | |
| | Converted flat/maisonette, part-house/rooms in house | 06 | |
| | Dwelling with business premises | 07 | |
| | Caravan/houseboat | 08 | |
| | Other (specify) _____ | 09 | |
-
- 24 **ETHNIC MIX OF AREA**
- | | | | |
|--|---------------------------|---|------------------|
| | Predominantly white | 1 | |
| | Predominantly black/brown | 2 | <i>94 ETHMIX</i> |
| | Mixed | 3 | |

P1315

Health Survey for England: 1994

INDIVIDUAL QUESTIONNAIRE

Survey Month _____

(1 3) 3 DIGITS POINT	(4 5) 2 DIGITS ADDRESS	(6) 1 DIGIT HHLD	<input type="checkbox"/> CKL	(7-8) 2 DIGITS PERSON No (from HH Grid)	(9 11) Spare
HHOLD					
First name _____				O U O	(12 13) 0 3 Card
Date of Birth (Check with respondent)			(21 22) 2 DIGITS Day	(23 24) 2 DIGITS Month	(25 26) 2 DIGITS Year
					(14-20) Spare CHECK AGAINST HHOLD GRID

Time interview began

NOT BEING PUNCHED	<input type="checkbox"/>
----------------------	--------------------------

(24 hour clock)

Spare (27-40)

GENERAL HEALTH

1. How is your health in general? Would you say it was ... READ OUT ...

91/92: GENHELF
93: GENHELF

- very good, 1
- good, 2
- fair, 3
- bad, 4
- or very bad? 5

q = N/A

94: GENHELF

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

91/92: LONGILL
93: LONGILL

- | | | |
|-----|---|----------|
| Yes | 1 | ASK Q3 |
| No | 2 | GO TO Q4 |

q = N/A

94: LONGILL

IF HAS LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY

3. What is the matter with you? Anything else? PROBE FOR DETAILS

RECORD VERBATIM
91/92: ILLSMI-6
93: ILLSMI-6

SEE OPEN CODE FRAME

94: ILLSMI-6

ALL

4a) Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks did you have to cut down on any of the things you usually do about the house or at work or in your free time because of (answer at Q3 or some other) illness or injury?

91/92: LASTFORT
93: LASTFORT

- | | | |
|-----|---|----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO Q5 |

q = N/A

94: LASTFORT

b) IF YES
How many days was this in all during these 2 weeks, including Saturdays and Sundays?

NOT IN 91/92/93

WRITE IN: Number of days (01-14)

99 = N/A

94: DAYSCUT

OR CODE: Can't say 98

CHEST PAIN

ALL

I am now going to ask you some questions mainly about symptoms of the chest

5 Have you ever had any pain or discomfort in your chest?

91/92 CHESPAIN
93 CHESPAIN

q = N/A

Yes	1	ASK Q6
No	2	GO TO Q15

52

94 CHESPAIN
IF HAD PAIN

6a) Do you get it when you walk uphill or hurry?

91/92 UPHILL
93 UPHILL

q = N/A

Yes	1	GO TO Q7
No	2	GO TO Q13
Sometimes/Occasionally	3	ASK b)
Never walks uphill nor hurries	4	GO TO Q7
(Cannot walk)	5	GO TO Q13

53

94 UPHILLW

6a) and 6b) COMBINED IN VARIABLE UPHILL (EQUIVALENT TO 93 VARIABLE)

IF SOMETIMES

b) Does this happen on most occasions?

NOT KEYED 92/93

q = N/A

Yes	1	
No	2	

54

94 OCCAS1

IF CODE 1, 3 OR 4 AT Q6a)

7a) Do you get it when you walk at an ordinary pace on the level?

91/92 LEVEL
93 LEVEL

q = N/A

Yes	1	GO TO Q9
No	2	CHECK Q8
Sometimes/Occasionally	3	ASK b)
Never walks at an ordinary pace on the level	4	CHECK Q8

55

94 LEVELW

7a) AND 7b) (COMBINED IN LEVEL (EQUIVALENT TO 93 VARIABLE))

IF SOMETIMES

b) Does this happen on most occasions?

NOT KEYED 92/93

q = N/A

Yes	1	GO TO Q9
No	2	CHECK Q8

56

94 OCCAS2

8 INTERVIEWER CHECK Q6a) AND Q6b) ONLY

CODE FIRST

THAT APPLIES

91/92/93 INTCHEST
(DIFF WORDS)

Pain when walking uphill or hurrying (Q6a) OR Q6b) CODED 1)

No pain/never walks (NO CODE 1 AT Q6a OR Q6b)

1	ASK Q9
2	GO TO Q13

94 ICCHEST

IF PAIN WHEN WALKING

9. What do you do if you get it while you are walking? Do you ... READ OUT ...

IF RESPONDENT UNSURE,
PROBE: What do you do on most occasions?

q1/q2: WALKING
q3: WALKING
q4: WALKING

stop,
slow down,
or carry on?

q = N/A

1	ASK Q10
2	
3	GO TO Q13

58

IF STOPS OR SLOWS DOWN

10. If you stand still does the pain go away or not?

IF RESPONDENT UNSURE,
PROBE: What happens to the pain on most occasions?

q1/q2: STOPWALK
q3: STOPWALK Pain goes away
Pain doesn't go away
q4: STOPWALK

q = N/A

1	ASK Q11
2	GO TO Q13

59

IF PAIN GOES AWAY

11. How soon does the pain go away? Does it go in ... READ OUT ...

q1/q2: HOWSOON
q3: HOWSOON

... 10 minutes or less,
or more than 10 minutes?

q = N/A

1	ASK Q12
2	GO TO Q13

60

q4: HOWSOON

12a) Will you show me where you get this pain or discomfort?

CODE ALL THAT APPLY

q1/q2: PANSITM1-3
q3: PANSITM1-3

Sternum (upper or middle)
Sternum lower
Left anterior chest
Left arm
Right anterior chest
Right arm
(Somewhere else)

q = N/A

1	GO TO Q13
2	
3	
4	
5	
6	
7	
8	

61-66

q4: PANSITC 0-9
(EXPANDED FRAME IN 94)

b) USE DIAGRAM TO HELP CODE POSITION OF PAIN OR DISCOMFORT

IF EVER HAD PAIN IN CHEST (CODE 1 AT Q5)

13. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

q1/q2: EVERPAIN
q3: EVERPAIN

q = N/A

Yes	1	ASK Q14
No	2	GO TO Q15

67

q4: EVERPAIN

14a) Did you see a doctor because of this pain?

Q1/Q2 DOCPAIN
Q3 DOCPAIN

Q4 DOCPAIN

IF YES

Q = N/A

Yes	1	ASK b)
No	2	GO TO Q15

68

b) What did the doctor say it was?

CODE ALL THAT APPLY

Q1/Q2 DOCSAYM1-3
Q3 DOCSAYM1-3

Q4 DOCSAYC0-9

ALL

Angina	1
Heart attack	2
Did not say	3
Other	4

Q = N/A

69 71

15a) Have you ever had an electrical recording of your heart (ECG) performed?

Q1/Q2 ECGB
Q3 ECGB

Q4 ECGB

IF HAD ECG

Q = N/A

Yes	1	ASK b)
No	2	GO TO Q16
Don't know	8	

72

b) Where did you have it?

CODE ALL THAT APPLY

Q1/Q2 ECGM1-3
Q3 ECGM1-3

Q4 ECGC0-9

Hospital (inpatient)	1
Hospital (outpatient)	2
GP Surgery	3
Other	4
Don't know	8

Q = N/A

73 76

c) How long ago was this?

WRITE IN: Number of years ago

Q8 = OK/CR
Q9 = N/A

77-78

IF MORE THAN ONE,
TAKE LAST OCCASION

OR CODE Less than one year 00

Q1/Q2 WHENECG
Q3 WHENECG

Q4 WHENECG

PHLEGM

SPARE 79-80

ALL

16 Do you usually bring up any phlegm from your chest first thing in the morning in the winter?

Q1/Q2 FLEMDAWN
Q3 FLEMDAWN

Q4 FLEMDAWN

IF NO PHLEGM

Q = N/A

Yes	1	GO TO Q18
No	2	ASK Q17

81

17 Do you usually bring up any phlegm from your chest during the day or night in the winter?

Q1/Q2 FLEMWINT
Q3 FLEMWINT

Q4 FLEMWINT

IF BRINGS UP PHLEGM

Q = N/A

Yes	1	ASK Q18
No	2	GO TO Q19

82

18 Do you bring up phlegm like this on most days for as much as three months each year?

Q1/Q2 FLEMREG
Q3 FLEMREG

Q4 FLEMREG

Yes	1	Q = N/A
No	2	

83

BREATHLESSNESS

ALL

19. ASK OR RECORD Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Q1/Q2: WINDHILL

Q3: WINDHILL (CODE 4 NOT IN Q3)

Never walks uphill or hurries

Cannot walk

Q4: WINDHILA

CODE 1 OR 3 AT Q19

20. Do you get short of breath walking with other people of your own age on level ground?

Q1/Q2: WINDPEER

Q3: WINDPEER

Never walks with people of own age on level ground

Q4: WINDPEER

21. Do you have to stop for breath when walking at your own pace on level ground?

Q1/Q2: WINDPACE

Q3: WINDPACE

Q4: WINDPACE

WHEEZING

ALL

22. Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

Q1/Q2: WINDWIZZ

Q3: WINDWIZZ

Q4: WINDWIZZ

23. Have you at any time in the last twelve months been woken at night by an attack of shortness of breath?

Q1/Q2: WINDWAKE

Q3: WINDWAKE

Q4: WINDWAKE

24a) Have you ever had attacks of shortness of breath with wheezing?

Q1/Q2: WINDNEES

Q3: WINDNEES

Q4: WINDNEES

IF YES

b) Is/Was your breathing absolutely normal between attacks?

Q1/Q2: WINDNORM

Q3: WINDNORM

Q4: WINDNORM

Q = N/A

Yes	1	ASK Q20
No	2	GO TO Q22
	3	ASK Q20
	4	GO TO Q22

84

Q = N/A

Yes	1	ASK Q21
No	2	
	3	GO TO Q22

85

Q = N/A

Yes	1
No	2

86

Q = N/A

Yes	1
No	2

87

Q = N/A

Yes	1
No	2

88

Q = N/A

Yes	1	ASK b)
No	2	GO TO Q25

89

Q = N/A

Yes	1	ASK Q25
No	2	

90

ALL

DIAGNOSIS & TREATMENT

Q = N/A FOR EACH CONDITION

25 You have already talked to me about your health and now I would like to go on and talk in more detail about some particular conditions (They may include some of the things you have already mentioned)

High Blood Pressure (sometimes called Hypertension) a1/a2' EVERBP q3' EVERBP	Angina a1/a2' EVERANG1 q3' EVERANG1	Heart Attack (including myocardial infarction or coronary thrombosis) a1/a2' EVERHART q3' EVERHART	Heart Murmur a1/a2' EVERMUR q3' EVERMUR	Other Heart Trouble (specify at a) below) a1/a2' EVEROHT q3' EVEROHT	Diabetes a1/a2' EVERD1 q3' EVERD1
101 q4' EVERBP	102 q4' EVERANG1	103 q3' EVERHART	104 q4' EVERMUR	105 q4' EVEROHT	106 q4' EVERD1
1 0 /NA	2* 0 /NA	3* 0 /NA	4 0 /NA	5* 0 /NA	6* 0 /NA
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No

FOR EACH CONDITION CODED 2,3,5,6,7, ASK Q26-28 (ie angina heart attack abnormal heart rhythm other heart trouble or stroke)

IF NONE OF THESE CODED GO TO Q29

26 Were you told by a doctor that you had (condition)?

Yes
No

109 112 a1/a2' DOANG1 q3' DOANG1 q4' DOANG1	113 116 a1/a2' DOHEART q3' DOHEART q4' DOHEART	117 120 a1/a2' DOCIREG q3' DOCIREG q4' DOCIREG	121 124 a1/a2' DOCOHT q3' DOCOHT q4' DOCOHT	125-128 a1/a2' DOESTRO q3' DOESTRO q4' DOESTRO
1 → Q27	1 → Q27	1 → Q27	1 → Q27	1 → Q27
2 → NEXT /NA CONDITION AT Q25 a1/a2' AGEANG1 q3' AGEANG1 q4' AGEANG1	2 → NEXT /NA CONDITION AT Q25 a1/a2' AGEHEART q3' AGEHEART q4' AGEHEART	2 → NEXT /NA CONDITION AT Q25 a1/a2' AGEIREG q3' AGEIREG q4' AGEIREG	2 → NEXT /NA CONDITION AT Q25 a1/a2' AGEOHT q3' AGEOHT q4' AGEOHT	2 → NEXT /NA CONDITION AT Q25 a1/a2' AGEESTRO q3' AGEESTRO q4' AGEESTRO
q8 = DK q9 = N/A	q8 = DK q9 = N/A	q8 = DK q9 = N/A	q8 = DK q9 = N/A	q8 = DK q9 = N/A
1 NEXT → CONDITION 2 AT Q25 /NA q3' RECANG1 q4' RECANG1	1 NEXT → CONDITION 2 AT Q25 /NA q3' RECHEART q4' RECHEART	1 NEXT → CONDITION 2 AT Q25 /NA q3' RECIREG q4' RECIREG	1 NEXT → CONDITION 2 AT Q25 /NA q3' REC OHT q4' REC OHT	1 NEXT → CONDITION 2 AT Q25 /NA q3' RECSTRO q4' RECSTRO
a) OTHER HEART TROUBLE SPECIFY				

IF TOLD BY DOCTOR
27 Approximately how old were you when you were first told by a doctor that you have/had (condition)?

ENTER AGE IN YEARS

28 Have you had (condition) during the past 12 months?

Yes
No

TAB ALL ANSWERS FOR SURVEY DOCTOR

HIGH CHOLESTEROL - DELETE

150

29. INTERVIEWER CHECK Q25

SUMMARY OF CONDITIONS

CODE ALL THAT APPLY

91/92: INTHEART
 93: INTHEART
 94: NOT KE TED

No heart conditions coded
 (ALL CODED 0 AT Q25)

Any of {
 Angina (code 2)
 Heart attack (code 3)
 Abnormal heart rhythm (code 5)
 Other heart trouble (code 6)

Stroke (code 7 ringed)
 High blood pressure (code 1 ringed)
 Diabetes (code 8 ringed)
 Heart murmur (code 4 ringed)

A	GO TO Q58 (p.14)
B	CHECK Q30
C	
D	
E	
F	

30. INTERVIEWER CHECK Q29

CODE ONE ONLY

91/92: DNAEVERB

CODE B or CODE C RINGED

93: DNAEVERB ie had any of angina, heart attack, abnormal
 (DIFF CODES) heart rhythm, other heart trouble or stroke

94: ICEVER1

NEITHER CODE B NOR C RINGED

1	ASK Q31
2	GO TO Q35

141

IF CODE 1 AT Q30

31. Are you currently taking any medicines, tablets
 or pills because of your heart condition/stroke?

91/92: MEDHEART

93: MEDHEART

94: MEDHEART

Yes 1

No 2

Don't know 8

q = N/A

142

32. INTERVIEWER CHECK Q29

NOT IN 91/92/93

94: ICEVER2

CODE B RINGED

CODE B NOT RINGED

1	ASK Q33
2	GO TO Q34

143

33a) Have you ever undergone any surgery or operation because of your heart condition?

91/92 SURGERY
93 SURGERY
94 SURGERY

Yes
No
Don't know

1	ASK b)
2	} GO TO c)
8	

144

b) How long ago was this?

91/92 WHENSURG
93 WHENSURG 94 WHENSURG

WRITE IN Number of years ago

IF MORE THAN ONE,
TAKE LAST OCCASION

OR CODE Less than one year ago

98=OK	} ASK c)
99=N/A	
00	

145 146

c) Can I just check, are you currently on a waiting list for any such surgery or operation?

91/92 OPLIST
93 OPLIST
94 OPLIST

Yes
No
Don't know

1	
2	
8	/NA

147

IF STROKE/ANGINA/HEART ATTACK/
ABNORMAL HEART RHYTHM/OTHER HEART TROUBLE

34a) Are you currently receiving any other treatment or advice because of your heart condition/stroke?

INCLUDE REGULAR CHECK-UPS

91/92 OTHTREAT
93 OTHTREAT
94 OTHTREAT

Yes
No
Don't know

1	ASK b)
2	} 9=N/A CHECK Q35
8	

148

b) What other treatment or advice are you currently receiving because of your heart condition/stroke?

PROBE FULLY RECORD VERBATIM CODE ALL
91/92 NOT IN QUESTIONNAIRE

93 ADHART1-3

94 ADHARTCO-3

SEE OPEN CODE FRAME

149 154

ALL WITH CVD CONDITION

35 INTERVIEWER CHECK Q29

91/92 DNABP
93 DNABP
(DIFF WAYS)

Respondent had High Blood Pressure
(CODE D RINGED AT Q29)

Does not have High Blood Pressure
(CODE D IS NOT RINGED AT Q29)

94 ICBP1

1	ASK Q36
2	GO TO Q42

155

IF HIGH BLOOD PRESSURE

36. You mentioned that you have had high blood pressure. Were you told by a doctor or nurse that you had high blood pressure?

Q1/Q2: DOCNURBP
Q3: DOCNURBP

Q = N/A

Yes	1	CHECK Q37	156
No	2	GO TO Q42	

Q4: DOCNURBP

37. INTERVIEWER CODE: RESPONDENT IS: male
Q1/Q2: DNAMANBP CHECK IF BLANK
Q3: DNAMANBP (DIFF 1002) female

	1	GO TO Q39	157
	2	ASK Q38	

Q4: IC BPGEN
IF FEMALE

38a) Can I just check, were you pregnant when you were told that you had high blood pressure?

Q1/Q2: PREGBP
Q3: PREGBP
Q4: PREGBP

Q = N/A

Yes	1	ASK b)	158
No	2	GO TO Q39	

b) Have you ever had high blood pressure apart from when you were pregnant?

Q1/Q2: NOPREGBP
Q3: NOPREGBP

Q = N/A

Yes	1	ASK Q39	159
No	2	GO TO Q42	

Q4: NOPREGBP

IF HIGH BLOOD PRESSURE (WHEN NOT PREGNANT)

39. (Apart from when you were pregnant) Approximately how old were you when you were first told by a (doctor/nurse) that you had high blood pressure?

Q1/Q2: AGEINFBP
Q3: AGEINFBP
Q4: AGEINFBP

ENTER AGE: Q8 = DK/CR
Q9 = N/A

160-61

40a) Are you currently taking any medicines, tablets or pills for high blood pressure?

Q1/Q2: MEDCNBP
Q3: MEDCNBP

Q = N/A

Yes	1	GO TO Q41	162
No	2	ASK b)	
Don't know	8		

Q4: MEDCNBP

b) Do you still have high blood pressure?

ASK OR RECORD
Q1/Q2: STILLBP
Q3: STILLBP

Yes	1		163
No	2	Q = N/A	
Don't know	8		

Q4: STILLBP

c) Have you ever taken medicines, tablets, or pills for high blood pressure in the past?

Q1/Q2: PASTABBP
Q3: PASTABBP

Q = N/A

Yes	1	ASK d)	164
No	2	GO TO Q41	
Don't know	8		

Q4: PASTABBP

40d) Why did you stop taking (medicines/tablets/pills) for high blood pressure?

TAKE LAST OCCASION
CODE ALL THAT APPLY

Doctor advised me to stop due to

- improvement 1
- lack of improvement 2
- other problem 3

Respondent decided to stop

- because felt better 4
- other reason 5

Q = N/A

91/92 FINTABM1-5
93' FINTABM1-5

Other 6

94' FINTABCO-6

41a) Are you receiving any other treatment or advice because of your high blood pressure?

91/92:ADVICEBP
93'ADVICEBP

INCLUDE REGULAR CHECK-UPS

- Yes 1
- No 2
- Don't know 8

ASK b) Q=N/A

GO TO Q42

94'ADVICEBP

b) What other treatment or advice are you currently receiving because of your high blood pressure?

PROBE FULLY RECORD VERBATIM

91/92'AOBPM1-3
93'AOBPM1-3

SEE OPEN CODE FRAME

94'AOBPC0-4

ALL WITH CVD CONDITION

42 INTERVIEWER CHECK Q29

91/92'DNA-DIAB
93'DNA-DIAB (DIFF CODES)

- Respondent had diabetes (CODE E RINGED AT Q29)
- Did not have diabetes (CODE E IS NOT RINGED AT Q29)

1 ASK Q43

2 GO TO Q50

94'ICDIAB

Q = N/A

43 IF HAD DIABETES Were you told by a doctor that you had diabetes?

91/92'DOCINFD1
93'DOCINFD1

- Yes 1 CHECK Q44
- No 2 GO TO Q50

94'DOCINFD1

44 INTERVIEWER CODE

- RESPONDENT IS Male
- CHECK IF BLANK Female

1 GO TO Q46

2 ASK Q45

91/92 DNAMAND1
93 DNAMAND1 (DIFF CODES)

94 ICDIAGEN

165-167

168

169-174

175

176

177

IF FEMALE

45a) Can I just check, were you pregnant when you were told that you had diabetes?

91/92: PREGD1
93: PREGD1

Yes	1	ASK b) Q=N/A
No	2	GO TO Q46

178

b) Have you ever had diabetes apart from when you were pregnant?

91/92: NOPREGD1
93: NOPREGD1

Yes	1	ASK Q46 Q=N/A
No	2	CHECK Q50

179

94: NOPREGD1

IF DIABETES (WHEN NOT PREGNANT)

46. (Apart from when you were pregnant) Approximately how old were you when you were first told by a doctor that you had diabetes?

91/92: AGEINFD1

ENTER AGE: 98=DK/CR
99=N/A

180-181

93: AGEINFO1 94: AGEINFO1

47. Do you currently inject insulin for diabetes?

91/92: INSULIN

Yes	1	Q=N/A
No	2	

182

93: INSULIN 94: INSULIN

48. Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

91/92: MEDCIND1

Yes	1	
No	2	Q=N/A

183

93: MEDCIND1

Don't know 8

94: MEDCIND1

49a) Are you currently receiving any other treatment or advice for diabetes?

91/92: ADVICED1

Yes	1	ASK b) Q=N/A
No	2	

184

93: ADVICED1 94: ADVICED1

INCLUDE REGULAR CHECK-UPS

No	2	CHECK Q50
Don't know	8	

b) What other treatment or advice are you currently receiving for diabetes?

PROBE FULLY. RECORD VERBATIM

91/92: NOT IN QUESTIONNAIRE

93: ADDIMI-3

SEE OPEN CODE FRAME

94: ADDICO-3

185-190

ALL WITH CVD CONDITION

50. INTERVIEWER CHECK Q29

91/92: NOT PRESENT

Respondent had a heart murmur (CODE F RINGED AT Q29)

1	ASK Q51
---	---------

191

93: DNAMUR (DIFF CODES)

Did not have a heart murmur (CODE F NOT RINGED AT Q29)

2	GO TO Q58
---	-----------

155 94: ICMUR

51 You mentioned that you have had a heart murmur. Were you told by a doctor that you had heart murmur?

91/92: DOCTUR (COLLECTED IN CVD GRID)
93: MURDOC
94: MURDOC

Q = N/A

Yes	1	CHECK Q52	192
No	2	GO TO Q58	

52 INTERVIEWER CODE

91/92 NOT PRESENT
93: DNAMURI (DIFF CODES)
94: ICMURGEN

RESPONDENT IS

Male	1	GO TO Q54	193
Female	2	ASK Q53	

IF FEMALE

53a) Can I just check, were you pregnant when you were told that you had a heart murmur?

91/92 NOT PRESENT
93: PREGMUR

Q = N/A

Yes	1	ASK b)	194
No	2	GO TO Q54	

94: PREGMUR

b) Have you ever had a heart murmur apart from when you were pregnant?

91/92: NOT PRESENT
93: PREGMUR1

Q = N/A

Yes	1	ASK Q54	195
No	2	GO TO Q58	

94: PREGMUR1

IF HAD HEART MURMUR (WHEN NOT PREGNANT)

54 (Apart from when you were pregnant) Approximately how old were you when you were first told by a doctor that you had a heart murmur?

91/92: AGEINMUR (COLLECTED IN CVD GRID)
93: AGEINMUR

ENTER AGE IN YEARS

00 = BORN WITH IT
98 = DK/CR
99 = N/A

94: AGEINMUR

55a) Have you had a heart murmur during the past twelve months?

91/92: RECMUR (COLLECTED IN CVD GRID)
93: MURREC

Yes	1		196
No	2	Q = N/A	197
Don't know	8		

94: MURREC

b) Are you currently taking any medicines, tablets or pills because of your heart murmur?

91/92 NOT PRESENT
93: MURPILL

Yes	1		198
No	2	Q = N/A	199
Don't know	8		

94: MURPILL

56a) Have you ever undergone any surgery or operation because of your heart murmur?

91/92: NOT PRESENT

93: MURSURG

94: MURSURG

Yes	1	ASK b)
No	2	} GO TO c) N/A
Don't know	8	

200

IF YES

b) How long ago was this?

WRITE IN: Number of years ago

IF MORE THAN ONE,
TAKE LAST OCCASION

OR CODE: Less than one year ago

98=	OK/CR	} ASK c)
99=	N/A	

00

201-202

91/92: NOT PRESENT

93: MURSURGA

94: MURSURG1

c) Can I just check, are you currently on a waiting list for any such surgery or operation?

91/92: NOT PRESENT

93: SURGMUR

Yes	1	} 9 = N/A
No	2	
Don't know	8	

203

94: SURGMUR

57a) Are you currently receiving any other treatment or advice because of your heart murmur?

INCLUDE REGULAR CHECK-UPS

Yes	1	ASK b) 9 = N/A
No	2	} GO TO Q58
Don't know	8	

204

91/92: NOT PRESENT

93: ADMUR

94: ADMUR

b) What other treatment or advice are you currently receiving because of your heart murmur?

PROBE FULLY. RECORD VERBATIM

91/92: NOT PRESENT

93: ADMURM1-3

205-210

94: NOT KEYED

SPARE

211-219

USE OF SERVICES

ALL

NOTE: ROUTE DIFFERS FROM 93 SINCE ALL WITH CVD ARE ASKED Q'S 59-62

58 INTERVIEWER CHECK Q29

93 INTSERVB No heart conditions (CODE A)
 One or more heart conditions (CODE B, C, D, E OR F)

1	GO TO Q63
2	ASK Q59

220

94 ICSEVIC
 (DIFFERENT ROUTING)

IF HAS ANY CVD CONDITION INCLUDING THOSE PREGNANT AT TIME OF CONDITION

59a) During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

a|92 DOCTLK
 93' DOCTLK

Yes
 No

1	ASK b) 9=N/A
2	GO TO Q60

221

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

94' DOCTLK

IF YES

b) How many times have you talked to a doctor in these 2 weeks?

91|92 DOCCOCS
 93' DOCCOCS
 94' DOCCOCS

ENTER NUMBER

98=DK/CR
 99= N/A

222 223

c) Was this consultation (Were any of these consultations) about the heart condition(s) (CONDITION/S AT Q25) you mentioned earlier?

No

01	ASK Q60
02	99=N/A
03	
04	
05	
06	
07	GO TO Q61
08	
09	

224-239

Yes, about

- high blood pressure
- angina
- heart attack
- heart murmur
- abnormal heart rhythm
- other heart trouble
- stroke
- diabetes

CODE ALL THAT APPLY

91|92' CONSCVM 1-6
 93' CONM 1-8

94 CONC 0-99

60a) Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf about ... (CONDITION/S AT Q25)?

a1|a2:TALKLST a4:TALKLST
 a3:TALKLST Less than 2 weeks ago
 PROMPT 2 weeks ago but less than a month ago
 AS 1 month ago but less than 3 months ago
 NECESSARY 3 months ago but less than 6 months ago
 6 months ago but less than a year ago
 A year or more ago
 Never seen a doctor

A	GO BACK TO Q59a)
1	a = N/A ASK b)
2	
3	
4	
5	
6	GO TO Q61

240

b) Which condition was the consultation about?

CODE ALL THAT APPLY High blood pressure
 a1|a2:CONS2M1-6 Angina
 a3:CON1M1-8 Heart attack
 Heart murmur
 a4:CON1C 0-99 Abnormal heart rhythm
 Other heart trouble
 Stroke
 Diabetes

1	aa = N/A ASK Q61
2	
3	
4	
5	
6	
7	
8	

241-256

OTHER IRRELEVANT PROBLEMS 9

IF HAS ANY CVD CONDITION

61a) During the last 12 months, that is since ... (DATE ONE YEAR AGO) did you attend hospital as an out-patient, day-patient or casualty?

a1|a2:OUTPATB
 a3:OUTPATB

Yes	1 ASK b)	a = N/A
No	2 GO TO Q62	

257

a4:OUTPATB

IF YES

b) Was this because of your ... (CONDITION/S AT Q25)?

a1|a2:WHYOPATB
 a3:WHYOPATB

Yes	1	ASK Q62 a = N/A
No	2	

258

a4:WHYOPATB

62a) During the last 12 months, have you been in hospital as an in-patient, overnight or longer?

a1|a2:INPATB
 a3:INPATB

Yes	1 ASK b)	a = N/A
No	2 GO TO Q67	

259

a4:INPATB

IF YES

b) Was this because of your ... (CONDITION/S AT Q25)?

a1|a2:YINPATB
 a3:YINPATB

Yes	1	GO TO Q67 a = N/A
No	2	

260

a4:YINPATB

67c) Thinking about the last time your blood pressure was measured, were you told it ^{NB} was ... READ OUT ...
... normal (alright/fine),

CODE WORDING CHANGED EMPHASIS AT ①

CODES 1, 2, 3 = TOLD WITH OR WITHOUT RESPONDENT ASKING

Q1/Q2: LEVELBP
Q3: LEVELBP

higher than normal,
lower than normal,
or were you not told anything?

Q4: LEVELBP

SPONTANEOUS: Don't know/can't remember

1	GO TO Q68
2	CHECK d)
3	GO TO Q68
4	} GO TO Q70 / NA
8	

269

d) INTERVIEWER CHECK Q29
HAS RESPONDENT REPORTED HIGH BLOOD PRESSURE ALREADY?

Q1/Q2: DNAOTH
Q3: ONAOTH

Yes - CODE D RINGED
No - CODE D NOT RINGED

1	GO TO Q68
2	ASK e)

270

e) Is this the only time your blood pressure has been higher than normal or has it been higher than normal a number of times?

Q1/Q2: ONLYBP
Q3: ONLYBP

Only time
A number of times

Q4: ONLYBP

1	ASK Q68	Q=N/A
2	ASK Q25 AGAIN AS A CHECK. IF 'YES' TO HIGH BLOOD PRESSURE GO THROUGH Q25-Q58 THEN ASK Q68	

271

68. Were you told the numerical value of your blood pressure measurement?

Q1/Q2: TOLDBP
Q3: TOLDBP

Yes
No
Don't know/not sure

Q4: TOLDBP

1	ASK Q69
2	} GO TO Q70 / NA
8	

272

69a) Can you remember the numerical value of your blood pressure measurement?

NOT IN Q1/Q2/Q3

Yes
No

1	ASK b)
2	GO TO Q70

273

b) What was the numerical value?

Q1/Q2: NUMBP
Q3: NUMBP

Q4 { NUMSBP
NUMDBP

IF DON'T KNOW, CODE 998

IF TWO FIGURES GIVEN, BUT NOT SURE WHICH IS WHICH, HIGHEST IS SYSTOLIC

SYSTOLIC

--	--	--

 mmHg

DIASTOLIC

--	--	--

 mmHg

274-276

277-279

Q47 = NO PROPER VALUE (FOR BOTH MEASUREMENTS)

IF ONLY ONE FIGURE KNOWN, OR OTHER PROBLEM - WRITE IN BELOW

NOTES OR PROBLEMS:

ALL

70 Have you ever had your blood cholesterol level measured by a doctor or nurse?

91/92 CHLEST
93 CHLEST
94 CHLEST
IF YES

Yes
No
Don't know/not sure

1	ASK Q71
2	} GO TO Q73
8	

280

71a) When was the last time your blood cholesterol was measured by a doctor or nurse? Was it READ OUT

91/92 LASTCHOL during the last 12 months,
93 LASTCHOL at least a year but less than 3 years ago,
94 LASTCHOL at least 3 years but less than 5 years ago,
5 years ago or more?
SPONTANEOUS (Don't know/can't remember)

1	} ASK b)
2	
3	
4	
8	/ NA

281

b) Thinking about the last time your blood cholesterol was measured by a doctor or nurse were you told it was READ OUT

91/92 CHOLEVEL alright or fine,
93 CHOLEVEL higher than normal,
94 CHOLEVEL lower than normal,
or were you not told anything?
SPONTANEOUS (Don't know/can't remember)

CODES 1, 2, 3 = TOLD WITH OR WITHOUT RESPONDENT ASKING

1	} ASK Q72
2	
3	
4	} GO TO Q73
8	

282

CODE 1, 2, 3 AT Q71b)

72a) Were you told the numerical value of your blood cholesterol measurement?

91/92 TOLDCHOL
93 TOLDCHOL
94 TOLDCHOL
IF YES

Yes
No
Don't know/can't remember

1	ASK b)
2	} GO TO Q73
8	

283

b) Can you remember the numerical value of your blood cholesterol measurement?

NOT IN 91/92/93
94 REMCHOL
IF CAN REMEMBER

Yes
No

1	ASK c) a=N/A
2	GO TO Q73

284

c) What was the numerical value?

IF DOESN'T KNOW, CODE 98 8

91/92 NUMCHOL
93 NUMCHOL
94 NUMCHOL

Total Cholesterol

999 = N/A

--	--	--	--

(mmol/l)

PROBLEM VALUE CODE 99.7

285 288

IF ANY PROBLEM WITH VALUE WRITE IN HERE -

SPARE 289 300

ACTIVITY AND EXERCISE

ALL

73a) I'd like to ask you about some of the things you have done at work or in your free time that involve physical activity in the past 4 weeks, that is from ... (DATE 4 WEEKS AGO) up to yesterday.

(Can I just check) were you in paid employment or self employed in the past 4 weeks?

Q1/Q2: WORK
Q3: WORK
Q4: WORK
IF IN WORK

Yes	1 ASK b) Q=N/A
No	2 GO TO Q75

301

b) Thinking about your job in general would you say that you are ... READ OUT ...

Q1/Q2: ACTIVE
Q3: ACTIVE
Q4: ACTIVE

very physically active,
fairly physically active,
not very physically active,
or not at all physically active in your job?

1	Q=N/A
2	READ OUT Q74
3	
4	

302

74. PREAMBLE FOR RESPONDENTS WHO WERE IN WORK OR SELF-EMPLOYED:

I'd like you to think about the physical activities you have done when you were not doing your paid job.

75a) Have you done any housework in the past 4 weeks?

Q1/Q2: HOUSEWRK
Q3: HOUSEWRK Q4: HOUSEWRK

Yes	1 ASK b) Q=N/A
No	2 GO TO Q76

303

IF YES

b) SHOW CARD A Have you done any housework listed on this card?

NOT IN Q1/Q2
Q3: HWRKLLST Q4: HWRKLLST

Yes	1 Q=N/A
No	2

304

c) SHOW CARD B Some kinds of housework are heavier than others. This card gives examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the past 4 weeks this kind of heavy housework?

Q1/Q2: HEVYHWK
Q3: HEVYHWK Q4: HEVYHWK

Yes	1 ASK d) Q=N/A
No	2 GO TO Q76

305

d) During the past 4 weeks on how many days have you done that kind of heavy housework?

Q1/Q2: HEAVYDAY
Q3: HEAVYDAY Q4: HEAVYDAY

NO. OF DAYS	Q8=DK/CR Q9=N/A
-------------	--------------------

306-307

ALL

76a) Have you done any gardening, DIY or building work in the past 4 weeks?

Q1/Q2: GARDEN
Q3: GARDEN

Q4: GARDEN

Yes

1 ASK b) Q=N/A

308

No

2 GO TO Q77

b) SHOW CARD C Have you done any gardening, DIY or building work listed on this card?
NOT IN Q1/Q2

Q3: GARDLIST

Q4: GARDLIST

Yes

1 Q=N/A

309

No

2

c) SHOW CARD D Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

Q1/Q2: MANWORK

Q3: MANWORK

Q4: MANWORK

Yes

1 ASK d) Q=N/A

310

No

2 GO TO Q77

d) During the past 4 weeks, on how many days have you done this kind of heavy manual gardening or DIY?

Q1/Q2: MANDAYS

Q3: MANDAYS

Q4: MANDAYS

NO OF DAYS

Q8=DKCR
Q9=N/A

311 312

ALL

77 I'd like you to think about all the walking you have done in the past 4 weeks either locally or away from here Please include any country walks, walking to and from work and any other walks that you have done

Have you done any walks of a quarter of a mile or more in the past 4 weeks? That would usually be continuous walking lasting 5 to 10 minutes

Q1/Q2: WALKB

Q3: WALKB

Q4: WALKB

Yes

1 ASK Q78 Q=N/A

313

No

2 } GO TO Q80
3 }

Can't walk at all

IF WALKS

78a) Did you do any walks of 1 mile or more in the past 4 weeks? That would usually be continuous walking for at least 20 minutes

Q1/Q2: MILEWLB

Q3: MILEWLB

Q4: MILEWLB

Yes

1 ASK b) Q=N/A

314

No

2 GO TO Q80

IF WALKS 1 MILE OR MORE

b) During the past 4 weeks, how many times did you do any walks of 1 mile or more?

Q1/Q2: MILENUMB

Q3: MILENUMB

Q4: MILENUMB

NO OF TIMES

Q8=DKCR
Q9=N/A

315 316

79 Which of the following best describes your usual walking pace READ OUT

Q1/Q2: WALKPACE

Q3: WALKPACE

Q4: WALKPACE

a slow pace, 1

a steady average pace, 2

a fairly brisk pace, 3

or a fast pace - at least 4 mph? 4

Q=N/A

317

SPORTS AND EXERCISE

ALL

80a) **SHOW CARD E** Can you tell me if you have done any of the activities on this card during the last 4 weeks?

Q1/Q2: ACTANY
Q3: ACTANY Q4: ACTANY

Yes	1	ASK b)
No	2	GO TO Q81

318

IF YES

b) Which have you done in the last four weeks? **PROBE: "Any others?" UNTIL "NO": INTERVIEWER CODE OR RECORD THE SPORTS AND EXERCISE DONE IN COLUMN b) OF THE GRID**

FOR EACH ACTIVITY DONE IN PAST 4 WEEKS ASK c) - e)

c) Can you tell me on how many separate occasions did you do/play (ACTIVITY) during the past 4 weeks?

d) How much time did you usually spend (ACTIVITY) on each occasion?

e) During the past 4 weeks was the effort of (ACTIVITY) usually enough to make you out of breath or sweaty?

Q1/Q2: SAME VARIABLE NAMES
Q3: SAME VARIABLE NAMES.

COL (c) 98 = DK/CAN'T REMEMBER 99 = N/A 97 = 97+	COL (d) 2 DIGIT HOURS/2 DIGIT MINUTES 9998 = DK/CAN'T REMEMBER 9999 = N/A	(b)	(c)	(d)		(e)		
		Activity done	No. of occasions	Time spent per occasion		Q = N/A ON EACH COL Effort		
				hrs	min	Yes	No	
Cycling/exercise bike	94: CYCLE	CYCLE01	CYCLEOCC	CYCLEHR	CYCLEMIN	CYCLEEFF	1 2	319-327
Exercises (press ups, sit ups etc)	EXACT	EXACT02	EXOCC	EXHR	EXMIN	EXEFF	1 2	328-336
Aerobics/keep fit, etc	AERO	AERO03	AEROOCC	AERHR	AERMIN	AERDEFF	1 2	337-345
Other types of dancing	DANCE	DANCE04	DANCEOCC	DANCEHR	DANCEMIN	DANCEEFF	1 2	346-354
Weight training	WTRAIN	WTRAIN05	WTRHOCC	WTRHR	WTRMIN	WTRDEFF	1 2	355-363
Swimming	SWIM	SWIM06	SWIMOCC	SWIMHR	SWIMMIN	SWIMDEFF	1 2	364-372
Running/jogging	RUN	RUN07	RUNOCC	RUNHR	RUNMIN	RUNDEFF	1 2	373-381
Football/rugby	FOOTBALL	FOOTBALL08	FTBLLOCC	FTBLHR	FTBLMIN	FTBLEFF	1 2	382-390
Badminton/tennis	TENNIS	TENNIS09	TENNOCC	TENHR	TENMIN	TENDEFF	1 2	391-399
Squash	SQUASH	SQUASH10	SQUASOCC	SQUASHR	SQUASMIN	SQUASEFF	1 2	400-408
Other sports or exercise (specify)	OFF USE							
SEE OPEN CODE FRAME	ACTAX	ACTAX	ACTADCC	ACTAHR	ACTAMIN	ACTAEFF	1 2	409-417
POSSIBLE TO HAVE TWO CODES	ACTBX	ACTBX	ACTBOCC	ACTBHR	ACTBMIN	ACTBEFF	1 2	418-426
THE SAME IF TIMES OF ACTIVITY	ACTCX	ACTCX	ACTCOCC	ACTCHR	ACTCMIN	ACTCEFF	1 2	427-435
CANNOT BE AMALGAMATED	ACTDX	ACTDX	ACTDOCC	ACTDHR	ACTDMIN	ACTDEFF	1 2	436-444
							1 2	445-453
							1 2	454-462

VARIABLES ACTAX-DX CODED TO FULL FRAME. VARIABLES ACTA-D RECODE
ACTAX-DX TO ACTIVITY LEVELS AS IN 1993

SPARE 463-480

EATING HABITS (SECTION NOT IN 91/92)

ALL

81 What kind of bread do you usually eat?

Is it READ OUT

CODE ONE ONLY

white,

IF BROWN CHECK IF WHOLEMEAL OR SOME OTHER SORT OF BROWN BREAD

brown, granary, wheatmeal,

wholemeal,

93' BREAD

or some other kind of bread?

(ESTABLISH TYPE AND CODE 01, 02 OR 03 ABOVE

94' BREAD IF APPROPRIATE, OTHERWISE CODE 04 AND SPECIFY)

TAB ANY OTHERS

SPONTANEOUS does not have usual type

don't know

does not eat any type of bread

99 = N/A

01 INCLUDE SOBA BREAD CHOLLAH

481-482

02 INCLUDE WHEATGERM, RYE, GERMAN

03 INCLUDE HIGHBRAN

ASK Q82

04

05 10 = SOFT GRAIN

08

09 GO TO Q84

82 Is the bread you eat READ OUT

thick sliced,

medium sliced,

thin sliced,

IF UNCUT, ASK ABOUT HOW BREAD IS SLICED

or something else? (SPECIFY) RECODE IF POSSIBLE

93' SLICED

SPONTANEOUS don't know

does not eat any sliceable bread

94' SLICED

99 = N/A

01

02

03

04

08

09

INCLUDE CHAPPATI

483-484

83 What do you usually spread on your bread?

CODE ONE ONLY FROM CODING LIST A

Butter/hard margarine/block margarine

Soft margarine

Reduced fat spread

Low fat spread

SPONTANEOUS Does not have usual type

Don't know

Does not use fat spread on bread

93' SPREAD

94' SPREAD

1

2

3

4

5

8

7

9 = N/A

IF MORE THAN ONE CODE USED, CODE 5.

485

84 ALL When you have fried foods, what kind of fat or oil are the foods usually cooked in? Is it READ OUT

CODE ONE ONLY

solid cooking fat,

cooking oil,

or some other kind? (SPECIFY) TAB ANY OTHERS

93' FAT

SPONTANEOUS does not have usual fat/oil

does not eat fried food

94' FAT

don't know

1 - INCLUDE DRIPPING

2 - INCLUDE OLIVE OIL " SUNFLOWER OIL

3

4

5

8

6 = BUTTER

486

85. What kind of milk do you usually use for drinks, in tea or coffee and on cereals etc? Is it ... READ OUT ...
 CODE ONE ONLY whole milk, 1 $q = N/A$ 487
 93: MILK semi-skimmed, 2 INCLUDE DRIED SEMI-SKIMMED
 94: MILK skimmed, 3 INCLUDE DRIED SKIMMED, BOOTS DRIED POWDER, 4 COOP POWDERED.
 or some other kind of milk? (SPECIFY) TAB ANY OTHERS
STERILIZED/PASTEURISED - LEAVE
 SPONTANEOUS: does not have usual type 5 0 = EVAP. MILK / CONDENSED MILK
 don't know 8 7 = SOYA / VEG-BASED MILK
 does not drink milk 6
86. Do you usually have sugar in your tea?
 IF ONLY USES ARTIFICIAL SWEETENER, CODE NO Yes, have sugar in tea 1 488
 No 2 $q = N/A$
 93: SUGAR Does not drink tea 3
87. Do you usually have sugar in your coffee?
 IF ONLY USES ARTIFICIAL SWEETENER, CODE NO Yes, have sugar in coffee 1 489
 No 2 $q = N/A$
 Does not drink coffee 3
 93: COFFEE 94: COFFEE
88. Has salt generally been added to your food during cooking?
 CODE ALL THAT APPLY Yes 1 490-492
 Uses 'Lo Salt' / salt alternative (not sea salt) 2 $q = N/A$
 93: SALT M1-2 No, does not use salt in cooking 3 IF USES SEA SALT CODE ①
 Other (SPECIFY) RECODE IF POSSIBLE OR TAB - INCLUDE 4
 94: SALT C1-9 SOMETIMES OR OCCASIONALLY Don't know 8
89. At the table do you ... READ OUT ...
 CODE ONE ONLY generally add salt to your food 1 $q = N/A$ 493
 93: TABSALT without tasting it first, 2
 94: TABSALT taste the food, but then generally add salt, 3
 taste the food, but only occasionally add salt, 4
 rarely, or never, add salt at the table? 4
90. Which type of breakfast cereal do you normally eat?
 CODE ONE ONLY FROM CODING LIST B High fibre 1 $q = N/A$ 494
 (eg All bran, Branflakes, Shredded Wheat, Muesli, Porridge, Wheatabix)
 Others 2 IF MULTI-CODED RECODE TO ③
 93: CEREAL (eg Cornflakes, Rice Krispies, Special K, Sugar Puffs, Honey Smacks)
 SPONTANEOUS: Doesn't have usual type 3
 94: CEREAL Doesn't eat breakfast cereal 4

ALL

- 91 SHOW CARD F I would like to ask you about some foods which you may eat Can you tell me how often on average you eat each of these foods by choosing your answer from this card
READ OUT EACH FOOD AND CODE FOR EACH

9 = N/A AT EACH COLUMN

	More than once every day	Once every day	5-6 days a week	3-4 days a week	1-2 days a week	At least once a month	Less often than once a month	Rarely or never	
93 BISCUIT 94 BISCUIT Biscuits	1	2	3	4	5	6	7	8	495
93 SWEETS 94 SWEETS Confectionery eg sweets, chocolate	1	2	3	4	5	6	7	8	496
93 CAKES 94 CAKES Cakes of all kinds	1	2	3	4	5	6	7	8	497
93 FRUIT 94 FRUIT Fruit	1	2	3	4	5	6	7	8	498
93 VEGES 94 VEGES Vegetables or salad	1	2	3	4	5	6	7	8	499
93 ROLLS 94 ROLLS Bread or rolls	1	2	3	4	5	6	7	8	500
93 BEANS 94 BEANS Pulses, (such as baked beans, dried beans and lentils)	1	2	3	4	5	6	7	8	501

(ORISO BEANS NOT MENTIONED
IN 93)

END OF
CARD 04

SMOKING

CARD NO

05
12-13
14-20

ALL

SPARE

92a) ASK OR RECORD Can I just check, are you aged sixteen or seventeen?

16 or 17
CHECK FRONT PAGE IF BLANK
Aged 18+ and self-completion

1 }
2 } CHECK b)

93:INDIC1

Age 18+

3 GO TO Q93

94:INDIC1

IF CODE 1 OR 2 AT a)

b) HAND SELF-COMPLETION SMOKING AND DRINKING BOOKLET TO RESPONDENTS. ASK THEM TO READ FRONT PAGE NOT IN a1/92

93:SELFCOMP (NOT SO WIDE A FRAME) self-completion accepted
Self-completion accepted but assistance given

1 GO TO Q118

94:SLFCOMP Self-completion accepted but interviewer administered, no-one else present

2

3 ASK c)

Self-completion accepted but interviewer administered, others present

4

Self-completion refused (SAY WHY)

5 GO TO Q118

SAY WHY: _____

c) Assistance given: Eyesight problem
CODE ALL THAT APPLY Language problem
NOT IN a1/92/93 Reading difficulties

1 a=N/A

94:SLFHLCPC 0-5 Comprehension problems

3 GO TO Q118

Other (GIVE REASON) _____

5

IF AGED 18 AND OVER

93a) May I just check, have you ever smoked a cigarette, a cigar or a pipe?

91/92:SMOKEVER

Yes 1 ASK b) a=N/A

93:SMOKEVER

94:SMOKEVER

No 2 GO TO Q107

b) Do you smoke cigarettes at all nowadays?

91/92:SMOKENOW

Yes 1 ASK Q94 a=N/A

93:SMOKENOW

94:SMOKENOW

No 2 GO TO Q96

CURRENT SMOKERS

94a) About how many cigarettes a day do you usually smoke on weekdays?

91/92 'OLYSMOKE
93 'OLYSMOKE

94 'OLYSMOKE

NO SMOKED A DAY

97 = DK/CR *
99 = N/A

Less than 1 00

34 35

b) And about how many cigarettes a day do you usually smoke at weekends?

91/92 'WKNOSMOK
93 'WKNOSMOK

94 'WKNOSMOK

NO. SMOKED A DAY

98 = DK/CR *
99 = N/A

Less than 1 00

36 37

c) How old were you when you started to smoke cigarettes regularly?

NOT IN 91/92/93

WRITE IN

99 = N/A

38 39

94 'STRTSM1

OR CODE Can't remember 98

Never smoked regularly 97

95 INTERVIEWER CHECK Respondent is

NOT IN 91/92/93

CHECK FRONT PAGE IF BLANK
Female, aged 16-49

1 GO TO Q101

40

Female, aged 50+

2 } GO TO Q102
3 }

Male

94 'ICSMOK1

NON-CURRENT SMOKERS

96a) Have you ever smoked cigarettes?

91/92 'SMOKECIG
93 'SMOKECIG

94 'SMOKECIG

Yes

1 ASK b) a = N/A

41

No

2 GO TO Q104

b) Did you smoke cigarettes READ OUT

91/92 'SMOKEREG
regularly, that is at least one cigarette a day,

1 ASK Q97 a = N/A

42

93 'SMOKEREG or did you smoke them only occasionally?

2 GO TO Q98

SPONTANEOUS Never really smoked cigarettes, just tried them once or twice

3 GO TO Q104

94 'SMOKEREG

EX-REGULAR SMOKERS

97a) About how many cigarettes did you smoke in a day?

91/92 'EXSMOKE
93 'EXSMOKE

94 'EXSMOKE

NO SMOKED A DAY

97 = 97+
98 = DK/CR
99 = N/A

43-44

b) And for approximately how many years did you smoke regularly?

91/92 'SMOKEYRS
93 'SMOKEYRS

94 'SMOKEYRS

NO OF YEARS

98 = DK/CR
99 = N/A

Less than 1 yr 00

45 46

c) How old were you when you started to smoke cigarettes regularly?

NOT IN 91/92/93

WRITE IN

99 = N/A

47 48

94 'STRTSM2

OR CODE Can't remember 98

* 1) IF RANGE TAKE MIDPOINT
2) HAND-ROLLED CIGARETTES

- 10Z TOBACCO = 40 CIGARETTES
- 12.5gr TOBACCO = 18 CIGARETTES
- 25gr TOBACCO = 36 CIGARETTES

ONLY CONVERT OUNCES TO CIGARETTES IF RESPONDENT HAS NOT GIVEN THE NUMBER OF CIGARETTES SMOKED

ALL EX-SMOKERS

98 = OK (CR) 99 = N/A

98a) How long ago did you stop smoking cigarettes?

91/92 ENDSMOKE

CODE:

1 year ago

00

ASK b)

49-50

93: ENDSMOKE

1 year, but less than 2 years ago

01

GO TO Q99

94: ENDSMOKEA

OR RECORD:

NO. OF YEARS AGO

(EDITED FROM BASE DATA)

--	--

GO TO Q102

b) INTERVIEWER CODE: Number of months ago
SEE ENDSMOKEA

Less than six months

1

ASK Q99

89

Six months, less than 1 year ago

2

RECENT EX-SMOKERS (CODE 00-01 AT Q98a)

99. INTERVIEWER CODE: Respondent is ...

NOT IN 91/92/93

Woman, aged 16-49

1

ASK Q100

51

94: ICSMOKE2

Woman, aged 50+

2

GO TO Q102

Male

3

100a) Can I check, are you pregnant now?

NOT IN 91/92/93

Yes

1

ASK b)

52

No

2

GO TO Q101

94: ISPREG

Not sure

8

b) Have you smoked at all since you've known you've been pregnant?

NOT IN 91/92/93

Yes

1

GO TO Q102

53

94: SMOKEPRG

No

2

ASK c)

c) Did you stop smoking specifically because of your pregnancy, or for some other reason?

NOT IN 91/92/93

Pregnancy

1

GO TO Q102

54

94: STPPREG

Other reason

2

FEMALE CURRENT SMOKER (16-49) OR NON-PREGNANT EX-SMOKER

101a) Can I check, have you been pregnant within the last twelve months?

NOT IN 91/92/93

94' PREGREC

Currently pregnant

Pregnant in last 12 months, not now

Not pregnant in last 12 months

q = N/A

1	GO TO Q102
2	ASK b)
3	GO TO Q102

55

b) Did you smoke at all during that pregnancy?

DURING TIME WHEN KNEW WAS PREGNANT

NOT IN 91/92/93

Yes

1 GO TO Q102

No

2 ASK c)

q = N/A

56

c) Did you stop smoking specifically because of your pregnancy, or for some other reason?

NOT IN 91/92/93

94' PREGSMOK

Pregnancy

1

q = N/A

Other reason

2

57

94' PREGSTOP

IF CURRENT OR EX-SMOKER

102a) (Apart from that pregnancy) Have you ever tried (Did you ever try) to give up smoking because of a particular health condition you had at the time?

91/92 SMOKETRY

NOT IN 93

Yes

1 ASK b)

No

2 GO TO Q103

q = N/A

58

94' SMOKETRY

IF YES

b) SHOWCARD G Here is a list of health conditions that may lead people to try to give up smoking Can you tell me which conditions you had?

CODE ALL THAT APPLY

91/92' SMOKEM 1-6

NOT IN 93

Heart trouble/problem

01

High blood pressure

02

Cancer

03

99 = N/A

Bronchitis

04

Cough

05

Shortness of breath

06

Other respiratory problem

07 (INCLUDE ASTHMA)

Cold/flu/virus

08

Pregnancy

09

Other RECODE IF POSSIBLE OTHERWISE LEAVE

10

ULCERS (NOT MOUTH)

11

DIABETES

12

59 78

103a) Has a medical person (eg. doctor/nurse) ever advised you (did a medical person (eg. doctor/nurse) ever advise) you to stop smoking altogether because of your health?

q = N/A

q1/q2: AESSMOKE (WORDING DIFFERENT)

Yes	1	ASK b)
No	2	GO TO Q104

79

q3: DRSMOKE

q4: DRSMOKE

b) How long ago was that?

PROMPT AS NECESSARY Within the last 12 months 1
 NOT IN q1/q2 Over 12 months ago 2
 q3: DRSMOKE1 Don't know, can't remember 8 / NA

80

q4: DRSMOKE1
 IF EVER SMOKED

104a) (That is the end of the questions about cigarettes. Now just a few questions about cigar and pipe smoking.)

Have you ever smoked cigars?

q = N/A

q1/q2: CIGAR

Yes	1	ASK b)
No	2	GO TO Q106

81

q3: CIGAR

q4: CIGAR

q = N/A

b) Do you smoke cigars at all nowadays?

q1/q2: CIGARNOW

Yes	1	ASK c)
No	2	GO TO Q105

82

q3: CIGARNOW

q4: CIGARNOW

q = N/A

c) Do you smoke cigars ... READ OUT ...

NOT IN q1/q2/q3

... regularly, that is at least one cigar a month,
 ... or do you smoke them only occasionally?

1	ASK d)
2	GO TO Q105

83

q4: CIGARREG

d) About how many cigars do you usually smoke in a week?

q1/q2: CIGARWK

NO. SMOKED A WEEK

q3: CIGARWK

q7 = q7+

00	GO TO Q106
----	------------

84-85

Less than 1

q4: CIGARN

105. Have you ever smoked cigars ... READ OUT ...

NOT IN q1/q2/q3

... regularly, that is at least one cigar a month,
 ... or did you always smoke them only occasionally?

1	q = N/A
2	

86

q4: EXCIGAR
 IF EVER SMOKED

q = N/A

106a) Have you ever smoked a pipe?

q1/q2: PIPE

Yes	1	ASK b)
No	2	GO TO Q107

87

q3: PIPE

q4: PIPE

q = N/A

b) Do you smoke a pipe at all nowadays?

q1/q2: PIPENOW

Yes	1	} GO TO Q107
No	2	

88

q3: PIPENOW

SPARE

89-100

173 q4: PIPENOW

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DRINKING

ALL EXCEPT 16-17 YEAR OLDS

107a) I'm now going to ask you a few questions about what you drink - that is if you drink.

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

q1/q2: DRINK

q3: DRINK

q = N/A

Yes	1	GO TO Q108
No	2	ASK b)

101

q4: DRINK

b) Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

q1/q2: DRINK ANY

q3: DRINK ANY

Very occasionally

Never

q = N/A

1	ASK Q108
2	GO TO Q114

102

q4: DRINK ANY

ALL WHO DRINK

108 **CARD H**

I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months I do not need to know about non-alcoholic or low alcohol drinks

<p>Show Card H and ask for each group of alcoholic drinks listed below</p>	<p>Almost every day</p>	<p>5 or 6 days a week</p>	<p>3 or 4 days a week</p>	<p>Once or twice a week</p>	<p>Once or twice a month</p>	<p>Once every couple of months</p>	<p>Once or twice a year</p>	<p>Not at all in last 12 months</p>	
<p>a) How often have you had a drink of during the last 12 months? Ring the appropriate number</p>									
<p>EXCLUDE Any non-or low alcohol drinks (other than shandy)</p>									
<p>Shandy excluding bottles or cans a1/a2 SHANDY a3 SHANDY a4 SHANDY</p>									
<p>Beer, lager, stout, cider a1/a2 BEER a3 BEER a4 BEER</p>									
<p>Spirits or liqueurs such as gin, whisky, rum, brandy, vodka, advocaat a1/a2 SPIRITS a3 SPIRITS a4 SPIRITS</p>									
<p>Sherry or martini including port, vermouth, cinzano and dubonnet a1/a2 SHERRY a3 SHERRY a4 SHERRY</p>									
<p>Wine including babycham and champagne a1/a2 WINE a3 WINE a4 WINE</p>									
<p>b) Any other alcoholic drinks? Yes 1 → ASK c) No 2 → GO TO Q109</p>									
<p>c) If yes, Specify name of drink</p>									
<p>1 ALL OTHER ANSWERS</p>									
<p>2 TO BE RECORDED</p>									
<p>3 SEE SEPARATE INSTRUCTIONS + RULES</p>									

ONE CODE FOR EACH TYPE OF DRINK
Q=N/A

NOT KEYED IN '93

109. Ask for each group of alcoholic drinks coded 1-7 (drunk in the last 12 months)
 How much ... have you usually drunk on any one day?
 Enter the amount

Leave blank for the groups of drink that the respondent has not drunk at all in the last 12 months.
EXCLUDE: Any non-alcoholic drinks. Any low-alcohol drinks (other than shandy)

Amount drunk on any one day during the last 12 months			
	99 = N/A		
Shandy excluding bottles/cans 91/92: SHANDY Q 93: SHANDY Q	<input type="text"/>	half pints	121-122
Beer, lager, stout, cider 94: SHANDY Q 94: BEER Q1-3	91/92: BEER Q1 93: BEER Q1	<input type="text"/>	IF ANYTHING WRITTEN IN TAB. ALL CATEGORIES MAY BE CODED half pints OR IF NECESSARY UP TO TWO CATEGORIES MAY BE BLANK large cans, OR
	91/92: BEER Q2 93: BEER Q2	<input type="text"/>	
	91/92: BEER Q3 93: BEER Q3	<input type="text"/>	
		small cans	127-128
Spirits or liqueurs such as gin, whisky, rum brandy, vodka, advocaat	91/92: SARITSQ 93: SARITSQ	<input type="text"/>	129-130
	94: SPIRITS Q	(Count doubles as 2 singles)	
Sherry or martini including port, vermouth, cinzano, dubonnet	91/92: SHERRY Q 93: SHERRY Q	<input type="text"/>	131-132
	94: SHERRY Q	glasses	
Wine including babycham, champagne	91/92: WINE Q 93: WINE Q	<input type="text"/>	133-134
	94: WINE Q	glasses	
Any other alcoholic drinks?			
If respondent had other type of alcoholic drink at Q108b), record name of drink again and enter amount drunk on any one day	<input type="text"/>	CODE: glasses	135-137
1.		or singles	2
		or other	3
2.	<input type="text"/>	CODE: glasses	138-140
		or singles	2
		or other	3
3.	<input type="text"/>	CODE: glasses	141-143
		or singles	2
		or other	3

110 SHOW CARD H Thinking now about all kinds of drinks how often have you had an alcoholic drink of any kind during the last 12 months?

91/92 DRINKOFT
93 DRINKOFT

- Almost every day 1
- Five or six days a week 2
- Three or four days a week 3
- Once or twice a week 4
- Once or twice a month 5
- Once every couple of months 6
- Once or twice in the year 7
- Not at all in the last 12 months 8

q = N/A

150

111 Compared to 5 years ago, would you say that on the whole you drink more, less or about the same nowadays?

91/92 DRAMOUNT
93 DRAMOUNT

- More nowadays 1
- About the same 2
- Less nowadays 3

q = N/A

1	} GO TO Q113
2	
3	ASK Q112

151

94 DRAMOUNT

IF LESS NOWADAYS

112a) Did you cut down your drinking because of a particular health condition you had at the time (or because you were pregnant)?

91/92 DRINKCUT
93 DRINKCUT

- Yes 1
- No 2

q = N/A

1	ASK b)
2	GO TO Q113

152

94 DRINKCUT
IF YES

b) SHOW CARD I Here is a list of health conditions that may lead people to cut down on drinking Can you tell me which condition you had?

CODE ALL THAT APPLY

91/92 DRICUTM 1-6
93 DRICUTM 1-6

- Heart disease 01
- Hardening of the arteries 02
- High blood pressure 03
- Liver disease 04
- Ulcers or other gastro-intestinal problems 05
- Cancer 06
- Diabetes 07
- Excess weight 08
- Pregnancy 09

99 = N/A

INCLUDE ARTERIOSCLEROSIS FURRING, CLOGGING OF ARTERIES, NARROWING OF THE ARTERIES

153 172

94 DRICUT00-99

Other (SPECIFY) RECODE IF POSSIBLE OTHERWISE LEAVE 10

113a) Has a medical person (eg. doctor/nurse) ever advised you (did a medical person (eg. doctor/nurse) ever advise you) to cut down your drinking because of your health (or because you were pregnant)?

q = N/A

Q1/Q2: DRINKAD (DIFFERENT WORDING)
Q3: DRORINK

Yes	1	ASK b)
No	2	GO TO Q119

173

Q4: DRORINK

IF YES

b) How long ago was that?

PROMPT AS NECESSARY
NOT IN Q1/Q2
Q3: DRORINK1

Within the last 12 months
Over 12 months ago
Don't know, can't remember

1	
2	GO TO Q119
3	/NA

174

Q4: DRORINK1

114a) TO NON DRINKERS

SPARE
175-76

Have you always been a non-drinker or did you stop drinking for some reason?

q = N/A

Q1/Q2: ALWAYSSTT
Q3: ALWAYSSTT

Always a non-drinker
Used to drink, but stopped

1	GO TO Q119
2	ASK b)

177

Q4: ALWAYSSTT

IF USED TO DRINK

b) How long is it since you stopped drinking?

Q1/Q2: SINCETT
Q3: SINCETT

Less than a year
At least a year but less than 5 years
At least 5 years but less than 10 years
10 years or more

1	
2	q = N/A
3	
4	

178

Q4: SINCETT

115 SHOW CARD J Before you stopped drinking, how often did you usually have a drink?

- 91/92 BEFORETT Almost every day 1
- 93 BEFORETT On 5-6 days a week 2
- On 3-4 days a week 3
- 94 BEFORETT Once or twice a week 4
- Once or twice a month 5
- Once every couple of months 6
- Once or twice a year 7

9 = N/A

179

116a) Did you stop drinking because of a particular health condition you had at the time (or because you were pregnant)?

91/92 WHYTT
93 WHYTT

- | | | |
|-----|---|------------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO Q117 |

9 = N/A

180

94 WHYTT
IF YES

b) SHOW CARD K Here is a list of health conditions that may lead people to stop drinking alcohol. Can you tell me which condition you had?

CODE ALL THAT APPLY

91/92 WHYTTM 1-6
93 WHYTTM 1-6

- Heart disease 01
- Hardening of the arteries 02 - SEE Q112b)
- High blood pressure 03
- Liver disease 04
- 94 WHYTTM 0-99 Ulcers or other gastro-intestinal problems 05
- Cancer 06
- Diabetes 07
- Excess weight 08
- Pregnancy 09
- Other (SPECIFY) RECODE IF POSSIBLE OTHERWISE LEAVE 10
- SPONTANEOUS Alcoholism 11

99 = N/A

181-202

117a) Did a medical person (eg doctor/nurse) advise you to stop drinking alcohol because of your health? (or because you were pregnant)?

91/92 AOTT (DIFFERENT WORDING)
93 ORAOTT

- | | | |
|-----|---|------------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO Q119 |

94 DRAOTT
IF YES

b) How long ago was that?

PROMPT AS NECESSARY

NOT IN 91/92
93 ORAOTT1

- Within the last 12 months 1
- Over 12 months ago 2 GO TO Q119
- Don't know, can't remember 8 /NA

94 DRAOTT1

203

204

**SELF-COMPLETION:
DRINKING AND PSYCHO-SOCIAL**

IF AGED 16-17

118. NOW GO TO THE YELLOW SELF-COMPLETION BOOKLET.
CROSS OUT P.3 OF THIS BOOKLET. GO TO Q120.

ALL EXCEPT 16-17 YEAR OLDS

119a) INTERVIEWER CHECK Q110

Not in 93

Respondent drinks more than once or twice a year
(CODES 1-6)

1 GO TO Q120

Others (Q110 IS CODE 7,8 OR BLANK)

2 CHECK b)

205

94: ICSELF C1

b) CROSS OUT P.3 OF YELLOW SELF-COMPLETION BOOKLET.
GO TO Q120.

ALL

120a) May I just check, were you in paid employment or
self-employed in the week ending last Sunday?

91/92: WORKLAST

93: WORKLAST

9 = N/A

INCLUDE FOR ANY
NUMBER OF HOURS

Yes

1 GO TO Q121

No

2 CHECK b)

206

94: WORKLAST

b) CROSS OUT P.5 OF YELLOW SELF-COMPLETION BOOKLET.
GO TO Q121.

121. HAND OVER YELLOW SELF-COMPLETION BOOKLET. ASK RESPONDENT
TO READ FRONT PAGE. EXPLAIN THAT RESPONDENT SHOULD
IGNORE ANY CROSSED THROUGH PAGES. READ THE FOLLOWING:
We would like to know how your health has been in
general. Please read the instructions at the start of each
section carefully. Answer all the relevant questions by putting
a tick in the box containing the answer which you think most
applies to you. There are no right or wrong answers.

SPARE
207-221

122a) INTERVIEWER CODE

91/92: PSYCHSC (NOT SO WIDE A FRAME) (IN 91/92) Self-completion accepted

1 GO TO Q123

93: PSYCHSC Self completion accepted but assistance given

2

94: PSYCHSC Self-completion accepted but interviewer administered,
no-one else present

3

ASK b)

Self-completion accepted but interviewer administered,
others present

4

Self-completion refused

5

222

122b) Assistance given/refusal
CODE ALL THAT APPLY

Q1/Q2 { PSYCAM1-2
PSYCBM1-2

Q3 PSYCM 1-4

Q4 PSYCCO-9

Eyesight problems
Language problems
Reading difficulties
Comprehension problems
Other

Q = N/A

1	GO TO Q123
2	
3	
4	
5	CHECK c)

223 226

IF OTHER

c) Reason for refusal/assistance

IGNORE

227 230

CLASSIFICATION

ALL

123a) INTERVIEWER CHECK Q120

NOT IN 9/1/92/93 Respondent in paid work last week (CODE 1)

Respondent not in paid work (CODE 2)

Q4 ICWORK1

IF YES

b) Were you working full-time or part-time?

Q1/Q2 THIRTYHR

FULL-TIME = MORE THAN 30 HOURS

PART-TIME = 30 HOURS OR LESS

Q3 THIRTYHR

Q4 THIRTYHR

IF PART-TIME WORK

124 Are you at present attending a school or college full-time?

Q1/Q2 SCHOOLB (BUT DIFFERENT FILTER)

Q3 SCHOOLB (DITTO)

Q4 SCHOOLB1

IF NOT WORKING IN LAST WEEK

125 Last week were you READ OUT AND CODE

FIRST THAT APPLIES

Q1/Q2 IFNOJOB

waiting to take up a job you had already obtained?

Q3 IFNOJOB

looking for work?

Q4 IFNOJOB intending to look for work but prevented by temporary sickness or injury? (CHECK 28 DAYS OR LESS)

going to school or college full-time?

permanently unable to work because of long term sickness or disability (USE ONLY FOR MEN AGED 16-64 AND WOMEN AGED 16-59)

retired? (FOR WOMEN CHECK AGE STOPPED WORK AND USE THIS CODE ONLY IF STOPPED WHEN 50 OR OVER)

looking after the home or family?

or were you doing something else? (SPECIFY) _____

RECODE IF POSSIBLE OTHERWISE LEAVE

1	ASK b)
2	GO TO Q125

231

Q = N/A

1	GO TO Q129
2	ASK Q124

232

Q = N/A

1	GO TO Q129
2	

233

1	GO TO Q126
2	GO TO Q127
3	
4	
5	GO TO Q128
6	GO TO Q131
7	GO TO Q128
8	

234

IF WAITING TO TAKE UP JOB

126a) Are you at present attending a school or college full-time?
SEE Q.124

Yes 1
No 2 *q = N/A*

235

94:SCHDLB2

b) Apart from the job you are waiting to take up have you ever been in paid employment or self-employed?

q = N/A

91|92:OTHPAID

93:OTHPAID (DOESN'T INCLUDE SELF EMPLOYED)

Yes	1	GO TO Q130
No	2	GO TO Q132

236

94:OTHPAID1

IF LOOKING FOR WORK OR TEMPORARILY SICK

127. Are you at present attending a school or college full-time?
SEE Q.124

q = N/A

Yes	1	} ASK Q128
No	2	

237

94:SCHDLB3

IF NOT WORKING LAST WEEK (CODE 2-5, 7-8 AT Q125)

128. Have you ever been in paid employment or self-employed?

q = N/A

91|92:EVERPAID

93:EVERPAID (DOESN'T INCLUDE SELF EMPLOYED)

Yes	1	GO TO Q130
No	2	GO TO Q144

238

94:EVERPD

IF WORKED LAST WEEK

129. I'd like to ask you some details about the job you were doing last week. GO TO Q133

IF EMPLOYED/SELF EMPLOYED IN PAST

130. I'd like to ask you some details about your most recent job. GO TO Q133

IF RETIRED

131. I'd like to ask you some details about the main job you had. GO TO Q133

IF WAITING TO TAKE UP JOB, AND NO PREVIOUS JOB

132. I'd like to ask you some details about the job you are waiting to take up. GO TO Q133

133a) What is (was) the name or title of the job?

Q3 NOT KEYED

Q4 NOT KEYED

b) What kind of work do (did) you do most of the time?

Q3 NOT KEYED

Q4 NOT KEYED

IF RELEVANT What materials or machinery do (did) you use?

NOT IN Q1/Q2

Q3 NOT KEYED

Q4 NOT KEYED

c) What skills, qualifications or training are (were) needed for the job?

NOT IN Q1/Q2

Q3 NOT KEYED

Q4 NOT KEYED

d) Do (did) you supervise, or are (were) you responsible for other people's work in your job?

Q = N/A

Yes

1 ASK e)

243

No

2 GO TO f)

Q3 EMPSTAT (DIFFERENT CODING)

Q4 SUPERVIZ

IF SUPERVISES

e) How many people?

Q97 = Q97+

WRITE IN

Q98 = Q1K
Q99 = N/A

244-246

NOT IN Q3

Q4 NSUPVIZD

f) Are (were) you an employee, or, self-employed?

Q1/Q2 EMPLOYEE

Q3 EMPLOYEE

Q = N/A

1 ASK Q134

247

2 GO TO Q136

Q4 EMPLOYEE

IF EMPLOYEE

134 What does (did) your employer make or do at the place where you usually work(ed)?

Q1/Q2 IND

Q3 IND

Q4 NOT KEYED

135 Including yourself, about how many people are (were) employed at the place where you worked?

Q1/Q2 NEMPLEE

Q3 NEMPLEE

1-24

1

25-499

2 GO TO Q137

248

500 or more

3

Q4 NEMPLEE

Q1/Q2 SOC

Q3 SOC

SOC

Q4 SOC

249 251

Q1/Q2 EMPSTAT

Q3 EMPSTAT

ES

Q4 NOT KEYED

252 253

SEG

Q4 SEG

254 255

Social Class

Q4 SCLASS

256

IF SELF-EMPLOYED

136a) What do (did) you make or do in your business?

NOT IN 91/92
NOT KEIED IN 93

94: NOT KEYED

b) Do (did) you have any employees?

IF YES: How many?

91/92: SNEMPLEE
93: SNEMPLEE

1-24 1
25 or more 2
No employees 3

9 = N/A

94: SNEMPLEE

91/92: IND
SIC

--	--

94: SIC

137. INTERVIEWER CHECK Q120

Respondent in paid work last week (CODE 1)

1 ASK Q138

Respondent NOT in paid work last week (CODE 2)

2 GO TO Q144

94: POWORK

IF IN PAID WORK LAST WEEK

138. When you're at work are you mainly sitting down, standing up or walking about?

CODE ONE ONLY

NOT IN 91/92/93

Sitting down 1
Standing up 2
Walking about 3

9 = N/A
IF MULTI-CODED
PRIORITY CODE

94: SITWORK

139. Does your work involve you moving between floors?

NOT IN 91/92/93

Yes
No

1 ASK Q140

2 GO TO Q141

9 = N/A

94: FLOORWRK

IF YES

140. Do you mainly take the lift or climb the stairs?

NOT IN 91/92/93

Lift 1
Stairs 2

9 = N/A
3 = LIFT UP/STAIRS
DOWN

94: STAIRWRK

IF IN PAID WORK LAST WEEK

141. Do you do any (other) climbing in the course of your work (ladders, scaffolding etc.)?

NOT IN 91/92/93

Yes (SPECIFY) 1
No 2

9 = N/A

94: CLIMBWRK

IF YES SPECIFY TYPE AND FREQUENCY

NOT IN 91/92/93

94: NOT KEIED

142. Do you usually have to lift or carry things at work which you find heavy? IF YES, PROMPT: Is that just lifting or lifting and carrying?

NOT IN 91/92/93

Lift heavy loads 1
Lift and carry heavy loads 2
No 3

9 = N/A

94: LIFTWRK

143 So overall, would you say that in terms of physical effort your work is **READ OUT**
NOT IN Q1/Q2/Q3

Q=N/A

Q4:PHYWRK

very demanding,
 fairly demanding,
 or not very demanding?

- | | |
|---|------------|
| 1 | |
| 2 | GO TO Q146 |
| 3 | |

268

144 IF NOT IN PAID WORK LAST WEEK
 INTERVIEWER CHECK Q125

SPARE

269

Q1/Q2:DNAEMP

Respondent unemployed - CODE 1, 2 OR 3 AT Q125

- | | |
|---|------------|
| 1 | ASK Q145 |
| 2 | GO TO Q146 |

270

Q3:DNAEMP (DIFFT CODES)

Others

145 How long altogether have you been out of employment but wanting work in this current period of unemployment?

Q1/Q2:CURUNEMP

Less than 6 months

1

271

Q3:CURUNEMP

PROMPT AS NECESSARY

6 months but less than 12 months

2

Q=N/A

Q4:CURUNEMP

12 months but less than 2 years

3

2 years or more

4

EDUCATION

ALL

146 At what age did you finish your continuous full-time education at school or college?

Q1/Q2:EDUCEND

Not yet finished

1

272

Q3:EDUCEND

Never went to school

2

14 or under

3

Q=N/A

Q4:EDUCEND

15

4

16

5

17

6

18

7

19 or over

8

147. SHOW CARD L Please look at this card and tell me whether you have any of the qualifications listed. Look down the list and tell me the first one you come to that you have got.

91/92: TOPQUAL

93: TOPQUAL

94: TOPQUAL

CODE FIRST THAT APPLIES	Degree (or degree level qualification)	01
	Teaching qualification HNC/HND, BEC/TEC Higher, BTEC Higher City and Guilds Full Technological Certificate	02
	Nursing qualifications (SRN, SCM, RGN, RM RHV, Midwife)	
	'A' levels/SCE higher ONC/OND/BEC/TEC not higher City and Guilds Advanced/Final level	03
	'O' level passes (Grade A-C if after 1975) GCSE (grades A-C) CSE Grade 1	
	SCE Ordinary (Bands A-C) Standard Grade (Level 1-3) SLC Lower SUPE Lower or Ordinary School Certificate or Matric City and Guilds Craft/Ordinary level	04
	CSE Grades 2-5 GCE 'O' level (Grades D&E if after 1975) GCSE (Grades D, E, F, G) SCE Ordinary (Bands D&E) Standard Grade (Level 4,5)	05
	Clerical or commercial qualifications Apprenticeship	
	CSE ungraded	06
Other qualifications (SPECIFY)	SEE SEPARATE INSTRUCTIONS FOR EXCLUSIONS	07
	No qualifications	08
	QUALS OUTSIDE UK	09
	DK/CR	98

273-274

99 = N/A

PLACE OF BIRTH

148 In which country were you born?

a1/a2: POB

a3' POB

England 1

Scotland 2

Wales 3

N Ireland 4

Outside UK 5

a = N/A

275

a4' POB

149a) SHOW CARD M To which of the groups listed on this card do you consider you belong?

a1/a2 ETHNIC

a3' ETHNIC

a = N/A

White 1

Black - Caribbean 2

Black - African 3

Black - Other 4

Indian 5

Pakistani 6

Bangladeshi 7

Chinese 8

None of these 0

GO TO Q150

ASK b)

GO TO Q150

ASK b)

276

a4 ETHNIC

IF 'BLACK - OTHER' OR 'NONE OF THESE'

b) How would you describe the racial or ethnic group to which you belong?

RECODE TO FRAME . -

SRI LANKAN 1
OTHER ASIAN 2
MIXED RACE 3
OTHER RACE 4

277

a3' ETHNIC1

SPARE

278 281

a4 ETHNIC1

PARENTAL HISTORY

ALL

PREAMBLE

I would like to ask you some questions about your parents in order to compare health across generations of families.

DIFFERENT ROUTING QUESTIONS IN 91|92|93

150. INTERVIEWER CODE: 9 = N/A
 91|92: PARPRES / PARINHH1 / PARINHH2 Mother is in household 1 ASK Q151 282
 93: PARPRES / PARINHH1 / PARINHH2 Mother not in household 2 GO TO Q152

94: MAINHH
 151. May I just check, is ... your natural mother? 9 = N/A
 91|92: NATMAB Yes 1 GO TO Q153 283
 93: NATMAB No 2 ASK Q152
 Don't know 8 GO TO Q153

152a) Is your natural mother still alive? 9 = N/A
 91|92: LIVEMAB Yes 1 ASK b) 284
 93: LIVEMAB No 2 GO TO c)
 Don't know 8 GO TO Q153

94: LIVEMAB
 IF ALIVE
 b) How old is your natural mother? WRITE IN: 3 DIGIT CODE USE LEADING ZERO WHEN NECESSARY
 NOT IN 91|92 999 = N/A 285-87
 93: AGE MA GO TO Q153
 SPONTANEOUS: Don't know 998

c) SHOW CARD N Did your mother die from any of the conditions on the card?
 CODE ONE ONLY High blood pressure 1
 91|92: CONSMAB (sometimes called hypertension) 288
 93: CONSMAB Angina 2
 Heart attack (including myocardial infarction and coronary thrombosis) 3 IF MULTICODED 1-6
 94: CONSMAB Stroke 4 CODE 0 = CARDIOVASCULAR
 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart) 5 CONDITION DK WHICH
 Diabetes 6
 None of the above conditions 7
 Don't know 8 / NA

d) How old was your mother when she died? 3 DIGIT CODE USE LEADING ZERO WHEN NECESSARY
 91|92: AGE MA WRITE IN: 999 = N/A 289-91
 93: AGE MA GO TO Q153
 SPONTANEOUS: Don't know 998

94: AGE MA

ALL

153 INTERVIEWER CODE.

Father is in household
 Father not in household

q = N/A

1	ASK Q154
2	GO TO Q155

292

94' PA IN HH

154 May I just check, is your natural father?

91/92' NATPAB
 93' NATPAB

Yes
 No
 Don't know

q = N/A

1	GO TO Q156
2	ASK Q155
8	GO TO Q156

293

94 NATPAB

155a) Is your natural father still alive?

91/92' LIVEPAB
 93 LIVEPAB

Yes
 No
 Don't know

1	ASK b)
2	GO TO c)
8	GO TO Q156

294

94 LIVEPAB

IF ALIVE

b) How old is your natural father?

NOT IN 91/92
 93' AGEPA

WRITE IN

**3 DIGIT CODE USE
 LEADING ZERO WHEN
 NECESSARY**

999	= N/A
998	GO TO Q156

295-97

SPONTANEOUS Don't know

94' AGEPA

IF NOT ALIVE

c) SHOW CARD N Did your father die from any of the conditions on the card?

CODE ONE ONLY
 91/92' CONSPAB
 93' CONSPAB

High blood pressure
 (sometimes called hypertension)

Angina

Heart attack (including myocardial infarction and coronary thrombosis)

Stroke

Other heart trouble (incl heart murmur, damaged heart valves, tachycardia or rapid heart)

Diabetes

None of the above conditions

Don't know

1	
2	IF MULTICODED 1-6
3	CODE 0 = CARDIOVASCULAR
4	CONDITION DK WHICH
5	
6	
7	
8	/NA

298

94' CONSPAB

d) How old was your father when he died?

91/92' AGEPA B
 93' AGEPA B

WRITE IN

**3 DIGIT CODE USE
 LEADING ZERO WHEN
 NECESSARY**

999	= N/A
998	

299-301

SPONTANEOUS Don't know

94. AGEPA B

SPARE

302-310

MEASUREMENTS

ALL

156a) I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with health and other aspects of their daily lives.

MEASURE HEIGHT AND ENTER:

Personal Height

MAY BE BLANK

--	--	--	--

Metres

311-315

a1/a2: HEIGHT
a3: HEIGHT

a4: HEIGHT

b) a1/a2: HT RESP
a3: HT RESP

Height measured

1 GO TO e)

316

Height refused

2 COMPLETE c)

Height not attempted

3 GO TO d)

q = N/A

a4: RESPHT (CODE FRAME REVERSED)

c) GIVE REASONS FOR REFUSAL

q1/q2/q3: NOT KEPT

a4: Not KEPT

GO TO Q157

d) GIVE REASONS FOR NOT ATTEMPTING HEIGHT

q = N/A

CODE ALL THAT APPLY

a1/a2: NOHTEM 1-4

a3: NOHTEM 1-4

Respondent is unsteady on feet

1

Respondent cannot stand upright

2

Respondent is chairbound

3

Other (SPECIFY BELOW)

4

GO TO Q157

323-326

a4: NOHTCO - 9

RESPONDENT ILL / IN PAIN 5

STADIOMETER NOT WORKING / MACHINE BROKEN 6

e) RECORD IF HEIGHT MEASUREMENT TAKEN

NOT IN a1/a2

a3: RELHTE

(CODE FRAME SLIGHTLY DIFFERENT)

No problems experienced, reliable height measurement obtained

1

Problems experienced: measurement is likely to be -

reliable

2

GO TO Q157

327

a4: RELHTEB

slightly unreliable

3

unreliable

4

ALL

157a)	INTERVIEWER CHECK	Woman, aged 16-49	1 ASK b)	328
		Other women, and men	2 GO TO Q158	
b)	94' ICWGT (May I check) Are you pregnant now? a1/a2' PREGNOWB 93' PREGNOWB	Yes	1 GO TO Q159	329
		No	2 ASK Q158 9=N/A	
		Not sure	8 ASK Q158	
158	94 PREGNOWB TO ALL EXCEPT PREGNANT WOMEN			
a)	MEASURE WEIGHT AND ENTER a1/a2' WEIGHT 93' WEIGHT	Personal weight	MAY BE BLANK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kilo-grams	330 334
b)	94' WEIGHT a1/a2' WTRESP 93' WTRESP	Weight obtained	1 GO TO e)	335
		Weight refused	2 COMPLETE c)	
	94 RESULT (CODE FRAME REVERSED)	Weight not attempted	3 GO TO d)	336
c)	GIVE REASONS FOR REFUSAL			337-41
	94' NOT KEIED		GO TO Q159	
d)	RING REASONS FOR NOT ATTEMPTING WEIGHT			
	CODE ALL THAT APPLY	Respondent is unsteady on feet	1	342 345
	a1/a2' NOWATM 1-4	Respondent cannot stand upright	2	
	93' NOWATM 1-4	Respondent is chairbound	3	GO TO Q159
	94' NOWAICO-9	Other (SPECIFY BELOW)	4	
	IF WEIGHT OBTAINED	RESPONDENT ILL/IN PAIN	5	
	SCALES NOT WORKING/MACHINE BROKEN		6	
e)	RING CODE IF SCALES PLACED ON			
	a1/a2' FLOORM 1-2	Uneven floor	1 9=N/A	346 347
	93' FLOORM 1-2	Carpet	2 GO TO f)	
	CODE ALL THAT APPLY	Neither of them	3	
	94' FLOORC 0-9			
f)	RECORD IF WEIGHT MEASUREMENT TAKEN			
	NOT IN a1/a2	No problems experienced, reliable weight measurement obtained	1	348
	93' RELWAT (CODE FRAME SMALLER)	Problems experienced - measurement is likely to be	2 9=N/A GO TO Q159	
		reliable	3	
	94' RELWATB	slightly unreliable	4	
		unreliable		

ALL

- 159a) The National Health Service has a central register. We would like to pass your name, address, and date of birth to the register. This would allow us to follow you up in future, if we wanted to. May I have permission to do this?

Permission given

1 GO TO Q160

Refused

2 ASK b)

q=N/A

349

350-55

- b) 94: NHSCR
IF REFUSED
Why was permission refused?

- 160a) This survey falls into two parts. You have just helped us with the first part. We hope you will also help us with the second part - not now, but in a few days' time. This second part is carried out by a qualified nurse. The nurse would like to ask a few more questions and, with your permission, carry out more measurements (IF ASKED: blood pressure, your waist and hip measurements, and a blood sample).

I would like to make an appointment for the nurse to come round, explain some more about what is required and to ask you the questions and so on. May I suggest some dates and times and see when you are free?

GIVE FULLER EXPLANATION IF REQUIRED (see Interviewer Project Instructions). EXPLAIN THAT RESPONDENT IS NOT COMMITTING THEMSELVES TO GIVING MEASUREMENTS IF THEY AGREE TO SEE NURSE, THEY CAN DECIDE AT THE TIME WHEN THE NURSE HAS EXPLAINED TO THEM MORE FULLY.

- b) RECORD
91/92: ACCNUR
93: ACCNUR

Nurse visit accepted

1 GO TO d)

Nurse visit not accepted

2 COMPLETE c)

q=N/A

356

- c) 94: ACCNUR
RECORD REASONS WHY REFUSED TO SEE NURSE

91/92: NURSEREF
93: NURSEREF

357-62

94: NOT KEYED

GO TO Q161

- d) COMPLETE APPOINTMENT CARD AND GIVE TO RESPONDENT
- e) MAKE SURE YOU HAVE NOTED CORRECT APPOINTMENT TIME(S) IN YOUR APPOINTMENT DIARY, TO PASS ON TO THE NURSE.

SPARE 363-73

161 We've nearly finished now You have been very helpful Thank you

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number

Number given (AND RECORDED ON ARF) 1

No access to telephone 2

Number refused 3

9 = N/A

374

94. TAIDNE

162 CHECK THAT YOU HAVE RECORDED FULL NAME OF RESPONDENT ON ARF (INCLUDING FULL INITIALS) AT Q 16

ALL

163 WRITE HEIGHT/WEIGHT MEASUREMENT (AS APPROPRIATE) ONTO RESPONDENT'S RECORD CARD AND OFFER TO RESPONDENT

164a) TIME AT CLOSE OF INTERVIEW

NOT BEING PUNCHED

b) DATE OF INTERVIEW

DAY MONTH YEAR
2 DIGITS 2 DIGITS 2 DIGITS
DINTB MINTB YINTB

IF BLANK CHECK ARF 93 SAME NAMES

375-80

c) INTERVIEWER SIGNATURE

d) INTERVIEWER NUMBER

4 DIGITS

381-384

165 NOW RECORD LENGTH OF INTERVIEW SESSION ON THE ARF

P1315

Health Survey for England: 1994

PROXY QUESTIONNAIRE

Survey Month _____

(1 3) POINT

(4 5) ADDRESS

(6) HHLD

CKL

(7-8) PERSON No (from HH Grid)

(9 11) Spare

First name _____

O U O Card

(12 13) 0 7

(14 20) Spare

Date of Birth (Check with respondent) Day

(21 22) Month

(23 24) Year

(25 26)

IF BLANK, TAB

CHECK CAREFULLY THAT PERSON NO HAS BEEN TRANSFERRED CORRECTLY.

i) CODE relationship to the subject of the person who gave the proxy information -

93 RELPROX

Husband/wife/partner 1

27

Other relative in household 2

94 RELPROX

Other relative not in household 3

Friend in household 4

NEW CODE 7 = SHARER

Friend not in household 5

Other (specify) RECODE IF POSSIBLE 6

OTHERWISE LEAVE

ii) CODE subject present -

93 ABPROX

Information collected from subject via interpreter 1

- Subject not participating 2

28

9 = N/A

94 ABPROX

Subject absent 3

iii) TIME INTERVIEW BEGAN

(29 32)

(24 hour clock)

Spare (33 40)

GENERAL HEALTH

1. How is 's health in general? Would you say it was ... READ OUT ...

Q3: GENHELFE (INCLUDES DK OPTION)

Q4: GENHELFE

- ONE CODE ONLY
- very good, 1
 - good, 2
 - fair, 3
 - bad, 4
 - or very bad? 5

Q = N/A

41

2. Does have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled him/her over a period of time, or that is likely to affect over a period of time?

Q3: LONGILLE

Q4: LONGILLE

ONE CODE ONLY
Q = N/A

- Yes
- No
- Don't know

1	ASK Q3
2	GO TO Q4
8	

42

IF HAS LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY

3. What is the matter with? Anything else?

PROBE FOR DETAILS

RECORD VERBATIM

Q3: ILLSEM1-6

Q4: ILLSEM1-3

SEE OPEN CODE FRAME

43-48

ALL

4a) Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks did have to cut down on any of the things he/she usually does (about the house or at work or in his/her free time) because of (answer at Q3 or some other) illness or injury?

Q3: LSTFORTE

Q4: LSTFORTE

Q = N/A

- Yes
- No

1	ASK b)
2	GO TO Q5

49

b) IF YES
How many days was this in all during these 2 weeks, including Saturdays and Sundays?

NOT IN Q3

WRITE IN: Number of days (01-14)

[]

50-51

Q4: NLSTFORT

OR CODE: Can't say

98

N/A = 99

DIAGNOSIS AND TREATMENT

ALL

5 You have already talked to me about _____'s health, and now I would like to go on and talk in more detail about some particular conditions (They may include some of the things you have already mentioned)

Does _____ now have or has _____ ever had any of the following conditions?
READ OUT AND CODE FOR EACH

	Yes	No	Don't know	
High blood pressure (Sometimes called hypertension)	93 EVERBPE 01	00/NA	94. EVERBPE 98	52-53
Angina	93 EVERANGE 02	00/NA	94. EVERANGE 98	54 55
Heart attack (inc myocardial infarction/coronary thrombosis)	93 EVERHARE 03	00/NA	94 EVERHARE 98	56-57
Heart murmur	93 EVERMURE 04	00/NA	94 EVERMURE 98	58 59
Abnormal heart rhythm	93 EVRIRESE 05	00/NA	94 EVRIRESE 98	60 61
Other heart trouble (specify below)	93 EVEROHTTE 06	00/NA	94 EVEROHTTE 98	62 63
Stroke	93 EVRSTROE 07	00/NA	94 EVRSTROE 98	64 65
Diabetes	93 EVERDIE 08	00/NA	94. EVERDIE 98	66-67

OTHER HEART TROUBLE - SPECIFY

TAB ALL ANSWERS FOR SURVEY DOCTOR

SEE INDIVIDUAL QUESTIONNAIRE

6 INTERVIEWER CHECK Q5

SUMMARY OF CONDITIONS

CODE ALL THAT APPLY

93 DNAREATE

No cvd conditions coded 'yes'
(ALL CODED 00 OR 98 AT Q5)

94 NOT KEYED

Any of

- Angina (code 02)
- Heart attack (code 03)
- Abnormal heart rhythm (code 05)
- Other heart trouble (code 06)

- Stroke (code 07 ringed)
- High blood pressure (code 01 ringed)
- Diabetes (code 08 ringed)
- Heart murmur (code 04 ringed)

A	GO TO Q20 (p 7)
B	CHECK Q7
C	
D	
E	
F	

7. INTERVIEWER CHECK Q6

94: ICHARTEZ

CODE B or CODE C RINGED
ie had any of angina, heart attack, abnormal
heart rhythm, other heart trouble or stroke

1 ASK Q8

NEITHER CODE B NOR CODE C RINGED

2 GO TO Q11

74

IF CODE 1 AT Q7

8. Is currently taking any medicines, tablets or pills because of his/her heart condition/stroke?

93: MEDHARTE

ONE CODE ONLY

Yes 1

No 2

75

94: MEDHARTE

Don't know 8 /NA

9. INTERVIEWER CHECK Q6

93: DNAEVERE
(DIFF CODES)

CODE B RINGED

1 ASK Q10

CODE B NOT RINGED

2 GO TO Q11

76

94: ICEVERE

10. Has ever undergone any surgery or operation because of his/her heart condition?

93: SURGERYE

ONE CODE ONLY

Yes 1

No 2

77

94: SURGE

Don't know 8/NA

ALL WITH CVD CONDITION

11. INTERVIEWER CHECK Q6

93: DNABPE
(DIFF CODES)Respondent had High Blood Pressure
(CODE D RINGED AT Q6)

1 ASK Q12

78

94: ICBPE

Does not have High Blood Pressure
(CODE D IS NOT RINGED AT Q6)

2 GO TO Q13

12. Is currently taking any medicines, tablets or pills for high blood pressure?

93: MDCINBPE

ONE CODE ONLY

Yes 1

No 2

9 = N/A

79

Don't know 8

94: MDCINBPE

ALL WITH CVD CONDITION

13. INTERVIEWER CHECK Q6

93: DNADIABE
(DIFF CODES)Respondent had diabetes
(CODE E RINGED AT Q6)

1 ASK Q14

80

94: ICDIABE

Did not have diabetes
(CODE E IS NOT RINGED AT Q6)

2 GO TO Q16

14 Does currently inject insulin for diabetes?

Q3' INSULINE

Q4' INSULINE

ONE CODE ONLY

Yes 1

No 2 a = N/A

Don't know 8

81

15 Is currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

Q3' MOCINOE

Q4' MOCINDE

ONE CODE ONLY

Yes 1

No 2 a = N/A

Don't know 8

82

USE OF SERVICES

IF HAS ANY CVD CONDITION

16a) During the 2 weeks ending yesterday, apart from any visit to a hospital, did talk to a doctor on his/her own behalf, either in person or by telephone?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

93: OOC1TLKE

94: OOC1TLKE
IF YES

b) How many times did talk to a doctor in these 2 weeks?

93: DOC1OCCE

94: DOC1OCCE

c) Was this consultation (Were any of these consultations) about the heart conditions ... (CONDITIONS AT Q5) you mentioned earlier?

CODE ALL THAT APPLY

Yes, about:

93: CONEM 1-8

94: CDNEC 0-99

- high blood pressure
- angina
- heart attack
- heart murmur
- abnormal heart rhythm
- other heart trouble
- stroke
- diabetes
- Don't know

ONE CODE ONLY

1	ASK b)
2	GO TO Q17
8	

Yes
9 = N/A
No
Don't know

83

ENTER NUMBER

2 DIGITS

99 = N/A

OR CODE: Don't know 98

84-85

99 = N/A

1	ASK Q17
2	
3	
4	
5	
6	GO TO Q18
7	
8	
9	
98	

86-97

17a) Apart from any visit to a hospital, when was the last time talked to a doctor on his/her own behalf about (CONDITION/S AT Q5)?

ONE CODE ONLY
99 = N/A

Less than 2 weeks ago
 PROMPT 2 weeks ago but less than a month ago
 AS 1 month ago but less than 3 months ago
 NECESSARY 3 months ago but less than 6 months ago
 93 TLK1LSTE 6 months ago but less than a year ago
 A year or more ago
 94.TLK1LSTE Never seen a doctor
 Don't know

A	GO BACK TO Q16a)
1	
2	
3	ASK b)
4	
5	
6	GO TO Q18
8	

98

b) Which condition was the consultation about?

99 = N/A

CODE ALL THAT APPLY High blood pressure
 93: CON1EM1-8 (DIFF INSTRUCTIONS) Angina
 Heart attack
 94 CN1ECO-99 Heart murmur
 Abnormal heart rhythm
 Other heart trouble
 Stroke
 Diabetes
 Don't know

01	
02	
03	
04	ASK Q18
05	
06	
07	
08	
98	

99 108

18a) IF CVD CONDITION
 During the last 12 months, that is since (DATE ONE YEAR AGO) did attend hospital as an out-patient, day-patient or casualty?

ONE CODE ONLY
9 = N/A

93: OUTPATE Yes
 No
 Don't know

1	ASK b)
2	GO TO Q19
8	

109

94:OUTPATE
 IF YES

ONE CODE ONLY
9 = N/A

b) Was this because of his/her (CONDITION/S AT Q5)?

93:WHYOPATE Yes
 No
 Don't know

1	
2	ASK Q19
8	

110

94:WHYOPATE

ONE CODE ONLY
9 = N/A

19a) During the last 12 months, has been in hospital as an in-patient, overnight or longer?

93:INPATE Yes
 No
 Don't know

1	ASK b)
2	GO TO Q24
8	

111

94:INPATE
 IF YES

ONE CODE ONLY
9 = N/A

b) Was this because of his/her (CONDITION/S AT Q5)?

93:WYINPATE Yes
 No
 Don't know

1	
2	GO TO Q24
8	

112

94. WYINPATE

20a) IF NO CVD CONDITION
 During the 2 weeks ending yesterday, apart from any visit to a hospital, did talk to a doctor on his/her own behalf, either in person or by telephone?

93: DDC2TLKE

ONE CODE ONLY
 9 = N/A

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

94: DDC2TLKE

Yes	1	ASK b)
No	2	GO TO Q21
Don't know	8	

113

b) How many times did talk to a doctor in these 2 weeks?

93: DDC2OCCE

ENTER NUMBER:

2 DIGITS

GO TO Q22

OR CODE: Don't know

98

99 = N/A

114-5

94: DDC2OCCE

21. Apart from any visit to a hospital when was the last time talked to a doctor on his/her own behalf?

ONE CODE ONLY
 9 = N/A

	Less than 2 weeks ago	A	GO BACK TO Q20a)
PROMPT	2 weeks ago but less than a month ago	1	
AS	1 month ago but less than 3 months ago	2	
NECESSARY	3 months ago but less than 6 months ago	3	ASK Q22
93: TLK2LSTE	6 months ago but less than a year ago	4	
	A year or more ago	5	
94: TLK2LSTE	Never seen a doctor	6	
	Don't know	8	

116

22. During the last 12 months, that is since ... (DATE ONE YEAR AGO) did attend hospital as an out-patient, day patient, or casualty?

NOT IN 93

Yes 1 ONE CODE ONLY

No 2 9 = N/A

117

94: OUT2PATE

Don't know 8

23. During the last 12 months, has been in hospital as an in-patient, overnight or longer?

NOT IN 93

Yes 1 ONE CODE ONLY

No 2 9 = N/A

118

94: IN2PATE

Don't know 8

SMOKING

		ONE CODE ONLY 9 = N/A																			
24	<p>ALL Has ever smoked a cigarette, a cigar or a pipe? 93 SMOKEVRE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">Yes</td> <td style="width: 15%;">1</td> <td style="width: 60%;">ASK Q25</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> <td>GO TO Q31</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td>8</td> <td></td> <td></td> </tr> </table>	Yes	1	ASK Q25		No	2	GO TO Q31		Don't know	8			119						
Yes	1	ASK Q25																			
No	2	GO TO Q31																			
Don't know	8																				
25	<p>94 SMOKEVRE Does smoke cigarettes at all nowadays? 93 SMDKNOWE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; border: 1px solid black; padding: 5px;">ONE CODE ONLY 9 = N/A</td> </tr> <tr> <td style="width: 15%; text-align: right;">Yes</td> <td style="width: 15%;">1</td> <td style="width: 60%;">ASK Q26</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> <td>GO TO Q28</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td>8</td> <td>GO TO Q28</td> <td></td> </tr> </table>	ONE CODE ONLY 9 = N/A				Yes	1	ASK Q26		No	2	GO TO Q28		Don't know	8	GO TO Q28		120		
ONE CODE ONLY 9 = N/A																					
Yes	1	ASK Q26																			
No	2	GO TO Q28																			
Don't know	8	GO TO Q28																			
26	<p>CURRENT SMOKERS About how many cigarettes a day does usually smoke on weekdays? 93 DLYSMKE</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">WRITE IN</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 15%; text-align: center;">SMOKED A DAY</td> <td style="width: 10%; border: 1px solid black; text-align: center;">2 0 6 I T S</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">OR CODE</td> <td></td> <td style="text-align: center;">Less than 1</td> <td style="text-align: center;">00</td> <td style="text-align: right;">99 = N/A</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Don't know</td> <td style="text-align: center;">98</td> <td></td> </tr> </table>		WRITE IN	NO	SMOKED A DAY	2 0 6 I T S			OR CODE		Less than 1	00	99 = N/A				Don't know	98		121 2
	WRITE IN	NO	SMOKED A DAY	2 0 6 I T S																	
	OR CODE		Less than 1	00	99 = N/A																
			Don't know	98																	
27	<p>And about how many cigarettes a day does usually smoke at weekends? 93 WKNOSMKE</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">WRITE IN</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 15%; text-align: center;">SMOKED A DAY</td> <td style="width: 10%; border: 1px solid black; text-align: center;">2 0 6 I T S</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">OR CODE</td> <td></td> <td style="text-align: center;">Less than 1</td> <td style="text-align: center;">00</td> <td style="text-align: right;">GO TO Q29</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Don't know</td> <td style="text-align: center;">98</td> <td style="text-align: right;">99 = N/A</td> </tr> </table>		WRITE IN	NO	SMOKED A DAY	2 0 6 I T S			OR CODE		Less than 1	00	GO TO Q29				Don't know	98	99 = N/A	123 4
	WRITE IN	NO	SMOKED A DAY	2 0 6 I T S																	
	OR CODE		Less than 1	00	GO TO Q29																
			Don't know	98	99 = N/A																
28	<p>IF DOESN'T SMOKE CIGARETTES NOWADAYS (OR DON'T KNOW) Has ever smoked cigarettes? 93 SMOKCIGE</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: right;">Yes</td> <td style="width: 15%;">1</td> <td style="width: 60%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> <td>9 = N/A</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td>8</td> <td></td> <td></td> </tr> </table>	Yes	1			No	2	9 = N/A		Don't know	8			125						
Yes	1																				
No	2	9 = N/A																			
Don't know	8																				
29a)	<p>IF EVER SMOKED Does smoke cigars at all nowadays? 93 CIGARNWE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; border: 1px solid black; padding: 5px;">ONE CODE ONLY</td> </tr> <tr> <td style="width: 15%; text-align: right;">Yes</td> <td style="width: 15%;">1</td> <td style="width: 60%;">ASK b) 9 = N/A</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> <td>GO TO Q30</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td>8</td> <td></td> <td></td> </tr> </table>	ONE CODE ONLY				Yes	1	ASK b) 9 = N/A		No	2	GO TO Q30		Don't know	8			126		
ONE CODE ONLY																					
Yes	1	ASK b) 9 = N/A																			
No	2	GO TO Q30																			
Don't know	8																				
b)	<p>About how many cigars does usually smoke in a week? 93 CIGARWKE</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">WRITE IN.</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 15%; text-align: center;">SMOKED A WEEK</td> <td style="width: 10%; border: 1px solid black; text-align: center;">2 0 6 I T S</td> <td style="width: 25%; text-align: right;">99 = N/A</td> </tr> <tr> <td></td> <td style="text-align: center;">OR CODE</td> <td></td> <td style="text-align: center;">Less than 1</td> <td style="text-align: center;">00</td> <td style="text-align: right;">ASK Q30</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Don't know</td> <td style="text-align: center;">98</td> <td></td> </tr> </table>		WRITE IN.	NO	SMOKED A WEEK	2 0 6 I T S	99 = N/A		OR CODE		Less than 1	00	ASK Q30				Don't know	98		127 8
	WRITE IN.	NO	SMOKED A WEEK	2 0 6 I T S	99 = N/A																
	OR CODE		Less than 1	00	ASK Q30																
			Don't know	98																	
30	<p>94 CIGARWKE Does smoke a pipe at all nowadays? 93 PIPENOWE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; border: 1px solid black; padding: 5px;">ONE CODE ONLY</td> </tr> <tr> <td style="width: 15%; text-align: right;">Yes</td> <td style="width: 15%;">1</td> <td style="width: 60%;">9 = N/A</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> <td>GO TO Q31</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td>8</td> <td></td> <td></td> </tr> </table>	ONE CODE ONLY				Yes	1	9 = N/A		No	2	GO TO Q31		Don't know	8			129		
ONE CODE ONLY																					
Yes	1	9 = N/A																			
No	2	GO TO Q31																			
Don't know	8																				
	<p>94 PIPENOWE</p>																				

DRINKING

ALL

31a) Does ever drink alcohol nowadays, including drinks he/she brews or makes at home? -

93: DRINK E

ONE CODE ONLY
9 = N/A

Yes	1	GO TO Q32
No	2	ASK b)
Don't know	8	GO TO Q33

130

94: DRINK E

b) Could I just check, does that mean never has an alcoholic drink nowadays, or does have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

93: DRNKANYE

ONE CODE ONLY
9 = N/A

Very occasionally	1	ASK Q32
Never	2	GO TO Q33
Don't know	8	

131

94: DRNKANYE

32. SHOW CARD H How often has had an alcoholic drink of any kind during the last 12 months?

93: DRNKOFTE

ONE 2 DIGIT CODE ONLY

Almost every day	01
Five or six days a week	02
Three or four days a week	03
Once or twice a week	04
Once or twice a month	05
Once every couple of months	06
Once or twice in the year	07
Not at all in the last 12 months	08
Don't know	98

132-3

94: DRNKOFTE

99 = N/A

CLASSIFICATION

33a) ALL
 May I just check, was _____ in paid employment
 or self-employed in the week ending last
 Sunday?

93' WORKLSTE

Q = N/A

INCLUDE FOR ANY
 NUMBER OF HOURS

Yes

1 ASK b)

134

No

2 GO TO Q35

94' WORKLSTE

IF YES

b) Was _____ working full-time or part-time?

ONE CODE ONLY
 Q = N/A

FULL-TIME = MORE THAN 30 HOURS
 PART-TIME = 30 HOURS OR LESS

Full-time

1 GO TO Q39

135

93' THRTYHRE

Part-time

2 ASK Q34

Don't know

8

94' THRTYHRE

IF PART-TIME WORK

34 Is _____ at present attending a school or
 college full-time?

Q = N/A

Yes

1

GO TO Q39

136

93' SCHOLBE (DIFF. FILTER)
 DNASOBE (EXTRA FILTER)

No

2

94' SCHOLBE1

IF NOT WORKING IN LAST WEEK

35 Last week was _____ READ OUT AND CODE
 FIRST THAT APPLIES

ONE CODE ONLY
 Q = N/A

waiting to take up a job he/she had already obtained?

1 GO TO Q36

137

looking for work?

2

GO TO Q37

intending to look for work but prevented by
 temporary sickness or injury? (CHECK 28 DAYS OR LESS)

3

going to school or college full-time?

4

GO TO Q38

permanently unable to work because of long term
 sickness or disability? (USE ONLY FOR MEN AGED 16-64
 AND WOMEN AGED 16-59)

5

retired? (FOR WOMEN CHECK AGE STOPPED WORK AND
 USE THIS CODE ONLY IF STOPPED WHEN 50 OR OVER)

6

GO TO Q41

looking after the home or family?

7

GO TO Q38

or was _____ doing something else? (SPECIFY) _____

8

RECODE IF POSSIBLE OTHERWISE LEAVE

93' IFNOJOB

94' IFNOJOB

36a) IF WAITING TO TAKE UP JOB
 Is at present attending a school or college full-time?
 93: SCHOOLBE

Yes 1
 No 2
 q = N/A

138

94: SCHOLBE2

b) Apart from the job is waiting to take up has he/she ever been in paid employment or self-employed?

93: OTHPAIDE (DOESN'T INCLUDE SELF-EMPLOYED)

q = N/A
 Yes 1 GO TO Q40
 No 2 GO TO Q42
 Don't know 8

139

94: OTHPAIDE

37. IF LOOKING FOR WORK OR TEMPORARILY SICK
 Is at present attending a school or college full-time?
 93: SCHOOLBE

q = N/A
 Yes 1 ASK Q38
 No 2

140

94: SCHOLBE3

38. IF NOT WORKING LAST WEEK (CODE 2-5, 7-8 AT Q35)
 Has ever been in paid employment or self-employed?

93: EVRPAIDE (DOESN'T INCLUDE SELF EMPLOYED)

q = N/A
 Yes 1 GO TO Q40
 No 2 GO TO Q47

141

94: EVRPAIDE

39. IF WORKED LAST WEEK
 I'd like to ask you some details about the job was doing last week. GO TO Q43

40. IF EMPLOYED/SELF EMPLOYED IN PAST
 I'd like to ask you some details about 's most recent job. GO TO Q43

41. IF RETIRED
 I'd like to ask you some details about the main job had. GO TO Q43

42. IF WAITING TO TAKE UP JOB, AND NO PREVIOUS JOB
 I'd like to ask you some details about the job is waiting to take up. GO TO Q43

43a) What is (was) the name or title of the job?

93' NOT KEYED

94' NOT KEYED

b) What kind of work does (did) do most of the time?

93' NOT KEYED

94' NOT KEYED

IF RELEVANT What materials or machinery does (did) use?

93' NOT KEYED

94' NOT KEYED

c) What skills, qualifications or training are (were) needed for the job?

93' NOT KEYED

94' NOT KEYED

d) Do (did) supervise, or is (was) responsible for other people's work in his/her job?

93' EMPSTATE (DIFFERENT CODING)

9 = N/A		
Yes	1 ASK e)	151
No	2 GO TO f)	

94' SUPERVIE
IF SUPERVISES

e) How many people? NOT IN 93

WRITE IN	3 DIGITS	998 = D/K 999 = N/A	152 154
----------	----------	------------------------	---------

94' NSUPVIZE

f) Is (was) an employee, or, self-employed?

93' EMPLOYEE

9 = N/A		
	1 ASK Q44	155
	2 GO TO Q46	

94' EMPLOYEE
IF EMPLOYEE

44 What does (did) 's employer make or do at the place where he/she usually work(ed)?

NOT KEYED IN 93

94' NOT KEYED

45 Including (were) employed at the place where he/she worked?

93' NEMPLEEE

ONE CODE ONLY 9 = N/A		
1-24	1	
25-499	2	GO TO Q47
500 or more	3	
Don't know	8	

94' NMPLEEE

93'SOCE SOC

3 DIGITS	94'SOCE	157-159
----------	---------	---------

ES

	94 NOT KEYED	160 161
--	--------------	---------

SEG

	94'SEGE	162 163
--	---------	---------

Social Class

	94 SCLASSE	164
--	------------	-----

IF SELF-EMPLOYED

46a) What does (did) make or do in his/her business?

Q3: DESCRIPTION NOT SEPARATE FROM EMPLOYEES

Q4: NOT KE7ED

b) Does (did) have any employees?

IF YES: How many?

Q3: SNEMPLEE

- 1-24 1
- 25 or more 2
- No employees 3

Q = N/A

165

Q4: SNEMPLEE

Q3: INDE SIC
Q4: INDE

2 DIGITS

166-167

SPARE

168-177

ALL

47. INTERVIEWER CHECK Q35

Q3: ONAMPE

(OAPT GRES) Subject unemployed - CODE 1, 2 OR 3 AT Q35

1 ASK Q48

178

Others

2 GO TO Q49

Q4: IEMPE

48. How long altogether has been out of employment but wanting work in this current period of unemployment?

Less than 6 months 1

179

PROMPT AS NECESSARY 6 months but less than 12 months 2

Q3: CURNEMPE 12 months but less than 2 years 3

Q = N/A

2 years or more 4

Don't know 8

Q4: CURNEMPE

EDUCATION

ALL

49. At what age did finish his/her continuous full-time education at school or college?

ONE 2 DIGIT CODE ONLY

Q3: EDUCENDE

Not yet finished 01

180-181

Never went to school 02

14 or under 03

Q4 = N/A

Q4: EDUCENDE

15 04

16 05

17 06

18 07

19 or over 08

Don't know 98

PLACE OF BIRTH

50 In which country was born?

93' POBE

ONE CODE ONLY

- England 1
- Scotland 2
- Wales 3
- N Ireland 4
- Outside UK 5
- Don't know 8

9 = N/A

182

51a) SHOW CARD M To which of the groups listed on this card do you consider belongs?

93' ETHNICE

9 = N/A

- White 1
- Black - Caribbean 2
- Black - African 3
- Black - Other 4
- Indian 5
- Pakistani 6
- Bangladeshi 7
- Chinese 8
- None of these 0

GO TO Q52

ASK b)

GO TO Q52

ASK b)

183

IF 'BLACK - OTHER' OR 'NONE OF THESE'

b) How would you describe the racial or ethnic group to which belongs?

CODE TO FRAME

- SRI LANKAN = 1
- OTHER ASIAN = 2
- MIXED RACE = 3
- OTHER NEC = 4

SPARE
184

93' ETHNICE1

94' ETHNICE1

185

52 INTERVIEWER CODE

93 CODINTE

- Subject present and participating
- Other

1 GO TO Q53

2 GO TO Q57

SPARE
186 89

190

94' CODINTE

MEASUREMENTS

SUBJECT PRESENT AND PARTICIPATING

53a) I would now like to measure 's height and weight. There is interest in how people's weight, given their height, is associated with health and other aspects of their daily lives.

MEASURE HEIGHT AND ENTER

Personal height

MAY BE BLANK

--	--	--	--

metres 191-195

93: HEIGHTE

94: HEIGHTE

q = N/A

b)

93: HTRESPE (CODE FRAME REVERSED)

Height measured

1 GO TO e)

196

Height refused

2 COMPLETE c)

Height not attempted

3 GO TO d)

94: RESPHTE

c)

GIVE REASONS FOR REFUSAL

NOT KEYED IN 93

197-202

94: NOT KEYED

GO TO Q54

d)

GIVE REASONS FOR NOT ATTEMPTING HEIGHT

CODE ALL THAT APPLY

Subject is unsteady on feet

1 q = N/A

203-206

93: ENOHTM1-4

Subject cannot stand upright

2 CHECK Q54

Subject is chairbound

3

Other (SPECIFY BELOW)

4

94: ENOHTC0-9

e)

RECORD IF HEIGHT MEASUREMENT TAKEN

No problems experienced, reliable height measurement obtained

1 q = N/A

207

Problems experienced, measurement is likely to be:

93: RELHTEE (FRAME SLIGHTLY DIFFERENT) - reliable

2 CHECK Q54

- slightly unreliable

3

- unreliable

4

94: ITRELE

54a)	ALL INTERVIEWER CHECK Subject is NOT IN 93	Woman, aged 16-49 Other women and men	1 ASK b) 2 GO TO Q55	208
b)	94' ICN6TE (May I check) Is pregnant now? 93' PREGNOWE	Yes No Not sure	ONE CODE ONLY 1 GO TO Q56 2 ASK Q55 9=N/A 8 ASK Q55	209
55	ALL EXCEPT PREGNANT WOMEN			
a)	MEASURE WEIGHT AND ENTER 93' WEIGHTE	Personal Weight	MAY BE BLANK [] [] [] [] Kilo-gram	210 214
b)	94' WEIGHTE 93. NTRESPE (CODE FRAME REVERSED)	Weight obtained Weight refused Weight not attempted	9 = N/A 1 GO TO e) 2 COMPLETE c) 3 GO TO d)	215
c)	94. RESPWTE GIVE REASONS FOR REFUSAL NOT KEYED IN 93			216
	94' NOT KEYED		GO TO Q56	217 21
d)	RING REASONS FOR NOT ATTEMPTING WEIGHT			
	CODE ALL THAT APPLY 93' ENOWAIM 1-4 94' ENOWAIC 0-9	Subject is unsteady on feet Subject cannot stand upright Subject is chairbound Other (SPECIFY BELOW)	1 2 GO TO Q56 3 9=N/A 4 (ON COL 222)	222 25
e)	IF WEIGHT OBTAINED RING CODE IF SCALES PLACED ON CODE ALL THAT APPLY 93' EFLOORM 1-2 94' EFLOORC 0-9	Uneven floor Carpet Neither of them	1 9=N/A (ON COL 226) 2 GO TO f) 3	226 28
f)	RECORD IF WEIGHT MEASUREMENT TAKEN			
	No problems experienced, reliable weight measurement obtained		1 9=N/A	229
	Problems experienced, measurement is likely to be			
	93' RELWATE - reliable		2 GO TO Q56	
	- slightly unreliable		3	
	94' RELWTE - unreliable		4	

IF SUBJECT PRESENT

56. WRITE HEIGHT/WEIGHT MEASUREMENT (AS APPROPRIATE) ONTO SUBJECT'S RECORD CARD AND OFFER TO SUBJECT.

ALL

57a) TIME AT CLOSE OF INTERVIEW

4 DIGITS

230-33

b) LENGTH OF INTERVIEW

3 DIGITS

MINS

234-36

c) DATE OF INTERVIEW

DAY

MONTH

YEAR

2 DIGITS

2 DIGITS

2 DIGITS

94: DINTÉ

94: MINTE

94: MINTE

93: SAME NAME

237-42

d) INTERVIEWER SIGNATURE

e) INTERVIEWER NUMBER

4 DIGITS

243-46

P1315

Health Survey for England 1994

IN CONFIDENCE

SMOKING AND DRINKING

Survey Month _____					
(1 3)	(4 5)	(6)	(7 8)	(9 11)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spare
POINT	ADDRESS	HHLD	CKL	PERSON No (from HH Grid)	CHECK CAREFULLY THAT PERSON NO HAS BEEN TRANSFERRED CORRECTLY
First name _____				O U O	<input type="text"/>
					Card
					(14 20) Spare

Please read this carefully

- Most questions on the following pages can be answered simply by putting a tick in the box next to the answer that applies to you

Example

Yes

No

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words

- After answering each question, the box you have ticked may have an arrow next to it with an instruction to go to another question

Example

Yes → GO TO Q4

No → GO TO Q3

By following the arrows carefully you will miss out questions which do not apply to you

IN CONFIDENCE

SMOKING

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

q1/q2: DSMOKEVR
q3: DSMOKEVR

q4: DSMOKEVR

Yes 1 →

GO TO Q2

No 2 →

GO TO THE DRINKING QUESTIONS ON PAGE 3

q = N/A

21

2. Do you smoke cigarettes at all nowadays?

q1/q2: DSMOKNOW
q3: DSMOKNOW

q4: DSMOKNOW

Yes 1 →

GO TO Q4

No 2 →

GO TO Q3

q = N/A

22

3a) Have you ever smoked cigarettes?

q1/q2: DSMOKCIG
q3: DSMOKCIG

q4: DSMOKCIG

Yes 1 →

GO TO (b)

No 2 →

GO TO THE DRINKING QUESTIONS ON PAGE 3

q = N/A

23

b) Did you smoke cigarettes regularly or occasionally?

q1/q2: DSMOKREG
q3: DSMOKREG

Regularly, that is at least one cigarette a day
q4: DSMOKREG

Occasionally

I never really smoked cigarettes, just tried them once or twice

1

2

3

GO TO THE DRINKING QUESTIONS ON PAGE 3

q = N/A

24

CURRENT SMOKERS

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

q1/q2: DDLYSMOK
q3: DDLYSMOK

q4: DDLYSMOK

Write in no. smoked a day

2 DIGITS

→ GO TO Q5

q9 = N/A

25-6

5. And about how many cigarettes a day do you usually smoke at weekends?

q1/q2: DWKNOSMO
q3: DWKNOSMO

q4: DWKNOSMO

Write in no. smoked a day

2 DIGITS

→ GO TO DRINKING QUESTIONS PAGE 3

q9 = N/A

27-8

DRINKING

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

q1 | q2 ODRINK
q3 ODRINK

q4 ODRINK

Yes 1

→ GO TO Q3 ON NEXT PAGE

q = N/A

No 2

→ GO TO Q2

2 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

q1 | q2 ODRINKAN
q3 ODRINKAN

q4 ODRINKAN

Very occasionally 1

→ GO TO Q3 ON NEXT PAGE

q = N/A

Never 2

→ GO TO Q7 ON PAGE 8

3. Thinking back to the last 12 months please tick (✓) the box that best describes how often you usually drank each of the alcoholic drinks listed below.

(PLEASE EXCLUDE ANY NON-ALCOHOLIC DRINKS OR LOW ALCOHOL DRINKS EXCEPT SHANDY).

ONE CODE ONLY ON EACH COLUMN
 Q = N/A ON EACH COL

	Almost every day	5 or 6 days a week	3 or 4 a days week	Once/ twice a week	Once/ twice a month	Once every couple of months	Once/ twice a year	Never in last 12 months	
Shandy (exclude bottles/cans) a1/a2: OSHANDY a3: OSHANDY a4: OSHANDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
Beer, lager, stout, cider a1/a2: OBEER a3: OBEER a4: OBEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
Spirits or liqueurs (eg gin, whisky, rum, brandy, vodka, advocaat) a1/a2: OSPIRITS a3: OSPIRITS a4: OSPIRITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Sherry or martinis (including port, vermouth, cinzano, dubonnet) a1/a2: OSHERRY a3: OSHERRY a4: OSHERRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
Wine (inc. babycham, champagne) a1/a2: OWINE a3: OWINE a4: OWINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Any other alcoholic drinks RECODE IF POSSIBLE TO CATEGORIES ABOVE	Enter name of drink on dotted line and tick how often you drink the drink								
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
SEE INDIVIDUAL QUESTIONNAIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38

SPARE
39-44

NOW PLEASE GO TO QUESTION 4 ON THE NEXT PAGE

5. Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Q1/Q2: DRINKDF
Q3: DRINKDF

Q4: DRINKDF

- Almost every day...
- Five or six days a week....
- Three or four days a week....
- Once or twice a week....
- Once or twice a month....
- Once every couple of months....
- Once or twice a year....
- Not at all in the last 12 months....

1
2
3
4
5
6
7
8

Q = N/A

NOW PLEASE GO TO QUESTION 6 ON THE NEXT PAGE.

6 Please read each statement Thinking about the last three months only, if you have had the experience tick (✓) the box next to the word 'yes' If you have not had the experience in the last three months, tick (✓) the box next to the word 'no' **ONE CODE ONLY ON EACH COLUMN**

A I have felt that I ought to cut down on my drinking Yes 1
 a1/a2 'OCUT No 2
 a3 'OCUTO a4 'OCUTO $q = N/A$ 75

B I have felt ashamed or guilty about my drinking Yes 1
 a1/a2 'DSULT No 2
 a3 'DSULTD a4 'DSULTD $q = N/A$ 76

C People have annoyed me by criticising my drinking Yes 1
 a1/a2 'DCRITIC No 2
 a3 'DCRITICD a4 'DCRITICD $q = N/A$ 77

D I have found that my hands were shaking in the morning after drinking the previous night Yes 1
 a1/a2 'DSHAKES No 2
 a3 'DSHAKESD a4 'DSHAKESD $q = N/A$ 78

E I have had a drink first thing in the morning to steady my nerves or get rid of a hangover Yes 1
 a1/a2 'DNERVESD No 2
 a3 'DNERVESD a4 'DNERVESD $q = N/A$ 79

F There have been occasions when I felt that I was unable to stop drinking Yes 1
 a1/a2 'DUNABLE No 2
 a3 'DUNABLED a4 'DUNABLED $q = N/A$ 80

G I have been drunk at least once a week, on average, in the last three months Yes 1 → END Thank you please return the booklet to the interviewer
 NOT IN a1/a2 GO TO H
 a3 'DRUNK1D a4 'DRUNK1D No 2 → $q = N/A$ 81

H Drinking has made me slightly (or very) drunk in the last three months Yes 1 → GO TO (a)
 a1/a2 DRUNK (DIFFERENT WORDING) $q = N/A$
 a3 'DRUNK2D a4 'DRUNK2D No 2 → END Thank you please return the booklet to the interviewer 82

a) If yes, please tick one of the boxes to show how many times in the last 3 months
 a1/a2 'DTIMES (WITHOUT FRAME)
 a3 'DTIMESD a4 'DTIMESD
 Once 1
 Twice 2
 Three times 3
 Four or more times 4
 $q = N/A$
 END Thank you please return the booklet to the interviewer 83

NON-DRINKERS

7. Have you always been a non-drinker or did you stop drinking for some reason?

91/92:TEMP1

93:TEMP1

94:TEMP1

Always a non-drinker

1

Used to drink but stopped

2

9 = N/A

THANK YOU. NOW PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER.

P1315

Health Survey for England: 1994

IN CONFIDENCE

SELF-COMPLETION BOOKLET

Survey Month _____

(1 3)	(4 5)	(6)		(7-8)	(9 11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spare
POINT	ADDRESS	HHL D	CKL	PERSON No	CHECK CAREFULLY
				(from HH Grid)	THAT PERSON NO
				TRANSFERRED	HAS BEEN
					CORRECTLY
					(12 13)
First name _____				O U O	<input type="text"/>
					Card
					(14 20)
					Spare

Please read this carefully

- 1 Most questions on the following pages can be answered simply by putting a tick in the box next to the answer that applies to you

Example

Yes 1

No 2

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words

- 2 On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question

Example

Yes 1 → GO TO Q4

No 2 → GO TO Q3

By following the arrows carefully you will miss out questions which do not apply to you

BLANK PAGE

DRINKING EXPERIENCES

Please read this carefully

Please read each statement Thinking about the last three months only, if you have had the experience tick (✓) the box next to the word 'Yes' If you have not had the experience in the last three months, tick (✓) the box next to the word 'No'

ONE CODE ONLY ON EACH COLUMN

- | | | | |
|--|---|---|-----------|
| <p>1 I have felt that I ought to cut down on my drinking
 <i>q1/q2' DCUT</i> <i>q4' DCUT</i>
 <i>q3' DCUT</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>21</p> |
| <p>2 I have felt ashamed or guilty about my drinking
 <i>q1/q2' DGUILT</i> <i>q4' DGUILT</i>
 <i>q3' DGUILT</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>22</p> |
| <p>3 People have annoyed me by criticising my drinking
 <i>q1/q2' DCRITIC</i> <i>q4' DCRITIC</i>
 <i>q3' DCRITIC</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>23</p> |
| <p>4 I have found that my hands were shaking in the morning after drinking the previous night
 <i>q1/q2' DSHAKES</i> <i>q4' DSHAKES</i>
 <i>q3' DSHAKES</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>24</p> |
| <p>5 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover
 <i>q1/q2' DNERVES</i> <i>q4' DNERVES</i>
 <i>q3' DNERVES</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>25</p> |
| <p>6 There have been occasions when I felt that I was unable to stop drinking
 <i>q1/q2' DVNABLE</i> <i>q4' DVNABLE</i>
 <i>q3' DVNABLE</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i></p> | <p>26</p> |
| <p>7 I have been drunk at least once a week, on average, in the last three months
 <i>NOT IN q1/q2</i>
 <i>q3' DRUNK1</i> <i>q4' DRUNK1</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i>
 Go to the next page
 →
 GO TO Q8</p> | <p>27</p> |
| <p>8a) Drinking has made me slightly (or very) drunk in the last three months
 <i>q1/q2' DRUNK</i>
 <i>q3' DRUNK2</i> <i>q4' DRUNK2</i></p> | <p>Yes <input type="checkbox"/> ₁
 No <input type="checkbox"/> ₂</p> | <p><i>q = N/A</i>
 GO TO b)
 →
 Go to the next page</p> | <p>28</p> |
| <p>b) If yes, please tick one of the boxes to show how many times in the last 3 months
 <i>q1/q2' OTIMES</i> <i>q4' OTIMES</i>
 <i>q3' OTIMES</i></p> | <p>Once <input type="checkbox"/> ₁
 Twice <input type="checkbox"/> ₂
 Three times <input type="checkbox"/> ₃
 Four or more times <input type="checkbox"/> ₄</p> | <p><i>q = N/A</i>
 Go to the next page</p> | <p>29</p> |

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QUESTIONS FOR THOSE IN PAID EMPLOYMENT

1 The following questions are about your work. For each, indicate the one answer that best describes your job or the way you deal with problems occurring at work. Please answer all questions.

ONE CODE ONLY ON EACH COLUMN

	Often	Sometimes	Seldom	Never/almost never	
W1 Do you have to work very fast? 93 WORKFAST 94 WORKFAST	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	30
W2 Do you have to work very intensively? 93 WORKTENS 94 WORKTENS	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	31
W3 Do you have enough time to do everything? 93 WORKTIME 94 WORKTIME	9=N/A <input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	32
W4 Do you have the possibility of learning new things through your work? 93 WORKLEAN 94 WORKLERN	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	33
W5 Does your work demand a high level of skill or expertise? 93 WORKSKIL 94 WORKSKIL	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	34
W6 Does your job require you to take the initiative? 93 WORKINIT 94 WORKINIT	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	35
W7 Do you have to do the same thing over and over again? 93 WORKOVER 94 WORKOVER	9=N/A <input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	36
W8 Do you have a choice in deciding HOW you do your work? 93 WORKCHOI 94 WORKCHOI	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	37
W9 Do you have a good deal of say in decisions about work? 93 WORKSAY 94 WORKSAY	9=N/A <input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	38

GENERAL HEALTH OVER THE LAST FEW WEEKS
--

Please read this carefully:

We should like to know how your health has been in general, over the past few weeks. Please answer ALL the questions by putting a tick (✓) in the box containing the answer which you think most applies to you.

HAVE YOU RECENTLY:**ONE CODE ONLY ON EACH COLUMN**

		Better than usual	Same as usual	Less than usual	Much less than usual
GH1 been able to concentrate on whatever you're doing? a1/a2: CONCENT a3: CONCENT a4: CONCENT	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					39
<hr/>					
GH2 lost much sleep over worry? a1/a2: SLEEP a3: SLEEP a4: SLEEP	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					40
<hr/>					
GH3 felt you were playing a useful part in things? a1/a2: USEFUL a3: USEFUL a4: USEFUL	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					41
<hr/>					
GH4 felt capable of making decisions about things? a1/a2: DECISION a3: DECISION a4: DECISION	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					42
<hr/>					
GH5 felt constantly under strain? a1/a2: STRAIN a3: STRAIN a4: STRAIN	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					43
<hr/>					
GH6 felt you couldn't overcome your difficulties? a1/a2: OVERCOME a3: OVERCOME a4: OVERCOME	q=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
					44

HAVE YOU RECENTLY

ONE CODE ONLY ON EACH COLUMN

			More so than usual	Same as usual	Less so than usual	Much less than usual	
GH7	been able to enjoy your normal day-to-day activities?						
	91/92 ENJOY 93 ENJOY 94 ENJOY	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	45
GH8	been able to face up to your problems?						
	91/92 FACE 93 FACE 94 FACE	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	46
GH9	been feeling unhappy and depressed?		Not at all	No more than usual	Rather more than usual	Much more than usual	
	91/92 UNHAPPY 93 UNHAPPY 94 UNHAPPY	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	47
GH10	been losing confidence in yourself?		Not at all	No more than usual	Rather more than usual	Much more than usual	
	91/92 CONFID 93 CONFID 94 CONFID	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	48
GH11	been thinking of yourself as a worthless person?		Not at all	No more than usual	Rather more than usual	Much more than usual	
	91/92 WORTH 93 WORTH 94 WORTH	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	49
GH12	been feeling reasonably happy, all things considered?		More so than usual	About same as usual	Less so than usual	Much less than usual	
	91/92 HAPPY 93 HAPPY 94 HAPPY	9=N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	50

General Health Questionnaire (GHQ)-12

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Please answer ALL the questions by putting a tick (✓) in the box containing the answer which you think most applies to you.

2. To what extent do you feel that the stress or pressure you have experienced in your life has affected your health?

q1/q2: STRESAFB

q3: STRESAFB

q4: STRESAFB

Not at all 1

Slightly 2

Moderately 3

Quite a lot 4

Extremely 5

ONE CODE ONLY

q = N/A

51

3. In general, how much stress or pressure have you experienced in your daily living in the last 4 weeks?

q1/q2: STRESB

q3: STRESB

q4: STRESB

None 1

Just a little 2

A good bit 3

Quite a lot 4

A great deal 5

ONE CODE ONLY

q = N/A

GO TO Q4
ON THE
NEXT PAGE

52

4 We would now like you to think about your family and friends
By family we mean those who live with you as well as those elsewhere

Here are some comments people have made about their family and friends
We would like you to say how far each statement is true for you

Please answer ALL the questions putting a tick (✓) in the box next to
the answer which you think most applies to you

A There are people I know - amongst my family or friends -
who do things to make me happy

Q1/Q2 'HAPPY 1 Q4 'HAPPY 1
Q3 'HAPPY 1

Not true 1
Partly true 2
Certainly true 3

ONE CODE ONLY
Q = N/A

53

B There are people I know - amongst my family or friends -
who make me feel loved

Q1/Q2 'LOVED Q4 'LOVED
Q3 'LOVED

Not true 1
Partly true 2
Certainly true 3

ONE CODE ONLY
Q = N/A

54

C There are people I know - amongst my family or friends -
who can be relied on no matter what happens

Q1/Q2 'RELY Q4 'RELY
Q3 'RELY

Not true 1
Partly true 2
Certainly true 3

ONE CODE ONLY
Q = N/A

55

D There are people I know - amongst my family or friends -
who would see that I am taken care of if I needed to be

Q1/Q2 'CARE Q4 'CARE
Q3 'CARE

Not true 1
Partly true 2
Certainly true 3

} GO TO E
ON THE
NEXT PAGE
ONE CODE ONLY
Q = N/A

E. There are people I know - amongst my family or friends - who accept me just as I am.

ONE CODE ONLY

q1/q2: ACCEPT
 q3: ACCEPT q4: ACCEPT

Not true 1
 Partly true 2
 Certainly true 3

q = N/A

57

F. There are people I know - amongst my family or friends - who make me feel an important part of their lives.

ONE CODE ONLY

q1/q2: IMPORT
 q3: IMPORT q4: IMPORT

Not true 1
 Partly true 2
 Certainly true 3

q = N/A

58

G. There are people I know - amongst my family or friends - who give me support and encouragement.

ONE CODE ONLY

q1/q2: SUPPORT
 q3: SUPPORT q4: SUPPORT

Not true 1
 Partly true 2
 Certainly true 3

q = N/A
 } → GO TO Q5

59

5. Are you male or female?

q1/q2: GENDER
 q3: GENDER q4: GENDER

Male 1 →

END.
 SEE BELOW

Female 2 →

} GO TO Q6
 ON THE
 NEXT PAGE

ONE CODE ONLY
 q = N/A

60

THANK YOU FOR ANSWERING THESE QUESTIONS.
 NOW PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER.

FOR WOMEN

6 Are you still having periods (menstruating)?

a1/a2 PERIOD
a3 PERIOD a4 PERIODYes 1 → GO TO Q9
No 2 → GO TO Q7

61

7 Did your periods stop as a result of an operation?

a1/a2 OPERATION
a3 OPERATION a4 OPERATIONYes 1 → GO TO Q8
No 2 → GO TO Q12

62

8 Have you had any ovaries removed?

a1/a2 OVARY
a3 OVARY a4 OVARYYes 1 }
No 2 } GO TO Q12

63

9 Are you currently taking the contraceptive pill?

a1/a2 PILL
a3 PILL a4 PILLYes 1 → GO TO Q10
No 2 → GO TO Q12

64

10 What kind of contraceptive pill do you take?

a1/a2 WHATPILL
a3 WHATPILL a4 WHATPILLMini-pill 1 }
Combined pill 2 } GO TO Q11
Not sure 3 }

65

11 What is the brand name of the contraceptive pill you take?

Please write the name below
SEE OPEN CODING INSTRUCTIONSa1/a2 PILBRAND
a3 PILBRAND
a4 PILBRAND

GO TO Q12

66 67

12 THANK YOU FOR ANSWERING THESE QUESTIONS NOW PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER

P1315

CARD A

HOUSEWORK

Hoovering

Dusting

Ironing

General tidying

Washing floors and paint work

P1315

CARD B

HEAVY HOUSEWORK

Moving heavy furniture

Spring cleaning

Walking with heavy shopping
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

P1315

CARD C

GARDENING, DIY AND BUILDING WORK

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

P1315

CARD D

HEAVY MANUAL WORK

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees/chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

P1315

CARD E

1. **Cycling/exercise bike**
2. **Exercises (e.g. press-ups, sit ups)**
3. **Aerobics/keep fit/gymnastics/dance for fitness**
4. **Any other type of dancing**
5. **Weight training**
6. **Swimming**
7. **Running/jogging**
8. **Football/rugby**
9. **Badminton/tennis**
10. **Squash**
11. **Any other sports or exercise**

**Please also include teaching, coaching and training/
practice sessions**

P1315

CARD F

1. **More than once every day**
2. **Once every day**
3. **5 - 6 days a week**
4. **3 - 4 days a week**
5. **1 - 2 days a week**
6. **At least once a month**
7. **Less often than once a month**
8. **Rarely or never**

P1315

CARD G

1. **Heart trouble/problem**
2. **High blood pressure**
3. **Cancer**
4. **Bronchitis**
5. **Cough**
6. **Shortness of breath**
7. **Other respiratory problem**
8. **Cold/flu/virus**
9. **Pregnancy**
10. **Any other condition** (please say what)

P1315

CARD H

1. **Almost every day**
2. **5 or 6 days a week**
3. **3 or 4 days a week**
4. **Once or twice a week**
5. **Once or twice a month**
6. **Once every couple of months**
7. **Once or twice a year**
8. **Not at all in the last 12 months**

CARD I

1. **Heart disease**
2. **Hardening of the arteries**
3. **High blood pressure**
4. **Liver disease**
5. **Ulcers or other gastro-intestinal problems**
6. **Cancer**
7. **Diabetes**
8. **Excess weight**
9. **Pregnancy**
10. **Some other health condition**

P1315

CARD J

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year

CARD K

- 1. Heart disease**
- 2. Hardening of the arteries**
- 3. High blood pressure**
- 4. Liver disease**
- 5. Ulcers or other gastro-intestinal problems**
- 6. Cancer**
- 7. Diabetes**
- 8. Excess weight**
- 9. Pregnancy**
- 10. Some other health condition**

CARD L

Degree (or degree level qualification)

Teaching qualification

HNC/HND, BEC/TEC Higher, BTEC Higher
City and Guilds Full Technological Certificate
Nursing qualifications (SRN, SCM, RGN, RM, RHV,
Midwife)

'A' Levels/SCE higher

ONC, OND, BEC/TEC not higher
City and Guilds Advanced/Final level

'O' level passes (Grade A - C if after 1975)

GCSE (grade A - C)
CSE Grade 1
SCE Ordinary (Bands A - C)
Standard Grade (Level 1 - 3)
SLC Lower
SUPE Lower or Ordinary
School Certificate or Matric
City and Guilds Craft/Ordinary level

CSE Grades 2 - 5

GCE 'O' Grades D & E (if after 1975)
GCSE (Grades D, E, F, G)
SCE Ordinary (Bands D & E)
Standard Grade (Level 4, 5)
Clerical or commercial qualifications
Apprenticeship

CSE ungraded

Other qualifications (specify)

No qualifications

P1315

CARD M

1. **White**
2. **Black - Caribbean**
3. **Black - African**
4. **Black - Other**
5. **Indian**
6. **Pakistani**
7. **Bangladeshi**
8. **Chinese**
9. **None of these**

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CARD N

- 1. High Blood Pressure**
- 2. Angina**
- 3. Heart Attack**
- 4. Stroke**
- 5. Other Heart Trouble**
- 6. Diabetes**