

Scottish Health Survey 1995

USER GUIDE

1. Background

The 1995 Scottish Health Survey is the first of a series of surveys designed to make a major contribution to monitoring the nation's health. The survey was commissioned by The Scottish Office Department of Health and carried out by The Joint Health Surveys Unit at Social and Community Planning Research and University College London Medical School.

2. Survey design

The objective of the Scottish Health Survey was to provide data about the health of the working age population (ages 16-64) in Scotland who live in private households, with a number of specific aims:

- 1 to estimate the prevalence of particular health conditions in Scotland
- 2 to estimate the prevalence of certain risk factors associated with the se health conditions and to document the pattern of related health behaviours
- 3 to look at differences between regions and between subgroups of the population in the extent of their having these particular health conditions or risk factors, and to make comparisons with other national statistics for Scotland and England
- 4 to monitor trends in the population's health over time
- 5 to make a major contribution to monitoring progress towards the health targets set out in *Health Education In Scotland* and towards the dietary targets announced in 1994

Interviewing began in March 1995, and was carried out over a 12 month period to allow for possible seasonal differences in health and behaviour. The random sample of addresses was selected from 312 post code sectors, and each month interviews were held in 26 sectors. A full description of the sample design is given in the Technical Report (section 1.4).

An advance letter was posted to each sampled address informing residents that their household had been selected for inclusion in the survey. Every address was then visited by an interviewer, who randomly selected one resident aged between 16 and 64 years old. If there were no residents within the relevant age range at the address, no interview was attempted. (At addresses which contained more than one household, a maximum of three households were selected at random, and then one resident within each was selected for interview.) Interviews were carried out using Computer Assisted Personal Interviewing (referred to as 'CAPI'), whereby informants' responses are entered directly onto a laptop computer. A description of the content of the interview is given in Section 1.2 of the full Technical Report.

At the end of the interview, every informant was asked if they would be willing to take part in the second stage of the survey which involved a separate visit by a nurse. For those who were willing to take part in the next stage, an appointment would be made for the nurse to visit within a few days of the interview. The nurse took some anthropometric measurements (blood pressure, lung

function, waist and hip measurements) and, with the written consent of the informant, collected a small blood sample. Details of the nurse visit are given in Section 1.2 of the Technical Report.

3. Description of the data files

The 1995 data consists of two files. The file SHS95HHA.SAV contains data on household composition, basic demographic data and household level information for all respondents in co-operating households. The file SHS95IA.SAV contains data for all responding adults who gave a full interview. It contains information for the main individual questionnaire, self completion schedules and the nurse visit (where one occurred). Results of the blood analyses are also contained on the individual file.

3.1 Variables on the files

Each of the data files contain questionnaire variables (excluding variables used for administrative purposes) and derived variables.

Serial number

The serial number is a six-digit identifier made up of the following components:

- * *Point no.* (3 digits) - this is the sampling point number of your area (postcode sector)
- * *Address no.* (2 digits) - from 01 to 45, or from 01 to 47.
- * *Household no.* (1 digit) - this is the household number. This will always be 1 on pre-labelled ARFs. For additional households, this will be 2 or 3.

For reasons of confidentiality, the components of the serial number have been scrambled. The new (scrambled) serial number is called SERIALX which is made up of AREAX, ADDX and HHOLD (corresponding to point number, address number and household number).

The content of each file is as follows:

A) The individual file: SHS95IA.SAV

This file contains data for all 7932 respondents interviewed. The individual file can be analysed separately from the household file but should be weighted using WEIGHTA before conducting any analyses.

Data from questionnaire schedules.

The file SHS95IA.SAV contains variables from the following questionnaire schedules: individual (CAPI) questionnaire; 16/17 year old smoking, drinking and general health self-completion schedule; adult self-completion schedule on general health; and the nurse schedule. The names of all variables present on the data file are the same as those in the interview schedules provided with this guide.

Derived variables.

The SHS95IA.SAV file contains derived variables used by researchers working on the 1995 Scottish Health Survey Report for which separate documentation is provided. These variables were derived either in the QUANTUM DBMS system or in SPSS. The derived variable specifications explicitly document for each variable the way in which valid data was handled in the 1995 Scottish Health Survey report. The conventions for handling missing data are given in

section 3.3. The derived variable specifications do not document every version of a variable if only the missing data specification was changed for a particular analysis.

Carstairs Index

Carstairs Scores are a method of quantifying levels of relative deprivation or affluence in different localities and are derived by combining variables taken from small area Census data. The scores (CARINDX), which have been added to the dataset, are a summary measure applied to populations contained within small geographic localities. They have been banded (using weighted data) into quartiles and quintiles.

For a more detailed description refer to the full Technical Report and the Derived Variable specifications.

DEPCAT - a categorical variable ranging from 1 (the most affluent postcode sectors) to 7 (the most deprived) has also been added to the data set. Looking at all postcode sectors in Scotland, we have determined that the combination of DEPCAT plus postal area can uniquely identify 13 postcode sectors. Where such a situation exists (86 cases) in the data, DEPCAT has been given a code 8 'item not available'.

Blood analyte variables

The following variables have been attached to the individual file:

Analyte	Variable	Quality controlvar
Total cholesterol	CHOLV	CHOLQ
HDL-cholesterol	HDLCHLV	HDLCHLQ
Fibrinogen	FIBRINV	FIBRINQ
Haemoglobin	HAEMOV	HAEMOQ
Ferritin	FERRITV	FERRITQ
Gamma-gt	GAMGTV	GAMGTQ
Cotinine	COTNVAL	-
Retinol	RETINOLC	-
Lutein	LUTEINC	-
γ-tocopherol	Y_TOCOPH	-
α-cryptoxanthin	A_CRYPTO	-
α-tocopherol	A_TOCOPH	-
β-cryptoxanthin	B_CRYPTO	-
α-carotene	A_CAROTE	-
β-carotene	B_CAROTE	-
Lycopene	LYCOPENG	-
Ascorbic acid (vitamin C)	ASCORBAT	-

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 9998 on the blood analyte variables and declared as 'missing'.

B) The household file: SHS95HA.POR

This file contains information for all individuals within responding households (21371 cases). It is provided as an aid to household level analysis. It contains all variables from the household grid.

The variables contained in the data set are:

Serial number (scrambled) -	allows the data set to be linked with the main data set
Household number	
Person number -	a value of 1 - 13.
Relationship to respondent -	excludes respondent
Sex	
Year of birth -	for respondent only
Age	
Marital status -	excludes children

The household file cannot be used separately and should be merged with the individual file on the key variable SERIALX.

3.2 Multi-coded questions

Multi-coded questions are stored in the archived SHS95 data sets in two ways. Examples of multi-coded questions include where the interviewer or nurse is instructed to 'CODE ALL THAT APPLY' or where an open-ended question has elicited more than one answer. In these cases the QUANTUM DBMS system (for reading and editing the data) stores the coded answers as array variables. However, in SPSS (which was used for analysis and archiving the data) multi-coded 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 dichotomous variables - one for each value in the set. Both approaches have been used in the Scottish Health Survey 1995.

3.3 Missing value conventions

- 1 **Item not applicable**
eg. Men in 'women-only' questions
- 2 **Schedule not applicable**
eg. Adults (aged 18+) in self-completion schedules for '16-17 year old' only
- 6 **Schedule not obtained**
-6 takes priority over -1 and -2.
eg. Refused nurse schedule. Applies to all variables within the schedule.
- 7 **Item refusal for particular measurements**
For measurement readings and subsequent measurement-related questions only
eg. Refused, attempted not obtained, not attempted - for whole measurement
For partial data use -8 or -9 (e 2nd systolic out of 3 readings attempted but not obtained).
- 8 **Don't know**
- 9 **Not answered**

These conventions have also been applied to the derived variables (see derived variable specifications for details).

3.4 Valid cases

In the 1995 Scottish Health Survey report cases were excluded from the analysis of anthropometric and blood pressure measurements if their measurement was invalid. For example, those who had smoked, drunk alcohol, done vigorous activity 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 cases with
Height	HTOK=1
Weight	WTOK=1
Body Mass Index (BMI)	BMIOK=1
Waist-hip ratio	WHOK=1
Blood pressure	BPREAD=1
Lung function	LFOK=1

Analysis of blood analytes also excluded those taking a drug that may have affected the analyte result. To restrict analysis to valid cases use the selection criteria: RESPBA=1

4. Weighting

The sample of individuals selected for inclusion in the Health Survey did not have equal chances of selection for a number of reasons: two regions were over-sampled; some postcode sectors were selected with certainty (i.e., some of the islands and some very large inland sectors); only one person aged 16-64 was selected within a household; and the MOI was incorrect for some households. For these reasons, before the data can be used as a representative sample of the relevant population (adults in Scotland aged 16-64), the imbalances created by the use of different probabilities of selection must be removed. This was done by applying two sets of weights: the first is needed in order to correct for the unequal probabilities of selection of addresses, and the second to correct for the unequal probabilities of selection of households and of individuals within households. These corrections are made by applying weights which are inversely proportional to the selection probabilities for the relevant postcode sectors and addresses (weights 1 and 2).

However, this weighting does not correct for variations in response level by region or by different groups of people. If there are such variations a further stage of weighting can be applied. For the Health Survey data it was decided to apply two further weights: the first to correct for differing rates of response between the seven regions; and the second to correct for the under-representation of men and young people in the achieved sample, so that the age and sex distribution of the sample would resemble that for the Scottish population (weights 3 and 4).

The dataset contains one weighting variable WEIGHTA which is a combination of weights 1-4.

For detailed descriptions of the component weights see section 1.6 in the Technical Report.

5. Confidentiality

All serial numbers have been scrambled and sectors which could be uniquely identified by the combination of DEPCAT and postal area have been excluded from the DEPCAT variable. All addresses in the Highlands and Islands have been given the same postal area (IV).

6. List of documentation provided

- Address Record Form
- Questionnaire schedules
 - CAPI interview
 - 16/17 year self-completion
 - 18+ self-completion
 - Nurse schedule
- Instructions to interviewers
- Instructions to nurses
- Coding and editing instructions
- Derived variable specifications

Further information about the Scottish Health Survey 1995 is available in:

“**Scottish Health Survey 1995**”. Volume 1: Findings & Volume II: Technical Report. Edited by W. Dong and B.Erens. HMSO. Edinburgh. 1997.
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SCOTTISH HEALTH SURVEY 1995

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1.1. BACKGROUND AND AIMS

"The Scottish Health Survey" is the first of a series of surveys commissioned by the Scottish Office Home and Health Department. The survey is likely to be repeated every 3 years. The survey's objective is to monitor trends in the population's health over time. It is very similar to the Health Survey for England which began in 1991 and is repeated every year.

In 1991, the Scottish Office published "Health Education in Scotland - A National Policy Statement", which set out key health targets in a number of areas. The aim in setting these targets is to increase people's life expectancy and to improve the quality of their lives. "Health Education in Scotland" 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 population'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 Scottish population 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, the Scottish Office Home and Health Department decided that a major health survey should be carried out in order to monitor the country's state of health so that trends over time could be noted and appropriate policies planned.

The Scottish Health Survey 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.

2. THE SURVEY

The Scottish Health Survey is a large survey, involving interviews with nearly 8,000 adults. Fieldwork is continuous throughout the year.

This is the first of a series of surveys, which are planned to be repeated every three years. This first survey is being carried out by the Joint Health Surveys Unit, set up in 1993 jointly by SCPR and the Department of Epidemiology and Public Health, University College London (UCL) Medical School.

The survey will focus on different health issues each time it is carried out, with topics repeated at suitable intervals to monitor changes over time. The first major issue studied by the Scottish Health Survey is cardiovascular disease. Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in Scotland. 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.

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 aim of the 1995 survey is to provide a baseline against which future trends in cardiovascular health can be measured. Specific aims include:

- estimating the proportion of adults in Scotland 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 "Health Education for Scotland".

Information about the survey, its objectives and design have been circulated to all Area Health Boards 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. All the health boards in Scotland have given their approval for this study.

3. THE RESEARCH TEAM

The members of the research team for the Scottish Health Survey are:

SCPR	UCL
Robert Erens	Dr. Wei Dong
Rebecca Gray	Rachel Tucker

4. SUMMARY OF SURVEY DESIGN

The Scottish Health Survey is a survey of people aged between 16 and 64 living in private residential accommodation in Scotland. A sample of over 14000 address has been selected from the Postcode Address File (PAF).

There are two parts to the survey, an interviewer-administered questionnaire using CAPI (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. (In England, response to a similar survey has been very high at both stages, and we expect this to apply equally in Scotland.)

The interviewer and nurse assigned to a sampling point (which will be either 45 or 47 addresses) will work together as a team. There will be 26 sampling points per month.

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.

One person aged between 16 and 64 will be randomly selected at each address for inclusion in the study. Fuller details of the sample and associated documents are given in Section 7.

4.1 THE INTERVIEWER VISIT

For each selected person in the study, there is a CAPI administered questionnaire which asks about: problems connected with cardiovascular disease (such as chest pain, wheezing, etc); exercise; eating habits; smoking and drinking; accidents; dental health; household, social and demographic information. At the end of the interview, there is a short self-completion questionnaire, which collects information on well-being. The interview should take around 60 minutes to complete. This questionnaire and how it should be administered is discussed in more detail in Section 10.

Towards the end of the interview, each person's height and weight are measured. We estimate that this will take around 5 minutes per respondent. If the respondent would like a record of their height and weight measurements, 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

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.

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: waist, hip, lung function, 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 15ml). 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.

Within 5 sample points each month, nurses will be taking a small amount of extra blood (6ml) from respondents so that some extra tests on vitamins and fatty acids can be carried out. If you are working in one of these points, you will need to adopt slightly different procedures when making appointments for nurses. This is explained in section 9.

With the respondent's permission the results of the blood test, lung function 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	Salmon
ARFs (pre-labelled)	45 or 47	Bright yellow
ARFs for additional households	10	White
Nurse related documents		
Nurse Record Form (for add'l h/holds only)	10	Buff
Appointment Diary	1	White
Appointment Record Card	35	Buff (S)/Grey (V)

Interview documents

Advance letter	15	Scottish Off paper
Survey Leaflet (stage 1)	35	Blue card
Self-completion booklet, 18+	35	Green
Smoking and drinking booklet, 16-17	3	Pale yellow
Show cards for respondents	1 set	White astralux
Measurement Record Card	35	Pink
SCPR leaflets	35	

Other documents

Admin Notes	1
Other admin documents	
Jump number card for CAPI	1
Police notification letter	1
Suggestion sheet	1
Project instructions	1

Disks

Address Assignment disk	1
Return of Work disks	8
BackUp Disk	1

Equipment

Stadiometer to measure height
Frankfort Plane Card
Scales to measure weight

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. 14,620 addresses have been selected for the whole year. These will be clustered into 312 postcode sectors. 26 postcode sectors will be covered each month. Each sector will contain 45 or 47 addresses. The sample has been designed such that each quarter's sample is fully representative of the population of Scotland.

The first task of the interviewer will be to identify how many dwelling units there are at a selected address. If there are two or three separate units, you may need to include all of these in your sample. If there are four or more separate units, you will be required to carry out a random selection of either one or three of these units. This is described fully in section 7.2.

The interviewer then lists all persons aged 16-64 at each address/household and selects one at random for interview.

7.2 ADDRESS RECORD FORM

You will receive a yellow **ARF** for each of the 45 or 47 addresses in your assignment. You must cover each of these ARFs, and attempt an interview at all relevant addresses.

Address label & Serial number

The Address Label at the top left of the ARF gives, in addition to the full address, a six-digit serial number. This is the serial number for **Household No. 1**. It is made up of the following components:

- * *Point no.* (3 digits) - this is the sampling point number of your area (postcode sector)
- * *Address no.* (2 digits) - from 01 to 45, or from 01 to 47.
- * *Household no.* (1 digit) - this is the household number. This will always be 1 on pre-labelled ARFs. For additional households, this will be 2 or 3.
- * *Check Letter*

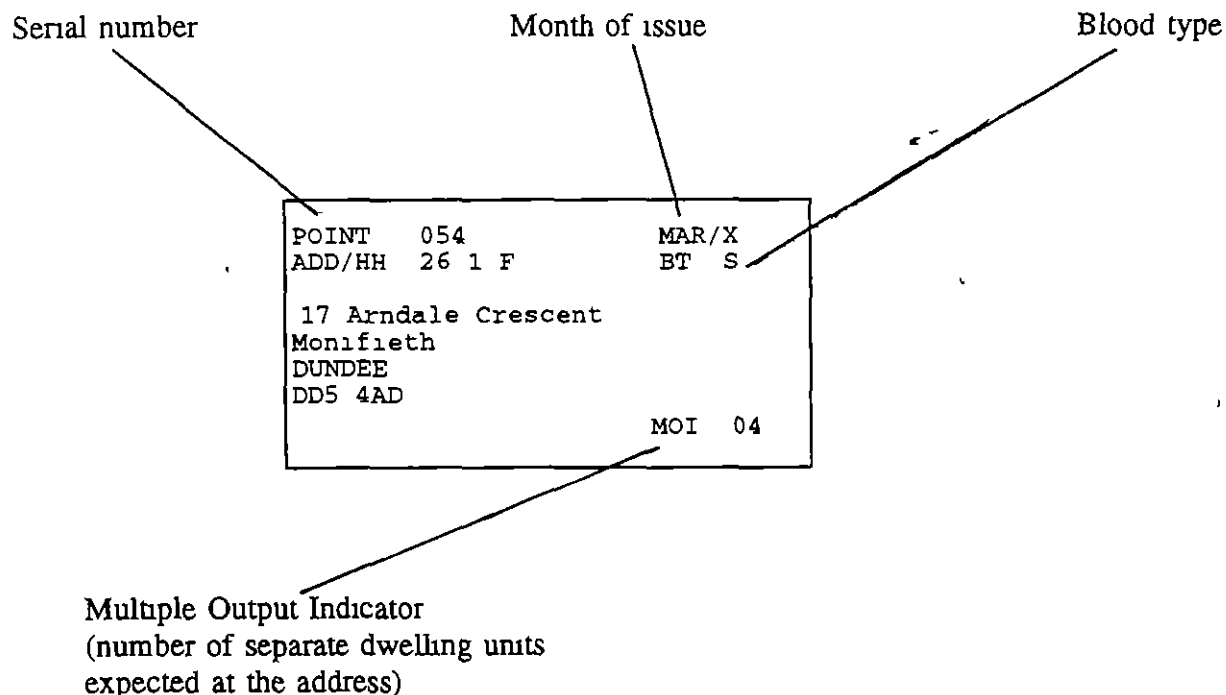
Make sure that you always copy this serial number accurately onto all documents relating to that household.

Other information contained on the address label is as follows:

- * *Month* of the assignment
- * *MOI* number - the "Multiple Output Indicator"
This will be a 2 digit number indicating the number of distinct dwelling units expected within an address, as recorded by the Post Office. In most cases, this will be 01, indicating just one unit at that address. However, in some areas, e.g. Glasgow where there are a lot of tenement block addresses, there may be a lot of addresses with MOIs greater than 1. Note that this number may not always be accurate.
- * *BT* - "Blood type"

This will be either "S" (Standard tests) or "V" (Vitamin/Fatty Acid tests) All ARFs in an assignment will be of the same blood type This only affects you when you come to make appointments for the nurse (Section 9)

Here is an example address label



You will also receive a sheet which lists all the addresses in your assignment. If you are working in a very rural area, you may find that some of the addresses on this sheet contain the name of one of the residents, taken from the Electoral Register. This is only provided to help you locate the address (which may be of use in remote areas). However, it is the address we have selected, not the person. When you make contact at an address, you must still make a random selection from the 16-64 year old residents. If the named person has moved, you should not try to find their new address. You should make the selection from the existing residents at that address.

Selection label

The label on the top right of the ARF is the selection matrix. This will be one of two types, depending on the MOI number on the Address label (see above)

- * A *Type A* label will have only 1 row of selection digits, and will be present if the MOI is greater than one,
- * A *Type B* label will have three rows of selection digits, and will be present if the MOI is equal to one

The *serial number* and *label type* is indicated on this label. Also, on *Type B* labels, the *check letters* for any second or third households selected are indicated

The selection label will be used to:

- a) - (if Type A) select one dwelling unit out of a number between two and twelve, should you come across a multi-unit address.
 - (if Type B) select three dwelling units out of a number between four and twelve, should you come across such a multi-unit address.
- b) select one individual aged 16-64 for interview from a number between one and twelve at each dwelling unit.

Examples of the two types of selection labels are shown below:

POINT: 021	TYPE A
ADD/HH: 34 1 X	
P/DU: 2 3 4 5 6 7 8 9 10 11 12	
SEL: 2 1 3 2 4 6 5 4 8 6 10	

POINT: 045	TYPE B
ADD/HH: 07 1 G	
P/DU: 2 3 4 5 6 7 8 9 10 11 12	
SEL: 1 3 2 4 5 1 6 3 8 10 5	
3 2 3 2 7 9 4 8 7	
1 3 2 5 2 7 5 4 3	
DU CKLs: HH 2=H; 3=J	

Rest of front page

Remember to record your *name* and *number*, fully complete the *calls record* in the usual way, and to note the *telephone number* (or otherwise) of the respondent at the end of a completed interview. You will also need to record the *NHS number* for respondents who have theirs available. This will also be collected at the end of the interview.

Page 2: Refusal to office on receipt of advance letter

If, as a result of the advance letter mailout, we receive calls from respondents refusing to take part, we will call you to let you know who has refused. Record this outcome as a code 10 on page 2 of the ARF. Then record this outcome on the laptop by opening up the serial number on the computer and going straight to the admin block.

Page 2 Q1-11: Procedure at an address

Please ensure that you follow the routing instructions here very carefully

The procedure in this section is designed to minimise the number of cases in which second and third households will need to be selected. If you come across a multi-unit household, in many cases you will only need to select one unit at random. In some cases, however, you will need to make a selection of two or three.

If you come across an address with more than one unit, then you will need to follow the instructions on the ARF carefully. The number of selections you make will depend on a) the number of units found at the address, and b) the selection label type - A or B.

Q2 If one of these codes applies then there is nothing further to do on the ARF. Enter the code in the admin block of the computer.

- Q3 Record the number of occupied dwelling units at the address **Note that this number may not necessarily be the same as the MOI printed on the label** Do not worry if there is a mismatch The ARF will take you through the necessary procedures to allow for this
- Q4 Summarize the number of dwelling units (DUs) found at that address
- Q5 Check the label type on the selection label
- Q6 If Type A label and 2-3 units then you should attempt contact at all units Go to Q10 to write the address details in
- Q7 You will be routed here if a selection is necessary List all the units in order, and then follow the instructions at Q8
- Q8 The number of units you need to select will depend on the label type Follow the instructions and ring the number of the selected unit in the grid
- Q9 In the rare case of there being more than 12 units, the instructions direct you to the look-up charts on the back page of the ARF to make your selections
- Q10 Write in the address details of the selected units Depending on the instructions that lead you here, you may be writing in details of one, two or three different addresses
- Q11 If you have only selected one unit, then you will not need to fill out any additional ARFs Simply go to Q12 and continue with the rest of the ARF

If you have selected 2 or 3 units, then you will need to fill out additional dwelling unit ARFs for these (colour pink) The HH number indicated in the left hand margin of the grid at Q10 will replace '1' as the last digit of the serial number

The following chart summarises the different selection rules in each possible scenario

Label Type	No. units found at address	Action
B	1	No unit selection required Go to Q12
B	2 or 3	No unit selection required Contact <u>all</u> units at address Use pink ARFs for unit nos 2 & 3
B	4 - 12	Use Type B selection label to select <u>three</u> units Use pink ARFs for unit nos 2 & 3
B	13 +	Use Look-up Chart B to select <u>three</u> units Use pink ARFs for unit nos 2 & 3
A	1	No unit selection required Go to Q12
A	2 - 12	Use Type A selection label to select <u>one</u> unit No pink ARFs required
A	13 +	Use Look-up Chart A to select <u>one</u> unit No pink ARFs required

In the majority of cases, the routing should be very straightforward. Here are 2 examples for you to follow through:

Example 1

Suppose you have the following 2 labels on the front of your ARF:

ADDRESS:

POINT: 021	MAR/X
ADD/HH: 34 1 X	BT: S
11 Acacia Ave	
Croy	
INVERNESS	
IV1 2PL	
MOI: 05	

SELECTION LABEL:

POINT: 021	TYPE A
ADD/HH: 34 1 X	
P/DU: 2 3 4 5 6 7 8 9 10 11 12	
SEL: 2 1 3 2 4 6 5 4 8 6 10	

- * The MOI indicates that you may find 5 separate units the address.
- * Suppose you get to the address and you find that the address is indeed divided into 5 separate flats.
- * At Q4 you would code C and go to Q7.
- * At Q7 you would list all five dwelling units as below:

DWELLING UNIT	'DU' CODE
FLAT A	01
FLAT B	02
FLAT C	03
FLAT D	04
FLAT E	05
	06

DWELLING UNIT	'DU' CODE
	07
	08
	09
	10
	11
	12

* At Q8 you are instructed to select one dwelling unit as your label type is Type A. Using the label above, you would select unit number "2". You would then ring code 02 in the grid as above.

* At Q10, you would write in the selected unit in the top row, and transfer the DU code:

HH No.	DESCRIPTION	'DU' CODE FROM Q7 (IF RELEVANT)
1.	FLAT B, 11 ACACIA AVENUE	02
2.		
3.		

* You would then go to Q12 and continue.

Example 2

Suppose you have the following two labels on the front of the ARF

ADDRESS

POINT	002	MAR/X
ADD/HH	15 1 B	BT S
27 Conway Rd		
Clarkston		
GLASGOW		
G76 7AT		
		MOI 01

SELECTION LABEL

POINT	002											TYPE B	
ADD/HH	15 1 B												
P/DU		2	3	4	5	6	7	8	9	10	11	12	
SEL		1	2	3	4	3	6	6	7	1	8	9	
					2	1	6	5	1	5	7	9	5
					1	3	2	4	3	2	3	11	7
DU CKLs		HH 2=C, 3=D											

- * The MOI indicates that you should find only 1 unit at the address
- * However, suppose that when you get to the address you find that there are actually 6 separate flats there
- * At Q4 you would ring code C, and go to Q7
- * At Q7 you would list all 6 units as below

DWELLING UNIT	'DU' CODE
Ground fl left	01
Ground fl right	02
1 st fl left	03
1 st fl right	04
2 nd fl. left	05
2 nd fl right	06

DWELLING UNIT	'DU' CODE
	07
	08
	09
	10
	11
	12

- * At Q8, you are instructed to select three units Using all three rows of the selection matrix above, you would select numbers 3, 6 & 2 You would then ring the numbers in the grid as above
- * At Q10 you would write in the details of the three selected units and fill in the DU codes

1	Ground floor right, 27 Conway Rd	02
2	First floor left, 27 Conway Rd	03
3	Second floor right, 27 Conway Rd	06

- * You would then use of the rest of this ARF to continue with HH No 1
- * You would complete separate pink ARFs for HH Nos 2 and 3 The selection label tells you what the check letters for these additional households will be In this example the second selected unit would get a serial number of 002 15 2 C, the third would get a serial number of 002 15 3 D

Q12-Q18: Selecting one person for interview at an address.

Q13 Establish the number of 16-64 year olds at the address. If there is no-one in the household aged between 16 and 64, then ring code 31 and do not attempt an interview. Enter this code on the laptop in the Admin block.

Q14 Summarise the number of people aged 16-64 at the address

Q15 In all cases where there are two or more persons aged 16-64 at an address, you will need to select one person at random for interview. List all people at the address in the grid at **Q15**. List in alphabetical order of their first/christian names.

Q16 Then, as instructed, use the top row of the selection matrix to pick one person at random. (If your selection label is type A, there will only be one row for you to select from). Write in the selection code.

Q17 In the rare case of there being 13 or more 16-64 year olds at an address, use the look-up chart A on the back page of the ARF, to make a selection.

Q18 Record the full name of the person on the front page of the ARF

Examples

If you had the selection label in the Example 1 above, and you found 3 people aged 16-64 at the address, you would select person no. 1.

If you had the selection label in the Example 2 above, and there were 6 people aged between 16 and 64, you would select person number 3.

Outcome of interview attempts

Q19 You must only interview the person randomly selected, no-one else can be substituted. Do not collect proxy information if the respondent is unavailable or too ill/senile etc.

Code whether a successful interview was achieved or not. The outcome code will need to be entered onto the laptop for each case.

Q20 Record full reasons for unproductive interviews.

Q21 Record estimated age and sex of the non-respondent where known

Q23-These questions are about the type of area of the residence. These codes will need to **Q26** be transferred to the laptop.

7.3 ARF FOR ADDITIONAL DWELLING UNITS (Pink)

For each second or third household selected at an address, you will need to use a pink ARF.

Section 12 explains how to open up a new serial number for a second or third household on the laptop.

Front Page

- Write in the full address in the box on the left.
- Record the serial number on the right hand side.
The *Point no.* will be the same as the main (yellow) ARF.
The *Address no.* will be the same as the main ARF.
The *HH no.* will change to either 2 or 3. Ring the code at 3.
The *Check letter* will be on the selection label of the main ARF.

Rest of ARF

The rest of the ARF will simply follow the same procedures as in the main ARF. Q3-8 will take you through the procedures necessary to select one person aged 16-64 at random, as at Q12-Q18 on the main ARF. Use the selection label on the main yellow ARF.

Q9 If you get a productive interview at a second or third household:

The nurse will need to be sent a Nurse Record Form (buff) in all cases where an interview has been obtained at a second or third household, and agreement to the nurse has been achieved. This is covered in detail in section 9.5.

7.4 INTERVIEWER SAMPLE SHEET (ISS)

This document will accompany your set of 45 or 47 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 number of addresses in your assignment will be indicated at the top of this form. Please check that you have the appropriate number of ARFs attached.

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.

For each address record the final outcome of your attempts to interview. Take this from the ARF. Where your contact resulted in a successful interview, record whether or not the respondent has agreed to a nurse visit. If this is a 'Yes', record the date on which you telephoned through the details to the nurse. In the case of second or third households, you will also need to have sent a Nurse Record Form to the nurse.

An example of a partially completed ISS is shown on the next page.

INTERVIEWER SAMPLE SHEET

No. ADDRESSES: 45 / 47

P1394 SCOTTISH HEALTH SURVEY 1995

POINT: 0 2 6

SURVEY MONTH: 0 1

POSTCODE SECTOR: E 45

INTERVIEWER NAME: Fiona Maxwell

NUMBER: 310203

SUPERVISOR NAME: Sally Pearson

To be supervised this month: YES NO

TELEPHONE NUMBER: 041-327-1325

Address serial number	Household serial number	Household location	Outcome Code (01-82)	IF 51-52	Date telephoned details through to nurse	Date ARF posted to office
				Agreement to nurse visit Y/N		
01	①		51	Y	15/1/95	15/1/95
	2					
	3					
02	1					
	2					
	3					
03	①	Basement flat	51	Y	7/1/95	7/1/95
	2					
	3					
04	①	Flat 1	31	-	-	9/1/95
	②	Flat 2	51	Y	9/1/95	9/1/95
	③	Flat 3	51	Y	10/1/95	10/1/95
05	1					
	2					
	3					
06	①		51	Y	10/1/95	10/1/95
	2					
	3					
07	①		51	Y	14/1/95	14/1/95
	2					
	3					
08	1					
	2					
	3					
09	①		72	-	-	14/1/95
	2					
	3					

8. INTRODUCING THE SURVEY

The response rate achieved so far in the Health Survey for England has been very good, and we expect the response in Scotland to be equally high.

People are interested in health and are concerned about it. This is a high profile survey on a topical issue.

8.1 ADVANCE LETTER AND SURVEY LEAFLETS

A letter describing the purpose of the survey has been sent to all addresses a few days before the start of each month's fieldwork. You have been given copies of the advance letter to use as a reminder.

You have also been given a leaflet (Stage 1 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 (Stage 2 leaflet). 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.

8.2 DOORSTEP INTRODUCTION

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

<p>Show your identity card</p> <p>Say who you are</p> <p>Say who you work for</p> <p>Say that you are carrying out a "<i>very important Government survey about health</i>"</p>

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.

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 respondent 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 respondent to respond. In which case, you may of course do so.

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.

What you might mention when introducing the survey

- * It is a national (Government) survey (on behalf of the Scottish Office Home & Health Dept)
- * It is a very important survey
- * It will be the largest Scottish national survey to look at the health of the general population (of working age) in Scotland
- * 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 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 will be published and reported in the national press
- * To get an accurate picture, we **must** talk to all the sorts of people who make up the population - 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

- * Each person selected to take part in the survey **ivital** 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

8.3 INTRODUCING HEIGHT AND WEIGHT MEASUREMENTS

The relationship between general build and health is of great interest to the Scottish Office. Any changes in these measures will reflect the changes in the population's diet and lifestyle. This survey will provide 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 they will not be asked to undress.

8.4 INTRODUCING THE NURSE'S VISIT

Our target is to interview and measure everyone selected. 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.

At the end of the questionnaire, you will be giving 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:-

Stress that by making an appointment with the nurse the person is not committing themselves to helping with all, or any, of the measurements.

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

No pressure will be put on the respondent to give blood. A blood sample is only taken if the respondent gives *written* permission at the time. It is the last thing the nurse will do.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure and lung function readings and the results of the blood tests. If you feel that knowing this will help you get an appointment for the nurse, please explain this. **However, be careful to avoid calling the nurse visit a "health check" - it is not.** One of the most common reasons for respondents refusing to see the nurse is "I don't need a health check - I have just had one". Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

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 the nurse will take (usually 15ml) 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
- * over 30,000 people have already given blood samples on the Health Survey for England.
- * 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 salmon red 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.

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.
- Lung function-** involves blowing into a tube and gives information about respiratory health
- 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
 - 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
- Additional blood sample - (In selected areas only)** In these areas, one extra tube of blood will be taken for the following additional tests
- Vitamins A,C,E & carotenoids* - vitamins are important for good health, and it is thought that they might offer protection against certain diseases
 - Fatty acids-* this reflects the type of fat eaten in the diet

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

9.9. LIAISING WITH YOUR NURSE PARTNER

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.

Allow about 45 minutes for a nurse visit. 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** underestimate these times - otherwise this will cause problems to both nurses and respondents.

If you are working in certain areas, there will be some additional restrictions as to when you can make appointments for the nurse. This is described below.

9.2 APPOINTMENT TIMES FOR "VITAMIN/FATTY ACID" BLOOD TYPE SAMPLES

When you are able to make appointments for the nurse will depend on the "blood type" of your assignment. There are two "blood types", and these are indicated on the ARF address labels as below:

Standard sample -labels will contain the marker **BT: S** (meaning "Blood type: Standard")
Vitamin/Fatty acid sample - labels will contain the marker **BT: V** (meaning "Blood type: Vitamin/Fatty Acids").

All addresses issued in any one assignment will be of the same blood type. Most of you will be working on "Standard" assignments. Five sampling points per month will be allocated as "Vitamin/fatty acid" assignments.

How this will affect when you can make appointments for the nurse is explained below:

Standard sample (BT:S)

Most of you will be working with "Standard" assignments. This means that the nurse will be taking three tubes of blood for the standard blood tests described on page 203-, and there will be **no** restrictions in when you can make appointments for the nurse (aside from the nurse's own availability).

Vitamin/Fatty Acid Sample:

This means that in addition to the standard blood tests, respondents will also have their blood tested for vitamins A,C,E, carotenoids and fatty acids. This will require the nurse to take one extra tube of blood.

For these respondents, it is important that you attempt to make **morning** appointments for the nurse (as early as possible). The levels of vitamins/fatty acids in the respondent's blood is affected by what the respondent has eaten in the period before the nurse's visit. Ideally, we would like the nurse to visit respondent's even before they have had breakfast.

For respondents who work every day during the week, you may find it easier to make morning appointments at weekends. Otherwise, try to spread your appointments throughout the week as far as possible.

In these "BT:V" sampling points **never make more than two consecutive appointments.** Because the vitamins/fatty acids in the blood are unstable, the nurse will need to take blood to a local hospital within four hours for the blood to be spun and frozen. This means that, ideally, the nurse can make two visits, and then drive to the hospital and get both tubes processed. If you make more than two appointments for the nurse on any one morning, the nurse may not be able to get the blood taken from the first respondent to the hospital in time.

9.3 THE APPOINTMENT RECORD CARD

When you have made an appointment for a respondent, give the respondent a completed **Appointment Record card** Remember to always fill in the serial number, in case any respondent has to telephone the office with a problem.

The appointment record cards you have been supplied with will be one of two types, depending on the "blood type" of your assignment:

- * *Standard sample* buff coloured with an "S" marker in the top right hand corner
- * *Vitamin/Fatty acids sample* grey coloured with a "V" marker in the top right hand corner

The "V" version is exactly the same as the "S" version, except that it contains some additional instructions for the respondent about what they should do before the nurse visit.

Please point out to the respondent the notes at the bottom of the card. These tell respondents that we would like them not to eat, drink alcohol or smoke for half an hour before their appointment. It also 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.

On the "V" card, the respondent is also asked to eat only light meals before the visit, and as far as possible to avoid eating fruit, fruit juices, dairy products, margarine, fatty meat and fried foods. Ideally, the respondent should not eat anything before the morning visit.

9.4 INFORMING THE NURSE ABOUT APPOINTMENTS MADE

You will need to make sure your nurse is given good warning of all appointments you have made. 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.

Nurses will have a set of Nurse Record Form (NRFs) - one for each address in the assignment, just as you have one ARF per address. You will need to telephone through the outcome of **each** address, and give appointment details where necessary. Nurses will of course only have NRFs for one household at each address. If you select additional households, you will need to send through additional NRFs. This is described in the next section (9.5).

For each serial number you have been issued, you will need to inform the nurse whether you have made an appointment for her or not.

Inform the nurse about all serial numbers. If you have not made an appointment, this might be because you have carried out an interview and the respondent has refused a nurse visit, or it might be because the address was deadwood, or there was no-one there aged between 16 and 64. The nurse will need to know about all cases where she should not attempt to follow up.

If you have made an appointment for the nurse:

The nurse will need to know the following :

- * *Address location* this will be important if you have carried out a selection at the address. You may need to inform the nurse that it is the "Ground floor flat" for example. If the address is hard to find, you may also want to give some directions.
- * *Respondent's full name and title*
- * *Respondent's telephone number (if known)*
- * *Date you carried out the interview*
- * *Date and time of nurse appointment*
- * *Respondent's age*
- * *Any useful tips* e.g. 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 lady; the dog sounds vicious but is quite safe, etc).

The nurse will enter the details you 'phone through onto her Nurse Record Form. You will have some blank copies of this buff form which show you what the nurse needs to fill out. These are intended for you to send through if you select any second or third households (see below). However, you should also look at the front page of this form and use it as a checklist, to make sure that you have informed the nurse about everything she needs to know.

9.5 MAKING OUT NURSE RECORD FORMS FOR ADDITIONAL HOUSEHOLDS

The nurse will already have a Nurse Record Form for each serial number originally issued. If you select any second or third households at an address, for which you will have opened a new serial number, you will need to inform the nurse about the outcome at that address.

You will not need to do this if there was no interview at an address, say because the address was deadwood, ineligible, or because the respondent refused an interview.

However, if you carry out an interview at a second or third household, you will need to make out the front sheet of a Nurse Record Form and send it to the nurse. It will be your responsibility to complete the items on page 1 of the NRF. Page 2 is for the nurse to complete.

First enter your name and that of the nurse at the top of the first page.

Then fill in the details in the box in the left hand corner. All you need do is copy the information from the original (yellow) ARF

- *the serial number*(the same as the yellow ARF except the last digit, which will always be 2 or 3)
- *the survey month*(i.e. the month you were issued the sample)
- *the full address*
- *the Blood type "BT"* This will either be "S" or "V" depending on the sample type of your assignment. Additional households are of the same type as all first households.

Ring a code A or B in the box below. You will then need to follow the instructions which say "NURSE TO DO:" If the respondent accepted a nurse visit then complete the items at Q2-Q7. If there is no interview, then ring the outcome code 60 overleaf and return to the office. The nurse will not need to be informed about additional households interviewed for which there is no appointment made.

9.6 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.

THE QUESTIONNAIRES

10.1 OVERALL STRUCTURE OF QUESTIONNAIRE

The questionnaire is sectioned into 18 short blocks. Each one (apart from the first) is preceded by Jump Number. The information below is contained on your "Jump Number card" which you should keep with your laptop. To jump from one section of the questionnaire to another, use <Ctrl+F1> and enter the number you want to jump to.

Block name	Description	Jump number
Grid	Household grid	-
GenHlth	General health	1
Chest Symptoms of the chest		2
CardVas	Cardiovascular conditions: diagnosis & treatment	3
Service	Use of services	4
Activity	Activity & exercise	5
Food	Eating habits	6
AccidAccidents		7
Smoke	Smoking (18+ only)	8
DrinkDrinking (18+ only)		9
Dental	Dental health	10
Work Employment details		11
Educat	Education, ethnicity	12
Parent	Parental history	13
GenHhold	General h/hold details	14
SComp	Presentation of self-completions	15
Meas	Height & weight measurements	16
Consent	Consent to nurse visit	17

Admin block.

We expect the questionnaire to take around an hour on average to complete.

The following sections deal with points about individual questions, within each of the main blocks. Question names (as displayed on the lower half of the laptop screen) are indicated in bold and italics.

10.2 OPENING SCREEN

First

The first display screen gives you the address number and household number of the serial number you have opened. Check that this is correct. If you have entered the wrong questionnaire by mistake, press `Esc'. If you want to go directly to admin, say to enter a serial number as deadwood or refusal, then press <Ctrl+Enter>. Otherwise press `1' and <Enter> to continue as stated on the screen.

10.3 HOUSEHOLD GRID

The questionnaire begins with a household grid (which sorts out who lives in the household). These questions are very straightforward.

Name

Record the first name only.

Age

Both the date of birth and the age are collected as a double check. If the two answers do not correspond, the program will trigger an error message.

Children less than 1 year should be recorded as 00.

10.4 GENERAL HEALTH

LongIll/llsM

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. This sequence of questions is repeated up to six times to allow for all long-standing illnesses.

Also, if you run out of space in *llsM*, press <Enter> to take you to the next *More* question; enter 'Yes' and continue in the next *llsM* question.

10.5 CHEST PAIN, PHLEGM, BREATHLESSNESS AND WHEEZING

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 **Uphill** "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 **Chest** is an exception to this (see below).

Chest

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.

Uphill

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".

WalkDo

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)

PainAway

If the pain goes away after taking a tablet, or mouthspray then code 1 (ie the pain goes away after stopping and taking medicines)

ShowPain

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 here

SevPain

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

DocWhat

If the doctor said the pain was "nothing to worry about" then enter code 4

ECGEver

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

Flegm

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"

SoBUp-SoLev

If respondent answers "sometimes" to any of the breathlessness questions, code *SoLev* "Yes"

LegPain

Stress " pain or discomfort. which comes on when you walk" We are only interested in

picking up cardiovascular-related leg-pain (i.e. claudication), not conditions such as rheumatism, sciatica.

10.6 CARDIOVASCULAR CONDITIONS: 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.

CVD1-CVD8

These questions ask about various heart conditions. At the back of your Showcard set is a card which gives some of the common names for some of these illnesses.

CVDOth

Other heart trouble must be described in detail at this question, so that it can be coded later in the office by the survey doctor. Please get as much information as you can.

DocTold2/DocTold3 etc.

At these questions 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".

PastYr2/PastYr3 etc.

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.

DocBp

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.

StopMed

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.

10.7 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.

DocTalk/DocTalkN

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.

OutPat/OutPatN

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).

InPat/InPatN

An in-patient stay must be for at least one night.

BPMeas-Diastol

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 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.

NormBP

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.

Systol/Diastol

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. Record the two values at these questions. If one of the values is not known, use the DK key `['. If the respondent only knows one number or gives a figure that the computer will not accept (a 4 digit number) then explain this and record the value in a note <Ctrl + F4>.

CHMeas

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>

CHValue

If the respondent gives a value that the computer will not accept then explain this and record the value in a note <Ctrl+F4>.

HNotAsk

In an initial pilot of the questionnaire, interviewers reported that respondents sometimes felt the questionnaire was not of relevance to them as their particular health conditions were not covered. Clearly, we cannot ask about everything in 1 hour, and the Scottish Office has needed to limit what it can ask about. However, we have added this question to let respondents tell us about any other conditions that have not been covered. This is not merely to satisfy respondents but may be used to code other illnesses. Therefore please record full details.

10.8 ACTIVITY AND EXERCISE

ActivA

Note the distinction between 'hillwalking' at Code 11, and 'Other walking of 1 mile or more' at Code 12

ActivB/ActivC

The cards list examples of 'heavy' housework, gardening and DIY. If necessary, please stress that we are only interested in heavy housework/gardening/DIY of the kinds listed on the card, and not just any housework/gardening/DIY

10.9 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.

UsBread

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 3, if not - use code 2.

If the respondent mentions Hi-bran bread, code 4 and specify.

For 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 1 to 3 as appropriate.

Generally, you should use code 5 only as a last resort, and if you do use it please specify in detail.

Spr

In your Showcard pack you have a card (Coding List 1) 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 Coding List 1 to see that this would be code 5.

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 - enter DK <[>, and make a note of the name.

Milk

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
Red and silver striped top = Semi-skimmed	Code 2
Blue and silver striped top = Skimmed	Code 3

Vegetable based milks and soya milks should be coded 4 "some other kind of milk".

For powdered milks and whiteners that are added straight to tea or coffee you should probe as to whether the powder is skimmed, semi-skimmed or whole and code as if liquid milk. If the powdered milk is made up into liquid milk, probe to see if it is made up with water or milk. If water, code according to the type of powder it is. If it is made up with milk, code it according to the type of milk it is made up with.

Cereal

Ask this as an open question. For the purposes of the survey we are defining high fibre cereal as cereals with more than 6.5% fibre content (eg 6.5g/100g). Coding List 2 gives a code list for products. Refer to this as necessary in order to code. All the brands listed on the card (and own name versions of those brands) are high fibre and so are coded 1. However, there may be some high fibre brands that are not on the list in which case code 2. Generally, any cereal with the words bran, oat or wheat in the name will be high fibre (except for instant porridge eg Ready Brek).

Pulses

Pulses include things such as baked beans, lentils, split peas, kidney beans, butter beans, chick peas, mung beans - but NOT green beans such as broad beans, runner beans, french beans, string beans or green peas.

10.10 ACCIDENTS

DrAcc

Include all accidents which resulted in the respondent seeing a doctor/nurse or other health professional, or where they needed to take time off work (or school). Telephone-only consultations with doctors or other health professionals do not count.

Accidents happening outside the UK do count, if they saw a doctor/nurse.

10.11 SMOKING

All except 16-17 year olds are routed to this section 16-17 year olds complete questions about smoking and drinking in a self-completion questionnaire which you will administer later

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

SmokEver

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

DlySmoke/RolDly

We ask here about daily consumption Note that if a respondent smokes roll-ups and can only tell you how many ounces/grams of tobacco they smoke a day, code '97' as in the instructions on screen This will route you to ***RolDly***, and ***GramRol*** or ***OuncRol*** which will ask for the amount of tobacco smoked in a day (in either grams or ounces) Please be as accurate as possible, as this information will be used in the office to code back to cigarette number

NumSmok

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

PregRec

"Pregnant in the last year" - this means any stage of pregnancy at any time in the last year

10.12 DRINKING BEHAVIOUR

Again only those aged 18+ are filtered to this section.

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.

Shandy. ShandyQ etc.

This is the first of a series of six questions, each asking about a different group of drinks, and how often they are drunk. You will ask first how much shandy was drunk in the past 12 months and then how much shandy was drunk on a shandy drinking day.

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.

If the respondent says the amount they drink 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 = 6. 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/bottles and halves in a usual drinking occasion, then code both in 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 use <Ctrl+F4> to make a note.

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

AlcOtA

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 *AlcOtA*

DrinCond/TTCond

Code 9 includes 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

DrinkAd/TTAdvise

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 - make a note (<Ctrl+F4>)

10.13 DENTAL HEALTH MODULE

FalseT - Dentist

A few questions about the respondent's teeth If the respondent has false teeth only, they will get filtered out of the remainder of this section

Note that capped teeth should not be counted as false teeth

10.14 EMPLOYMENT CLASSIFICATION MODULE

Activ

Code **FIRST** that applies on the list

"**Going to school or college full-time (including on vacation)**": 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 "going to school or college full time"

"**In paid employment or self-employed**" 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 "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.

"Intending to look for work but prevented by temporary sickness or injury": do not use this code if sickness or injury has lasted over 28 days - if so, code as "Doing something else".

"Permanently unable to work because of long-term sickness or disability": Do not use this code for women over 59. Instead use "Retired", "Looking after the home and family", or "Doing something else" as appropriate.

"Retired": this only applies to people who retired from full-time employment at around retirement age or who were permanently sick prior to reaching retirement age.

CIEIncEarn

We want to collect details of the Chief Income Earner in the household if this person is different from the respondent.

10.15 OTHER CLASSIFICATION QUESTIONS

TopQual

Qualifications are asked about in two questions. This question asks about academic qualifications. The next question will deal with vocational qualifications.

Make sure that the respondent has properly looked at Card Q and told you the **highest** academic qualification they have.

TopVocat

Unlike *TopQual*, this is a code all that apply question.

10.16 PARENTAL HISTORY

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

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.

10.17 GENERAL HOUSEHOLD DETAILS

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

BedRooms

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.

CentHeat

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.

Car

"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.

IncSup

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.

FamCred

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.

HouseBen

Housing benefit does not include Council Tax rebate or benefit.

10.18 PRESENTATION OF SELF-COMPLETION BOOKLETS

The self-completion booklets are as follows:

Title	Colour	Contents
Adult (18+)	Green	General health, contraceptives
16-17	Yellow	Smoking, drinking, general health, contraceptives

Make sure that you enter the serial number correctly on all self-completion booklets. Check your entry on the booklet against the display on screen *SCIntro*.

Explain how to complete the booklet. Wait for the respondent to finish and take it back at the end. If you are asked for assistance, give it. The level of assistance required and how it was given are to be coded at *SC3Acc*.

Smoking and drinking

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. This booklet can also be given to 18/19 year olds if you feel better quality information would be collected by so doing.

The section on drinking has a grid which is probably the most complex part of the self-completion. You can help the respondent out if they are having difficulty, but take care to preserve the anonymity of the respondent's information.

10 19 MEASUREMENTS

Detailed protocols of how to take height and weight measurements are appended to these instructions. It is **vital** that you learn to administer these protocols properly and systematically. You are responsible for providing the official statistics on the populations' height and weight. If you have any problems in either administering the protocols or with the equipment, contact one of the SCPR team immediately.

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. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable, but whenever you think a reasonable measurement can be taken do so. You are asked to record the reliability of your measurement at *RelHteB* and *RelWautB*. Examples of people who should not be measured are

- * Respondents who are chairbound should not have their height and weight taken
- * 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
- * If the respondent finds it painful to stand or stand straight, do not attempt to measure height
- * Pregnant women are not eligible for weight as this is clearly affected by their condition

It is strongly 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 or bathroom).

Read the preamble at the question called Intro. 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 other health measures.

If the height or weight is refused or not attempted, the respondent is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements.

RelHteB* and *RelWautB

You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide if you think the measurement is likely to be more than

2 cms ($\frac{3}{4}$ inch) from the true figure for height

1 kg (2 lbs) from the true figure for weight

code as unreliable.

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 pink Measurement Record Card and give it to the respondent. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you.

10.20 THE NATIONAL HEALTH SERVICE CENTRAL REGISTER

NHSCR/NHSNo

The National Health Service has a central register, and we would like to flag the names of respondents on this. There may also be other HNS registers which we would like to link up respondent's details with. 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 type in why they did so.

To help flag, we would also like to obtain the respondent's NHS number. NHS numbers can be found on their registration card with their GP. Some respondents will not have theirs available, but we would like to get as many as possible as it will facilitate the flagging process.

11. LOADING SERIAL NUMBERS ONTO THE LAPTOP

You will be given an address assignment disk which contains the serial numbers corresponding to the addresses on your ARFs. These must be loaded onto your laptop in order to start work.

From the project menu, select the live P1394 directory (as opposed to the practice menu), and this will take you straight to the 'Receipt of Work' menu.

Select 'RF' for loading work from disk, and follow the instructions on screen.

12. OPENING UP ADDITIONAL HOUSEHOLDS

If, upon contact at an address, you have needed to carry out a selection of two or three households, you will need to open the new serial numbers on your laptop

Your address menu will only contain first households at any address (serial number sending in 1) To open up a second or third household, you will need to do the following

- 1 Move your arrow keys to highlight the serial number of the first household at that address For example, if you are wanting to open up a second household at address number 13 in point number 64, you would move your cursor to '064131'
- 2 Press <Enter> to select that household, as if you were going to open up that number
- 3 At the Household menu which you are then taken to, move your arrow keys down to
"HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]"
- 4 Enter the new HHOLD number as requested This will either be 2 or 3
- 5 You will then be asked for the check letter Check letters for additional households will be found on the selection label of the yellow ARF for the first household
- 6 You may now begin an interview, or enter admin details for that household
- 7 When you return to the address menu, you will see that an extra line has been opened up for that household

13. BACKING UP DATA ON DISK AND RETURNING WORK TO BRENTWOOD

Backing up

In your own interests, you should take a back-up at the end of **each day** on which you have done some interviewing This is a quick and simple procedure, which takes an extra security copy of your work Always use the backup disk provided for this purpose (usually coloured blue)

To take a back-up, simply select your current assignment from the Project Menu, select 'B' for 'Backup Data' from the Action Menu, and follow the instructions on screen

Returning work

Do this **twice-a-week** during the fieldwork period You have a supply of **8 Return-of-work disks** for this purpose Make sure you reserve your last Return-of-Work disk until all work on your assignment is complete However, if you do require extra Return of Work disks, you can always request extra supplies from Brentwood

To return work:

- i) make sure that you have taken a back-up of your most recent work.
- ii) select your current assignment from the Project menu, select 'T' for 'Transmit/Return Data to HQ' from the Action menu, and follow the instructions on screen.
- iii) return the disk to Brentwood, **together with** the corresponding ARFs and Pay Claim, all in the same envelope. **THIS IS IMPORTANT. THE PROCESSING OF PAY CLAIMS MAY BE DELAYED IF THIS PROCEDURE IS NOT FOLLOWED.**

Last return/end-of-assignment clear-out

When your assignment is complete, make your last return of work as follows:

- i) make sure you have taken a Backup of your most recent work
- ii) prepare your last Return-of Work disk, by selecting your current assignment from the Project Menu, selecting 'T' for 'Transmit/Return data to HQ' from the Action menu, and following the instructions on the screen.
- iii) carry out the 'End of assignment clear-out' routine, by selecting 'E' from the Action Menu. Follow the instructions on the screen. This routine requires the use of the Backup disk for the last time.
- iv) return to Brentwood two separate envelopes, posted simultaneously:
 - (A) - the final Return of Work disk
 - your remaining ARFs
 - your final pay claim

(B) - the Backup disk

(This is a safeguard measure. If the backup disk and the return of work disk were posted together, and the envelope was lost in post, we would lose both sources of data).

YOUR ASSIGNMENT IS NOT COMPLETE UNTIL THIS PROCEDURE HAS BEEN CARRIED OUT. FAILURE TO DO SO MAY RESULT IN DELAYS TO THE PROCESSING OF PAY CLAIMS

14. TIMETABLE

We would like you to have contacted all addresses by the 10th of the month, with half your assignment completed by the 14th of the month. We would like you to complete all work by the 23rd of the month.

15. ANY PROBLEMS

If you have any problems with any aspect of the survey e.g. the CAPI program or taking the measurements, contact either Becky Gray or Bob Erens at SCPR on 071 250 1866. If you have a problem with your equipment or supplies, or if you have any administration or timetable problems, talk to your Area Manager (Jenny Jeffery) on 01241-852405, or contact Loretta Curtis or Sharon Bishop in Brentwood on 01277 200600.

PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Please take great care of this equipment. It is delicate and expensive. Particular care needs to be paid when assembling and disassembling the stadiometer and when carrying or repacking it in the box provided.

- Do not bend the head or base plate
- Do not bend the rods
- Do not drop it and be careful not to knock the corners of the rods or base plate pin
- Assemble and disassemble the stadiometer slowly and carefully

The stadiometer will be sent to you in a special cardboard box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment.

The rods

There are three rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. (If you are not familiar with the metric system note that there are ten millimetres in a centimetre and that one hundred centimetres make a metre). The rods are made of aluminium and you must avoid putting any kind of pressure on them which could cause them to bend. Be very careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate (see diagram on page 46) is a pin onto which you attach the rods in order to assemble the stadiometer. Damage to the corners of this pin may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

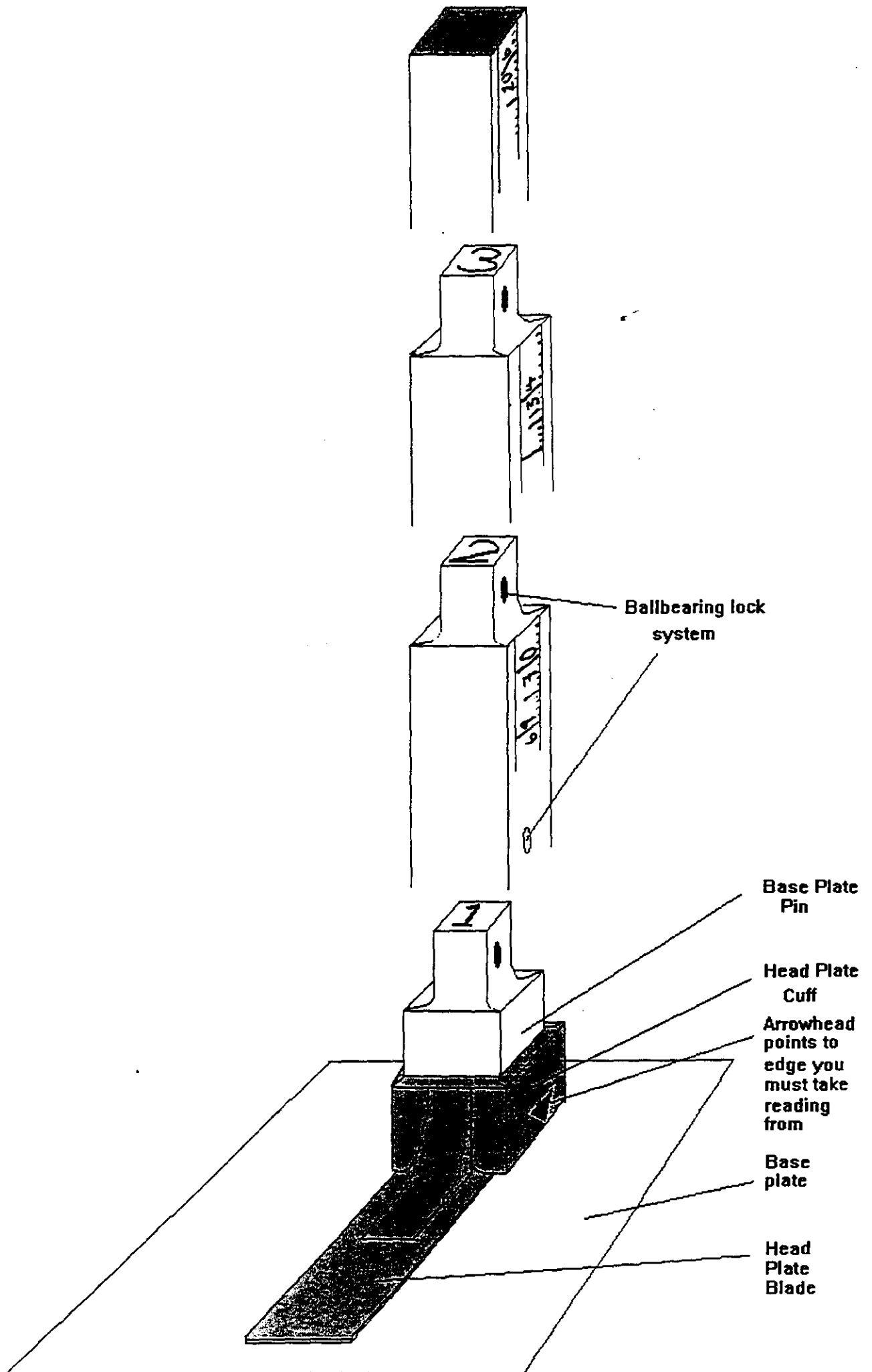
The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The

whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

C

C



Assembling the stadiometer

See the diagram on page 46

You will receive your stadiometer disassembled with the three rods banded together and the head plate attached to the pin so that the blade lies flat against the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods are numbered to guide you through the stages of assembly. (There is also a number on the side of the rods, this is the serial number of the stadiometer). The stages are as follows -

- 1 Lie the base plate flat on the floor area where you are to conduct the measurements.
- 2 Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.
- 3 Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not, check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.
- 4 Take the remaining rod and put it onto rod 3.

Disassembling the stadiometer

Follow these rules -

- 1 Before you begin to disassemble the stadiometer **you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate**.
- 2 Remove one rod at a time.

B. THE PROTOCOL

- 1 Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.
- 2 Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
- 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 but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
- 4 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 on page 50). 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.

5. 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.
6. 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. Make sure that the head plate does not move when the respondent does this.
7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123.4, at the question "**Height**." You may at this time record the respondent's height onto their Measurement Record Card and at the question "**MbookHt**" you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At **RelHiteB** you will be asked to code whether the measurement you obtained was reliable or unreliable.

Note that you should record the measurement to the nearest even millimetre. This means that if the reading should fall over an odd number but not quite to the full even number, then you should record to the even number anyway. Eg. for a reading 165.1 where the measurement is actually over the one millimetre mark but not quite up to the two, you would nevertheless record 165.2.

9. Push the head plate high enough to avoid someone hitting their head against it when getting ready to be measured.

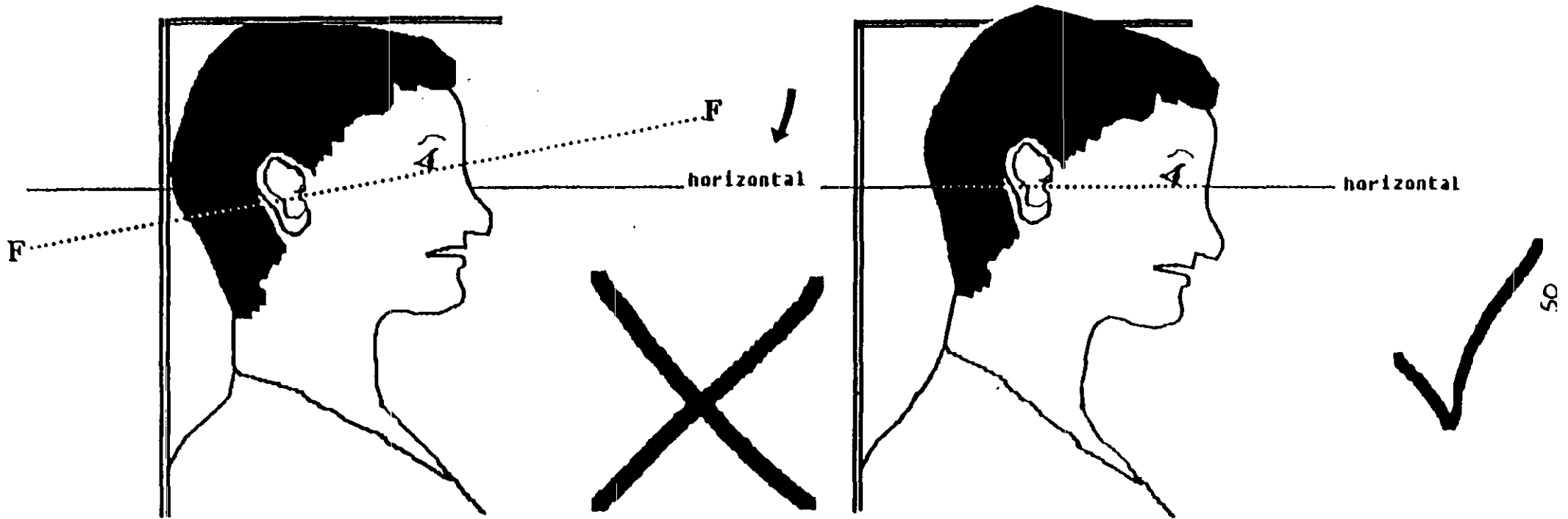
C. HEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED

At **HtResp** you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (**ResNHt** and **NoHitM**) which will allow you to say why no measurement was obtained.

D ADDITIONAL POINTS

- 1 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
- 2 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 question "*HtAffM*". If it is a hairstyle that can be altered, eg a bun, if possible ask the respondent to change/undo it
- 3 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

FRANKFORT PLANE CARD



APPENDIX B

PROTOCOL FOR TAKING WEIGHT MEASUREMENT

A. THE EQUIPMENT

The Soehnle scales are turned on by pressing the top of the scale (eg with your foot). There is no switch to turn the scales off, they turn off automatically. When you are storing the scales, or sending them through the post, please make sure that you remove the battery - to stop the scales turning themselves on.

Batteries

The scales take 1 x 9v rectangular MN1604 6LR61 batteries. It should not be necessary to have to replace the batteries, but if the display indicates .7.2.5, or another series of numbers separated by decimal points, it is indicating low output. Always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. This type of battery is commonly available.

The battery compartment is on the bottom of the scales. When you receive your scales you will need to reconnect the battery. Before going out to work, reconnect the battery and check that the scales work. If they do not, check that the battery is connected properly and try new batteries. If they still do not work, report the fault to your Area Manager.

The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation.

IMPORTANT WARNING

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams, the stored weight will be displayed and not the weight that is being measured. This means that if you make an error and need to weigh someone for a second time, you could be given the wrong reading.

So if you get an identical reading for a second reading when you would not expect one, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (ie a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second time.

B. THE PROTOCOL

1. Turn the display on by pressing firmly with your hand or foot on the top of the scales (the scales will turn themselves off after a short while). The readout should display 888.8 momentarily as a check for the operation - if this is not displayed check the batteries, if this is not the cause you may need to report the problem to SCPR. While the scales read 888.8 do not attempt to weigh anyone.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.
3. Turn the scales on with your foot again. Wait for a beep and display of 0.0 before the respondent stands on the scales.
4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5. The scales will take a short while to stabilize and will read 'C' until they have done so. If the respondent moves excessively while the scales are stabilizing you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.
6. The Soehnle scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question **Weight** before the respondent steps off the scales. At question **MBookWt** you will be asked to check that you have entered the respondent's weight onto their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

WARNING

The maximum weight registering accurately on the scales is 130kg (20½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at **WtResp**. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

Additional note

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing.

APPENDIX C: PRACTICE INTERVIEW CHECK-LETTERS

The following check-letters will be needed to access the practice interviews.

Serial no.	Check letter
999011	G
999021	S
999031	D
999041	P
999051	A
999061	L
999071	X
999081	H
999091	T
999101	E
999111	Q
999121	B
999131	M
999141	Y
999151	J
999161	V
999171	F
999181	R
999191	C
999201	N
999211	Z
999221	K
999231	W
999241	G
999251	S
999261	D
999271	P
999281	A
999291	L
999301	X
999311	H
999321	T
999331	E
999341	Q
999351	B
999361	M
999371	Y
999381	J
999391	V
999401	F
999411	R
999421	C
999431	N
999441	Z
999451	K
999461	W

Extra households at an address are given the next check letter in alphabetical sequence (remembering that I, O, and U are not used). Eg, if HH 1 = B, then HH 2 = C, HH 3 = D, and so on.

If you want to do more than forty-seven practice interviews, open second and third household questionnaires for address numbers 01-47.

on behalf of
The Scottish Office ■ Home and Health Department



P1394

THE SCOTTISH HEALTH SURVEY 1995

NURSE INSTRUCTIONS

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1. BACKGROUND AND AIMS

"The Scottish Health Survey" is the first of a series of surveys commissioned by the Scottish Office Home and Health Department. The survey is planned to be repeated every 3 years. The survey's objective is to monitor trends in the population's health over time. It is very similar to the Health Survey for England which began in 1991 and is repeated every year.

In 1991, the Scottish Office published "Health Education in Scotland - A National Policy Statement", which set out key health targets in a number of areas. The aim in setting these targets is to increase people's life expectancy and to improve the quality of their lives. "Health Education in Scotland" 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 population'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 Scottish population 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, the Scottish Office Home and Health Department decided that a major health survey should be carried out in order to monitor the country's state of health so that trends over time could be noted and appropriate policies planned.

The Scottish Health Survey 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.

2. THE SURVEY

The Scottish Health Survey is a large survey, involving interviews with nearly 8,000 adults. Fieldwork is continuous throughout the year.

This is the first of a series of surveys, which are planned to be repeated every three years. This first survey is being carried out by the Joint Health Surveys Unit, set up in 1993 jointly by SCPR and the Department of Epidemiology and Public Health, University College London (UCL) Medical School.

The survey will focus on different health issues each time it is carried out, with topics repeated at suitable intervals to monitor changes over time. The first major issue studied by the Scottish Health Survey is cardiovascular disease. Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in Scotland. 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.

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 aim of the 1995 survey is to provide a baseline against which future trends in cardiovascular health can be measured. Specific aims include:

- estimating the proportion of adults in Scotland 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 "Health Education for Scotland".

Information about the survey, its objectives and design have been circulated to all Area Health Boards' 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. All the Health Boards in Scotland have given their approval for the study.

3. 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.

4. THE SCPR/UCL TEAM

4.1 The Research Team

SCPR
Robert Erens
Rebecca Gray

UCL
Dr Wei Dong
Rachel Tucker

4.2 The Survey Doctor

Two doctors are available to provide nurses with medical support. The "Survey Doctor" is Dr Wei Dong, based at UCL, who will provide all non-emergency back-up to nurses, she will be available to answer any queries about the study, the protocols, measurements, equipment and blood-taking.

Secondly, in the rare event that you find you may need medical assistance with one of the respondents (e.g. in cases of severely raised blood pressure), a Scotland-based doctor, Dr James Repper, will be available to deal with medical emergencies. Contact details for the two doctors are given on the last page of this document.

4.3 The Fieldwork Team

Nurses will be supported by a local fieldwork team consisting of the Scottish Area Manager (Jenny Jeffery), 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 supervisors are there to help you do your job to the best of your ability - please consult them whenever you feel you need help. The names of your supervisors are listed in the separate

Project Administration notes.

A list of names and telephone numbers of people to contact if you have problems is given in Section 15; and key phone numbers are shown on the last page of this document.

5. SUMMARY OF THE STUDY DESIGN

5.1 The sample

The Scottish Health Survey is a survey of people aged between 16 and 64 living in private residential accommodation in Scotland. The sample of over 14,000 addresses has been selected from the Postcode Address File (PAF).

There are two parts to the survey: an interviewer-administered questionnaire using CAPI (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. (In England, response to a similar survey has been very high at both stages, and we expect this to apply equally in Scotland.)

The interviewer and nurse assigned to a sampling point (of either 45 or 47 addresses) will work together as a team. There will be 26 sampling points issued every month.

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. One person aged between 16 and 64 will be randomly selected at each address for inclusion in the study. Fuller details of the sample and associated documents are given in Section 12.

5.2 The interviewer visit

The interviewer's first task at an address is to make contact and identify all the persons aged 16-64 in the household and select one at random.

The interviewer will then attempt an interview with the person selected. Interviews will be carried out using computerised questionnaires (referred to as CAPI - computer-assisted personal interviewing). All interviewers have their own laptop computer. The following topics are covered:

- General health*
- Chest pain, phlegm, wheezing and breathlessness*
- Cardiovascular disease - diagnosis and treatment*
- Use of health services*
- Activity and exercise*
- Eating habits*
- Accidents*
- Dental health*
- Smoking and drinking*
- Psycho-social factors (related to stress and anxiety)*
- Parental history*
- General background information*

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.

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 waist, hip, respiratory 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 15ml). 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). With the respondent's permission the results of the blood test, lung function and blood pressure will be sent to their GP. The respondent can also receive their blood test results, if they request it.

Among a small sub-sample of respondents (about one in eight), additional blood will be taken to be analysed for vitamins and fatty acids. These respondents will be confined to 5 of the 26 sampling points every month. In these sampling points, the nurse will take an extra tube of blood (6ml) and deliver the blood to a local laboratory for immediate processing, the local laboratory will then pass the blood on to the University of Ulster, Coleraine where it will be analysed.

Details of how to contact respondents and explain the purpose of the nurse visit are given in Section 10.

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
- Nurse Schedules
- Consent Booklets
- Set of labels for blood sample tubes
- Drug coding booklet
- Blood Pressure Guide card
- Appointment Diary
- Broken Appointment Cards
- Information leaflets (Stage 2)
- Measurement Record Cards

Equipment

Pilot bag checklist
Dinamap 8100
Vitalograph Escort Spirometer
Vitalograph 1 litre calibration syringe
Disposable cardboard mouthpieces (for spirometer)
Thermometer and probe
Insertion tape
Spring Balance
Vacutainer equipment for blood sample
Other blood sample equipment - see Protocol for taking blood
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 worker before agreeing to see you.

8. 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 arrange for you and your interviewer partner to attend the same briefing/training day. If this is not possible, you should arrange to meet up or have a chat over the telephone, before you start work. The interviewer has been told to make this 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.

8.1 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.

If you are working in one of the 5 sample points where respondent's blood will be analysed for vitamins/fatty acids, appointments should ideally be in the morning as the blood tests are affected by the person's diet over the preceding 4-5 hours. While respondents will not always be available in the morning, it is important that nurses working in these sampling points are available for morning and weekend appointments. If respondents are definitely not available in the morning, the next best times for visiting those who will be having vitamin/fatty acid analyses would be immediately before they have lunch or before they have dinner. The worst time to make an appointment would be immediately after a mealtime.

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 is instructed to give you good warning of all appointments made and will telephone through the details. You should record the name of the respondent, their serial number, their age and telephone number, and appointment details on 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.

8.2 What the interviewer has told respondents about your visit

The interviewer introduces your visit at the end of the interview by reading out the following

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part. The second part of the survey is a visit by a qualified nurse to ask a few more questions and to carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?

The list overleaf shows the general points given to interviewers to help them answer questions about your visit.

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 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 the nurse, including the results of their blood test. If they like, this information will also be sent to their GP.
- * we will not be testing for HIV, or any other viruses
- * the amount of blood (usually 15ml) taken 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. 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
- * over 30,000 people have already given blood samples on the Health Survey for England
- * the local medical ethics committee in your area has been consulted and has given their approval to the survey

If a person is reluctant, the interviewer is asked to stress the point that all they wish to do is to make an appointment for you to go along and explain exactly what is involved. They point out that by agreeing to see you they are not necessarily agreeing to take part in all, or any, of the tests. We hope your general professional approach will convince nervous respondents more effectively than can an interviewer.

At the end of the interview each respondent is given a Stage 1 Information Leaflet (blue) by the interviewer. This leaflet briefly describes the purpose of your visit. You have been given a copy of this leaflet. You will be giving respondents a Stage 2 Information Leaflet (salmon). This describes in greater detail the measurements and tests involved at Stage 2.

8.3 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

There are two versions of the Appointment Record Card. Most interviewers will be using the "S" version, which indicates that the respondent will have only the standard blood tests. But in 5 sampling points every month, the "V" version will be used indicating that the respondent will have the vitamin/fatty acid tests done as well. The "V" Appointment Record Card includes extra instructions about the respondent eating only light meals before the nurse visit and asks them to avoid eating fruit, fruit juices, dairy products, margarine, fatty meat and fried food.

9. ACHIEVING A HIGH RESPONSE RATE

9.1 The importance of a high response rate

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 will therefore be vital to its success.

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

Some people think that they are not typical (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* eligible population in Scotland, 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.

9.3 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. Survey reports about the English Health Survey receive wide press coverage.

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

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

9.4 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.

10. WHAT TO DO ON INITIAL CONTACT

10.1 Keep 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.

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

Introduction

- * Show your identity card
- * Say who you are: "I am a nurse called..."
- * Say who you work for: "I work for Social and Community Planning Research"
- * Remind respondents about your appointment: "A few days ago you saw an interviewer about the Scottish Health Survey and s/he made an appointment for me to see you today."

For most people this will be enough. They will invite you in and all you will have to do is to explain what your visit will cover and what you want them to do. But others will be reluctant and need further persuading. Build on what has gone before you. Be prepared to answer questions about the survey and its purpose.

Some respondents may have forgotten what the interviewer told them about the survey's purpose or 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 following box and in the box on page 13.

- * *who you are working for* - SCPR and UCL (see section 3)
- * *who the survey is for* - for the Scottish Office (Home and Health Department)
- * *why the survey is being carried out* - see sections 1 and 2
- * *what you are going to do* - see section 11
- * *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. One respondent is selected at random at each address. The way respondents are selected means that they form a true cross-section of the population of 16-64 year olds of Scotland. Once a respondent is selected, we cannot substitute anyone else. Otherwise we would no longer have a proper sample of the population of 16-64 year olds
- * *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 about 45 minutes (including time to put equipment away and so on).

Only elaborate if you need to, introducing one 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.

Be careful to avoid calling your visit a "health check" - it is not. One of the most common reasons given in England for respondents refusing to see the nurse is "I don't need a medical check - I have just had one". Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

10.2 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 respondent, meeting his or her 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 to the Scottish Area Manager).

10.3 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 **Broken Appointment Card** 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.

10.4 The number of calls you must make

You are asked to keep a full account of each call you make at an address on page 2 of the **Nurse Record Form** (see Section 12.4 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.

What you might mention when introducing the survey

- * It is a national (government) survey (on behalf of the Scottish Office Home & Health Dept).
- * It is a very important survey
- * It will be the largest Scottish national survey to look at the health of the general population (of working age) in Scotland.
- * 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 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 will be published and reported in the national press.
- * To get an accurate picture, we must talk to all the sorts of people who make up the population - 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.
- * 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.

11. INTRODUCING YOUR MEASUREMENT TASK

11.1 The introduction

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.

So before you make any measurement, you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure and lung function readings and the results of the blood tests.

11.2 The Stage 2 Leaflet

A copy of the 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.

Give the **Stage 2 Leaflet** to respondents after you have explained what you are going to do and the order in which you wish to see them. Ask them to read it while you get your equipment ready. This will give them something to do, give them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

12. YOUR SAMPLE

12.1 Your sample

The sample for this survey is a random probability sample. This means that all adults aged 16-64 in Scotland have an equal chance of being selected.

14,620 addresses have been drawn from the publicly available Postcode Address File. Sampled addresses are clustered into 312 Postcode Sectors (on average, a sector is an area about the size of an electoral ward) - either 45 or 47 addresses per sector have been selected. 26 postcode sectors will be covered each month. Each quarter of the sample is fully representative of the population of Scotland.

Each interviewer and his/her nurse partner are together responsible for the 45 (or 47) addresses in a sampling point (ie, a postcode sector).

The aim is to interview and measure one randomly selected adult aged 16-64 from each of the addresses. Non-residential addresses and addresses containing no-one in the eligible age-range are excluded; on average, about one third of the addresses will be excluded from each sampling point.

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 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). Sometimes, an interviewer will be making a selection of up to 3 households within an address for inclusion in the study. The interviewer will send you details of any additional households that have been selected (see section 12.5).

The interviewer's next task is to identify all the persons aged 16-64 who live in each of the households and select one at random in each for interview.

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 addresses at which no-one has co-operated with the survey.

12.2 Serial Numbers

Each respondent interviewed by the interviewer 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). This will range from 001 to 312. 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 will run from 01 to 45 (or 47) within each sampling point (postcode sector).
- Household Number** - a one-digit number for each sampled household at the address (number 1, 2 or 3). This is always 1 on the NRFs you are originally issued with, 2 and 3 are used for additional households selected by the interviewer at an address.
- Check Letter (CKL)** - a letter of the alphabet.

For example, a respondent's serial number could be 003 12 1 K.

The serial number is found on the address label at the top of the Nurse Record Form.

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 list of the 45 or 47 addresses in the sampling point you and your interviewer are covering. You will also be given a Nurse Sample Sheet (NSS, on yellow paper). This tells you the postcode sector in which you will be working, and its point number.

The NSS is divided into 47 rows - one for each address sampled in the postcode sector. These have been numbered 01 to 47. 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 be able to account for all the 45 or 47 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 12.1 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. An example of a partially-completed NSS is shown on page 19.

12.4 Nurse Record Form (NRF)

You will be given either 45 or 47 of these forms, depending on the number of addresses selected in the sampling point.

Although there may be nothing for you to do at some of the addresses (see below), the interviewer will contact you about each address so that you can check that they have all been dealt with by the interviewer-nurse team, and that none have been missed by either of you.

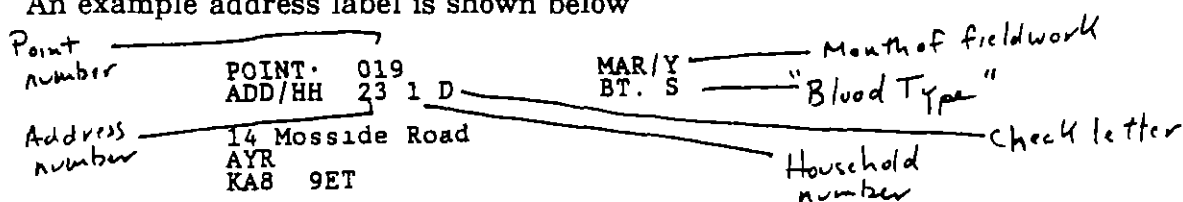
If there is more than one household at an address at which an interview has been carried out, you will be sent extra NRFs by the interviewer to cover Household Numbers 2 and 3 as necessary. These extra households will also need to be accounted for on the NSS. (If the interviewer was unsuccessful in getting the interview at one of the extra households, s/he will not complete a NRF for that household.)

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

At the top of page 1 on the NRF, you will find a label containing

- the address
- the serial number (all labels are for Household No 1, so HH = 1 on all address labels)
- a code showing if vitamin/fatty acid analyses will be done (BT S is for standard blood tests only, BT V is for vitamin/fatty acid tests)
- the month of fieldwork

An example address label is shown below



To the left of the label, you will need to write in your own name and nurse number. You should also write in the name of the interviewer who is covering the address.

The interviewer will contact you about every address issued. When the interviewer calls, you will need to code the "Interview outcome" in the middle of the page by ringing either code A or code B.

Code A = the respondent has agreed to a nurse appointment

Code B = no nurse appointment has been made (including situations where the interviewer found that the address was empty, as well as ones where the selected respondent refused to be interviewed or to be visited by a nurse, or where no-one in the household was found in the eligible age-range)

If Code A applies, the interviewer will give you the details needed to complete Q2-Q7 on the front page of the NRF. You should enter the full name and title of the respondent, his/her age and telephone number (if known), the date of the interview and the appointment details (date and time).

Below Q7 there is space for you to write in other information, including the location of the household within the address (if there is more than one household living there), and any tips about the household location or the respondent that the interviewer feels you might find useful.

On your NSS, you should enter the date the details were phoned through by the interviewer and enter code A (in the fourth column).

How you complete the rest of this form is covered in Section 14.

If Code B applies, there is nothing for you to do at this household. All you need to do is ring outcome code 60 on the back of the NRF, and note on your NSS the date the details were phoned through to you and enter code B.

An example of a completed NRF is shown on page 20.

12.5 Additional households

The procedure for additional households (HH No 2 and 3) at an address is somewhat different. When a nurse appointment has been arranged in HH No 2 or 3, the interviewer will complete an extra NRF and post it to you. The interviewer will complete the details in the top left, showing the serial number, address, blood sample type, and month of issue. The interviewer will also ring outcome code A or B.

If code A is rung (ie, an appointment has been made for you), the interviewer will complete the details at Q2-Q7 and write in any other useful information before sending the NRF to you. You need to write in your name and nurse number, and complete page 2 of the NRF.

If code B is rung, the interviewer will send the NRF straight back to the office.

EXAMPLE

Head Office 35 NORTHAMPTON SQUARE
LONDON EC1V 0AX
Tel 071 250 1866 Fax 071 250 1524



Field and DP Office 100 KINGS ROAD
BRENTWOOD ESSEX CM14 4LX
Tel 0277 200600 Fax 0277 214117

NURSE SAMPLE SHEET

No ADDRESSES 45 / 47

P1394 SCOTTISH HEALTH SURVEY 1995

POINT 019 SURVEY MONTH 03 POSTCODE SECTOR VA8 9
NURSE NAME Margaret Evans NUMBER 2052 N1

SUPERVISOR NAME _____	To be supervised this month YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TELEPHONE NUMBER _____
-----------------------	--	------------------------

Address serial number	Household serial number	Date details 'phoned through	Inteviewer outcome A or B	If outcome A Date of nurse interview	Date NRF posted to office	NOTES
01	1	10/3	A	11/3	12/3	5pm appt
	2					
	3					
02	1	6/3	B		7/3	
	2					
	3					
03	1	6/3	B		7/3	
	2					
	3					
04	1	6/3	A	8/3	9/3	10am appt 6:30pm appt
	2	6/3	B		7/3	
	3	12/3	A	15/3		
05	1	12/3	B		12/3	
	2					
	3					
06	1					
	2					
	3					
07	1					
	2					
	3					
08	1					
	2					
	3					
09	1	8/3	A	10/3	11/3	8pm appt
	2					
	3					

P1394

SCOTTISH HEALTH SURVEY
NURSE RECORD FORM (NRF)

POINT: 019 MAR/Y
ADD/HH: 22 1 S BT: S

14 Moor Road
AYR
KA8 9EP

BT:

INTERVIEWER: Carol Smith

NURSE NAME: Margaret Evans

NURSE NUMBER:

2	0	5	2	N	1
---	---	---	---	---	---

1. INTERVIEWER OUTCOME:

	<u>RING</u>	<u>NURSE TO DO</u>
Nurse appointment made	(A) →	Complete Q2 - Q12
Nurse appointment NOT made	B →	Ring outcome code 60 overleaf and return NRF to office

DETAILS AT Q2-Q7 PROVIDED BY INTERVIEWER

2. RESPONDENT'S FULL NAME AND TITLE (MR/MRS/MS) Mrs Sarah Daniels

3. RESPONDENT'S TELEPHONE NUMBER 01292 635766

4. DATE OF INTERVIEW

D	D	M	M	Y	Y
1	0	0	3	9	5

5. RESPONDENT'S AGE

4	8
---	---

6. APPOINTMENT DATE

D	D	M	M	Y	Y
1	5	0	3	9	5

7. APPOINTMENT TIME

1	7	3	0
---	---	---	---

Household location details/Useful tips

Flat No. 3

13. CARRYING OUT THE INTERVIEW

You will use two documents (plus an associated Drug Coding Booklet) during your interview with a respondent - the **Nurse Schedule** and the **Consent Booklet**

You work through the Nurse Schedule systematically, starting with Question 1. 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
- their lung function results 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 written consent before a blood sample can be taken

The Consent Booklet also contains the despatch note which accompanies the blood sample tubes when they are despatched to the laboratory. There are two notes. Despatch Note 2 is used when blood samples are posted to the West Middlesex laboratory, Despatch Note 3 is used when delivering blood samples to the local laboratory for the vitamin/fatty acid analysis

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 Q2 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 Q9a for an example. This is 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 understood 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

Immediately before you start to carry out measurements on a respondent, complete the front page of the Nurse Schedule and the first half of page 1 of the Consent Booklet.

Never do this in advance of the visit to the household.

Check carefully that you have entered the respondent's correct serial number..Do NOT prepare these documents in advance of your visit, as there is a serious danger that you will use the wrong set of documents for the wrong person. It is all too easy to do in the stress of the moment.

The Consent Booklet

Use a black pen when completing the booklet, and ensure that signatures are always in pen, not pencil. Use capital letters and write clearly. Do not erase any of the personal information. If necessary, cross out errors and re-write so that any corrections can be seen.

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 (i.e. December), 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, write in the name of the respondent's parents if the respondent is aged 16 or 17.

At Item 7 you write in the name, address and telephone number of the respondent's GP, if the respondent gives consent for their blood pressure, lung function and/or blood test results to be sent to their GP. If a respondent does not

know the name of their GP, leave the top line blank (otherwise the computer will send out a nonsense letter like *Dear Dr Ash Grove Practice*)

At Item 8 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, ring code 1

Item 9 is very important You record here the outcome of your requests for permission for

- a) the blood pressure results to be sent to the GP
- b) the lung function results to be sent to the GP
- c) a sample of blood to be taken
- d) the blood sample results to be sent to the GP
- e) a small amount of blood to be stored for future use
- f) their blood sample results be sent to them

By the end of the interview every respondent should have **SIX** codes ringed at Item 9

There are three Consent Sheets contained in this booklet

BP Blood pressure information to GP consent form

LF Lung function information to GP consent form

BS Blood sample consent form, which is in three parts part I obtains consent to take blood, part II obtains consent to give the results to the GP, and part III obtains consent to store part of the blood

The last three pages of this booklet are despatch notes for blood samples
Despatch 1 is a copy of the samples sent to West Middlesex and, if relevant, delivered to the local laboratory, this is returned to the office with the rest of the booklet, **Despatch 2** is a tear off sheet to go with the samples to the West Middlesex, **Despatch 3** is a tear off sheet to go with the samples delivered to local labs (and is only used in the sampling points where extra blood has been taken for vitamin/fatty acid analysis)

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 **FIRST** 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.

13.3 Carrying out the interview

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

Qs 1 - 8

- Q1 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.
- Q2 You need to check if the respondent is pregnant as this affects what you do. You will not be taking any measurements or blood samples from pregnant women. 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.

Do not probe for the contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. It has however been 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.

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 six-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

Remember to ask part b) of Q4

Coding the medicines

Drugs are to be coded using the British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate

You have a copy of the BNF (make sure it is the 1995 version) in your Dinamap bag. You also have a Drug Coding Booklet which lists the 200 most commonly used drugs in alphabetical order and gives their BNF classification code

Taking *Premarin* as an example, the alphabetic listing gives the entry 06 04 01. Enter this in the boxes provided on the Nurse Schedule headed "BNF code"

Alternatively, if you had looked up *Premarin* in the BNF itself, you would have found it listed in section 6 4 1 1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6 4 1. With leading zeros, this becomes 06 04 01

If you cannot find a drug in the BNF, or it has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for

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

- 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, etc)
- Q6-Q7 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.

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

- Q8 This asks about illnesses which involved vomiting or diarrhoea in the past six months. The purpose of these questions is to estimate the prevalence of gastroenteritis and/or food poisoning. We are only interested in cases where someone had three or more loose stools in a 24-hour period; or had loose stools together with abdominal pain, nausea or vomiting; or was vomiting three times or more in a 24 hour period. You should exclude cases where these symptoms were caused by something other than an infection, such as pregnancy, alcohol, or some irritable bowel diseases.

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 are given separately. 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.

Q10-17 Blood Pressure

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

The protocol (section 17) explains how to take blood pressure readings. You will be taking three readings.

- Q10 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. 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 5.
- Q11a Record the Dinamap's SCPR serial number. (Look for the white label). Sometimes we identify an equipment problem and we wish to track down all readings that have been taken using a particular piece of equipment.
- Q11b Record chosen cuff size (see section 17.2).
- Q11c The air temperature may affect blood pressure readings. Record reading here.
- Q11d 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).

Q12 Ring one code at Q12a to show the outcome of your attempt to get blood pressure readings Only ring code 1 if you got three valid readings If you fail to get three valid readings, ring code 2 or 3 or 4 as appropriate Ring code 5 if you did not attempt to take blood pressure for reasons other than a refusal If you get a refusal, ring code 6

If you attempted a reading but failed to get it, ring a code at Q12b to show what the problem was If necessary, write in full details

If you did not attempt a reading, record at Q12c the full reasons why this was so

If you were unable to get any valid blood pressure readings (ie Q12a codes 2 -6), ring consent code 02 on the Consent Booklet

Q13 If you did get one or more 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

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 7 and 8 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 on the front of the card, etc

It is not the purpose of this survey to provide respondents with medical advice Nevertheless, many respondents will ask you what their blood pressure readings mean Section 17 5 contains detailed guidelines on how to inform respondents about their blood pressure readings Make sure you are very familiar with this guidance We want it to be strictly followed It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GPs if their blood pressure is raised

Q18-Q19 - 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 the protocol (section 18). Record measurements to the nearest mm. If the two measurements that you get for waist or hip are very different (eg, they 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 in the correct one by the side.

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

At Q19 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. (Measurements are only coded as unreliable if you think that the clothing the respondent is wearing has affected the measurement by 0.5cm. Unreliable does not refer to any measurement errors that you feel you may have made.)

Offer to write the measurements on the Measurement Record Card. You are given a conversion chart if the respondent wants to know their measurements in inches.

Q20-30 - Lung Function

Three groups are excluded from taking part in this test:

- 1) Pregnant women.
- 2) Anyone who has had abdominal or chest surgery within the last three weeks.
- 3) Anyone who has been admitted to hospital with a heart complaint or stroke within the previous six weeks.

All other respondents are eligible. A full protocol has been provided (section 19). If someone is chairbound, you may take the test with them sitting.

Remember to always calibrate your equipment before you carry out the first test with each respondent.

Always read out the preamble at Q21 before taking the test. It is important that you make the point that you cannot interpret the results in advance of doing the test. Otherwise, respondents may feel you are hiding something from them.

Q20 Check whether the respondent has had abdominal or chest surgery in the past 3 weeks or if they have been admitted to hospital for a heart complaint or stroke in the past 6 weeks. If so, do not carry out the lung function test. Code 04 on the Consent Booklet.

Q22 Make sure you obtain this information. Recent respiratory infections and/or use of medication to aid breathing will obviously affect someone's lung function measurement.

- Q23b Record the SCPR spirometer number Enter the three numbers in the boxes alongside R
- Q23c Record ambient air temperature
- Q24a Get the respondent to carry out 5 blows Record the result of each as it is made Remember to record all three readings Code whether or not respondents technique was satisfactory (Definition of a technically satisfactory blow is given in the protocol section) Respondents should be standing when carrying out the blows, unless they are unable to do so
- Q24b Record whether or not at least one technically satisfactory blow was obtained
- Q24c Record the highest technically satisfactory value obtained for FVC, FEV1 and PF **These do not have to be from the same blow.**
- Q24d Record whether the respondent was standing or sitting
- Q25a Ring one code to show the outcome of your attempt to obtain lung function readings Only ring code 1 if all five blows were obtained In all cases where you attempt to measure lung function but fail to get five blows ring code 2 Ring code 3 if you get a refusal Ring code 4 if you did not attempt to measure lung function for reasons other than a refusal
- Q25b If you obtained less than five blows, record here why this was so
- Q25c Record here why lung function measurements were not attempted/refused
- Q25d If no lung function readings were obtained, circle consent **code 04** on the front of the consent booklet
- Q26-Q30 If you obtained a lung function reading, ask these questions If the person agrees to the results going to their GP, turn to the third page of the Consent Booklet (**Lung Function to GP Consent Form - sheet LF**)

Explain that you have to get written consent in order to send these readings Fill in the respondent name at the top of the form Ask the respondent to sign and date the form

Turn to front Consent Booklet and ring code 03 or 04 as appropriate If Code 03, check you have full details of GP name and address

Then offer to record the lung function readings on the respondent's Measurement Record Card Never attempt to interpret these readings This has to be done in the office, taking other information about the respondent into account

Q31-Q47 - 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 four of the Consent Booklet - **Blood Sample Consent Form - Sheet 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 top of this form.

- Q31 If a respondent is aged 16-17, always obtain written consent from a parent or guardian in advance of taking blood. If a respondent aged 16-17 does not live with a parent/guardian, then you cannot take any blood from them - in which case, ring code 2 at Q31b, go to Q47 and follow the instructions to ring consent codes 06, 08, 10 and 12 on the Consent Booklet. You have then completed your interview with that respondent.
- Q32 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 (except for pregnant women).
- Q32a Check 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.

By clotting or bleeding disorders, we mean conditions such as haemophilia and low platelets, ie, thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reasons these respondents are excluded from blood sampling are that the integrity of their veins is extremely precious and we do not wish to cause prolonged blood loss.

For the purposes of blood taking, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction, an embolus are NOT considered to have clotting disorders.

Some respondents might be taking Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case then **do not** take a blood sample. You will need to check this out, particularly with elderly respondents.

Aspirin therapy is not a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

- Q32b 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 sample.
- If the respondent refuses, record the reason why at c). The pre-codes cover the main reasons that were given by respondents in previous health surveys. Then go to Q47 and ring codes 06, 08, 10, and 12 on the Consent Booklet.
- Q33 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.
- Q34 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 Q47 and code 06, 08, 10 and 12 on the Consent Booklet.
- Q35 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 05 on the Consent Booklet to show that this has been done.
- Q36-
Q39 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 07 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 08 instead.
- Q40 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 09 if storage consent is given. Ring consent code 10 if no storage consent is given.
- Q43 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 for how to proceed. If you obtain a sample, note any problems at Q44. If you do not manage to get any blood explain why not at Q46. If

you do not get any blood ring consent code 12 on the Consent Booklet.

Check the address label to determine if only the standard blood tests will be carried out (BT:S) or if vitamin/fatty acid tests will also be required (BT:V). If only the standard tests, you will take 3 tubes of blood in the following order: plain (red) tube; EDTA (mauve) tube; citrate (blue) tube. If BT:V, after filling those 3 tubes, take a fourth tube, which is also plain (blue); this tube is smaller (6ml) than the first plain tube (9ml).

Q45 If BT:V, we need to check what respondents had eaten in the period before your visit, as this could affect the results. Ask when respondents had last eaten each of the six types of food at Q45b and code the answers in the grid.

Ask **ALL** respondents at Q45c if they would like their blood test results sent to them. If they would, we will send them with a note explaining that the results are best interpreted by their GP. Code 1 at Q45a if the respondent has asked for the results, and also ring code 11 on the Consent Booklet. If the respondent does not want the results, ring code 10 on the front page of the Consent Booklet.

Ensure that you have six codes ringed on the front of the Consent Booklet. If any results are to go to the GP (either consent code 01 or 03 or 07 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 at Q49, 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 West Middlesex lab is described in section 21. Delivering samples for vitamin/fatty acid tests to local processing laboratories is described in section 22..

14. COMPLETING THE NRF AND RETURNING WORK

14.1 Recording the outcome of your attempts to interview and measure

You should complete page 2 of the **Nurse Record Form (NRF)** to report the outcome of your attempts to interview and measure all respondents who your interviewer has fixed up an appointment for.

Q9/10 The codes in these questions are referred to as Outcome Codes. The code you ring will tell the office whether or not you completed the Nurse Schedule, and if not, why this was so.

Code 60 should only be used if there was no interview at the address, or if the interviewer did not make an appointment for you (ie, if the interviewer outcome was code B on page 1)

If the interviewer did arrange an appointment for you to visit the respondent (outcome A), you should use one of the codes 61-88 to record your final outcome

Use code 61 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 the respondent - 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 85-87 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

Q12a-d Complete these for each person you were successful at obtaining an interview with (ie those you coded 61 at Q9)

An example of a completed page 2 is shown overleaf

14.2 Returning work to the office

Post the NRFs, the Consent Forms and the Nurse Schedules back to the office the same day as you send the blood samples to the West Middlesex lab (or in time the following day to catch that day's post). Referral back to GPs and respondents in the event of any serious abnormalities can be seriously delayed if work is not returned promptly by nurses

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 each person are the Consent Booklet, the Nurse Schedule, and the NRF

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 NRF and Consent Booklet and return them in one envelope, send the Nurse Schedule 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 the NSS. It will help sort out queries, should there be any, about work done by you

8. CALLS RECORD (Note all personal visits and telephone calls, even if no reply)

TNC

VISIT 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):	17:30	10:15	18:30									
DATE:												
i) Day (Mon = 1, Tues = 2 etc)	5	6	2									
ii) Date	10	11	14									
iii) Month	03	03	03									

NOTES

- Had to work late - not home for appt.
- Refixed appt for 14/3 at 18:30

9. RECORD FINAL OUTCOME:

RING FINAL OUTCOME CODE

Not to be interviewed (Interviewer outcome B) 60 → END
 NURSE SCHEDULE COMPLETED 61 → Q.12

NURSE SCHEDULE NOT COMPLETED:

- no contact made 81 → END
- refusal by person 82 → Q10
- proxy refusal 83 → Q10
- broken appointment 84
- ill (at home) 85
- ill (in hospital) 86
- away (other reason) 87
- other 88

} Q11

10. REASON FOR REFUSAL:

- Cannot/won't find time 1
- Feels done enough already 2
- Recently had health check/GP knows health 3
- Had enough of medical profession 4
- Doesn't want to know results/tempt fate 5
- Frightened of procedures 6
- Other 7

} END

11. GIVE FULL DETAILS OF BROKEN APPT, ILL, AWAY OR OTHER UNPRODUCTIVE

12a) WAIST-HIP MEASUREMENT:

- obtained 1
- attempted, not obtained 2
- not attempted 3
- refused 4

b) BLOOD PRESSURE:

- at least 1 valid reading obtained 1
- attempted, none obtained 2
- not attempted 3
- refused 4

c) LUNG FUNCTION:

- obtained (at least 1 valid blow) 1
- attempted, none obtained 2
- not attempted 3
- refused 4

d) BLOOD SAMPLE:

- taken (at least 1 tube) 1
- attempted, not obtained 2
- not attempted 3
- refused 4

15. CONTACT NAMES

Your Area Manager is Jenny Jeffery Her telephone number is 01241-852405 Jenny is assisted by Yetta Goran (0141-639-2270) who will also be available to answer any queries

If there are any problems with the interviewer liaison, contact Jenny

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 advise on any aspects of "survey work" - getting cooperation, completing the documents, etc

If you need more supplies or need to contact the Field Department, please phone Loretta Curtis in Brentwood (01277 200600)

The SCPR team (Becky Gray, Bob Erens) 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 0171 250 1866

The survey doctor is Dr Wei Dong She will be available for answering any queries about the study, the equipment used, taking the measurements, etc All such queries should go to Wei Dong unless you need immediate medical advice

In the case of medical emergencies you should contact the Scotland-based doctor, Dr James Repper If you need to contact him, try his pager number (0426 316675), you can leave a message up to 90 characters (eg, your name and phone number) You can also try him at his surgery (the Foresterhill Health Centre, Aberdeen) 01224-696949

THE PROTOCOLS

16. RECORDING AMBIENT AIR TEMPERATURE

16.1 The Thermometer

You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (eg coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it in the appropriate part of the nurse schedule. Always switch it off after taking a reading, to avoid battery problems. The thermometer automatically switches off if you have left it on for more than 7 minutes.

Place the thermometer on a surface near the Dinamap. Do not let the probe touch anything - you can for example let it hang over the edge of a table. Do not put it on top of the Dinamap as it will be warm.

16.2 Instructions for using the thermometer

1. The probe plug fits into the socket at the top of the instrument.
2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.
3. Before taking a reading off the display, ensure that the reading has stabilised.
4. Be careful of the probe - it is quite fragile.
5. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
6. The battery in your thermometer is a long-life battery and should last at least one year. However, should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

17. 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.

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

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

17.1 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

Extra large cuffs are also available from Field Department in Brentwood, should you require one.

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 ('I') 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 88s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

17.2 Preparing the respondent

The respondent should not have eaten, smoked or drunk alcohol in the 30 minutes preceding the blood pressure measurement.

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.

Selecting the correct cuff

Do **not** measure the upper arm circumference. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

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.

17.3 Procedure

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 i.e. 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.

17.4 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. Ask the respondent to sit as still as possible and take the measurement again. **Do not palpate the pulse and do not tell the respondent their pulse is erratic**. If you still get another 844 error reading, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Other error readings are detailed on the side of the Dinamap itself.

17.5 Informing respondents of their blood pressure readings

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

In answering queries about the respondent's blood pressure, 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. 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 the last two of the three 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.

Definitions of raised blood pressure differ slightly. It has been 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 - 179	or	100 - 114
Severely raised	180 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 - 179	or	105 - 114
Severely raised	180 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).

17.6 Action to be taken by the nurse after the visit

The chart below summarises what action you should take as a result of the knowledge you have gained from taking the blood pressure readings. **For this purpose you should only take into account the last two readings** as the first reading from the Dinamap is prone to error for the reason stated above.

The doctor responsible for dealing with queries regarding blood pressure readings is Dr. Repper, based in Aberdeen. To contact him, try his number at his surgery (the Foresterhill Health Centre, Aberdeen) 01224-696949 or his pager number (0426 316675). If for any reason you cannot speak to Dr. Repper, speak to the UCL Survey Doctor, Dr. Wei Dong, on 0171-391-1730. Do not hesitate to contact the survey doctor whenever you feel you need advice about what to do after seeing a respondent.

BLOOD PRESSURE	ACTION
<p>Normal/mild/moderate bp</p> <p>Systolic < 180 mmHg and Diastolic < 115 mmHg</p>	<p>No further action necessary</p> <p>If you feel that the circumstances demand further action, inform Dr. Repper who will then inform the respondent's GP immediately if he deems it necessary.</p>
<p>Severely raised bp</p> <p>Systolic ≥ 180 mmHg or Diastolic ≥ 115 mmHg</p>	<p>Contact Dr. Repper at the earliest opportunity who will inform the respondent's GP.</p> <p>If the respondent has any symptoms of a hypertensive crisis* contact Dr. Repper immediately or call an ambulance. Dr. Repper 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 Dr Repper when they reach the office. If the reading is judged to be high, then Dr Repper 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.

18. MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES

18.1 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).

18.2 Equipment

Insertion tape calibrated in mm, with a metal buckle at one end which is connected to a spring balance.

18.3 Eligibility

The respondent is ineligible for the waist and hip measurement if s/he is

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

If any of the above apply, record this on the Schedule (Q18c on page 11). If there are any other reasons why the measurement was not taken, record this on the Schedule and note down the reason.

18.4 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 Q19b/d.

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

18.5 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. 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. At the same time pull the spring balance to the mark around 600g and then 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.

18.6 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

18.7 Problems 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.

18.8 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.

18.9 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 measurement 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.

18.10 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.

19. LUNG FUNCTION TESTING

19.1 Purpose of test

Lung function tests objectively assess respiratory impairment if it is present. We will be measuring forced expiratory volume in one second (FEV 1), forced vital capacity (FVC) and peak flow (PF). These measures can be reduced for a wide range of reasons, eg physical unfitness, smoking, chronic bronchitis, those who have had poorly controlled asthma for many years, some muscular disorders and many others. At a population level, these measures tell us a lot about the respiratory health of the population, and are also indicators of general health.

The definition of an acceptable level of lung function depends on the person's age, sex and height. A diagnosis of abnormality is not based on measurement on a single occasion but is rather based on several measurements and on the person's clinical history. Prior to making the measurement, we wish you to explain this to the respondents. Q21 of the Nurse Schedule contains a statement you should **always** read out **before** carrying out this test. Explain to the respondent that we are very happy to send the results to their GP if they so wish and the GP can then interpret them in light of their knowledge about the respondent.

19.2 Equipment

The Vitalograph Escort spirometer and case
Power pack
1 litre calibration syringe
Disposable cardboard mouthpieces
2 spare mesh filters

19.3 Eligibility

All respondents, including those chairbound EXCEPT:

- a) Those who are pregnant.
- b) Those who have had abdominal or chest surgery in the preceding three weeks;
- c) Those who have been admitted to hospital with a HEART complaint or stroke in the preceding six weeks.

19.4 Procedure

Since air is a gas, its volume changes with changes in temperature. For this reason room temperature is of critical importance when measuring lung function. To take account of air temperature (and humidity) the spirometer **MUST** be calibrated in each household prior to the first measurement carried out. In addition, the room

temperature must be noted and entered into the spirometer prior to measuring each respondent. It is also important that your equipment is at room temperature when you use it. For this reason, take it out of its container as soon as possible when you enter the house. Otherwise it will be too cold (or in summer too hot!) from being in the boot of your car.

Calibrating the spirometer

Remember, the spirometer **MUST** be calibrated in the household prior to measuring each respondent.

- 1 The first step is to circulate the room air through the calibration syringe and the spirometer. To do this, connect the syringe to the flow head and simply pump through a few litres of air.
- 2 Next you enter the calibration routine of the spirometer. To do this, *hold the spirometer level*, press the arrow button and blue "on" button at the same time, then release both buttons.
- 3 You will see an equipment number displayed, followed by the message "zeroing sensor", then "please wait". The message "pump air" is then displayed.
- 4 Making sure the syringe handle is fully extended, connect the syringe to the flow head. *The handle of the spirometer should be pointing upwards*. Pump in the volume of air from the syringe in a smooth swift stroke, taking approximately 1 second to do so. It is important that the air is pumped in smoothly and swiftly in this way. Be careful not to occlude the outlet of the spirometer with your hand.
- 5 During calibration the message "sampling flow" is displayed. Following this "*" is displayed if the spirometer is calibrated. If a volume is displayed rather than "*", then the unit is not fully calibrated and you must repeat the procedure again by pumping in another litre of air from the syringe. Do this until the "*" is displayed. If you encounter problems during calibration consult the "troubleshooting advice" at the end of this section. If after six attempts the spirometer has not calibrated, remove cone and end cap, check that you have not forgotten to insert a mesh and ensure the cone and end cap are replaced tightly. If calibration is still not possible, abandon procedure and record it on the schedule. Check the equipment later and contact the Field Office immediately for a replacement.
- 6 Then press the C button to switch off.

Performing the test

- 1 The first step is to measure the room temperature. Switch on your thermometer as before. Allow it to settle, then record the temperature on your schedule and switch off.
- 2 Holding the spirometer level, press the blue ON button. The last temperature entered will be displayed. Enter the temperature you have just recorded to the nearest degree. Do this by pressing the arrow button until the correct temperature is displayed. The arrow button allows you to scroll through to 40° C.

Note that the lowest temperature you can enter is 10°C. If the temperature is lower than 10°C or higher than 40°C reliable measurements cannot be made and spirometry must be deferred until the room heats up/cool down or be abandoned. If the latter is the case, note it on the appropriate part of the Schedule.

- 3 When the correct temperature is displayed, press the on button again. The display will read "zeroing sensor" followed by "please wait", then " perform test".
- 4 Instruct the respondent to blow as described in the next section. As the respondent is blowing the message "sampling flow" is displayed. The FVC is then displayed in litres (L). Record this in your nurse schedule in the appropriate box. Press the arrow button again and the FEV1 will be displayed. Record this too. Press the arrow again and the PF (Peak Flow) will be displayed. Record this. Then record whether the blow has been technically satisfactory (this, is defined below).
- 5 Press the C button to clear the results and then press the ON button to start again. The temperature will be displayed again. This time you can ignore it as the room temperature will not have changed much from the first blow. **It is very important that you press the C button before the ON button. If you do not do this the screen will go on to tell you the results of the best blow rather than each individual blow.**
- 6 Press the on button again, and get the respondent to blow as before. Repeat the procedure until you have recorded five blows. Don't forget to switch off by pressing the C button .

Instructing the respondent to blow

- 1 The respondent should be in the standing position. If chair bound you can still carry out the test.
- 2 Tight clothing should be loosened.
- 3 Dentures should be worn unless they fit so badly that they become loose and obstruct the airflow.
- 4 Explain to the respondent that the aim of the test is to find out how much air they can blow out and how quickly it is blown out. Then explain that "you must try to blow out as much air as possible as hard and as fast and as completely as you can".
- 5 You should demonstrate the correct technique first , using a mouthpiece unconnected to the spirometer. Explain that the mouthpiece should be held in place by the lips rather than the teeth and the lips should be wrapped firmly around it. Demonstrate a blow.
- 6 Attach a clean disposable mouthpiece to the flow head. Explain to the respondent that they must now make their first attempt.

- 7 Instruct the respondent to take as deep a breath as possible and then to hold the mouthpiece with their lips *The respondent should hold the spirometer with the handle downwards*
- 8 Then say "now blow" As the respondent is blowing encourage her/him by saying "keep going, keep going, keep going"
- 9 It is important to observe the respondent closely during the blow so that you can note whether it was technically satisfactory and advise her/him how to do it better
- 10 You must attempt to get five blows from each respondent However, there will be some respondents, e g some elderly respondents or those with severe lung disease who are unable to complete five attempts You must strike the right balance between encouragement and over-insistence If five blows are not obtained you should record the reason for this on your schedule

Technically unsatisfactory blows

A technically unsatisfactory blow is any of the following

- 1 An unsatisfactory start, eg excessive hesitating or a "false start" If you see * on either side of the *FEV1* then this tells you that it is an excessively slow start
- 2 Laughing or coughing especially during the first second of the blow Many people will cough a little towards the end of their effort but this is acceptable
- 3 Holding the breath in (i e a valsalva manoeuvre)
- 4 A leak in the system or around the mouthpiece This would include those where the mouthpiece is not firmly held by the lips
- 5 An obstructed mouthpiece e g tongue in front of the mouthpiece or false teeth obstructing the mouthpiece
- 6 Note that a result of 0 00 on an FEV1 also means that the test has not been carried out properly

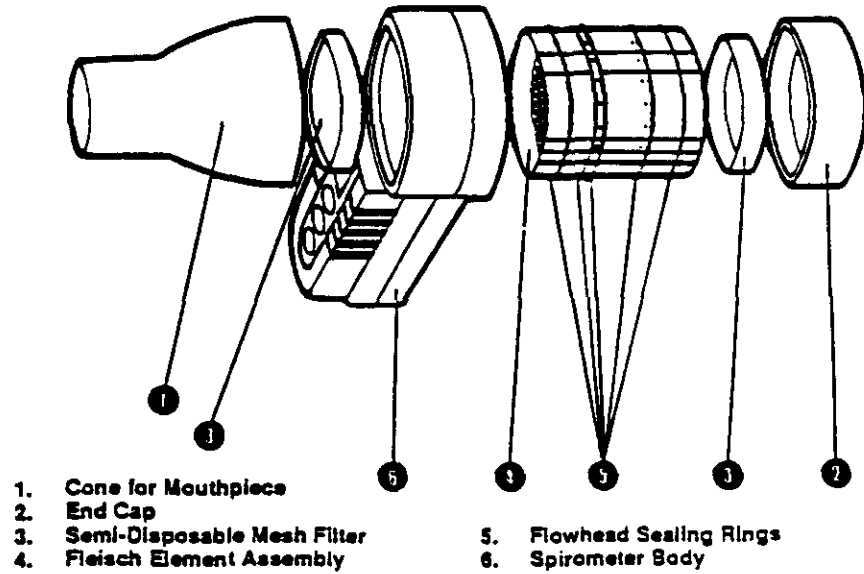
19.5 Cleaning procedure for the Escort spirometer

For the respondent's safety, the mouthpieces you use are valved so that it is not possible to inhale through them Please always ensure that you use a new disposable mouthpiece for each respondent The mouthpiece may be given to the respondent to dispose of in their own household rubbish It is not necessary to clean equipment between households It is essential, however, that the filters are removed and cleaned each evening (see diagram below)

- 1 Remove the cone (1) and end cap (2) from each end of the flowhead Do not disassemble the remaining part of the spirometer
- 2 Remove the filter meshes (3)

- 3 Replace with the two clean spare mesh filters. Put the deep edge of the plastic rim facing towards the centre of the spirometer.
- 4 Wash the soiled filters carefully in warm soapy water and rinse thoroughly with clean water. The filters should be left overnight to dry out completely.

The Structure of the Spirometer (diagram)



19.6 Important points to note

- 1 When fully charged from the power supply unit provided, a test duration of at least 90 minutes can be expected. After the "LOW BATTERY" message first flashes on the screen, only a further 1 minute of valid testing can be guaranteed after which the unit must be recharged or operated from the mains supply to carry out further tests.

The spirometer should be charged immediately before each visit. Take with you the power pack, in case of battery failure.

- 2 Whenever the "ON" button is pressed to perform a new test, ensure that the spirometer is placed on a flat surface with the mouthpiece pointing upwards.
- 3 The respondent should hold the unit with the handle pointing **downwards** during the testing. This is different to the procedure during calibration when the handle should be pointing upwards.

19.7 Fault finding guide

PROBLEMS

SOLUTIONS

Nothing is displayed when the 'ON' button is pressed

Connect to PowerSAFE as battery may be discharged
ON button not being held down long enough

False readings suspected. Ensure unit is being held correctly during test.

Recalibrate

Calibration values vary greatly

Ensure the correct calibration procedure is being followed
Start calibration syringe stroke sharply

Unit remains in ZEROING SENSOR mode

Ensure the ambient air temperature is within
the specified operating temperature

Unit does not operate for the specified length
of time when battery is fully charged

Replace battery

PUMP AIR stays on screen instead of calibration result

Not a smooth system of air from the calibration syringe
Too long a delay between switching on and pumping air through
Handle of spirometer not directed upward when calibrating
Occluding the end cap with your hand

20. BLOOD SAMPLE COLLECTION

20.1 Eligibility

Do not take a blood sample from 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
- e) Are **currently** on Warfarin therapy

NB: See page 30 for a fuller description about clotting or bleeding disorders.

20.2 Purpose

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

For all respondents, the blood will be analysed for total serum cholesterol, HDL cholesterol, fibrinogen, haemoglobin, ferritin, gamma GT and serum cotinine. For a sub-group of respondents (in 5 sampling points each month), the blood will also be analysed for vitamins A,C,E and carotenoids and the fatty acid composition of cholesterol esters; respondents receiving these additional blood tests are shown as "BT:V" on the address label on the NRF.

Cholesterol and fibrinogen are being measured because raised levels are associated with higher risks of heart attacks. 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. Vitamins are being measured because it is thought that they might offer protection against heart disease. Fatty acids will show the type of fat eaten in the diet, which is also related to CVD.

20.3 Equipment

All nurses will have the following equipment

Tourniquet	Vacutainer holder
Alcohol swabs	Vacutainer needles 21G
Dental roll	Butterfly needles 23G
Rubber gloves	Needle disposal box
Adhesive dressing	Vacutainer 9 ml plain tube
Plastic postal containers	Vacutainer 2 ml EDTA tube
Padded envelopes	Vacutainer 4 ml citrate tube
Sealable plastic bags	
Kitchen roll	
Micropore tape	
Set of labels for blood sample tubes	

Nurses working in sampling points where "BT V" is shown will also have

cold box	Vacutainer 6 ml plain tube
cold packs	
plastic bags	

For all respondents, the tubes should be filled in the following order

- Plain tube (red cap) (9ml)
- EDTA tube (lavender cap) (2ml)
- Citrate tube (blue cap) (4ml)

When vitamins/fatty acids are being analysed (BT V sampling points), a fourth tube should then be filled

- Plain tube (blue cap) (6ml)

The tubes must 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

20.4 Getting consent

Before taking blood from 16-17 year olds, you must make sure that you always get both the respondent's own signature and the signature of their parent or person who has legal parental responsibility. Remember that even if 16/17 year old respondents are married and not living with their parent or person who has legal parental responsibility, you cannot take blood until you have their parent's consent

It is not sufficient to simply have one signature at item I-III on the BS page of the Consent Booklet. You must make sure you have all relevant signatures

20.5 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.

- 4 Put on your rubber gloves at this point.

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

20.6 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 tube with the red cap followed by the lavender EDTA tube and then the blue citrate tube (and finally, in BT:V sampling points, the plain tube with the blue cap). 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 unless the respondent is insistent that another attempt be made. Under no circumstances, should you make a fourth attempt. Record the number of attempts on the Nurse 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.

20.7 Fainting respondents

If a 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.

20.8 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 Dr Dong who will contact your local hospital.

20.9 Needle stick injuries

Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform Rachel Tucker at UCL.

20.10 Respondents who are HIV or Hepatitis B positive

If a respondent **volunteers** that they are HIV or Hepatitis B positive, do **not** take a blood sample. Record this as the reason on the Schedule. **You should never, of course, seek this information**

21. SENDING BLOOD SAMPLES TO THE WEST MIDDLESEX LABORATORY

The blood samples (first 3 tubes) 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. (If you are in a BT:V sampling point and have taken 4 tubes of blood, the following instructions apply to the first 3 tubes only; the fourth tube will be taken to a local processing laboratory - see section 22.)

21.1 Labelling the Blood Tubes

Label the tubes as you take the blood. It is **vital** that you do not confuse respondents' blood tubes.

Use the set of serial number and date of birth labels (green) 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 has had problems reading some nurses' writing on the English survey. Make sure you use **black biro** - it will not run if it gets damp. Check the date of birth with the respondent again verbally.

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

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 person's 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!

21.2 Packaging the blood samples

Pack the tubes for each respondent separately from those of other respondents. All the tubes from one person can be packed together in one container.

The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

- 1 You are supplied with plastic containers designed to take tubes. Place the filled tubes in a container. Press the two halves of the container firmly together.
- 2 Wrap a piece of kitchen towelling paper around the plastic container.
- 3 Place the wrapped container into the resealable plastic bag (in your supplies), with the opening of the bag covering the hinged part of the plastic container. Ensure that the bag is sealed.
- 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 2 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 1

21.3 Checking blood sample outcome

Check that your code for blood sample outcome at Q12d on the NRF is correct

21.4 Completing the Blood Despatch Note (DESPATCH 2)

The Consent Booklet contains a despatch note that should be filled in and sent to the laboratory with the blood sample **Be sure you use the correct despatch note; use DESPATCH 2 for sending blood samples to the West Middlesex laboratory.**

- * Enter the respondent's serial number very carefully 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 2 and 3
- * At Item 4 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
- * Complete Item 5
- * At Item 6, ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood Your entry here should correspond to your entry at Item 9e on the front page of the booklet
- * At Item 7 enter your SCPR Nurse Number

Tear off this despatch note and send with the blood to the laboratory

Complete the **Office Despatch Note (DESPATCH 1)** on the previous page of the Consent Booklet This tells us the date you sent samples to the lab and indicates what we should expect back from the laboratory You complete the top part only (Q1,2, 3a and b) for tubes sent to the West Middlesex lab

22 DELIVERING BLOOD TO LOCAL PROCESSING LABORATORIES

If you are working in a BT:V sampling point, you will have taken a fourth tube of blood which will be analysed for vitamins/fatty acids. This needs to be taken to one of the local processing laboratories within **4 hours** of venepuncture.

You will be given the name of your local processing laboratory and a contact name there before you start work. You should contact this person before delivering your first sample to warn him/her when to expect deliveries on a regular basis. If you require any assistance, contact your nurse supervisor for advice. Contact Dr Dong if you have any problems with the lab.

22.1 Packaging and delivering the blood sample

- 1 Label the fourth tube (which is a 6ml plain tube, blue cap) with a green serial number and date of birth label.
- 2 After venepuncture, the tube must immediately be placed inside the coffin (plastic container), then put in a plastic bag and finally in a jiffy bag. This will protect the sample from exposure to sunlight. (The containers may be re-used unless they become contaminated.)
- 3 It is vital to leave the tube at room temperature to clot. Do not let it become exposed to excessive heat (eg, in the back of your car).
- 4 Deliver the tube as soon as possible (and definitely within 4 hours of venepuncture) to your contact at the local hospital laboratory. If the named contact at the laboratory is unavailable for any reason, ask to speak to a colleague of the named person instead. Do **not** leave the sample in Reception, but always make sure that you hand them over to someone who can deal with them immediately.
- 5 You should also write the serial number and date of birth on **two** extra green labels; these should be left at the lab along with the despatch note (see below).

22.2 Completing the Blood Delivery Note (DESPATCH 3)

The Consent Booklet contains a delivery note that should be filled in and handed over to the laboratory with the blood sample. **Be sure you use the correct despatch note; use DESPATCH 3 when delivering blood samples to the local laboratory.**

You need only complete the top half of despatch note 3:

- * Enter the respondent's serial number very carefully. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial number you have recorded on the tube.
- * Complete items 2-5. (Use the end of interview time to estimate the time blood was taken.)
- * At Item 6 enter your SCPR Nurse Number.
- * At item 7, write in the name of the hospital/laboratory you delivered the blood to.

Do not complete the bottom half of the form; this will be completed by the local laboratory. **Tear off this despatch note and hand it over with the blood to the laboratory, along with two more serial number/date of birth (green) labels. Inform the lab verbally about how long ago the blood was taken.**

Complete the bottom part of **Office Despatch Note (DESPATCH 1)** in the Consent Booklet. This tells us the name of the lab you delivered the blood to along with the date of delivery. You complete the bottom part only (Q1,2,3) for tubes delivered to local labs.

THE SCOTTISH HEALTH SURVEY 1995

CAPI QUESTIONNAIRE DOCUMENTATION

INTRODUCTION

All

Area

Sample Point Number

Range 1 997

Address

Address Number

Range 1 47

Hhold

Household Number

Range 1 3

First

INTERVIEWER FOR INFORMATION You are in the questionnaire for

Area No (*Area number*)

Address No (*Address number*)

Household No (*Household number*)

IntDate

PLEASE ENTER DATE OF INTERVIEW

Date

StrtTime

INTERVIEWER PLEASE ENTER THE CURRENT TIME USE A 24 HOUR CLOCK

Range 0 23 59

NAdults

I would like to start by asking some details about your household Including yourself, how many people are there aged 16 or older in this household? (HOUSEHOLD = PEOPLE SHARING AT LEAST 1 MEAL A DAY, OR SHARING LIVING ACCOMMODATION)

Range 1 12

NChild

How many children aged under 16 live in this household?

Range 0 10

TotPers

So altogether, there is/are (*number of people recorded*) people in your household?

1 Yes

2 No

Name

INTERVIEWER TYPE IN FORENAME OF RESPONDENT

FORENAME

Text Maximum [15] characters

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If 2 or more adults in household

What is the name of the (*nth person*) aged 16 or over in the household?

If Person Number > 1

ReltoRsp

What is (*NAME'S*) relationship to you?

- 01 Wife
- 02 Husband
- 03 Partner
- 04 Child (incl step or adopted or non-related foster)
- 05 Son-in-law or daughter-in-law
- 06 Parent/Step-parent
- 07 Parent-in-law
- 08 Brother or sister (including step)
- 09 Grandchild
- 10 Other relative by blood, marriage or adoption
- 11 Non-relative

For all adults in household

Sex

INTERVIEWER CODE (*NAME'S*) *SEX*

- 1 Male
- 2 Female

If Person Number=1

DoB

What is your date of birth?

ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS),
YEAR IN NUMBERS Eg 2 Jan 72

For all adults in household

Age

Can I check, what was *your/(NAME'S)* age last birthday?

Range 0 120

MarStat

What is *your/(NAME'S)* marital status READ OUT AND CODE FIRST TO APPLY

- 1 married,
- 2 co-habiting,
- 3 widowed,
- 4 divorced,
- 5 separated,
- 6 or single and never married?

If NChild=>1, then for each child

Name

Enter name of (*next*) eldest child (aged under 16)

Text Maximum [15] characters

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

ReltoRsp

What is (*NAME'S*) relationship to you?

- 01 Wife
- 02 Husband
- 03 Partner
- 04 Child (incl step or adopted or non-related foster)
- 05 Son-in-law or daughter-in-law
- 06 Parent/Step-parent
- 07 Parent-in-law
- 08 Brother or sister (including step)
- 09 Grandchild
- 10 Other relative by blood, marriage or adoption
- 11 Non-relative

Sex

INTERVIEWER CODE (*NAME'S*) SEX

- 1 Male
- 2 Female

Age

Can I check, what was (*NAME'S*) age last birthday?

IF LESS THAN ONE YEAR, CODE 0

Range 0 15

GENERAL HEALTH

All

GenHelf

Now I'd like to ask you some questions about your health How is your health in general? Would you say it is

READ OUT

- 1 very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

LongIll

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?

- 1 Yes
- 2 No

If LongIll (or More)=Yes

IllsM (*Maximum of 6 illnesses*)

What (else) is the matter with you?

INTERVIEWER RECORD FULLY PROBE FOR DETAIL

Text Maximum [50] characters

Variable names for text are IllsM1 - IllsM6

Limit

Does this limit your activities in any way?

- 1 Yes

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

2 No

More

Anything else?

1 Yes

2 No

Illcod01 - Illcod45 Type of longstanding illness

Up to 6 2-digit entries coded from IllsM1-IllsM6

All

LastFort

Now I'd like you to think about the two weeks ending yesterday. During those two weeks did you have to cut down on any of the things you usually do about the house (or at school/work) or in your free time because of (a condition you have just told me about or some other) illness or injury?

1 Yes

2 No

If LastFort=Yes

DaysCut

How many days was this in all during these 2 weeks, including Saturdays and Sundays?

Range 1 14

SYMPTOMS OF THE CHEST

All

Chest

I am now going to ask you some questions mainly about symptoms of the chest. Do you have any pain or discomfort in your chest?

1 Yes

2 No

If Chest=Yes

Uphill

Do you get it when you walk uphill or hurry?

1 Yes Yes

2 No No

3 SomeTime Sometimes/Occasionally

4 NoUp Never walks uphill or hurries

5 No Walk (Cannot walk)

If Uphill=Sometime

Most1

Does this happen on most occasions?

1 Yes

2 No

If Uphill=Yes/Sometime/NoUp

OrdPace

Do you get it when you walk at an ordinary pace on the level?

1 Yes Yes

2 No No

3 SomeTime Sometimes/Occasionally

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

4 NoPace Never walks at an ordinary pace on the level

If OrdPace=SomeTime

Most2

Does this happen on most occasions?

- 1 Yes
- 2 No

If Uphill=Yes or OrdPace=Yes or Most1=Yes or Most2=Yes

WalkDo

What do you do if you get it while you are walking? Do you stop, slow down or carry on?

IF RESPONDENT UNSURE, PROBE What do you do on most occasions?

- 1 Stop Stop
- 2 SlowDwn Slow down
- 3 CarryOn Carry on

If WalkDo=Stop/SlowDwn

PainAway

If you stand still does the pain go away or not?

IF RESPONDENT UNSURE, PROBE What happens to the pain on most occasions?

- 1 Away Pain goes away
- 2 Stays Pain doesn't go away

If PainAway=Away

SoonAway

How soon does the pain go away? Does it go in READ OUT

- 1 TenLess 10 minutes or less,
- 2 MoreTen or more than 10 minutes?

If SoonAway=TenLess

ShowPain [multicode] Showpa11 - Showpa16

Will you show me where you get this pain or discomfort?

INTERVIEWER USE CARD A TO HELP CODE POSITION OF PAIN OR DISCOMFORT

CODE ALL THAT APPLY PROBE Where else?

- 1 Sternum (upper or middle)
- 2 Sternum lower
- 3 Left anterior chest
- 4 Left arm
- 5 Right anterior chest
- 6 Right arm
- 7 (Somewhere else)

If Chest=Yes

SevPain

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1 Yes
- 2 No

If SevPain=Yes

DocSee

Did you see a doctor because of this pain?

- 1 Yes

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

2 No

If DocSee=Yes

DocWhat [multicode] **DocWhat1 - DocWhat2**

What did the doctor say it was?

CODE ALL THAT APPLY

- 1 Angina
- 2 Heart attack
- 3 Did not say
- 4 Other

All

ECGEver

Have you ever had an electrical recording of your heart (ECG) performed?

- 1 Yes
- 2 No

If ECGEver=Yes

WhereECG [multicode] **Whereec1 - Whereec4**

Where did you have it? CODE ALL THAT APPLY PROBE Where else?

- 1 Hospital (inpatient)
- 2 Hospital (outpatient)
- 3 GP Surgery
- 4 Other

WhenECG

How long ago was this?

TYPE IN NUMBER OF YEARS AGO IF MORE THAN ONE, TAKE LAST OCCASION

LESS THAN ONE YEAR = 0

Range 0 64

CARDIOVASCULAR PROBLEMS

All

Flegm

Do you usually bring up any phlegm from your chest, first thing in the morning in winter?

- 1 Yes
- 2 No

If Flegm=No/Don't know

FleDa

Do you usually bring up any phlegm from your chest, during the day or at night in the winter?

- 1 Yes
- 2 No

If Flegm=Yes or FleDa=Yes

FreFl

Do you bring up phlegm like this on most days for as much as three months each year?

- 1 Yes
- 2 No

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If Uphill \diamond NoWalk

SoBUp

Are you ever troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- | | | |
|---|-------|--------------------------------|
| 1 | Yes | Yes |
| 2 | No | No |
| 3 | NevWk | Never walks up hill or hurries |
| 4 | NotWk | Cannot walk |

If SoBUp = Yes/NevWk/Don't know

SoBAG

Do you get short of breath walking with other people of your own age on level ground?

- | | |
|---|--|
| 1 | Yes |
| 2 | No |
| 3 | Never walks with people of own age on level ground |

If SoBAG=Yes/No

SoLev

Do you have to stop for breath when walking at your own pace on level ground?

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

All

Wheeze

Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

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

ShBrth

Have you at any time in the past 12 months been woken at night by an attack of shortness of breath?

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

WhzAttk

Have you ever had attacks of shortness of breath with wheezing?

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

If WhzAttk=Yes

Normal

Is/Was your breathing absolutely normal between attacks?

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

If Uphill \diamond NoWalk and SoBUp \diamond NotWk

LegPain

Do you get a pain or discomfort in either of your legs which comes on when you walk?

INTERVIEWER EXCLUDE NON-CARDIOVASCULAR PROBLEMS SUCH AS RHEUMATISM AND SCIATICA

- | | |
|---|-------------|
| 1 | Yes |
| 2 | No |
| 3 | Cannot walk |

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If LegPain=Yes

StanSit

Does this pain ever begin when you are standing still or sitting?

- 1 Yes
- 2 No

WalkUp

Do you get it if you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

LevelOrd

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Never walks at an ordinary pace on the level

Still

What happens if you stand still? Does the pain usually READ OUT

- 1 continue for more than 10 minutes,
- 2 or disappear in 10 minutes or less?

WhereP [multicode] Wherep1-Wherep3

Where do you get this pain or discomfort?

CODE ALL THAT APPLY

- 1 Calf muscle
- 2 Thigh or buttocks
- 3 Other area

All

CVD1

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)

Do you now have, or have you ever had READ OUT high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

CVD2

Have you ever had angina?

- 1 Yes
- 2 No

CVD3

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

CVD4

And do you now have, or have you ever had READ OUT
a heart murmur?

- 1 Yes
- 2 No

CVD5

abnormal heart rhythm/beat?

- 1 Yes
- 2 No

CVD6

any other heart trouble?

- 1 Yes
- 2 No

If CVD6=Yes

CVD0th

What is that condition?

INTERVIEWER RECORD FULLY PROBE FOR DETAIL

Text Maximum [50] characters

Backcoded into CVD1-8 if appropriate

All

CVD7

Have you ever had a stroke?

- 1 Yes
- 2 No

CVD8

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

If CVD2=Yes

DocTold2

You said that you had angina Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

If DocTold2=Yes

AgeTold2

Approximately how old were you when you were first told by a doctor that you had angina?

TYPE IN AGE IN YEARS

Range 0 64

PastYr2

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

If CVD3=Yes

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

DocTold3

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If DocTold3=Yes

AgeTold3

Approximately how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction and coronary thrombosis)?

TYPE IN AGE IN YEARS

Range 0 64

PastYr3

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

1 Yes

2 No

If CVD5=Yes

DocTold5

Were you told by a doctor that you had abnormal heart rhythm/beat?

1 Yes

2 No

If DocTold5=Yes

AgeTold5

Approximately how old were you when you were first told by a doctor that you had abnormal heart rhythm/beat?

TYPE IN AGE IN YEARS IF BORN WITH IT, CODE 0

Range 0 64

PastYr5

Have you had abnormal heart rhythm/beat during the past 12 months?

1 Yes

2 No

If CVD6=Yes

DocTold6

Were you told by a doctor that you had (*other heart trouble*)?

1 Yes

2 No

If DocTold6=Yes

AgeTold6

Approximately how old were you when you were first told by a doctor that you had (*other heart trouble*)?

TYPE IN AGE IN YEARS IF BORN WITH IT, CODE 0

Range 0 64

PastYr6

Have you had (*other heart trouble*) during the past 12 months?

1 Yes

2 No

If CVD7=Yes

DocTold7

Were you told by a doctor that you had a stroke?

1 Yes

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

2 No

If DocTold7=Yes

AgeTold7

Approximately how old were you when you were first told by a doctor that you had a stroke?

TYPE IN AGE IN YEARS

Range 0 64

PastYr7

Have you had a stroke during the past 12 months?

1 Yes

2 No

If CVD2/3/5/6/7=Yes

Medicin

Are you currently taking any medicines, tablets or pills because of your (*heart condition/stroke*)?

1 Yes

2 No

If CVD2/3/5/6=Yes

Surgery

Have you ever undergone any surgery or operation because of your heart condition?

1 Yes

2 No

If Surgery=Yes

WhenSur

How long ago was this? TYPE IN NUMBER OF YEARS AGO IF MORE THAN ONE OPERATION, TAKE LAST OCCASION LESS THAN ONE YEAR = 0

Range 0 64

If CVD2/3/5/6=Yes

Waiting

Can I just check, are you currently on a waiting list for any such surgery or operation?

1 Yes

2 No

If CVD2/3/5/6/7=Yes

OthTrt

Are you currently receiving any (*other*) treatment or advice because of your (*heart condition/stroke*)?

INCLUDE REGULAR CHECK-UPS

1 Yes

2 No

If OthTrt=Yes

WhatOth [multicode] Whatoth1-Whatoth3

What (*other*) treatment or advice are you currently receiving because of your (*heart condition/stroke*)?

PROBE What else? CODE ALL THAT APPLY

1 Special diet

2 Regular check-up with GP/hospital/clinic

3 Other (RECORD AT NEXT QUESTION)

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

4 *Taking medication*

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If WhatOth=Other

WhatOSp

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into WhatOth

If CVDI=Yes

DocBP

You mentioned that you have had high blood pressure. Were you told by a doctor or nurse that you had high blood pressure?

- 1 Yes
- 2 No

If DocBP=Yes and Sex=Female

PregBP

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

If PregBP=Yes

OthBP

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

If DocBP=Yes and OthBP<=No

AgeBP

Approximately how old were you when you were first told by a doctor or nurse that you had high blood pressure?

ENTER AGE IN YEARS

Range 0 64

MedBP

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No

If MedBP=No/Don't know/Refusal

BPStill

ASK OR RECORD Do you still have high blood pressure?

- 1 Yes
- 2 No

EverMed

Have you ever taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If EverMed=Yes

StopMed [*multicode*] **StpMed1-StpMed2**

Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE What other reason?

TAKE LAST OCCASION CODE ALL THAT APPLY

- 1 Doctor advised me to stop due to - improvement
- 2 - lack of improvement
- 3 - other problem
- 4 Respondent decided to stop because - felt better
- 5 - other reason

If DocBP=Yes and OthBP<>No

OthAdv

Are you receiving any (*other*) treatment or advice because of your high blood pressure?

INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

If OthAdv=Yes

WhatTrt [*multicode*] **Whattrt1-Whattrt4**

What (*other*) treatment or advice are you currently receiving because of your high blood pressure?

PROBE What else? CODE ALL THAT APPLY

- 0 *Advised to stop smoking*
- 1 Blood pressure monitored by GP/nurse
- 2 Advice or treatment to lose weight
- 3 Blood tests
- 4 Other (RECORD AT NEXT QUESTION)
- 5 *Lifestyle in general*
- 6 *Reduce stress*
- 7 *Dietary advice*

If WhatTrt=Other

WhatTSp

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into WhatTrt

If CVD8=Yes

Diabetes

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

If Diabetes=Yes and Sex=Female

DiPreg

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

If DiPreg=Yes

DiOth

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes

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2 No

If Diabetes=Yes and DtOth<>No

DiAge

Approximately how old were you when you were first told by a doctor that you had diabetes?

ENTER AGE IN YEARS

Range 0 64

Insulin

Do you currently inject insulin for diabetes?

1 Yes

2 No

DiMed

Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

1 Yes

2 No

OthDi

Are you currently receiving any (*other*) treatment or advice for diabetes?

INCLUDE REGULAR CHECK-UPS INCLUDE DIETARY TREATMENT/ADVICE

1 Yes

2 No

If OthDi=Yes

OtherDi [*multicode*] **OtherDi1-OtherDi3**

What (*other*) treatment or advice are you currently receiving for diabetes?

PROBE What else? CODE ALL THAT APPLY

1 Special diet

2 Regular check-up with GP/hospital/clinic

3 Other (RECORD AT NEXT QUESTION)

If OtherDi=Other

WhatDSp

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into OtherDi

If CDV4=Yes

Murmur

You mentioned that you have had a heart murmur Were you told by a doctor that you had a heart murmur?

1 Yes

2 No

If Murmur=Yes and Sex=Female

PregMur

Can I just check, were you pregnant when you were told that you had a heart murmur?

1 Yes

2 No

If PregMur=Yes

NoPregM

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Have you ever had a heart murmur apart from when you were pregnant?

- 1 Yes
- 2 No

If Murmur=Yes and NoPregM<>No

AgeMur

Approximately how old were you when you were first told by a doctor that you had a heart murmur?

ENTER AGE IN YEARS IF BORN WITH IT ENTER 0

Range 0 64

MurYr

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

MedMur

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

SurgMur

Have you ever undergone any surgery or operation because of your heart murmur?

- 1 Yes
- 2 No

If SurgMur=Yes

LongMur

How long ago was this?

ENTER NUMBER OF YEARS AGO IF MORE THAN ONE OPERATION, TAKE LAST OCCASION LESS THAN ONE YEAR AGO = 0

Range 0 64

If Murmur=Yes and NoPregM<>No

WaitMur

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

OthMur

Are you currently receiving any (*other*) treatment or advice because of your heart murmur?

INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

If OthMur=Yes

MurOth

What (*other*) treatment or advice are you currently receiving because of your heart murmur?

INTERVIEWER RECORD FULLY PROBE FOR DETAIL

Text Maximum [50] characters

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USE OF HEALTH SERVICES

If any CVD1/2/3/4/5/6/7/8=Yes (any CVD condition)

DocTalk

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?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

- 1 Yes
- 2 No

If DocTalk=Yes

DocNum

How many times have you talked to a doctor in these 2 weeks?

ENTER NUMBER

Range 0 14

Consul [*multicode*] **Consul1-Consul3**

\$TEXT about your (*\$CONDITION/S*) (*CODE ALL THAT APPLY*)

- 01 No
- 02 Yes, about high blood pressure
- 03 angina
- 04 heart attack
- 05 heart murmur
- 06 abnormal heart rhythm
- 07 other heart trouble
- 08 stroke
- 09 diabetes

If DocNum>1, then \$TEXT= Were any of these consultations

If DocNum=1, then \$TEXT= Was this consultation

\$CONDITION/S= high blood pressure/angina/heart attack/heart murmur/abnormal heart rhythm/other heart trouble/stroke/diabetes

If DocTalk ⇔ Yes or Consul=No

LastDoc

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf about your (*\$CONDITION/S*)? PROMPT IF NECESSARY

- 1 Week2 Less than 2 weeks ago
- 2 Wk2Mth1 2 weeks ago but less than a month ago
- 3 Mth1Mth3 1 month ago but less than 3 months ago
- 4 Mth3Mth6 3 months ago but less than 6 months ago
- 5 Mth6Yr1 6 months ago but less than 1 year ago
- 6 YrPlus 1 year or more ago
- 7 NoDoc Never consulted a doctor

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If (LastDoc in (Wk2Mth1 YrPlus) and (more than one CVD condution))

ConCon [multicode] Concon1-Concon4

Which condition was the consultation about? CODE ALL THAT APPLY

- 01 High blood pressure
- 02 Angina
- 03 Heart attack
- 04 Heart murmur
- 05 Abnormal heart rhythm
- 06 Other heart trouble
- 07 Stroke
- 08 Diabetes

If any CVD1/2/3/4/5/6/7/8=Yes (any CVD conditon)

OutPat

During the last 12 months, that is since (date 12 months ago), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

If OutPat=Yes

WhyOutP

Was this because of your (CONDITION/S)?

- 1 Yes
- 2 No

If any CVD1/2/3/4/5/6/7/8=Yes (any CVD conditon)

InPat

During the last 12 months, that is since (date 12 months ago), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

If InPat=Yes

WhyInP

Was this because of your (CONDITION/S)?

- 1 Yes
- 2 No

CONDITION/S= high blood pressure/angina/heart attack/heart murmur/abnormal heart rhythm/other heart trouble/stroke/diabetes

If CVD1-CVD8 all=No (no CVD conditons)

DocTalkN

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?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

- 1 Yes
- 2 No

If DocTalkN=Yes

DocNumN

How many times have you talked to a doctor in these 2 weeks?

ENTER NUMBER

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Range 0 14

If DocTalkN<Yes

LastDocN

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf? PROMPT
IF NECESSARY

- 1 Less than 2 weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than 1 year ago
- 6 1 year or more ago
- 7 Never consulted a doctor

If CVD1-CVD8 all=No (no CVD conditions)

OutPatN

During the last 12 months, that is since (*date 12 months ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

InPatN

During the last 12 months, that is since (*date 12 months ago*), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

All

BPMeas

May I just check, have you ever had your blood pressure measured by a doctor or nurse?

- 1 Yes
- 2 No

If BPMeas=Yes

LastBP

When was the last time your blood pressure was measured by a doctor or nurse? Was it READ OUT

- 1 during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 2 at least 3 years but less than 5 years ago,
- 4 or 5 years ago or more?

NormBP

Thinking about the last time your blood pressure was measured, were you told it was READ OUT

- 1 Normal normal (alright/fine),
- 2 High higher than normal,
- 3 Low lower than normal,
- 4 NoTold or were you not told anything?

If NormBP=High and CVD1<Yes

OnlyHi

Is this the only time your blood pressure has been higher than normal or has it been higher than normal a

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number of times?

- 1 Only time
- 2 A number of times

If NormBP=Normal/High/Low

Numeric

Were you told the numerical value of your blood pressure measurement?

- 1 Yes
- 2 No

If Numeric=Yes

Rememb

Can you remember the numerical value of your blood pressure measurement?

- 1 Yes
- 2 No

If Rememb=Yes

Systol

What was the numerical value?

RECORD SYSTOLIC AT THIS QUESTION AND DIASTOLIC AT NEXT QUESTION

ENTER SYSTOLIC IN mmHg

Range 0 999

Diastol ENTER DIASTOLIC IN mmHg

Range 0 999

All

CHMeas

May I just check, have you ever had your blood cholesterol level measured by a doctor or nurse?

- 1 Yes
- 2 No

If CHMeas=Yes

LastCH

When was the last time your blood cholesterol level was measured by a doctor or nurse? Was it READ

- OUT 1 during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago,
- 4 or 5 years ago or more?

NormCH

Thinking about the last time your blood cholesterol level was measured, were you told it was READ OUT

- 1 Normal normal (alright/fine),
- 2 High higher than normal,
- 3 Low lower than normal,
- 4 NoTold or were you not told anything?

If NormCH=Normal/High/Low

NumCH

Were you told the numerical value of your blood cholesterol measurement?

- 1 Yes

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2 No

If NumCH=Yes

RemCH

Can you remember the numerical value of your blood cholesterol level measurement?

1 Yes
2 No

If RemCH=Yes

CHValue

What was the numerical value?

RECORD VALUE USING DECIMAL POINT IF NECESSARY (VALUES RECORDED IN mmol/l)

Range 0 100

All

HNotAsk

Can I check, do you have any other health problems that I have not asked you about?

1 Yes
2 No

If HNotAsk = Yes

HNotWhat

What are these health problems? DO NOT PROBE

Text Maximum [100] characters

If Sex=Female and Age>24

HRTCurr

Can I check, are you currently on Hormone Replacement Therapy (HRT)?

1 Yes
2 No

If HRTCurr=Yes

HRTLlong

How many years have you been on Hormone Replacement Therapy?

ENTER NUMBER OF YEARS, LESS THAN ONE YEAR = 0

Range 0 64

If HRTCurr=No

H RTPast

Can I check, have you been on Hormone Replacement Therapy in the past?

1 Yes
2 No

If H RTPast=Yes

H RTAge

At what age did you start Hormone Replacement therapy?

Range 0 64

PastHRT

How many years were you on Hormone Replacement Therapy?

ENTER NUMBER OF YEARS, LESS THAN ONE YEAR = 0

Range 0 64

PHYSICAL ACTIVITY

All

Activa [*multicode*] Activa01-Activa12

SHOW CARD B

I'd like to ask you about some of the things you do at work or in your free time that involve physical activity

Which of the activities on this card would you normally take part in during an average week?

CODE ALL THAT APPLY PROBE 'Which others?' UNTIL 'None'

01	Cycle	Cycling/exercise bike
02	Exercise	Exercises (press ups, sit ups, etc)
03	Aerobics	Aerobics/keep fit/gymnastics/dance for fitness
04	Othdance	Other types of dancing
05	Weight	Weight training
06	Swim	Swimming
07	Run	Running/jogging
08	Football	Football/rugby
09	Badmin	Badminton/tennis
10	Squash	Squash
11	Golf	Golf/hillwalking
12	Walk	Other walking of 1 mile or more
13	Other	Other
14	None	None of these

If Activa=Other

OthAct1

INTERVIEWER BRIEFLY DESCRIBE WHAT 'Other' ACTIVITY WAS

Text Maximum [40] characters

Backcoded to Activa

If Activa=Cycle

CycNum

On how many occasions per week do you usually go cycling/use your exercise bike?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

CycTim

How much time do you usually spend cycling/using your exercise bike on each occasion?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

CycGasp

When you go cycling/use your exercise bike do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=Exercise

ExNum

On how many occasions per week do you usually do exercises (press ups, sit ups, etc)?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

ExTim

How much time do you usually spend doing exercises (press ups, sit-ups, etc) on each occasion?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

ExGasp

When you do exercises (press-ups, sit-ups, etc) do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Aerobics

AerNum

On how many occasions per week do you usually do aerobics/keep fit/dance for fitness?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

AerTim

How much time do you usually spend doing aerobics/keep fit/dance for fitness on each occasion?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

AerGasp

When you do aerobics/keep fit/dance for fitness do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=OthDance

DanNum

On how many occasions per week do you usually go dancing?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

DanTim

How much time do you usually spend dancing?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

DanGasp

When you go dancing do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Weight

WgtNum

On how many occasions per week do you usually do weight training?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

WgtTim

How much time do you usually spend doing weight training?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

WgtGasp

When you do weight training do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=Swim

SwiNum

On how many occasions per week do you usually go swimming?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

SwiTim

How much time do you usually spend swimming?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

SwiGasp

When you go swimming do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Run

RunNum

On how many occasions per week do you usually go running/jogging?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

RunTim

How much time do you usually spend going running/jogging?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

RunGasp

When you go running/jogging do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=Football

FooNum

On how many occasions per week do you usually play football/rugby?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

FooTim

How much time do you usually spend playing football/rugby?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

FooGasp

When you play football/rugby do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Badmtn

BadNum

On how many occasions per week do you usually play badminton or tennis?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

BadTim

How much time do you usually spend playing badminton or tennis?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

BadGasp

When you play badminton or tennis do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=Squash

SqaNum

On how many occasions per week do you usually play squash?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

SqaTim

How much time do you usually spend playing squash?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

SqaGasp

When you play squash do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Golf

GolNum

On how many occasions per week do you usually play golf/go hillwalking?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

GolTim

How much time do you usually spend playing golf/going hillwalking?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

GolGasp

When you play golf/go hillwalking do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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If ActivA=Walk

WalNum

On how many occasions per week do you usually go for walks of 1 mile or more?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

WalTim

How much time do you usually spend walking?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

WalGasp

When you go walking do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

If ActivA=Other

OthNum1

On how many occasions per week do you usually do (*other activity*)?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

OthTim1

How much time do you usually spend doing (*other activity*)?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

OthGasp1

When you do (*other activity*) do you usually find yourself READ OUT

- 1 breathing normally,
- 2 breathing faster than normal,
- 3 or gasping for breath?

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All

ActivB

SHOW CARD C

During an average week, would you normally do any heavy housework of the kind listed on this card, or any similar type of heavy housework?

- 1 Yes
- 2 No

If ActivB=Yes

HWNNum

On how many occasions per week do you usually do this kind of heavy housework?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

HWTim

How much time do you usually spend doing this kind of heavy housework?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

All

ActivC

SHOW CARD D

During an average week in the spring or summer, would you normally do any heavy gardening or DIY of the kind listed on this card, or any similar type of heavy gardening or DIY?

- 1 Yes
- 2 No

If ActivC=Yes

Gar1Num

During the spring or summer, on how many occasions per week do you usually do this kind of heavy gardening or DIY?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

Gar1Tim

How much time do you usually spend doing this kind of heavy gardening or DIY during the spring or summer?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

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All

ActivD

SHOW CARD D

During an average week in the autumn or winter, would you normally do any heavy gardening or DIY of the kind listed on this card, or any similar type of heavy gardening or DIY?

- 1 Yes
- 2 No

If ActivD=Yes

Gar2Num

During the autumn or winter, on how many occasions per week do you usually do this kind of heavy gardening or DIY?

- 1 Less than once a week
- 2 Once a week
- 3 2-3 times a week
- 4 4-5 times a week
- 5 6-7 times a week or more

Gar2Tim

How much time do you usually spend doing this kind of heavy gardening or DIY during the autumn or winter?

IF VARIES, ASK RESPONDENT TO GIVE AN AVERAGE TIME

- 1 Less than 10 minutes
- 2 10 minutes, less than 20 minutes
- 3 20 minutes, less than 30 minutes
- 4 30 minutes, less than 2 hours
- 5 2 hours or longer

All

MostEx

Considering all the exercise that you get, would you say that you get most of it READ OUT

- 1 at work,
- 2 going to and from work,
- 3 at home,
- 4 at a recreational facility,
- 5 or elsewhere? (SPECIFY IN NEXT QUESTION)
- 6 (Does not consider self to get any exercise)
- 7 walking about generally
- 8 at school/college
- 9 outdoors (eg, stables, allotments)

If MostEx=Elsewhere

ElsSpec

PLEASE SPECIFY

Text Maximum [50] characters

All

Enough

Do you think you get enough exercise for your age and health?

- 1 Yes
- 2 No

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MoreEx

Would you like to take more exercise?

- 1 Yes
- 2 No

ConsEx [*multicode*] ConsEx1-ConsEx6

SHOW CARD E

Would you consider taking more exercise for any of the reasons shown on this card?

CODE ALL THAT APPLY PROBE What other reason?

- 1 To feel healthier or fitter
- 2 To lose weight
- 3 To look better
- 4 To prevent disease or ill-health
- 5 To enjoy myself
- 6 To reduce stress
- 7 None of these reasons

EATING HABITS

All

UsBread

What kind of bread do you usually eat? Is it READ OUT AND CODE ONE ONLY

- 1 White white,
- 2 Brown brown, granary, wheatmeal,
- 3 Wmeal wholemeal,
- 4 SoftGrn soft grain,
- 5 Other or some other kind of bread? (RECORD AT NEXT QUESTION)
- 6 NoUsual SPONTANEOUS (Does not have usual type)
- 7 NoBread (Does not eat any type of bread)

INTERVIEWER NOTE SODA BREAD, CHOLLAH = CODE 1,
WHEATGERM, RYE, GERMAN = CODE 2, HIGHBRAN = CODE 3

If UsBread=Other

BreadOth

PLEASE SPECIFY

Text Maximum [15] characters

Backcoded into UsBread

If UsBread<>NoBread

Spr

What do you usually spread on your bread?

CODE ONE ONLY FROM CODING LIST 1

- 1 Butter
- 2 Hard margarine/block margarine
- 3 Soft margarine
- 4 Reduced fat spread
- 5 Low fat spread
- 6 SPONTANEOUS (Does not have usual type)
- 7 (Does not use fat spread on bread)

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All

Milk

What kind of milk do you usually use for drinks, in tea or coffee and on cereals etc? Is it READ OUT AND CODE ONE ONLY

- 1 whole milk,
- 2 semi-skimmed (INCLUDE DRIED),
- 3 skimmed (INCLUDE DRIED),
- 4 or some other kind of milk? (RECORD AT NEXT QUESTION)
- 5 (Evaporated/Condensed milk)
- 6 (Soya/Veg-based milk)
- 7 SPONTANEOUS (Does not have usual type)
- 8 (Does not drink milk)

If Milk=Other

MilkOth

PLEASE SPECIFY

Text Maximum [15] characters

Backcoded into Milk

All

SugTea

Do you usually have sugar in your tea?

- 1 Yes, have sugar in tea
- 2 No
- 3 Does not drink tea

SugCoff

Do you usually have sugar in your coffee?

- 1 Yes, have sugar in coffee
- 2 No
- 3 Does not drink coffee

AtTable

At the table do you READ OUT AND CODE ONE ONLY

- 1 generally add salt to your food without tasting it first,
- 2 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?

Cereal

Which type of breakfast cereal do you normally eat?

CODE ONE ONLY FROM CODING LIST 2

- 1 High fibre (eg, All Bran, Branflakes, Shredded Wheat, Muesli, Porridge, Weetabix)
- 2 Other cereal with bran, oats or wheat NOT on coding list (PLEASE RECORD NAME OF CEREAL IN A NOTE)
- 3 Others (eg, Cornflakes, Rice Krispies, Special K, Sugar Puffs, Honey Smacks)
- 4 SPONTANEOUS (Does not have usual type)
- 5 (Does not eat breakfast cereal)

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Cereals

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.

How often do you eat breakfast cereals, including porridge?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Fruit

SHOW CARD F

How often do you eat fresh fruit?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Chips

SHOW CARD F

How often do you eat chips?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Potatoes

SHOW CARD F

Other than chips, how often do you eat potatoes, pasta or rice?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month

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9 Less often or never

GreenVeg

SHOW CARD F

How often do you eat cooked green vegetables, such as peas, broccoli, cabbage, spinach, cauliflower, green beans and so on?

INCLUDE FROZEN VEG DO NOT INCLUDE CANNED

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

RootVeg

SHOW CARD F

How often do you eat cooked root vegetables, such as carrots, parsnips, turnips and so on?

INCLUDE FROZEN VEG DO NOT INCLUDE CANNED EXCLUDE POTATOES

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

RawVeg

SHOW CARD F

How often do you eat raw vegetables or salad?

INCLUDE TOMATOES EXCLUDE SALAD IN A SANDWICH

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

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Meat

SHOW CARD F

How often do you eat meat such as beef, lamb, pork etc?

DO NOT INCLUDE POULTRY

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

MeatProd

SHOW CARD F

How often do you eat meat products such as sausages, meat pies, bridies, corned beef, or burgers?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Poultry

SHOW CARD F

How often do you eat poultry such as chicken or turkey?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

WFish

SHOW CARD F

How often do you eat white fish such as cod, haddock, whiting, sole or plaice?

INCLUDE FRESH,FROZEN OR CANNED

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month

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9 Less often or never

Fish Oil

SHOW CARD F

How often do you eat other types of fish such as herring, tuna, mackerel, salmon or kippers?

INCLUDE FRESH, FROZEN OR CANNED

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Cheese

SHOW CARD F

How often do you eat cheese not including cottage cheese or other reduced fat cheeses?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Pulses

SHOW CARD F

How often do you eat beans or pulses (such as baked beans, dried beans and lentils)?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Confec

SHOW CARD F

How often do you eat sweets or chocolates?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week

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- 8 1 to 3 times per month
- 9 Less often or never

IceCream

SHOW CARD F

How often do you eat ice cream?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Crisps

SHOW CARD F

How often do you eat crisps or other savoury snacks?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

SoftDr

SHOW CARD F

How often do you drink soft drinks, not including diet or lo-calorie drinks?

INCLUDE CANS, BOTTLES, MIXERS DO NOT INCLUDE FRESH FRUIT JUICE

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

CakesEtc

SHOW CARD F

How often do you eat cakes, scones, sweet pies or pastries?

- 1 SixPlus 6 or more times a day
- 2 Day4to5 4 or 5 times a day
- 3 Day2to3 2 to 3 times a day
- 4 Daily Once a day
- 5 Week5to6 5 or 6 times a week

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6	Week2to4	2 to 4 times a week
7	Weekly	Once a week
8	Mth1to3	1 to 3 times per month
9	LessNev	Less often or never

Biscuits

SHOW CARD F

How often do you eat biscuits?

1	SixPlus	6 or more times a day
2	Day4to5	4 or 5 times a day
3	Day2to3	2 to 3 times a day
4	Daily	Once a day
5	Week5to6	5 or 6 times a week
6	Week2to4	2 to 4 times a week
7	Weekly	Once a week
8	Mth1to3	1 to 3 times per month
9	LessNev	Less often or never

If UsBread <=> NoBread

BrSlice

Now looking at SHOW CARD G, how many slices of bread, or how many rolls, do you usually eat on any one day? IF VARIES, ASK FOR AN AVERAGE

1	6 a day or more
2	4-5 a day
3	2-3 a day
4	One a day
5	Less than one per day

If Biscuits in (SixPlus Daily)

Biscuit

SHOW CARD G

How many biscuits do you usually eat on any one day?

IF VARIES, ASK FOR AN AVERAGE

1	6 a day or more
2	4-5 a day
3	2-3 a day
4	One a day
5	Less than one per day

If CakesEtc in (SixPlus Daily)

CakeScon

SHOW CARD G

How many cakes, scones, sweet pies or pastries do you usually eat on any one day?

IF VARIES, ASK FOR AN AVERAGE

1	6 a day or more
2	4-5 a day
3	2-3 a day
4	One a day
5	Less than one per day

ACCIDENTS

All

DrAcc

Now I would like to ask you about accidents that may have happened to you recently By this I mean accidental events which resulted in injury or physical harm to you personally

INTERVIEWER INCLUDE ALL TYPES OF ACCIDENT AS WELL AS FALLS, ROAD ACCIDENTS ETC, THIS INCLUDES CUTS, BURNS, INSECT BITES, ACCIDENTAL EXPOSURE TO DANGEROUS SUBSTANCES ETC INCLUDE ACCIDENTS OCCURRING ABROAD

In the last 12 months, that is since (*date 12 months ago*), have you had any kind of accident which caused you to see a doctor, nurse or other health professional, or to take time off work (*or school*)?

- 1 Yes
- 2 No

If DrAcc=Yes

NDrAcc

How many accidents have you had in the last 12 months where you saw a doctor or went to hospital?

Range 1 10

DrWyr

SHOW CARD H

Now can we talk about the (*most recent*) accident Where did the accident happen?

CODE ONE ONLY

- 0 *Outdoors at work*
- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Other (SPECIFY AT NEXT QUESTION)
- 8 *Outdoors - not work-related*

If DrWyr=Other

WyrOth

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into DrWyr

If DrAcc=Yes

AxCaus [multicode] AxCaus1-AxCaus2

What caused this accident? CODE ALL THAT APPLY

- 01 Hit by a falling object
- 02 Fall, slip or trip
- 03 Road traffic accident
- 04 Sports or recreational accident
- 05 Caused by tool, implement or piece of electrical or mechanical equipment
- 06 Burn/scald
- 07 Animal/insect bite or sting
- 08 Caused by another person (e.g. attacked)
- 09 Other (SPECIFY AT NEXT QUESTION)
- 10 *Lifting*

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If AxCause=Other

CauseOth

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into AxCaus

If DrAcc=Yes

DrJob

At the time of the accident, did you have a paid job?

- 1 Yes
- 2 No

If DrJob=Yes

DrWrk

(Can I check,) did the accident happen while you were at work?

- 1 Yes
- 2 No

If DrWrk=Yes

InOut

Did the accident happen outdoors or indoors?

- 1 Outdoors
- 2 Indoors

If DrJob=Yes

TimeOff

As a result of the accident did you have to take any time off work?

- 1 Yes
- 2 No

If DrAcc=Yes

DrInj [multicode] DrInj01-DrInj07

SHOW CARD I

(Can I check,) which of the types of injury described on this card did you suffer?

PROBE What else? CODE ALL THAT APPLY

- 01 Broken bones
- 02 Dislocated joints
- 03 Losing consciousness
- 04 Straining or twisting a part of the body
- 05 Cutting, piercing or grazing a part of the body
- 06 Bruising, pinching or crushing a part of the body
- 07 Swelling or tenderness in some part of the body
- 08 Getting something stuck in the eye, throat, ear or other part of the body
- 09 Burning or scalding
- 10 Poisoning
- 11 Other injury to internal parts of the body
- 12 Animal or insect bite or sting
- 13 Other

If DrInj=Other

InjOth

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PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into DrInj

If DrAcc=Yes

DrAid [*multicode*] **DrAid01-DrAid06**

SHOW CARD J

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered?

PROBE Who else? CODE ALL THAT APPLY

- 01 Hospital
- 02 GP/Family Doctor
- 03 Nurse at GP surgery
- 04 Nurse at place of work, school or college
- 05 Doctor at place of work, school or college
- 06 Other doctor or nurse
- 07 Ambulance staff
- 08 Volunteer first aider
- 09 Chemist or pharmacist
- 10 Family, friends, colleagues, passers-by
- 11 Looked after self
- 12 Other person/s

Prevent [*multicode*] **Prevent1-Prevent2**

Thinking back to the way the accident happened, do you think anything could have been done to prevent it?

CODE ALL THAT APPLY

- 1 Yes - by respondent
- 2 Yes - by others
- 3 No

SMOKING

If Age>=18

SmokEver

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

- 1 Yes
- 2 No

If SmokEver=Yes

SmokeNow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

If SmokeNow=Yes

DlySmoke

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

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT IF LESS THAN ONE A DAY, ENTER 0 IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO , CODE 97

Range 0 97

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If DlySmoke=97

RolDly

How much tobacco do you usually smoke on weekdays?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES ENTER THE AMOUNT AT THE NEXT QUESTION¹

- 1 Grams
- 2 Ounces

If RolDly=Grams

GramRol

ENTER AMOUNT IN GRAMS

Range 0 100

If RolDly=Ounces

OuncRol

ENTER AMOUNT IN OUNCES

Range 0 100

If SmokeNow=Yes

WkndSmok

And about how many cigarettes a day do you usually smoke at weekends?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT IF LESS THAN ONE A DAY, ENTER 0 IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO , CODE 97

Range 0 97

If WkndSmok=97

RolWknd

How much tobacco do you usually smoke on weekends?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

If RolWknd=Grams

GramWknd

ENTER AMOUNT IN GRAMS

Range 0 100

If RolWknd=Ounces

OuncWknd

ENTER AMOUNT IN OUNCES

Range 0 100

If SmokeNow=Yes

Tar

What is the tar level of the cigarettes you usually smoke?

- 1 High tar (over 18mg)
- 2 Middle tar (15 < 18mg)
- 3 Low to middle tar (10 < 15 mg)

¹ For analyses purposes, grams or ounces of tobacco are converted to number of cigarettes and stored in the variables Dlysmoke and Wkndsmok

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- 4 Low tar (0 < 10mg)
- 5 (Varies)

If SmokeNow=No

SmokeCig

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

If SmokeCig = Yes

SmokeReg

Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally? 1 Reg Smoked cigarettes regularly, at least 1 per day

- 2 Occ Smoked them only occasionally
- 3 Nev SPONTANEOUS Never really smoked cigarettes, just tried them once or twice

If SmokeReg=Reg

NumSmok

About how many cigarettes did you smoke in a day?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT IF LESS THAN ONE A DAY, ENTER 0 IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO , CODE 97

Range 0 97

If NumSmok=97

RolNum

About how much tobacco did you smoke a day?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

If RolNum = Grams

GramExS

ENTER AMOUNT IN GRAMS

Range 0 100

If RolNum = Ounces

OuncExS

ENTER AMOUNT IN OUNCES

Range 0 100

If SmokeReg=Reg

TarEx

What was the tar level of the cigarettes you usually smoked?

- 1 High tar (over 18mg)
- 2 Middle tar (15 < 18mg)
- 3 Low to middle tar (10 < 15 mg)
- 4 Low tar (0 < 10mg)
- 5 (Varied)

SmokYrs

And for approximately how many years did you smoke regularly?

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INTERVIEWER IF LESS THAN ONE YEAR, CODE 0

Range 0 64

If SmokeReg=Reg/Occ

EndSmoke

How long ago did you stop smoking cigarettes regularly?

INTERVIEWER ENTER NO OF YEARS IF LESS THAN ONE YEAR AGO, CODE 0

Range 0 64

If EndSmoke=0

LongEnd

How many months ago was that?

- 1 Less than six months ago
- 2 Six months, but less than one year

If SmokeNow=Yes or SmokeReg=Reg

StartSmk

How old were you when you started to smoke cigarettes regularly?

INTERVIEWER IF 'Never smoked regularly', CODE 97

Range 0 97

If Sex=Female and Age=18-49 and (EndSmoke<empty but <2)

IsPreg

Can I check, are you pregnant now?

- 1 Yes
- 2 No

If IsPreg=Yes

SmokePrg

Have you smoked at all since you've known you've been pregnant? IF YES, PROBE 'All the time or just some of the time?'

- 1 YesAll Yes, all the time
- 2 YesSome Yes, some of the time
- 3 No No, not at all

If SmokePrg=YesSome/No

StopPreg

Did you stop smoking specifically because of your pregnancy, or for some other reason?

- 1 Preg Because of pregnancy
- 2 Other For some other reason

If Sex=Female and Age=18-49 and ((IsPreg<>Yes) or (SmokeNow=Yes))

PregRec

Can I check, have you been pregnant in the last twelve months?

- 1 WasP Was pregnant in last twelve months but not now
- 2 NotP Not pregnant in last twelve months

If PregRec=WasP

PregSmok

Did you smoke at all during pregnancy? (I E DURING TIME WHEN KNEW SHE WAS PREGNANT)

IF YES, PROBE All the time or just some of the time?

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1	YesAll	Yes, all the time
2	YesSome	Yes, some of the time
3	No	No, not at all

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If PregSmok=YesSome/No

PregStop

Did you stop smoking specifically because of your pregnancy, or for some other reason?

- 1 Because of pregnancy
- 2 For some other reason

If SmokeNow=Yes or SmokeReg=Reg/Occ

SmokeTry

\$TEXT2 \$TEXT1 to give up smoking because of a particular health condition you had at the time?

INCLUDE PREGNANCY

- 1 Yes
- 2 No

If SmokeNow=Yes, then \$TEXT1=Have you ever tried

Else, \$TEXT1= Did you ever try

If IsPreg=Yes, then \$TEXT2= Apart from any attempts during this pregnancy

If PregRec=WasP, then \$TEXT2= Apart from any attempts during that pregnancy

If SmokeTry=Yes

SmokCond [multicode] **SmokCond01-SmokCond08**

SHOW CARD K

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? PROBE What else? CODE ALL THAT APPLY

- 01 Heart trouble/problem
- 02 High blood pressure
- 03 Cancer
- 04 Bronchitis
- 05 Cough
- 06 Shortness of breath
- 07 Other respiratory problems (including asthma)
- 08 Cold/flu/virus
- 09 Pregnancy
- 10 Ulcer or other gastro-intestinal problem
- 11 Diabetes
- 12 Other (SPECIFY IN NEXT QUESTION)
- 13 Circulation problems/pain in the legs due to this

If SmokCond=Other

SmokOth

PLEASE SPECIFY

Text Maximum [40] characters

Backcoded into SmokCond

If SmokeTry=Yes

AdSmoke

(Has/Did) a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

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If AdSmoke=Yes

AdGiven

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

If SmokEver=Yes

CigEver

Have you ever smoked cigars?

- 1 Yes
- 2 No

If CigEver=Yes

CigarNow

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

If CigarNow=Yes

CigarReg

Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?

- 1 Reg Smoke at least one cigar a month
- 2 Occ Smoke them only occasionally

CigarWk

About how many cigars do you usually smoke in a week? ENTER NO SMOKED A WEEK IF CAN ONLY GIVE RANGE, TAKE MID-POINT IF LESS THAN ONE A WEEK, CODE 0

Range 0 997

If CigarNow=No or CigarReg=Occ

CigReg

Have you ever smoked cigars regularly, that is at least one cigar a month, or did you always smoke them only occasionally?

- 1 Regularly, that is at least one cigar a month
- 2 Always smoked them only occasionally

If SmokEver=Yes and Sex=Male

PipeEver

Have you ever smoked a pipe?

- 1 Yes
- 2 No

If PipeEver=Yes

PipeNow

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

If SmokeNow=Yes

SmokStop

Can I check, how many times, if any, have you tried to give up smoking?

- 1 Never tried to stop smoking

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- 2 Once or twice
- 3 Three times or more

StopWant

Would you like to give up smoking?

- 1 Yes
- 2 No

If SmokeNow=No or SmokEver=No

Passive [multicode] Passive1-Passive5

SHOW CARD L

Are you regularly exposed to other people's tobacco smoke in any of these places?

PROBE Where else? CODE ALL THAT APPLY

- 1 Home At own home
- 2 Work At work
- 3 OthHome In other people's homes
- 4 PubTrans On public transport
- 5 Pubs In pubs
- 6 Othpub In other public places
- 7 None No, none of these

If Passive in (Home Othpub)

Bother

Does this bother you at all?

- 1 Yes
- 2 No

DRINKING

If Age>=18

Drink

I am 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?

- 1 Yes
- 2 No

If Drink=No

DrinkAny

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?

- 1 Occ Very occasionally
- 2 Never Never

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If Drink=Yes or DrinkAny=Occ

Intro

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 (EMPTY)

Often0(Shandy)

SHOW CARD M

How often have you had a drink of *shandy*, excluding bottle or cans during the last 12 months?

1	AED	Almost every day/Every day
2	Five	Five or six days a week
3	Three	Three or four days a week
4	OneWk	Once or twice a week
5	OneMth	Once or twice a month
6	CupMth	Once every couple of months
7	OneYr	Once or twice
8	NotYr	Not at all in the last 12 months

Often1(Beer)

SHOW CARD M

How often have you had a drink of *beer, lager, stout or cider* during the last 12 months?

1	AED	Almost every day/Every day
2	Five	Five or six days a week
3	Three	Three or four days a week
4	OneWk	Once or twice a week
5	OneMth	Once or twice a month
6	CupMth	Once every couple of months
7	OneYr	Once or twice
8	NotYr	Not at all in the last 12 months

Often2(Spirits)

SHOW CARD M

How often have you had a drink of *spirits or liquers such as gin, whisky, rum, brandy, vodka, advocaat or cocktails* in the last 12 months?

1	AED	Almost every day/Every day
2	Five	Five or six days a week
3	Three	Three or four days a week
4	OneWk	Once or twice a week
5	OneMth	Once or twice a month
6	CupMth	Once every couple of months
7	OneYr	Once or twice
8	NotYr	Not at all in the last 12 months

Often3(Sherry)

SHOW CARD M

How often have you had a question of *sherry or martini, including port, vermouth, Cinzano and Dubonnet* in the last 12 months?

1	AED	Almost every day/Every day
2	Five	Five or six days a week
3	Three	Three or four days a week
4	OneWk	Once or twice a week
5	OneMth	Once or twice a month

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6	CupMth	Once every couple of months
7	OneYr	Once or twice
8	NotYr	Not at all in the last 12 months

Often4 (Wine)

SHOW CARD M

How often have you had a drink of *wine, including Babycham and champagne* in the last 12 months?

1	AED	Almost every day/Every day
2	Five	Five or six days a week
3	Three	Three or four days a week
4	OneWk	Once or twice a week
5	OneMth	Once or twice a month
6	CupMth	Once every couple of months
7	OneYr	Once or twice
8	NotYr	Not at all in the last 12 months

AlcOt

Have you drunk any other types of alcoholic drink in the last 12 months?

1	Yes
2	No

If AlcOt=Yes

Other

Which other type of alcoholic drink?

Text Maximum [30] characters

All other alcoholic drinks recorded under Other are backcoded into Shandy-Wine

Often(Other)

How often have you had a drink of (*name of drink recorded*) in the last 12 months?

01	AED	Almost every day/Every day
02	Five	Five or six days a week
03	Three	Three or four days a week
04	OneWk	Once or twice a week
05	OneMth	Once or twice a month
06	CupMth	Once every couple of months
07	OneYr	Once or twice
08	NotYr	Not at all in the last 12 months

If Often0 in (AED OneYr)

DayQ0(Shandy)

On average, how much shandy, excluding bottles or cans, would you usually drink on any one day?

CODE THE NUMBER OF HALF PINTS

Range 0 97

If Often1 in (AED OneYr)

BeerM [*multicode*] BeerM01-BeerM04

On average, how much beer, lager, stout or cider would you usually drink on any one day?

INTERVIEWER CODE MEASURES THAT YOU ARE GOING TO USE

1	Half pints
2	Small cans
3	Large cans
4	Bottles

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BeerQ [*multicode*] **BeerQ0-BeerQ3**

ASK OR CODE On average, how many (*half pints/small cans/large cans/bottles*) of beer, lager, stout or cider would you usually drink on any one day?

Range 0 97

BeerQ0 = Number of half pints

BeerQ1 = Number of small cans

BeerQ2 = Number of large cans

BeerQ3 = Number of bottles

If BeerM01-04=Bottles

Bottle

ASK OR CODE What make of beer, lager, stout or cider do you usually drink from bottles?

Text Maximum [25] characters

(*Bottles coded as pint equivalent in variable Bottle Translated to ½ pints for analysis*)

If Often2 in (AED OneYr)

DayQ1 (Spirits)

On average, how much spirits or liquors such as gin, whisky, brandy, rum, vodka, advocaat or cocktails would you usually drink on any one day?

CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES

Range 0 97

If Often3 in (AED OneYr)

DayQ2 (Sherry)

On average, how much sherry or martini, including port, vermouth, Cinzano and Dubonnet would you usually drink on any one day?

CODE THE NUMBER OF GLASSES

Range 0 97

If Often4 in (AED OneYr)

DayQ3 (Wine)

On average, how much wine, including Babycham and champagne, would you usually drink on any one day?

CODE THE NUMBER OF GLASSES 1 BOTTLE=6 GLASSES, 1 LITRE = 8 GLASSES

Range 0 97

If AlcOt=Yes and Often(Other) in (AED OneYr)

OthQM

On average, how much (*name of drink recorded*) would you usually drink on any one day?

INTERVIEWER CODE MEASURES THAT YOU ARE GOING TO USE

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Other

If OthQM=Other

OthQO

WHAT OTHER MEASURE?

Text Maximum [12] characters

If AlcOt=Yes and Often(Other) in (AED OneYr)

OthQ

ASK OR CODE On average, how many (*type of measures*) of (*name of drink*) would you usually drink on any

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one day?

Range 0 97

If Drink=Yes or DrinkAny=Occ

DrinkOft

STILL LOOKING AT SHOWCARD M

Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

01	AED	Almost every day/Every day
02	Five	Five or six days a week
03	Three	Three or four days a week
04	OneWk	Once or twice a week
05	OneMth	Once or twice a month
06	CupMth	Once every couple of months
07	OneYr	Once or twice
08	NotYr	Not at all in the last 12 months

If Age=>19

DrAmount

Compared to five years ago, would you say that on the whole you drink more, less or about the same nowadays? 1 More nowadays

2 About the same

3 Less nowadays

If DrAmount=Less

DrinkCut

Did you cut down on your drinking because of a particular health condition you had at the time? (IF MENTIONS PREGNANCY CODE 'Yes')

1 Yes

2 No

If DrinkCut=Yes

DrnCond [multicode] DrnCon01-DrnCon04

SHOW CARD N

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

01	Heart disease
02	Hardening of the arteries
03	High blood pressure
04	Liver disease
05	Ulcers or other gastro-intestinal problems
06	Cancer
07	Diabetes
08	Excess weight
09	Pregnancy
10	Other condition
11	SPONTANEOUS Alcoholism
12	Asthma

If DrinkCond=Other

DrConOth

PLEASE SPECIFY

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Text Maximum [50] characters

Backcoded into DrinCond

If Drink=Yes or DrinkAny=Occ

DrinkAd

Has a medical person (such as a doctor/nurse) ever advised you to cut down your drinking because of your health (or because you were pregnant)?

- 1 Yes
- 2 No

If DrinkAd=Yes

AdLong

How long ago was that? PROMPT IF NECESSARY

- 1 Within the last 12 months
- 2 Over 12 months ago

If DrinkAny=Never

AlwaysTT

Have you always been a non-drinker or did you stop drinking for some reason?

- 1 Always Always a non-drinker
- 2 Stopped Used to drink but stopped

If AlwaysTT=Stopped

TTAgo

How long ago is it since you stopped drinking?

- 1 Less than a year ago
- 2 At least a year but less than 5 years ago
- 3 At least 5 years but less than 10 years ago
- 4 10 years ago or longer

BeforeTT

SHOW CARD O

Before you stopped drinking, how often did you usually have a drink?

- 1 Almost every day/Every day
- 2 Five or six days a week
- 3 Three or four 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

WhyTT

Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER IF RESPONDENT SAYS PREGNANCY, CODE YES

- 1 Yes
- 2 No

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If WhyTT=Yes

TTCond [*multicode*] TTCond01-TTCond05

SHOW CARD N

Here is a list of health conditions that may lead people to stop drinking alcohol. Can you tell me which condition you had? PROBE What else?

CODE ALL THAT APPLY

- 01 Heart disease
- 02 Hardening of the arteries
- 03 High blood pressure
- 04 Liver disease
- 05 Ulcers or other gastro-intestinal problems
- 06 Cancer
- 07 Diabetes
- 08 Excess weight
- 09 Pregnancy
- 10 Other condition
- 11 SPONTANEOUS Alcoholism

If TTCond=Other

TTConOth

PLEASE SPECIFY

Text Maximum [50] characters

Backcoded into TTCond

If AlwaysTT=Stopped

TTAdvise

Did a medical person (such as a doctor or nurse) ever advise you to stop drinking alcohol because of your health (or because you were pregnant)?

- 1 Yes
- 2 No

If TTAdvise=Yes

AdvLong

How long ago was that? PROMPT IF NECESSARY

- 1 Within the last 12 months
- 2 Over 12 months ago

DENTAL HEALTH

All

FalseT

Can I check, do you have all your own teeth or are some of them false?

- 1 AllOwn All own teeth
- 2 SomeFal Some false/some own
- 3 AllFalse All false teeth

If FalseT=AllOwn/SomeFal/Don't know/Refusal

ToothP

Now a couple of questions about your teeth. What type of toothpaste do you use? READ OUT

- 1 fluoride
- 2 or non-fluoride?
- 3 (Don't use toothpaste)

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TthFreq

How frequently do you brush your teeth?

- 1 More than once a day
- 2 Once a day
- 3 Less than once a day

Dentist

On average, how often do you attend a dentist for a routine check-up?

- 1 More frequently than once every six months
- 2 Every six months
- 3 Every 12 months
- 4 Every 24 months
- 5 At longer intervals
- 6 Never

ECONOMIC ACTIVITY

All

Activ

SHOW CARD P

Which of these descriptions applies to what you were doing last week, that is in the seven days ending last Sunday? CODE FIRST TO APPLY

- | | | |
|----|---------|--|
| 01 | School | Going to school or college full-time (including on vacation) |
| 02 | Job | In paid employment or self-employed (or away temporarily) |
| 03 | Wait | Waiting to take up paid work already obtained |
| 04 | Look | Looking for work |
| 05 | Intend | Intending to look for work but prevented by temporary sickness or injury
(CHECK 28 DAYS OR LESS) |
| 06 | Perm | Permanently unable to work because of long-term sickness or disability (USE
ONLY FOR MEN AGED 16-64 AND WOMEN AGED 16-59) |
| 07 | Retire | Retired (FOR WOMEN CHECK AGE STOPPED WORK AND USE THIS
CODE ONLY IF STOPPED WHEN 50 OR OVER) |
| 08 | Famlook | Looking after the home or family |
| 09 | Other | Doing something else (SPECIFY AT NEXT QUESTION) |

If Activ=Other

ActivO

PLEASE SPECIFY

Text Maximum [40] characters

If Activ=School/Look/Intend/Perm/Retire/Famlook/Other

EverJob

Have you ever been in paid employment or self-employed (*apart from part time jobs or holiday jobs while a student*)?

- 1 Yes
- 2 No

If Activ=Wait

OthPaid

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes

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2 No

If (Activ=Job/Wait/Retire) or (EverJob=Yes)

JobTitle

I'd like to ask you some details about (*the job you were doing last week/your most recent job/the job you are waiting to take up*) What (*is/was*) the name or title of the job?

(IF 2+ JOBS, ASK ABOUT MAIN JOB)

Text Maximum [50] characters

FtPtime

(*Are/Were/Will*) you (*be*) working full-time or part-time?

(FULL-TIME = 30 HOURS OR MORE, PART-TIME = LESS THAN 30 HOURS)

1 Full-time

2 Part-time

WtWork

What kind of work (*do/did/will*) you (*be*) do(*ing*) most of the time?

Text Maximum [50] characters

MatUsed

IF RELEVANT What materials or machinery (*do/did/will*) you use?

IF NONE USED, WRITE IN 'NONE'

Text Maximum [50] characters

SkilNeed

What skills or qualifications (*are/were*) needed for the job?

Text Maximum [100] characters

Employee

(*Are/Were/Will*) you (*be*) READ OUT

1 Employ an employee,

2 SelfEmp or, self-employed?

If Employee=SelfEmp

Dirctr

Can I just check, in this job (*are/were/will*) you (*be*) a Director of a limited company?

1 Yes

2 No

If Employee=Employ or Dirctr=Yes

EmpStat

(*Are/Were/Will*) you (*be*) a READ OUT

1 manager,

2 foreman or supervisor,

3 or other employee?

NEmplee

Including yourself, about how many people (*are/were*) employed at the place where you (*work/worked/will work*)?

1 1 or 2

2 3-24

3 25-499

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4 500+

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If Employee=SelfEmp and Dirctr=No

SNEmplee

(Do/Did/Will) you have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

If Employee=Employ

Ind

What (does/did) your employer make or do at the place where you (work/worked)?

Text Maximum [100] characters

If Employee=SelfEmp

SlfWtMad

What (do/did/will) you make or do in your business?

Text Maximum [100] characters

If Activ=Wait/Look/Intend

CurUnEmp

How long altogether have you been out of employment but wanting work (in this current period of unemployment)?

- 1 Less than six months
- 2 Six months but less than twelve months
- 3 Twelve months but less than two years ago
- 4 Two years or more

If Activ=Job

MainSit

When you're at work are you mainly sitting down, standing up or walking about? CODE ONE ONLY

- 1 Sitting down
- 2 Standing up
- 3 Walking about
- 4 Equal time spent doing 2 or more of these

MovFloor

Does your work involve you moving between floors?

- 1 Yes
- 2 No

If MovFloor=No

Lift

Do you mainly take the lift or climb the stairs?

- 1 Lift
- 2 Stairs
- 3 (Lift up/stairs down)

If Activ=Job

Clmb

Do you do any (other) climbing in the course of your work (ladders, scaffolding etc)?

- 1 Yes
- 2 No

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LiftCarr

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?

- 1 Lift heavy loads
- 2 Lift and carry heavy loads
- 3 No

Demand

So overall, would you say that in terms of physical effort your work is READ OUT

- 1 very demanding,
- 2 fairly demanding,
- 3 or not very demanding?

If NAdults>1

CIncEarn

Which member of your household is the person with the largest income, whether from employment, pensions, state benefits, investments or any other source?

Person number from household grid

Range 1 12

If CincEarn<(respondent)

CIEAct

SHOW CARD P

Which of these descriptions applies to what (*name of chief income earner*) was doing last week, that is in the seven days ending last Sunday? CODE FIRST TO APPLY

- | | | |
|----|---------|--|
| 01 | School | Going to school or college full-time (including on vacation) |
| 02 | Job | In paid employment or self-employed (or away temporarily) |
| 03 | Wait | Waiting to take up paid work already obtained |
| 04 | Look | Looking for work |
| 05 | Intend | Intending to look for work but prevented by temporary sickness or injury
(CHECK 28 DAYS OR LESS) |
| 06 | Perm | Permanently unable to work because of long-term sickness or disability (USE
ONLY FOR MEN AGED 16-64 AND WOMEN AGED 16-59) |
| 07 | Retire | Retired (FOR WOMEN CHECK AGE STOPPED WORK AND USE THIS
CODE ONLY IF STOPPED WHEN 50 OR OVER) |
| 08 | Famlook | Looking after the home or family |
| 09 | Other | Doing something else (SPECIFY AT NEXT QUESTION) |

If CIEAct=Other

CIEActO

PLEASE SPECIFY

Text Maximum [40] characters

If CIEAct=School/Look/Intend/Perm/Retire/Famlook/Other

CIEEvJob

Has (*name of chief income earner*) ever been in paid employment or self-employed (*apart from holiday jobs or part-time jobs while a student*)?

- 1 Yes
- 2 No

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If CIEAct=Wait

CIEOthP

Apart from the job (*name of chief income earner*) is waiting to take up, has (*he/she*) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

If CIEAct=Job/Wait/Retire or CIEEvJob=Yes

CIETitle

I d like to ask you some details about (*the job (name of chief income earner) was doing last week/(name's) most recent job/the main job (name) had/ the job (name) is waiting to take up*) What (*is/was/will be*) the name or title of (*his/her*) job? (IF 2+ JOBS, ASK ABOUT MAIN JOB)

Text Maximum [50] characters

CIEFtPt

(*Is/Was/Will*) (*name of chief income earner*) (*be*) working full-time or part-time?

FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS

- 1 Full-time
- 2 Part-time

CIEWtWk

What kind of work (*does/did/will*) (*name of chief income earner*) (*be*) do(*ing*) most of the time?

Text Maximum [50] characters

CIEMatUs

IF RELEVANT What materials or machinery (*does/did/will*) (*name of chief income earner*) use?

IF NONE USED, WRITE IN 'NONE'

Text Maximum [50] characters

CIESkl

What skills or qualifications (*are/were*) needed for (*his/her*) job?

Text Maximum [100] characters

CIEEmp

(*Is/Was/Will*) (*name of chief income earner*) (*be*) READ OUT

- 1 Employ an employee,
- 2 SelfEmp or, self-employed?

If CIEEmp=SelfEmp

CIEDir

Can I just check, in this job (*is/was/will*) (*name of chief income earner*) (*be*) a Director of a limited company?

- 1 Yes
- 2 No

If CIEEmp=Employ or CIEDir=Yes

CIEEmpSt

(*Is/Was/Will*) (*name of chief income earner*) (*be*) a READ OUT

- 1 manager,
- 2 foreman or supervisor,
- 3 or other employee?

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CIENEmp

Including (*name of chief income earner*), about how many people (*are/were*) employed at the place where (*he/she*) (*works/worked/will work*)?

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

If CIEEmp=SelfEmp and CIEDir=No

CIENEmp

(*Does/Did/Will*) (*name of chief income earner*) have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

If CIEEmp=Employ

CIEInd

What (*does/did*) (*name of chief income earner's*) employer make or do at the place where (*he/she*) (*works/worked/will work*)?

Text Maximum [100] characters

If CIEEmp=SelfEmp

CIENIf

What (*does/did/will*) (*name of chief income earner*) make or do in (*his/her*) business?

Text Maximum [100] characters

If CIEAct=Wait/Look/Intend

CIEUnEmp

How long altogether has (*name of chief income earner*) been out of employment but wanting work (*in this current period of unemployment*)?

- 1 Less than six months
- 2 Six months but less than twelve months
- 3 Twelve months but less than two years ago
- 4 Two years or more

EDUCATION

All

EducEnd

At what age did you finish your continuous full-time education at school or college?

- 01 Not yet finished
- 02 Never went to school
- 03 14 or under
- 04 15
- 05 16
- 06 17
- 07 18
- 08 19 or over

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TopQual

SHOW CARD Q

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. CODE FIRST TO APPLY

- 01 Degree or degree level qualification
- 02 SCE Higher/A-levels
- 03 SCE Ordinary (Bands A - C)
- 04 Standard Grade (Level 1 - 3)
- 05 SLC Lower
- 06 SUPE Lower or Ordinary
- 07 'O' level passes (Grade A - C if after 1975)
- 08 GCSE (grade A - C)
- 09 CSE Grade 1
- 10 School Certificate or Matric
- 11 SCE Ordinary (Bands D & E)
- 12 Standard Grade (Level 4, 5)
- 13 CSE Grades 2 - 5
- 14 GCE 'O' Grades D & E (if after 1975)
- 15 GCSE (Grades D, E, F, G)
- 16 CSE ungraded
- 17 Foreign qualifications (SPECIFY AT NEXT QUESTION)
- 18 Other academic qualifications (SPECIFY AT NEXT QUESTION)
- 19 NO ACADEMIC QUALIFICATIONS

If TopQual=Other/Foreign

AcOthSp

PLEASE SPECIFY

Text Maximum [25] characters

Backcoded into TopQual

All

TopVocat [multicode] TopVoc01-TopVoc09

SHOW CARD R

Please look at this card and tell me whether you have any of the qualifications listed. If you have more than one, please tell me about all of them. PROBE What else? CODE ALL THAT APPLY

- 01 HNC/HND, BEC/TEC Higher, BTEC Higher
- 02 ONC, OND, BEC/TEC not higher
- 03 City and Guilds Full Technological Certificate
- 04 City and Guilds Advanced/Final level
- 05 City and Guilds Craft/Ordinary level
- 06 Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)
- 07 Teaching qualification
- 08 SVQ/NVQ Level V
- 09 SVQ/NVQ Level IV
- 10 SVQ/NVQ Level III/Advanced level GNVQ
- 11 SVQ/NVQ Level II/Intermediate level GNVQ
- 12 SVQ/NVQ Level I/Foundation level GNVQ
- 13 SCOTVEC National Certificate Modules
- 14 Clerical or commercial qualifications (e.g. typing, bookkeeping, commerce)
- 15 Recognised Trade Apprenticeship completed
- 16 Other vocational or professional qualification (SPECIFY AT NEXT QUESTION)
- 17 NO VOCATIONAL / PROFESSIONAL QUALIFICATIONS

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18 *SVQ/NVQ - level not specified*

19 *Nursery Nurse Examination Board Qualification*

If TopVocat=Other

VocoThSp

PLEASE SPECIFY

Text Maximum [25] characters

Backcoded into TopVocat

All

PoB

In which country were you born?

1 Scotland

2 England

3 Wales

4 Northern Ireland

5 Outside UK

Ethnic

SHOW CARDS

To which of the groups on this card do you consider you belong?

01 White

02 Black - Caribbean

03 Black - African

04 Black - Other

05 Indian

06 Pakistani

07 Bangladeshi

08 Chinese

09 Other (SPECIFY AT NEXT QUESTION)

If Ethnic=Other

OthEthni

How would you describe the racial or ethnic group to which you belong?

Text Maximum [15] characters

Backcoded into Ethnic

PARENTAL HISTORY

If (mother lives in household)

NatMum

May I just check, is (*mother's name*) your natural mother?

1 Yes

2 No

If (mother not in household) or NatMum=No

MumAlive

Is your natural mother still alive?

1 Yes

2 No

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If MumAlive=Yes

MumAge

How old is your natural mother?

INTERVIEWER ENTER AGE

Range 30 120

If MumAlive=No

HowMum

SHOW CARD T

Did your mother die from any of the conditions on this card? CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

DieMum

How old was your mother when she died?

INTERVIEWER ENTER AGE

Range 14 120

If (father lives in household)

NatDad

May I just check, is *(father's name)* your natural father?

- 1 Yes
- 2 No

If (father not in household) or NatDad=No

DadAlive

Is your natural father still alive?

- 1 Yes
- 2 No

If DadAlive=Yes

Dadage

How old is your natural father?

INTERVIEWER ENTER AGE

Range 30 120

If DadAlive=No

HowDad

SHOW CARD T

Did your father die from any of the conditions on this card? CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl heart murmur, damaged heart valves, tachycardia or rapid heart)

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- 6 Diabetes
7 None of the above conditions

DieDad

How old was your father when he died?

INTERVIEWER ENTER AGE

Range 14 120

HOUSEHOLD QUESTIONS

All

OwnORent

Now, I'd like to get some general information about your household

Does your household own or rent this accommodation? PROBE FOR DETAILS

- | | | |
|----|----------|-------------------------------------|
| 01 | Owns | Owns with mortgage/loan |
| 02 | Outright | Owns outright |
| 03 | Rents | Rents from local authority/new town |
| 04 | HouAss | Rents from housing association |
| 05 | PriNoFur | Rents - privately, unfurnished |
| 06 | PriFur | Rents - privately, furnished |
| 07 | RentsEmp | Rents from employer |
| 08 | OtherPay | Rents - other with payment |
| 09 | Free | Rent free |

Bedrooms

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?

EXCLUDE BEDROOMS CONVERTED TO OTHER USES

Range 1 20

CentHeat

Does your household have any form of central heating, including electric storage heaters, in your (part of the) accommodation?

CENTRAL HEATING = 2 OR MORE ROOMS (INC KITCHENS, HALLS, LANDINGS, BATH/WC)

HEATED FROM ONE CENTRAL SOURCE

- 1 Yes
2 No

SmkDet

Do you have at least one smoke detector in the household?

IF YES, PROBE FOR WHETHER MAIN OR BATTERY-OPERATED

CODE ONE ONLY

- | | | |
|---|--------|---------------------------------|
| 1 | YMains | Yes - mains |
| 2 | YBatt | Yes - battery-operated |
| 3 | YBoth | Yes - at least one of each type |
| 4 | YDKnow | Yes - but don't know which |
| 5 | No | No |

If SmkDet in (YMains-YDKnow)

SmkWork

And can I check, is it (at least one) currently in working order?

- 1 Yes
2 No

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All

Car

Is there a car or van normally available for use by you or any members of your household?
INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD

- 1 Yes
- 2 No

If Car=Yes

NumCars

How many are available?

- 1 One
- 2 Two
- 3 Three or more

All

IncSup

At the present time, do you (*or your partner*) receive Income Support?

- 1 Yes
- 2 No

FamCred

And do you (*or your partner*) receive Family Credit?

- 1 Yes
- 2 No

CounTax

And do you (*or your partner*) receive Council Tax Benefit?

- 1 Yes
- 2 No

If OwnORent \diamond Owns/Outright

HouseBen

At the present time, do you (*or your partner*) 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

- 1 Yes
- 2 No

All

Benefits [multicode] Benefit1-Benefit3

Can I check, do you personally receive any of these benefits

READ OUT AND CODE ALL THAT APPLY

- 1 Unemployment benefit,
- 2 Sickness/Invalidity Benefit,
- 3 Severe Disablement Allowance,
- 4 or Disability Living Allowance?
- 5 None of these

TelePhon

Does your household have a telephone in your (*part of the*) accommodation?

SHARED TELEPHONES LOCATED IN PUBLIC HALLWAYS TO BE INCLUDED ONLY IF THIS HOUSEHOLD IS RESPONSIBLE FOR PAYING THE ACCOUNT

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

- 1 Yes
- 2 No

SELF-COMPLETION BOOKLETS

All

SCIntro

PREPARE (*YELLOW/GREEN*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS
Point/Address/Hhold/Check letter (EMPTY)

If Age 16-17 Yellow Booklet

If Age 18-64 Green Booklet

SComp2

I would now like you to answer some questions by completing this booklet on your own The questions cover
(*smoking, drinking, and*) general health EXPLAIN HOW TO COMPLETE BOOKLET
When you have completed the questions, please give it back to me (EMPTY)

SComp3

WAS THE (*YELLOW/GREEN*) BOOKLET COMPLETED?

- 1 Yes
- 2 No

If Scomp3=Yes

SC3Acc [multicode] SC3Acc1 - SC3Acc3

Was it completed without assistance?

- 1 Ind Completed independently
- 2 AssHH Assistance from other household member
- 3 AssInt Assistance from interviewer
- 4 IntAdm Interviewer administered

If Scomp3=No or SC3Acc<Ind

SComp6 [multicode] SComp6_1 - Scomp6_4

Why did the respondent (*refuse to complete the booklet/need assistance*)?

CODE ALL THAT APPLY

- 1 Eyesight problems
- 2 Language problems
- 3 Reading difficulties
- 4 Writing difficulties
- 5 Comprehension problems
- 6 Other (SPECIFY AT NEXT QUESTION)
- 7 *Refused*

If Scomp6=Other

SComp6O

PLEASE SPECIFY OTHER REASON

Text Maximum [50] characters

Backcoded into Scomp6

MEASUREMENTS

All

Intro

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PREAMBLE I would now like to measure your height and weight There is interest in how people's weight, given their height, is associated with their health SERIAL NUMBER THE MRC (EMPTY)

HtResp

INTERVIEWER CODE

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

If HtResp=Meas

Height

MEASURE HEIGHT AND ENTER

Range 1 244

RelHiteB

INTERVIEWER CODE ONE ONLY

1	No problems experienced, reliable height measurement obtained
	Problems experienced - measurement likely to be
2	- Reliable
3	- Unreliable

MBookHt

INTERVIEWER CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD

HEIGHT (xx) cm OR (xx) feet and (xx) inches

If HtResp=Ref

ResNHt

GIVE REASONS FOR REFUSAL

01	Doctor has measurement/will measure
02	Respondent too anxious/nervous/shy/embarrassed
03	Considered intrusive information
04	Respondent too ill/frail/tired
05	Cannot see point/height already known
06	Other
97	Refused to say

If HtResp=Attempt/NotAt

NoHitM [multicode] NoHitM1 - NoHitM4

CODE REASON FOR NOT OBTAINING HEIGHT CODE ALL THAT APPLY

1	Respondent is unsteady on feet
2	Respondent cannot stand upright/too stooped
3	Respondent is chairbound
4	Ill or in pain
5	Stadiometer not working
6	Other - specify

If NoHitM=Other

NoHitMO

PLEASE SPECIFY OTHER REASON

Text Maximum [50] characters

Backcoded into NoHitM

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

If HtResp=Ref/Attmpt/NotAt

EHtCh

INTERVIEWER ASK RESPONDENT FOR AN ESTIMATED HEIGHT WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?

- | | | |
|---|------|-----------------|
| 1 | m | Metres |
| 2 | FtIn | Feet and inches |

If EHtCh=m

EHtm

PLEASE RECORD ESTIMATED HEIGHT IN METRES

Range 0 2

If EHtCh=FtIn

EHtFt

PLEASE RECORD ESTIMATED HEIGHT ENTER FEET

Range 0 7

EHtIn

PLEASE RECORD ESTIMATED HEIGHT ENTER INCHES

Range 0 11

If Sex=Female and Age=16-49

PregNowB

May I check, are you pregnant now?

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

If PregNowB<>Yes

WtResp

INTERVIEWER CODE INTERVIEWER IF RESPONDENT WEIGHS MORE THAN 130 KG (20 1/2 STONES) DO NOT WEIGH CODE AS WEIGHT NOT ATTEMPTED

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

If WtResp=Meas

Weight

MEASURE WEIGHT AND RECORD

Range 0 130

FloorM [*multicode*] **FloorM1 - FloorM2**

SCALES PLACED ON?

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

RelWaitB

INTERVIEWER CODE ONE ONLY

- | | |
|---|---|
| 1 | No problems experienced, reliable weight measurement obtained |
| 2 | Problems experienced - measurement likely to be - Reliable |

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3 - Unreliable

MBookWt

INTERVIEWER CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD
WEIGHT (xx) kg OR (xx) stones and (xx) pounds

If WtResp=Ref

ResNWt

GIVE REASONS FOR REFUSAL

- 1 Doctor has measurement/will measure
- 2 Respondent too anxious/nervous/shy/embarrassed
- 3 Considered intrusive information
- 4 Respondent too ill/frail/tired
- 5 Cannot see point/weight already known
- 6 Other
- 7 Refused to say

If WtResp=Attmpt/NotAt

NoWaitM [multicode] NoWaitM1 - NoWaitM4

CODE REASON FOR NOT OBTAINING WEIGHT CODE ALL THAT APPLY

- 1 Respondent is unsteady on feet
- 2 Respondent cannot stand upright
- 3 Respondent is chairbound
- 4 Respondent weighs more than 130 kg
- 5 Ill or in pain
- 6 Scales not working
- 7 Other (SPECIFY AT NEXT QUESTION)

If NoWaitM=Other

NoWaitMO

PLEASE SPECIFY OTHER REASON

Text Maximum [50] characters

Backcoded into NoWaitM

If WtResp=Ref/Attmpt/NotAt

EWtCh

INTERVIEWER ASK RESPONDENT FOR AN ESTIMATED WEIGHT WILL IT BE GIVEN IN
KILOGRAMS OR IN STONES AND POUNDS?

- 1 kg Kilograms
- 2 StnPnd Stones and pounds

If EWtCh=kg

EWtkg

PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS

Range 1 210

If EWtCh=StnPnd

EWtSt

PLEASE RECORD ESTIMATED WEIGHT ENTER STONES

Range 1 32

EWtL

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

PLEASE RECORD ESTIMATED WEIGHT ENTER POUNDS

Range 0 13

CONSENTS

All

Nurse

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part. The second part is a visit by a qualified nurse to ask a few more questions and to carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free? IF ASKED FOR DETAILS for example, to take your blood pressure, measure your lung capacity and take a small blood sample

- | | | |
|---|--------|----------------------------|
| 1 | Agree | Agreed nurse could contact |
| 2 | Refuse | Refused nurse contact |

If Nurse=Refuse

NurseRef [multicode] Nursere1 - Nursere3

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT
CODE BELOW AND RECORD AT Q 15 ON ARF

- | | |
|---|--|
| 1 | Given enough time already to this survey/expecting too much |
| 2 | Too busy, cannot spare the time (if code 1 does not apply) |
| 3 | Had enough of medical tests/medical profession at present time |
| 4 | Worried about what nurse may find out/'might tempt fate' |
| 5 | Scared of particular nurse procedures (eg blood sample) |
| 6 | Other reason (specify) |

If NurseRef=Other

NrsRefO

PLEASE SPECIFY OTHER REASON FOR REFUSAL

Text Maximum [50] characters

Backcoded into NurseRef

All

NHSCR

There are National Health Service registers which hold information on hospital admissions, important diseases and causes of death. May we have your permission to pass your name, address, and date of birth to these registers?

- | | | |
|---|---------|------------------|
| 1 | Permiss | Permission given |
| 2 | Refuse | Refused |

If NHSCR=Permiss

NHSNo

May we have your NHS number which will assist in linking up your details with these registers? IF

AVAILABLE, RECORD NUMBER ON THE FRONT PAGE OF THE ARF

- | | |
|---|---|
| 1 | NHS number given (RECORD ON ARF FRONT PAGE) |
| 2 | NHS number refused |
| 3 | NHS number not known/unavailable |

All

ReInter

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are

THE SCOTTISH HEALTH SURVEY 1995 CAPI QUESTIONNAIRE DOCUMENTATION

willing to help us again?

- 1 Yes
- 2 No

Thank

That is the end of the interview Thank you for your help I do need however to collect a little more information for our records (EMPTY)

TPhone

A few interviews on any survey are checked by a supervisor to make sure people are happy with the way the interview was carried out In case my supervisor needs to contact you, it would be helpful if you could let me have your telephone number

IF GIVEN, ENTER PHONE NUMBER ON FRONT OF ARF

- 1 Number given
- 2 Number refused
- 3 No telephone

FullName

INTERVIEWER NOW RECORD RESPONDENT'S FULL NAME ON FRONT PAGE OF ARF

EndTime

INTERVIEWER PLEASE ENTER THE CURRENT TIME USE A 24 HOUR CLOCK

Range 0 24

NOTES TO DOCUMENTATION

- Bold** Question name
- Bold italics*** Filter group for question (for statements that appear above a question name)
 - <> refers to 'not equal to'
- Italics* Response categories in italics have been added during coding

on behalf of
The Scottish Office ■ Home and Health Department



3 8 0 7
1995

P1394

Scottish Health Survey

NURSE SCHEDULE

Survey Month _____				OUO
(1-3)	(4-5)	(6)		CARD 13 (7-8)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
POINT	ADDRESS	HH	CKL	
FIRST name _____				
	(8-10)	(11-12)	(13-14)	
Date of Birth (Check with respondent)	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	
	Day	Month (in words)	Year	

Time interview began

(15-18)

(24 hr clock)

ALL

1. **NURSE CHECK:** Respondent is -

NCGN

Female, aged 16-49
Female, aged 50 or over
Male

1	ASK Q2
2	GO TO Q3
3	

39

WOMEN AGED 16-49

2. Can I check, are you pregnant at the moment?

PREGNTJ

Yes 1
No 2
Don't know 3

40

ALL

3. Are you taking or using any medicines, pills, ointments, puffers or injections prescribed for you by a doctor?

MEDCNJB

Yes	1	GO TO Q4
No	2	GO TO Q5

41

4a) Could I take down the names of the medicines, including tablets, syrups, ointments, puffers or injections, prescribed for you by a doctor?
ENTER DETAILS FOR EACH DRUG AT a) IN GRID BELOW

b) **FOR EACH DRUG TAKEN** Have you taken/used (name of drug) in the last 7 days? **RECORD AT b) BELOW**

ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN

a) PRESCRIBED MEDICINES		b) WHETHER TAKEN IN LAST 7 DAYS:		
RECORD BRAND NAME IN BLOCK CAPITALS	WRITE IN BNF CODE	Have you taken/used (name of drug) in the last 7 days? MEDBA101-16		
		YES	NO	
1) MEDBI 01-16	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	42-48
2)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	49-55
3)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	56-62
4)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	63-69
5)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	70-76
6)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	77-83
7)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	84-90
8)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	91-97
9)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	98-104
10)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	105-111
11)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1	2	112-118

ALL

5. Are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

IF YES: Which? **PROBE:** Which others?

CODE ALL THAT APPLY

VITAMIN 1-6

- | | |
|-------------------------|--------|
| <u>No</u> none of these | 1 |
| <u>Yes:</u> Vitamins | 2 VIT1 |
| Fishoils | 3 VIT2 |
| Iron supplements | 4 VIT3 |
| Calcium | 5 VIT4 |
| Other minerals | 6 VIT5 |
| Any other supplements | 7 VIT6 |

119-24

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?

NICHEWG

- | | |
|-----|------------|
| Yes | 1 ASK b) |
| No | 2 GO TO Q7 |

125

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

NICHEWGS

- | | |
|-------------------------------------|---|
| 2mg | 1 |
| 4mg | 2 |
| Can't say (and no packet available) | 8 |

126

SPARE

127

ALL

7a) And in the last seven days have you used nicotine patches that you stick on your skin?

PATCHES

- | | |
|-----|------------|
| Yes | 1 ASK b) |
| No | 2 GO TO c) |

128

b) Can you tell me which brand of nicotine patches you use?

DO NOT PROMPT
IF NOT SURE, ASK TO SEE PACKET

PATCHBI

- | | |
|-------------------------------------|---|
| Nicobate | 1 |
| Nicorette | 2 |
| Nicotinell | 3 |
| Other (WRITE IN NAME) _____ | 4 |
| _____ | |
| Can't say (and no packet available) | 8 |

129-32

ALL

c) In the last seven days, have you used a nicotine inhalant?

NICINHAL

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

133

ALL

8a) Have you suffered from any illness involving diarrhoea or vomiting in the past 6 months?

CODE ONE ONLY

Diarrhoea = 3+ loose bowel movements in 24 hrs
Vomiting = 3+ times in 24 hours

DIAVOM

- Yes - vomiting only 1
- Yes - diarrhoea only 2 **GO TO b)**
- Yes - both 3
- No 4 **GO TO Q9**
- Can't remember 8

134

b) How long did the diarrhoea/vomiting last - less than one week, 1 to 2 weeks, or more than 2 weeks?

MOST RECENT ILLNESS IF MORE THAN ONE

YDIAVOM

- Less than 1 week 1
- 1-2 weeks 2
- More than 2 weeks 3
- Can't remember 8

135

c) Did you consult your GP or another doctor about this illness, either by phone or by visiting the surgery or hospital?

CONSGP

- Did consult GP/doctor 1 **GO TO d)**
- GP/doctor not consulted 2 **GO TO g)**

136

d) Did your GP/doctor diagnose this illness as food poisoning, gastroenteritis, or some other illness?

CODE ONE ONLY

GPDIAG

- Food poisoning 1
- Gastroenteritis 2
- Other (SPECIFY) _____ 3
- Respondent not given diagnosis 4
- Can't remember/don't know 8

137

e) Did the doctor ask you to supply a stool for testing?

STOOL

- Yes 1 **GO TO f)**
- No 2 **GO TO g)**

138

f) Were you told what type of germ or bacteria was causing your illness?
IF YES What was it?

CODE ONE ONLY

GERMBAC

- No, not told 1
- Yes, told - Salmonella 2
- Other (SPECIFY) _____ 3
- Can't remember 4
- Can't remember if told 8

139

g) Did you have to take any time off paid work as a result of this illness?

OFFWORK

- Yes 1
- No/not working at the time 2

140

BLOOD PRESSURE

ALL

9a) **NURSE CHECK Q2:** Respondent is pregnant

- | | | |
|---------------|---|------------------|
| Yes | 1 | GO TO b) |
| No/don't know | 2 | GO TO Q10 |

141

PREGNANT WOMEN

b) **NO MEASUREMENTS TO BE DONE**

NO BLOOD SAMPLE TO BE TAKEN

CIRCLE CONSENT CODES 02, 04, 06, 08, 10, AND 12, ON FRONT OF CONSENT BOOKLET

GO TO Q48

ALL EXCEPT PREGNANT WOMEN

10. (As I mentioned earlier) We would like to measure your blood pressure. 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 or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPPLY

CONSUM 1-4

- | | | |
|------------------------|---|------------------|
| Eaten | 1 | |
| Smoked | 2 | |
| Drunk alcohol | 3 | GO TO Q11 |
| Done vigorous exercise | 4 | |
| (None of these) | 5 | |

142-45

SPARE
146-159

11a) RECORD DINAMAP SERIAL NUMBER: → HSS **DINNO**

180-182

b) **SELECT CUFF**
RECORD CUFF SIZE CHOSEN

Small adult (17-25 cm)
Adult (23-33 cm)
Large adult (31-40 cm)

1
2 **GO TO c)**
3

163

CUFFSIZE

c) **ENTER AMBIENT AIR TEMPERATURE**

. °C

164 167

AIRTEMP

d) TAKE THREE MEASUREMENTS FROM RIGHT ARM
AND RECORD READINGS BELOW

188 179

First reading **FIRSTMAP** MAP (mmHg)

SYSTOLIC (mmHg) **FIRSTSYS**

FIRSTPUL PULSE (bpm)

DIASTOLIC (mmHg) **FIRSTDIA**

Second reading **SECMAP** MAP (mmHg)

SYSTOLIC (mmHg) **SECSYS**

SECPUL PULSE (bpm)

DIASTOLIC (mmHg) **SECDIA**

180-191

Third reading **THIRDMAP** MAP (mmHg)

SYSTOLIC (mmHg) **THIRDSYS**

THIRDPUL PULSE (bpm)

DIASTOLIC (mmHg) **THIRDIA**

192 203

12a) NURSE CHECK:

Blood pressure measurement obtained:

CODE ONE ONLY

BPRESPS

Three valid readings

Two valid readings

One valid reading

Blood pressure measurement attempted but not obtained

Blood pressure measurement not attempted

Blood pressure measurement refused

1	GO TO Q13
2	
3	GO TO b)
4	
5	GO TO c)
6	

204

MEASUREMENT ATTEMPTED, NOT OBTAINED/
ONE OR TWO READINGS ONLY OBTAINED

b) RECORD WHY READING NOT OBTAINED/ONLY ONE OR TWO READINGS OBTAINED

CODE ALL
THAT APPLY

NATTBP1-2

Respondent was upset/anxious/nervous

'Error 844' reading

Other (GIVE FULL DETAILS) _____

1	
2	GO TO d)
5	

205-209

BLOOD PRESSURE READING NOT ATTEMPTED/REFUSED

c) GIVE REASON FOR REFUSAL/NOT ATTEMPTING MEASUREMENT
WRITE IN BELOW.

210-217

BLOOD PRESSURE READING NOT ATTEMPTED/REFUSED/
ATTEMPTED, NOT OBTAINED/1 OR 2 READINGS ONLY

d) NURSE CHECK:

NCBPOST

One or two readings obtained

Blood pressure measurement not attempted,
attempted not obtained or refused

1	GO TO Q13
2	GO TO e)

218

e) CIRCLE CONSENT CODE 02 ON
FRONT OF CONSENT BOOKLET

GO TO Q18

BLOOD PRESSURE OBTAINED

13 RECORD ANY PROBLEMS TAKING READINGS **DIFBPI-3**

CODE ALL THAT APPLY

- No problems taking blood pressure
- Reading taken on left arm because right arm not suitable
- Respondent was upset/anxious/nervous
- Other problems (**GIVE FULL DETAILS**) _____

1
2
3 GO TO Q14
4

219 222

OBTAINING CONSENT TO SEND RESULTS TO GP

14a) Are you registered with a GP?

GPREGB

- Yes
- No

1 GO TO b)
2 GO TO Q15

223

REGISTERED WITH GP

b) May we send your blood pressure readings to your GP?

GPSEND

- Yes
- No

1 GO TO Q16
2 GO TO c)

224

RESULTS CANNOT BE SENT TO GP

c) SPECIFY REASONS FOR REFUSALS

- CODE ALL** **GPREFM1-3**
- Hardly/never sees GP
 - GP knows respondent's BP level
 - Does not want to bother GP
 - Other (**GIVE FULL DETAILS**) _____

1
2 GO TO Q15
3
4

225 228

SPARE
229 230

15 CIRCLE CONSENT **CODE 02** ON FRONT OF CONSENT BOOKLET

GO TO Q17

RESULTS CAN BE SENT TO GP

16a) COMPLETE "BLOOD PRESSURE TO GP CONSENT FORM (FORM BP)"

ASK RESPONDENT TO SIGN AND DATE IT.

b) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM (Q7 ON FRONT PAGE).

CHECK NAME BY WHICH GP KNOWS RESPONDENT (Q3 ON FRONT PAGE).

c) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

BLOOD PRESSURE OBTAINED

17. OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

WAIST AND HIP CIRCUMFERENCES

ALL EXCEPT PREGNANT WOMEN

18a) 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

MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM

1st measurement	WAISTC1 HIPCI	Waist circumference (cms) Hip circumference (cms)	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> • <table border="1" style="border-collapse: collapse; width: 20px; height: 20px; float: right;"></table>					231 35
			<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> • <table border="1" style="border-collapse: collapse; width: 20px; height: 20px; float: right;"></table>					236 40
2nd measurement	WAISTC2 HIPC2	Waist circumference (cms) Hip circumference (cms)	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> • <table border="1" style="border-collapse: collapse; width: 20px; height: 20px; float: right;"></table>					241 45
			<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> • <table border="1" style="border-collapse: collapse; width: 20px; height: 20px; float: right;"></table>					246 50

b) **NURSE CHECK** Both measurements obtained
CODE ONE ONLY Only one measurement obtained
 WHMEASOB Both measurements refused
 Measurement not attempted

1	GO TO Q19
2	
3	GO TO c)
4	

251

c) **GIVE REASON FOR REFUSAL/NOT ATTEMPTING/WHY ONLY ONE OBTAINED**

NATTMWHI-2

CODE ALL THAT APPLY Respondent is chairbound 1
 Other (Give full details below) _____ 2

252 55

19a) **RECORD IF ANY WAIST MEASUREMENT TAKEN:**

Waist measurement obtained:

CODE ONE ONLY

No problems experienced, reliable waist measurement	1	GO TO c)	256
Problems experienced-waist measurement likely to be:			
WRESPS reliable	2		
slightly unreliable	3	GO TO b)	
unreliable	4		
(NO waist measurement obtained)	7	GO TO c)	

b) **RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.**

PROBW

Increases measurement	1	257
Decreases measurement	2	

c) **RECORD IF ANY HIP MEASUREMENT TAKEN:**

Hip measurement obtained:

CODE ONE ONLY

No problems experienced, reliable hip measurement	1	GO TO e)	258
Problems experienced, hip measurement likely to be:			
HRESPS reliable	2		
slightly unreliable	3	GO TO d)	
unreliable	4		
(NO hip measurement obtained)	7	GO TO e)	

d) **RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.**

PROBH

Increases measurement	1	259
Decreases measurement	2	

e) **OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.**

LUNG FUNCTION

ALL EXCEPT PREGNANT WOMEN

- 20a) Can I check, have you had abdominal or chest surgery in the past three weeks?

NCPREG LF

Yes	1	GO TO c)
No	2	GO TO b)

260

IF NO AT a)

- b) Have you been admitted to hospital for a heart complaint or stroke in the past six weeks? *

HASTRO

Yes	1	GO TO c)
No	2	GO TO Q21

261

- c) NO LUNG FUNCTION TEST TO BE CARRIED OUT
CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET

GO TO Q31

- 21 (As I mentioned earlier) We would like to measure your lung function. If you wish, I will write the result of the test on your Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using your age, sex and height. If you would like us to, we will also send your results to your GP who is better placed to interpret them.

IF ASKED There is a wide range that can be considered acceptable. A low result can simply be due to unfitness and does not necessarily indicate any disease. People's results vary from day to day, so a diagnosis cannot be made on the basis of measurements taken on a single occasion.

- 22a) In the past three weeks, have you had any respiratory infections such as influenza, pneumonia, bronchitis or a severe cold?

CHESTINF

Yes	1
No	2

262

- b) (Can I just check), have you used an inhaler, puffer or any medication for your breathing in the last 24 hours?

INHALER

Yes	1	GO TO c)
No	2	GO TO Q23

263

IF YES AT b)

- c) How many hours ago did you use it? RECORD NO OF HOURS

INHALHRS

--	--

264-65

23a) NURSE CHECK: CALIBRATE THE SPIROMETER

SPIRNO

b) RECORD SPIROMETER SERIAL NUMBER:

HSS

R			
---	--	--	--

266-68

c) RECORD AMBIENT AIR TEMPERATURE

LFTEMP

		•		°C
--	--	---	--	----

269-72

24a) RECORD THE RESULTS OF FIVE BLOWS BY THE RESPONDENT IN THE BOXES BELOW.

RECORD EACH BLOW AS IT IS CARRIED OUT. FOR EACH BLOW, WRITE IN THE THREE MEASURES AND CODE WHETHER TECHNIQUE WAS SATISFACTORY.

DOUBLE CHECK THAT YOU HAVE ENTERED THE DATA IN THE APPROPRIATE BOX.

	MEASURES			TECHNIQUE SATISFACTORY?	
	FVC (LITRES)	FEV ₁ (LITRES)	PF (LITRES PER MIN)	YES	NO
1ST BLOW	<input type="text"/> • <input type="text"/> FVC1	<input type="text"/> • <input type="text"/> FEV1	<input type="text"/> PF1	<input type="text"/> 1	<input type="text"/> TSAT1
2ND BLOW	<input type="text"/> • <input type="text"/> FVC2	<input type="text"/> • <input type="text"/> FEV2	<input type="text"/> PF2	<input type="text"/> 1	<input type="text"/> TSAT2
3RD BLOW	<input type="text"/> • <input type="text"/> FVC3	<input type="text"/> • <input type="text"/> FEV3	<input type="text"/> PF3	<input type="text"/> 1	<input type="text"/> TSAT3
4TH BLOW	<input type="text"/> • <input type="text"/> FVC4	<input type="text"/> • <input type="text"/> FEV4	<input type="text"/> PF4	<input type="text"/> 1	<input type="text"/> TSAT4
5TH BLOW	<input type="text"/> • <input type="text"/> FVC5	<input type="text"/> • <input type="text"/> FEV5	<input type="text"/> PF5	<input type="text"/> 1	<input type="text"/> TSAT5

273-84

285-96

297-308

309-20

321-32

b) NURSE CHECK:

NLSATLF

At least one technically satisfactory blow

No technically satisfactory blow

1	COMPLETE c)
2	GO TO Q25

333

c) FOR EACH MEASURE, ENTER HIGHEST TECHNICALLY SATISFACTORY VALUE

FVC	FEV ₁	PF
<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/>
HTFVC	HTFEV	HTPF

334-44

d) Measurements taken while respondent was:

Standing

1

Sitting

2

LFSTAND

345

25a) NURSE CHECK
CODE ONE ONLY

LFRESP

- All 5 blows obtained
- Some blows, but less than 5, obtained
- All blows refused
- No blows attempted

1	GO TO Q26
2	GO TO b)
3	GO TO c)
4	

346

b) GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED
CODE ALL THAT APPLY

. PROBLFI-4

- Refused to continue
- Breathless
- Coughing fit

Other (GIVE FULL DETAILS) _____

1	
2	GO TO Q26
3	
4	

347 350

LUNG FUNCTION READING NOT OBTAINED

c) GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE NOT ATTEMPTED/REFUSED

CODE ONE ONLY

NOATTLEF

- Temperature of house too cold
- Temperature of house too hot
- Equipment failure
- Breathless
- Unwell

Other reason why measurements not attempted/refused
(Give full details) _____

1	
2	
3	
4	GO TO d)
5	
6	

351

d) CIRCLE CONSENT CODE 04 ON FRONT OF
CONSENT BOOKLET

GO TO Q31

OBTAINING CONSENT TO SEND RESULTS TO GP

26a) **NURSE CHECK: CODE ONE ONLY** No technically satisfactory blow **1 GO TO c)** 352
 At least one technically satisfactory blow :-
NCGPLF Respondent registered with GP **2 GO TO b)**
 - Respondent not registered with GP **3 GO TO Q28**

IF REGISTERED WITH GP

b) May we send your lung function test results to your GP? **GPSENDLF** Yes **1 GO TO Q29** 353
 No **2 GO TO Q27**

c) IF NO TECHNICALLY SATISFACTORY BLOW, CIRCLE CONSENT **CODE 04** ON FRONT OF CONSENT BOOKLET **GO TO Q31**

RESULTS CANNOT BE SENT TO GP

27. SPECIFY REASONS FOR REFUSAL **CODE ALL THAT APPLY** **GPRLFM1-2** 354-357
 1 Hardly/never sees GP
 2 GP knows respondent's lung function **GO TO Q28**
 3 Does not want to bother GP
 4 Other (GIVE FULL DETAILS) _____

28. CIRCLE CONSENT **CODE 04** ON FRONT OF CONSENT BOOKLET. **GO TO Q30** SPARE
358-361

RESULTS CAN BE SENT TO GP

29a) COMPLETE "LUNG FUNCTION TO GP CONSENT FORM (FORM LF)"
 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) CIRCLE CONSENT **CODE 03** ON FRONT OF CONSENT BOOKLET.

LUNG FUNCTION MEASURED

30. OFFER LUNG FUNCTION RESULTS TO RESPONDENT.
 ENTER THEIR HIGHEST FVC AND HIGHEST FEV₁ AND HIGHEST PEAK FLOW READINGS ON MEASUREMENT RECORD CARD. (COMPLETE NEW RECORD CARD IF REQUIRED).

BLOOD SAMPLE

ALL EXCEPT PREGNANT WOMEN

31a) **NURSE CHECK** Respondent is aged 16-17

NCAGEI

Respondent is aged 18+

- 1 GO TO b)
- 2 GO TO Q32

362

b) **NURSE CHECK**

NCGUARD

Respondent lives with parent or person with legal parental responsibility ("Parent")

Does NOT live with parent or person with legal parental responsibility ("Parent")

- 1 GO TO Q32
- 2 NO BLOOD TO BE TAKEN GO TO Q47

363

32 **EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD**

a) May I just check, do you have a clotting or bleeding disorder?

CLOTB

Yes

- 1 NO BLOOD TO BE TAKEN GO TO Q47

No

- 2 GO TO b)

364

SPARE
365

IF NO AT a)

b) Would you be willing to have a blood sample taken?

BSWILL

Yes

- 1 GO TO Q33

No

- 2 GO TO c)

366

BLOOD SAMPLE REFUSED

c) **RECORD WHY BLOOD SAMPLE REFUSED**

CODE ALL THAT APPLY

REFBSMI-2

Previous difficulties with venepuncture

Dislike/fear of needles

Respondent recently had blood test/health check

Refused because of current illness

Worried about HIV or AIDS

Other (GIVE FULL DETAILS) _____

- 01
- 02
- 03 NO BLOOD TO BE TAKEN
- 04 GO TO Q47
- 05
- 06

367 378

ALL WILLING TO GIVE BLOOD SAMPLE

33. EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.

34a) NURSE CHECK

NCAGE2

Respondent is aged 16-17

Respondent is aged 18+

1 CHECK b)

2 GO TO Q35

379

IF AGED 16-17

b) CHECK: Is a parent or person with legal parental responsibility willing to give consent?

BSCONST

Yes

1 GO TO Q35

No

2 GO TO c)

380

IF NOT WILLING TO GIVE CONSENT

c) RECORD DETAILS OF WHY CONSENT REFUSED

381-388

**NO BLOOD TO BE TAKEN
GO TO Q47**

GETTING CONSENT TO GIVE BLOOD

35a) FILL IN RESPONDENT'S NAME AND YOUR NAME AT TOP OF "BLOOD SAMPLE CONSENT FORM (FORM BS)" IN CONSENT BOOKLET.

ASK RESPONDENT TO READ AND SIGN AND DATE PART 1.

IF RESPONDENT IS 16-17, ENSURE PARENT/"PARENT" SIGNS.

SPARE

389

b) CIRCLE CONSENT CODE 05 ON THE FRONT OF THE CONSENT BOOKLET.

OBTAINING CONSENT TO SEND RESULT TO GP

36a) **NURSE CHECK**

GPSAM

Respondent registered with GP
Respondent not registered with GP

- | | |
|---|-----------|
| 1 | GO TO b) |
| 2 | GO TO Q38 |

390

IF REGISTERED WITH GP

b) May we send the results of your blood sample analysis to your GP?

SENDSAM

Yes
No

- | | |
|---|-----------|
| 1 | GO TO Q39 |
| 2 | GO TO Q37 |

391

RESULTS CANNOT BE SENT TO GP

37 Why do you not want your blood sample results sent to your GP?

CODE ALL THAT APPLY

SENSAM1-2

Hardly/never sees GP
GP recently took blood sample
Does not want to bother GP

- | | |
|---|-----------|
| 1 | |
| 2 | GO TO Q38 |
| 3 | |
| 4 | |

392 395

Other (GIVE FULL DETAILS) _____

38 **CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET**

GO TO Q40

RESULT CAN BE SENT TO GP

39a) **OBTAIN SIGNATURE FOR PART II OF "BLOOD SAMPLE CONSENT FORM"**

IF RESPONDENT IS 16-17, ENSURE PARENT/"PARENT" SIGNS

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 07 ON FRONT OF CONSENT BOOKLET**

GO TO Q40

GETTING CONSENT TO STORE BLOOD

40. ASK FOR CONSENT TO STORE ANY REMAINING BLOOD FROM THE SAMPLE FOR FUTURE ANALYSIS.

CONSTOR

Storage consent given

1 GO TO Q41

Consent refused

2 GO TO Q42

396

STORAGE CONSENT GIVEN

41a) OBTAIN SIGNATURE AT PART III OF "BLOOD SAMPLE CONSENT FORM".

IF RESPONDENT IS 16-17 ENSURE PARENT/"PARENT" SIGNS.

b) CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.

GO TO Q43

SPARE

397

STORAGE CONSENT REFUSED

42. CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.

GO TO Q43

TAKING BLOOD SAMPLES

43. CHECK YOU HAVE ALL APPLICABLE SIGNATURES.

TAKE BLOOD SAMPLE

CHECK ADDRESS LABEL:

IF BT:S, TAKE 3 TUBES IN THE ORDER: Plain(red); EDTA(mauve); Citrate (blue).

IF BT:V, TAKE 4 TUBES IN THE ORDER: Plain(red); EDTA(mauve); Citrate(blue); plain.

44a) BLOOD SAMPLE OUTCOME:

SAMPTAKB

Blood sample obtained

1 GO TO b)

No blood sample obtained

2 GO TO Q46

398

b) RECORD IF BLOOD SAMPLE TAKEN:

CODE ALL THAT APPLY **SAMDIFI - 4**

No problems taking blood sample

01

Incomplete sample

02

Collapsing/poor/unsuitable/no palpable veins

03

Second attempt necessary

04 GO TO Q45

Some blood obtained, but respondent felt faint/fainted

05

Unable to use tourniquet

06

Other (GIVE FULL DETAILS) _____

07

399-410

BLOOD SAMPLE OBTAINED

45a) NURSE CHECK ADDRESS LABEL

NCADLAB

BT S 1 GO TO c)

BT V 2 GO TO b)

VITAMIN SAMPLE TAKEN

b) Can I check, when did you last have any cheese, butter, milk or ice-cream - within the last hour, 1-4 hours ago, or more than 4 hours ago?

RECORD IN GRID BELOW

REPEAT QUESTION FOR EACH TYPE OF FOOD (i-vi), AND RECORD IN GRID

	Within 1 hour	1-4 hours	More than 4 hours	Can't say
i) Cheese, butter, milk, or ice-cream? VITSAM1		2	3	8
ii) Meat, poultry or fish (beef, lamb, pork, chicken, turkey)? VITSAM2	1	2	3	8
iii) Any fried foods, including chips? VITSAM3	1	2	3	8
iv) Cakes, pastries, biscuits or chocolate? VITSAM4	1	2	3	8
v) Crisps? VITSAM5	1	2	3	8
vi) Fresh fruit or fruit juice? VITSAM6	1	2	3	8

c) Would you like to be sent the results of your blood sample analysis?

SNDSAM

Yes 1 GO TO d)

No 2 GO TO e)

WOULD LIKE RESULTS

d) CIRCLE CONSENT CODE 11 ON FRONT OF CONSENT BOOKLET

GO TO Q48

WOULD NOT LIKE RESULTS

e) CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET

GO TO Q48

BLOOD SAMPLE NOT OBTAINED

46a) RING REASONS NO BLOOD OBTAINED

CODE ALL THAT APPLY

NOBSM1-3

No suitable vein/collapsed veins

Respondent was too anxious/nervous

Respondent felt faint/fainted

Other (GIVE FULL DETAILS) _____

01

02

03

04

GO TO b)

412-419

b) CROSS OUT CONSENT CODES 05, 07, AND 09 IF ALREADY CIRCLED ON FRONT OF CONSENT BOOKLET.

REPLACE WITH CONSENT CODES 06,08, 10 AND 12 ON FRONT OF CONSENT BOOKLET.

GO TO Q48

IF NO BLOOD TO BE TAKEN

47. CIRCLE CONSENT CODES 06, 08, 10 AND 12 ON FRONT OF CONSENT BOOKLET.

SPARE
420

ALL

48. ENSURE THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.

MAKE SURE THAT THERE ARE SIX APPROPRIATE CONSENT CODES RINGED AT Q9 ON FRONT OF CONSENT BOOKLET.

49. TIME AT END OF INTERVIEW

24 hr clock

421-424

LENGTH OF INTERVIEW

MINS

LENNUR

425-427

DATE OF INTERVIEW

DAY MONTH YEAR

DTNUR

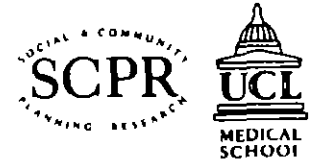
428-433

NURSE NUMBER

434-437

NURSE SIGNATURE _____

on behalf of
The Scottish Office ■ Home and Health Department



P1394

Scottish Health Survey: 1995

■ IN CONFIDENCE

GENERAL HEALTH

3 8 0 7

ADULTS AGED 18+

Survey Month _____

(1-3)	(4-5)	(6)			(7-8)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POINT	ADDRESS	HHLD	CKL	o u o	Card
					Spare

Please read this before completing:

A 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

B 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.

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this before you start:

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:

- | | Better
than usual | Same
as usual | Less than
usual | Much less
than usual | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 1. been able to concentrate on whatever you're doing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 20 |

CONCENT

- | | Not at
all | No more
than usual | Rather more
than usual | Much more
than usual | |
|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 2. lost much sleep over worry? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 21 |

SLEEP

- | | More so
than usual | Same
as usual | Less useful
than usual | Much less
useful | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 3. felt you were playing a useful part in things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 22 |

USEFUL

- | | More so
than usual | Same
as usual | Less so
than usual | Much less
capable | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 4. felt capable of making decisions about things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 23 |

DECISION

- | | Not at
all | No more
than usual | Rather more
than usual | Much more
than usual | |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 5. felt constantly under strain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 24 |

STRAIN

- | | Not at
all | No more
than usual | Rather more
than usual | Much more
than usual | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----|
| 6. felt you couldn't overcome your difficulties? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 25 |

OVERCOME

Have you recently

		More so than usual	Same as usual	Less so than usual	Much less than usual	
7	been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	26

ENJOY

		More so than usual	Same as usual	Less so than usual	Much less able	
8	been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	27

FACE

		Not at all	No more than usual	Rather more than usual	Much more than usual	
9	been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	28

UNHAPPY

		Not at all	No more than usual	Rather more than usual	Much more than usual	
10	been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	29

CONFID

		Not at all	No more than usual	Rather more than usual	Much more than usual	
11	been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	30

WORTH

		More so than usual	About same as usual	Less so than usual	Much less than usual	
12	been feeling reasonably happy, all things considered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	31

HAPPY

WOMEN ONLY PLEASE ANSWER

20. Are you still having periods (menstruating)?

STMENST

Yes 1 → GO TO Q23

No 2 → GO TO Q21

32

21. Did your periods stop as a result of an operation?

STPERID

Yes 1 → GO TO Q22

No 2 → GO TO Q26

33

22. Have you had any ovaries removed?

OVARREM

Yes 1 } GO TO Q26

No 2 }

34

23. Are you currently taking the contraceptive pill or having a contraceptive injection?

CONPILL

Yes 1 → GO TO Q24

No 2 → GO TO Q26

35

24. What kind of contraceptive is this?

WHTPILL

Injection 1 → GO TO Q26

Mini-pill 2

Combined pill 3

Not sure 4

} GO TO Q25

36

25. What is the brand name of the contraceptive pill you take?

PILBRAND

Please write the name below

..... GO TO Q26

37-41

26. Thank you for answering these questions. Now please return this booklet to the interviewer.

on behalf of
The Scottish Office ■ Home and Health Department



P1394

Scottish Health Survey 1995

■ IN CONFIDENCE

SMOKING, DRINKING AND GENERAL HEALTH

3 8 0 7

16-17 YEAR-OLDS

Survey Month _____

(1-3) POINT	(4-5) ADDRESS	(6) HH	CKL	0 0 0	(7-8) Card (9-10) Spare
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Please read this before completing

A 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

B 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⁾

No ₍₂₎ → GO TO Q3

By following the arrows carefully you will miss out questions which do not apply to you

SMOKING

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

DSMOKIG

(✓)
Yes 1 → GO TO Q2
No 2 → GO TO Q9 ON NEXT PAGE

20

2 Have you ever smoked a cigarette?

DSMOKCIG

(✓)
Yes 1 → GO TO Q3
No 2 → GO TO Q9 ON NEXT PAGE

21

3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

DCIGAGE

22 23

4 Do you smoke cigarettes at all nowadays?

DSMNOW

(✓)
Yes 1 → GO TO Q6
No 2 → GO TO Q5

24

5 Did you smoke cigarettes regularly or occasionally?

DSMREG

Regularly, that is at least one cigarette a day 1

Occasionally 2

I never really smoked cigarettes, just tried them once or twice 3

} GO TO Q9 ON NEXT PAGE

25

CURRENT SMOKERS

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

Write in number smoked a day

DDLYSMOK

26 27

7 And about how many cigarettes a day do you usually smoke at weekends?

DWKNDSMO

Write in number smoked a day

→ GO TO Q8 ON NEXT PAGE

28 29

CURRENT SMOKERS

8. Have you ever tried to stop smoking?

STPSMO

- (✓)
- Yes, once or twice 1
- Yes, three times or more 2
- No, but I would like to 3
- No, do not want to stop 4

GO TO DRINKING QUESTIONS ON NEXT PAGE

30

ALL WHO DO NOT CURRENTLY SMOKE

9. Do you find that you are regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes which apply

NOSMOKE 1-6

- (✓)
- At home 1
- At work 2
- On public transport 3
- In other people's homes 4
- In pubs 5
- In other public places 6
- No, none of these 7

IF YOU HAVE TICKED ANY OF THESE BOXES GO TO Q10.

OTHERS GO TO DRINKING QUESTIONS ON NEXT PAGE

31-36

10. Does this bother you?

BOTHSMO

- Yes 1
- No 2

37

NOW GO TO DRINKING QUESTIONS ON NEXT PAGE

DRINKING

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

DDRINK

- (✓)
- Yes 1 → GO TO Q14
- No 2 → GO TO Q12

38

12 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?

DDRINKAN

- (✓)
- Very occasionally 1 → GO TO Q14
- Never 2 → GO TO Q13

39

13 Have you always been a non-drinker or did you stop drinking for some reason?

DALWAYTT

- (✓)
- Always a non-drinker 1 → GO TO THE GENERAL HEALTH QUESTIONS ON PAGE 9
- Used to drink but stopped 2 → GO TO Q14

40

14 How old were you the first time you ever had an alcoholic drink?

DDRINKAG

Write in how old you were then

- GO TO Q15 ON NEXT PAGE

41 42

15. Here is a list of alcoholic drinks. Please tick (✓) the box that best describes how often you usually drink each of them in the last 12 months. For the ones you drink, write in how much you usually drank on any one day.

EXCLUDE ANY NON-ALCOHOLIC OR LOW ALCOHOL DRINKS, EXCEPT SHANDY.

Example:

How often have you had this type of drink in the past year?

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 in last 12 months	Never in last 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much did you usually drink on any one day? (write in number)

Glasses (count doubles as 2 singles)	Half pints	Large cans or bottles	Small cans or bottles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beer

Glasses (count doubles as 2 singles)

Half pints

Large cans or bottles

Small cans or bottles

How often have you had this type of drink in the past year?

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 in last 12 months	Never in last 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much did you usually drink on any one day? (write in number)

Glasses (count doubles as 2 singles)	Half pints	Large cans or bottles	Small cans or bottles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shandy (exclude bottles or cans)

Shandy Q

Beer, lager, stout, cider

DBEER

DBEER Q1

DBEER Q2

DBEER Q3

Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

DSPIRITS

DSPIRITQ

Sherry or martini (including port, vermouth, cinzano, dubonnet)

DSHERRY

DSHERRYQ

Wine (incl. babycham & champagne)

DWINE

DWINEQ

Other kinds of alcoholic drink (WRITE IN NAME OF DRINK)

16 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

DDRINKOF

- (S)
- 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 a year 7
 - Not at all in the last 12 months 8

91

PLEASE GO TO Q 17 ON PAGE 8

17. 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'.

A. I have felt that I ought to cut down on my drinking. Yes 1
 No 2
CUTDRI

92

B. I have felt ashamed or guilty about my drinking. Yes 1
 No 2
GUILTDRI

93

C. People have annoyed me by criticising my drinking. Yes 1
 No 2
CRITDRI

94

D. I have found that my hands were shaking in the morning after drinking the previous night. Yes 1
 No 2
SHAKDRI

95

E. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover. Yes 1
 No 2
NERVDRI

96

F. There have been occasions when I felt that I was unable to stop drinking. Yes 1
 No 2
NOSTDRI

97

G. I have been drunk at least once a week, on average, in the last three months. Yes 1 → **GO TO GENERAL HEALTH SECTION ON PAGE 9**
 No 2 → **GO TO H**
DRUNKDRI

98

H. Drinking has made me slightly (or very) drunk in the last three months. Yes 1 → **GO TO (a)**
 No 2 → **GO TO GENERAL HEALTH SECTION ON PAGE 9**
SLIDRUNK

99

a) If yes, please tick one of the boxes to show how many times in the last 3 months. Once 1 } **GO TO GENERAL HEALTH SECTION ON PAGE 9**
 Twice 2 }
 Three times 3 }
YESDRUNK

100

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this before you start this section

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

- | | | Better
than usual | Same
as usual | Less than
usual | Much less
than usual | |
|----|--|---|---|---|---|-----|
| 18 | been able to concentrate on
whatever you're doing?
DCONCENT | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 101 |
| 19 | lost much sleep over
worry?
DSLEEP | Not at
all
<input type="checkbox"/> 1 | No more
than usual
<input type="checkbox"/> 2 | Rather more
than usual
<input type="checkbox"/> 3 | Much more
than usual
<input type="checkbox"/> 4 | 102 |
| 20 | felt you were playing a useful
part in things?
DUSEFUL | More so
than usual
<input type="checkbox"/> 1 | Same
as usual
<input type="checkbox"/> 2 | Less useful
than usual
<input type="checkbox"/> 3 | Much less
useful
<input type="checkbox"/> 4 | 103 |
| 21 | felt capable of making
decisions about things?
DDECISIN | More so
than usual
<input type="checkbox"/> 1 | Same
as usual
<input type="checkbox"/> 2 | Less so
than usual
<input type="checkbox"/> 3 | Much less
capable
<input type="checkbox"/> 4 | 104 |
| 22 | felt constantly under
strain?
DSTRAIN | Not at
all
<input type="checkbox"/> 1 | No more
than usual
<input type="checkbox"/> 2 | Rather more
than usual
<input type="checkbox"/> 3 | Much more
than usual
<input type="checkbox"/> 4 | 105 |
| 23 | felt you couldn't overcome
your difficulties?
DOVERCOM | Not at
all
<input type="checkbox"/> 1 | No more
than usual
<input type="checkbox"/> 2 | Rather more
than usual
<input type="checkbox"/> 3 | Much more
than usual
<input type="checkbox"/> 4 | 106 |

Have you recently:

		More so than usual	Same as usual	Less so than usual	Much less than usual	
24.	been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	107

DENJOY

		More so than usual	Same as usual	Less so than usual	Much less able	
25.	been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	108

DFACE

		Not at all	No more than usual	Rather more than usual	Much more than usual	
26.	been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	109

DUNHAPPY

		Not at all	No more than usual	Rather more than usual	Much more than usual	
27.	been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	110

DCONFID

		Not at all	No more than usual	Rather more than usual	Much more than usual	
28.	been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	111

DWORTH

		More so than usual	About same as usual	Less so than usual	Much less than usual	
29.	been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	112

DHAPPY

WOMEN ONLY PLEASE ANSWER

30 Are you currently taking the contraceptive pill or having a contraceptive injection?

D CONPILL

Yes 1 → GO TO Q31
No 2 → GO TO Q33

113

31 What kind of contraceptive is this?

DWHTPILL

Injection 1 → GO TO Q33
Mini-pill 2
Combined pill 3 } GO TO Q32
Not sure 4

114

32 What is the brand name of the contraceptive pill you take?

DPILBRAN

Please write the name below

GO TO Q33

115 119

33 Thank you for answering these questions Now please return this booklet to the interviewer

P1394

**SCOTTISH HEALTH SURVEY
ADDRESS RECORD FORM (ARF)**

1995

HH N°

ADDRESS

SELECTION LABEL FOR DWELLING UNITS & PERSONS

(Label for selecting 3 dwelling units out of number between 4 and 12 and for selecting 1 DU or person out of number between 2 and 12)

RESP NAME _____

RESP TEL NO _____

NHS No _____

No telephone 2
Number refused/ex-directory 3

INTERVIEWER NAME _____

INTERVIEWER NO

CALLS RECORD (Note all calls, even if no reply)

VISIT/CALL NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
TIME OF DAY												
Up to noon	1	1	1	1	1	1	1	1	1	1	1	1
1201-1400	2	2	2	2	2	2	2	2	2	2	2	2
1401-1700	3	3	3	3	3	3	3	3	3	3	3	3
1701-1900	4	4	4	4	4	4	4	4	4	4	4	4
1900 or later	5	5	5	5	5	5	5	5	5	5	5	5
DATE												
i) Day (Mon = 1 Tues = 2 etc)	<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"/>
ii) Date	<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"/>
iii) Month	<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"/>
EXACT TIME OF CALL (24 hour clock)	<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"/>

NOTES

RING
FINAL
OUTCOME
CODE*

REFUSAL TO OFFICE (BY PHONE OR LETTER)
(only use if instructed by Field Office)

10 END

*ENTER
CODE
ON
LAPTOP

1. IS THIS ADDRESS TRACEABLE, RESIDENTIAL
AND OCCUPIED?

Yes

A GO TO Q3

No

B ANSWER Q2

2. IF NO AT Q1
WHY NOT?

Insufficient address (**call office before returning**)

Not traced (**call office before returning**)

Not yet built/not yet ready for occupation

Derelict/demolished

Empty

Business/industrial only (no private dwellings)

Institution only (no private dwellings)

Weekend or holiday home

Other (**please give details**) _____

01
02
03
04
05
06
07
08
09

END

*ENTER
CODE
ON
LAPTOP

3. IF YES AT Q1
ESTABLISH NUMBER OF OCCUPIED DWELLING UNITS COVERED BY ADDRESS:

IF NECESSARY, ASK:

- i) Can I just check, is this *house/bungalow* occupied as a single dwelling, or is it split up into flats or bedsitters?
- ii) How many of those *flats/bedsitters* are occupied at the present time?

NUMBER OF
OCCUPIED UNITS

--	--

ANSWER Q4

No contact made
with any adult

21 GO TO Q23

Information
refused

22 GO TO Q23

*ENTER
CODE
ON
LAPTOP

4. INTERVIEWER SUMMARY:

CODE:

1 unit only

A GO TO Q12

2-3 units

B GO TO Q5

4-12 units

C GO TO Q7

13+ units

D GO TO Q9

IF 2-3 UNITS

5 LOOK AT SELECTION LABEL AND CODE "TYPE"

Type A	A	GO TO Q7
Type B	B	GO TO Q6

IF 2-3 UNITS AND "TYPE B"

6 i) SELECT ALL DWELLING UNITS

ii) **GO TO Q10**

IF 4-12 UNITS/2-3 UNITS AND "TYPE A"

7 LIST ALL OCCUPIED DWELLING UNITS AT ADDRESS

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

DWELLING UNIT	'DU' CODE
	01
	02
	03
	04
	05
	06

DWELLING UNIT	'DU' CODE
	07
	08
	09
	10
	11
	12

IF 4-12 UNITS/2-3 UNITS AND "TYPE A"

8 LOOK AT SELECTION LABEL ON FRONT OF ARF TO CHECK "TYPE"

- i) IF "TYPE A", SELECT ONE DWELLING UNIT
IF "TYPE B", SELECT THREE DWELLING UNITS
- ii) RING THE 'DU' CODE FOR THE SELECTED UNIT(S) IN THE GRID
- iii) **GO TO Q10**

IF 13+ UNITS

9 LOOK AT SELECTION LABEL ON FRONT OF ARF TO CHECK "TYPE"

- i) IF "TYPE A", SELECT ONE DWELLING UNIT USING "CHART A" ON BACK OF ARF
IF "TYPE B", SELECT THREE DWELLING UNITS USING "CHART B" ON BACK OF ARF
- ii) **GO TO Q10**

IF 2+ DWELLING UNITS

10. FOR ALL SELECTED DWELLING UNITS, ENTER FULL ADDRESS, INCLUDING FLAT NUMBER/DETAILS OF LOCATION, BELOW. (WRITE IN 'DU' CODE FROM Q7 IF RELEVANT.)

HH No.	DESCRIPTION	'DU' CODE FROM Q7 (IF RELEVANT)		
1.		<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
2.		<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
3.		<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		



USE THIS HH NUMBER:

- i) TO ENTER INTERVIEWS ON LAPTOP
- ii) FOR 'ADDITIONAL DWELLING UNIT' ARFS

11. ATTEMPT INTERVIEW AT ALL SELECTED DWELLING UNITS.

USE THIS FORM FOR HH No 1 (STARTING AT Q12).

IF 2-3 DWELLING UNITS SELECTED
 COMPLETE SEPARATE (PINK) "ADDITIONAL DWELLING UNIT" ARFS FOR HH Nos 2 AND 3.

GO TO Q12

12. **ALL**
SEEK CONTACT WITH RESPONSIBLE PERSON AGED 16+
AT ADDRESS AND INTRODUCE SURVEY.

Contact made
 Contact not made with responsible person

A	GO TO Q13
23	GO TO Q23

*ENTER CODE ON LAPTOP

13 **IF CONTACT MADE**
 ASK Including yourself, how many people between the ages of 16 and 64 live in this house/flat/part of the accommodation?

No. of people aged 16-64

		GO TO Q14
--	--	------------------

NOFADULT

Information refused

24	GO TO Q23	*ENTER CODE ON LAPTOP

<u>INCLUDE</u>	<u>EXCLUDE</u>
<ul style="list-style-type: none"> • PEOPLE WHO NORMALLY LIVE AT ADDRESS WHO ARE AWAY FOR UNDER 6 MONTHS • PEOPLE AWAY ON WORK FOR WHOM THIS IS THE MAIN ADDRESS • BOARDERS AND LODGERS 	<ul style="list-style-type: none"> • PEOPLE AGED 16-64 WHO LIVE ELSEWHERE TO STUDY OR WORK • SPOUSES WHO ARE SEPARATED AND NO LONGER RESIDENT • PEOPLE AWAY FOR 6 MONTHS OR MORE

14 **IF INFORMATION OBTAINED**
 INTERVIEWER SUMMARY

No-one in household aged 16-64

31	END	*ENTER CODE ON LAPTOP
A	GO TO Q18	
B	GO TO Q15	
C	GO TO Q17	

1 person only aged 16-64

2-12 persons aged 16-64

13+ persons aged 16-64

15 **IF 2-12 PERSONS**
 ASK FOR FIRST NAME OR INITIAL OF EACH PERSON LIST IN ALPHABETICAL ORDER

FIRST NAME/INITIAL	PERSON NO
	01
	02
	03
	04
	05
	06

FIRST NAME/INITIAL	PERSON NO
	07
	08
	09
	10
	11
	12

16 LOOK AT SELECTION LABEL ON FRONT OF ARF

i) SELECT ONE PERSON FROM FIRST ROW

ii) ENTER 'PERSON NO' OF SELECTED PERSON

--	--

iii) **GO TO Q18**

17 **IF 13+ PERSONS**
 i) USE LOOK-UP "CHART A" ON BACK OF ARF TO SELECT ONE PERSON

ii) **GO TO Q18**

18. **ALL (Q14 A-C)**
RECORD FULL NAME OF SELECTED PERSON ON FRONT OF ARF

19. **OUTCOME OF INTERVIEW ATTEMPTS**
CODE ONE ONLY

Interview obtained: - Full
 - Partial

51	GO TO Q22	*ENTER CODE ON LAPTOP
52		

No interview obtained

(RING CODE BELOW AND RECORD DETAILS IN BOX)

- No contact with selected person after 4+ calls
- Personal refusal by selected person
- Proxy refusal (on behalf of selected person)
- Broken appointment, no recontact
- Ill at home during survey period
- In hospital during survey period
- Selected person senile/incapacitated
- Inadequate English
- Away during survey period
- Other reason

71	}	GO TO Q20	*ENTER CODE ON LAPTOP
72			
73			
74			
75			
76			
77			
78			
79			
80			

- Serial number re-allocated to another interviewer
- Re-issue not covered at final cut-off

81	END	
82		

IF NO INTERVIEW OBTAINED

20. **RECORD FULL REASON FOR OUTCOME CODES 71-80**

GO TO Q21

21a) **RECORD ANY INFORMATION YOU CAN ABOUT THE**
NON-RESPONDENT'S GENDER

Male 1
 Female 2
 Couldn't find out 8

*ENTER
CODE
ON
LAPTOP

b) **...AND AGE**

16 - 34 1
 35 - 49 2
 50 - 64 3
 Couldn't find out 8

1	GO TO Q23	*ENTER CODE ON LAPTOP
2		
3		
8		

22. **IF INTERVIEW OBTAINED**
RECORD WHETHER RESPONDENT AGREED TO
NURSE VISIT

Agreed to visit 1
 No agreement 2

1	GO TO Q23	
2		

**LOOK-UP CHART A
(FOR 13+ DWELLING UNITS FOR "TYPE A" SELECTION
AND FOR 13+ PERSONS 16-64)**

IF THERE ARE	13	DU's/PERSONS SELECT NUMBER	12
	14		8
IF THERE ARE	15	DU's/PERSONS SELECT NUMBER	11
	16		7
	17		13
	18		3
	19		14
IF THERE ARE	20	DU's/PERSONS SELECT NUMBER	2
	21		14
	22		8
	23		13
	24		5
IF THERE ARE	25	DU's/PERSONS SELECT NUMBER	12
	26		6
	27		17
	28		17
	29		2
IF THERE ARE	30	DU's/PERSONS SELECT NUMBER	21
	31		10
	32		26
	33		8
	34		22
IF THERE ARE	35		8

IF THERE ARE MORE THAN 35 DU's/PERSONS, PLEASE CONTACT THE OFFICE

**LOOK-UP CHART B
(FOR 13+ DWELLING UNITS FOR "TYPE B" SELECTION)**

IF THERE ARE:	13	DWELLING UNITS SELECT	8, 11 & 4
	14		7, 6 & 5
	15		8, 9 & 5
	16		9, 16 & 11
	17		11, 9 & 16
IF THERE ARE:	18	DWELLING UNITS SELECT	11, 6 & 18
	19		13, 18 & 7
	20		17, 1 & 4
	21		16, 10 & 2
	22		16, 4 & 22
	23		19, 3 & 22
IF THERE ARE:	24	DWELLING UNITS SELECT	10, 19 & 14
	25		23, 15 & 4
	26		22, 20 & 17
	27		14, 24 & 25
	28		2, 17 & 25
	29		19, 18 & 4
	30		28, 7 & 20

IF THERE ARE MORE THAN 30 DWELLING UNITS, PLEASE CONTACT THE OFFICE

P1394

SCOTTISH HEALTH SURVEY NURSE RECORD FORM (NRF)

SERIAL NUMBER	Month
POINT <input type="text"/> <input type="text"/> <input type="text"/>	
ADD <input type="text"/> <input type="text"/> HH <input type="text"/> CL <input type="text"/>	
Address	
BT <input type="checkbox"/>	

INTERVIEWER _____

NURSE NAME _____

NURSE NUMBER **1 INTERVIEWER OUTCOME****RING****NURSE TO DO**

Nurse appointment made

A → Complete Q2 - Q12

Nurse appointment NOT made

B → Ring outcome code 60 overleaf and return NRF to office

DETAILS AT Q2-Q7 PROVIDED BY INTERVIEWER

2 RESPONDENT'S FULL NAME
AND TITLE (MR/MRS/MS)
3 RESPONDENT'S TELEPHONE
NUMBER

4 DATE OF INTERVIEW

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 RESPONDENT'S AGE

6 APPOINTMENT DATE

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7 APPOINTMENT TIME

Household location details/Useful tips

8. CALLS RECORD (Note all personal visits and telephone calls, even if no reply)

TNC

VISIT 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):												
DATE:												
i) Day (Mon = 1, Tues = 2 etc)												
ii) Date												
iii) Month												

NOTES

9. RECORD FINAL OUTCOME:

RING FINAL
OUTCOME
CODE

Not to be interviewed (Interviewer outcome B) 60 → END
NURSE SCHEDULE COMPLETED 61 → Q.12

NURSE SCHEDULE NOT COMPLETED:

- no contact made 81 → END
- refusal by person 82 → Q10
- proxy refusal 83 → Q10
- broken appointment 84
- ill (at home) 85
- ill (in hospital) 86
- away (other reason) 87
- other 88

} Q11

10. REASON FOR REFUSAL:

- Cannot/won't find time 1
- Feels done enough already 2
- Recently had health check/GP knows health 3
- Had enough of medical profession 4
- Doesn't want to know results/tempt fate 5
- Frightened of procedures 6
- Other 7

} END

11. GIVE FULL DETAILS OF BROKEN APPT, ILL, AWAY OR OTHER UNPRODUCTIVE _____

12a) WAIST-HIP MEASUREMENT:

- obtained 1
- attempted, not obtained 2
- not attempted 3
- refused 4

b) BLOOD PRESSURE:

- at least 1 valid reading obtained 1
- attempted, none obtained 2
- not attempted 3
- refused 4

c) LUNG FUNCTION:

- obtained (at least 1 valid blow) 1
- attempted, none obtained 2
- not attempted 3
- refused 4

d) BLOOD SAMPLE:

- taken (at least 1 tube) 1
- attempted, not obtained 2
- not attempted 3
- refused 4

on behalf of
The Scottish Office ■ Home and Health Department



P1394

**Scottish Health Survey
CONSENT BOOKLET**

Please use capital letters and write in ink

ADDRESS

Survey Month _____

POINT ADDRESS

--	--	--	--	--

HH CKL

--	--	--	--

DAY MONTH YEAR

--	--	--	--	--	--

1 Nurse number

2 Date schedule completed

3 Full name (of person tested) _____

Name by which GP knows person (if different) _____

4 Sex Male 1
Female 2

5 Date of birth DAY MONTH YEAR

--	--	--	--	--	--

6 Full name of parent/guardian (if person is under 18) _____

7 **GP NAME AND ADDRESS**

Dr _____

Practice Name _____

Address _____

Town _____

County _____

Postcode _____

Telephone no. _____

8 **NURSE USE ONLY**

GP address complete 1

GP address incomplete 2

No GP 3

9 **SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM**

	YES	NO
a) Blood pressure to GP	01	02
b) Lung function result to GP	03	04
c) Sample of blood to be taken	05	06
d) Blood sample result to GP	07	08
e) Blood sample to storage	09	10
f) Blood sample result to respondent	11	12

**BLOOD PRESSURE TO GP
CONSENT FORM**

I, (name) _____

consent to the SCPR/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me

Signed _____

Date _____

**LUNG FUNCTION TO GP
CONSENT FORM**

I, (name) _____

consent to the SCPR/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my lung function results I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me

Signed _____

Date _____

BLOOD SAMPLE CONSENT FORM

I, (name) _____

- I Consent to _____ (qualified nurse) taking a sample of my blood on behalf of the SCPR/UCL Joint Health Surveys Unit. This blood sample will not be used to test for viruses (eg HIV test). The sample will be tested for total cholesterol, HDL cholesterol, fibrinogen, ferritin, haemoglobin, gamma GT, and serum cotinine. Some samples will also be tested for vitamins A,C,E, carotenoids, and fatty acids.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Signed _____ Date _____

IF UNDER 18: Countersigned by Parent or Person with legal parental responsibility

Signed _____ Date _____

- II I consent to the SCPR/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the results of the blood sample analysis. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Signed _____ Date _____

IF UNDER 18: Countersigned by Parent or Person with legal parental responsibility

Signed _____ Date _____

- III I consent to any remaining blood being stored for future analysis. The sample will not be used to test for viruses (eg HIV test).

Signed _____ Date _____

IF UNDER 18: Countersigned by Parent or Person with legal parental responsibility

Signed _____ Date _____

P1394

SCOTTISH HEALTH SURVEY

DESPATCH/DELIVERY NOTE FOR BLOOD SAMPLES

(OFFICE COPY)

1 BLOOD TAKEN Day Month Year

2 TUBES DESPATCHED TO WEST MIDDLESEX
(Ring all that apply)

- | | |
|----------------|--------------------------|
| Plain (red) | <input type="checkbox"/> |
| EDTA (mauve) | <input type="checkbox"/> |
| Citrate (blue) | <input type="checkbox"/> |

3 BLOOD SAMPLE DESPATCH

a) Date blood sample posted Day Month Year

b) Time blood sample posted 24 hour clock

P1394/V

IF BLOOD TAKEN FOR VITAMINS/FATTY ACIDS, COMPLETE BELOW

1 Name of hospital/laboratory _____

2 Date blood delivered Day Month Year

3 Time blood delivered 24 hour clock

P1394

LAB CODE

DESPATCH 2

SCOTTISH HEALTH SURVEY
DESPATCH NOTE FOR BLOOD SAMPLES
TO WEST MIDDLESEX UNIVERSITY HOSPITAL
(LABORATORY COPY)

Complete all sections and return with samples

1 SERIAL NUMBER POINT ADDRESS HH CKL

2 SEX Male
 Female

3 DATE OF BIRTH Day Month Year

4 TUBES ENCLOSED
(Ring all that apply)

 Plain (red)
 EDTA (mauve)
 Citrate (blue)

5 BLOOD TAKEN Day Month Year

6 STORAGE CONSENT

 Given
 Not given/not applicable

7 NURSE NUMBER

LAB USE ONLY

TUBES ENCLOSED	√ if rec'd	TESTS REQUIRED	OTHER ACTION
Plain (red)	<input type="text"/>	S/HDL/Ferritin →	Save ½ml Serum for Cotinine Store ½ml Serum minimum (unless item 6 above = 2)
EDTA (mauve)	<input type="text"/>	Haematology	
Citrate (blue)	<input type="text"/>	Fibrinogen	

**SCOTTISH HEALTH SURVEY
DELIVERY NOTE FOR BLOOD SAMPLES
TO LOCAL LABORATORY
(LABORATORY COPY)**

Nurse Complete Q1-Q6 and include with sample.

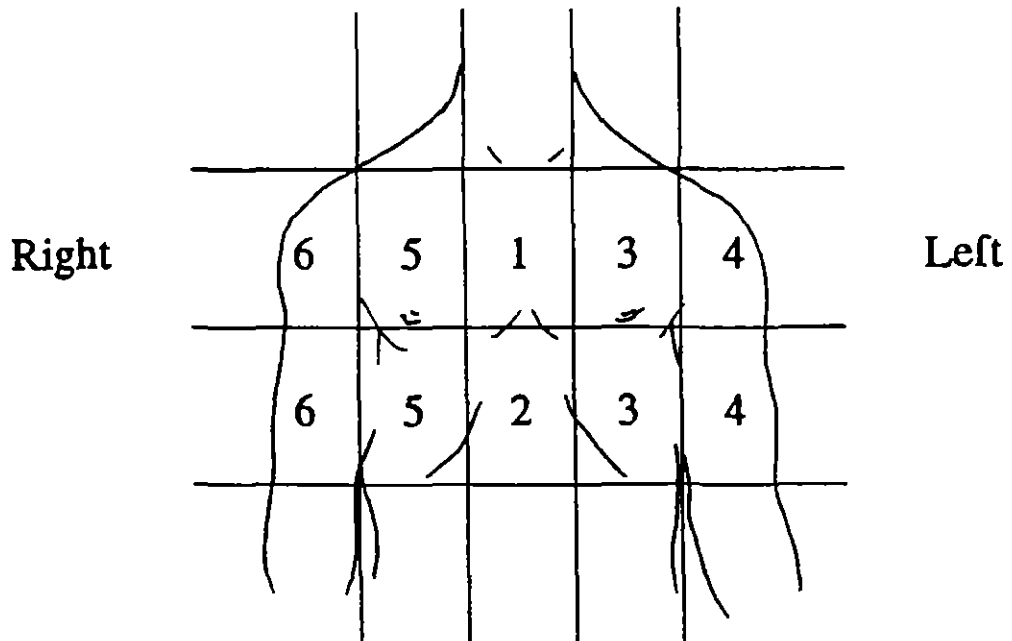
		POINT	ADDRESS	HH	CKL
1	SERIAL NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2	SEX	Male <input type="text"/> 1 Female <input type="text"/> 2			
3	DATE OF BIRTH	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	
4	BLOOD TAKEN	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	
5	TIME BLOOD TAKEN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(24 hour clock) (See Q49 nurse schedule)		
6	NURSE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
7	Name of hospital/Laboratory	_____			

LABORATORY Complete Q1-Q6 and despatch with samples to Human Nutrition Research Group, University of Ulster

1	TUBES DELIVERED	√ if rec'd Plain <input type="text"/>
2	TIME BLOOD ARRIVED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24 hour clock)
3	TIME BLOOD PROCESSED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24 hour clock)
4	HOSPITAL CONTACT	_____
5	DESPATCHED TO HNRG	
	Plain (5 ml)	<input checked="" type="checkbox"/> PSV/FACE
	MPA extract (2 ml)	<input type="checkbox"/> Vit.C
6	DATE DESPATCHED TO HNRG	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>

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CARD A



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CARD B

- 1. Cycling/exercise bike**
- 2. Exercises (such as 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. Golf/hillwalking**
- 12. Other walking of 1 mile or more**
- 13. Any other sports or exercise**

**Please also include teaching, coaching and training/
practice sessions**

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CARD C

HEAVY HOUSEWORK

Moving heavy furniture

Spring cleaning

**Walking with heavy shopping
(for more than 5 minutes)**

Cleaning windows

Scrubbing floors with a scrubbing brush

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CARD D

HEAVY GARDENING, DIY AND BUILDING 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

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CARD E

1. **To feel healthier or fitter**
2. **To lose weight**
3. **To look better**
4. **To prevent disease or ill-health**
5. **To enjoy myself**
6. **To reduce stress**

CODING LIST 1 FOR CODING BUTTER/MARGARINE

NB All brands of butter - code 1
All brands hard /block margarine - code 2
All brands of soft margarine - code 3

Anchor Half Fat Spread	5	Sainsbury	
Anchor Low Fat Spread	5	County Light	5
Asda Country blend	4	County Spread	4
Asda Golden Soft	5	Half Fat Spread	5
Asda Hi-Life	5	Luxury Soft Margarine	3
Asda Sunflower low fat sprd	5	Olive	4
Banquet soft margarine	3	Soft Spread	4
Blue band soft margarine	3	Sunflower Low	
Blue leaf soft margarine	3	Fat Spread	5
Butter (any variety)	1	Sunflower Very	5
Clover	4	Low Fat Spread	
Clover, lightly salted	4	Shape Sunflower Spread	5
Clover Extra Lite	5	Slimmers Gold Sunflower	
Co-op Good Life Low Fat		Low fat Spread	5
Sunflower spread	5	Somerfield Low Fat	
Co-op Red Seal Soft Spread	4	Sunflower	5
Dairy Crest Willow	4	Somerfield Supersoft	3
Delight	5	Soya margarine (own brands)	3
Delight Extra Low	5	St Ivel Gold	5
Echo hard margarine	2	St Ivel Gold Lowest	5
Encore Sol	3	Stork	2
Encore Sol Light	5	Stork Light Blend	4
Encore Supersoft Luxury		Stork SB	3
margarine	3	Summer County	4
Flora	3	Sunflower margarine	
Flora Extra Light	5	(own brands)	3
Flora reduced salt	3	Sunflower low fat	5
Gold (St Ivel)	5	Sunflower very low fat	
Gold Lowest (St Ivel)	5	spreads (own brands)	5
Gold for cooking	4	Tesco	
Golden Crown (Kraft)		Golden Blend	4
(Golden Churn)	4	Healthy Eating ½ Fat	
Golden Crown Light	4	Sunflower Spread	5
Golden Olive	5	Healthy eating very	
Golden Vale	4	low fat spread	5
Granose	3	Healthy Eating Lowest	
Half Fat Anchor	5	Ever Soft Spread	5
Half Fat butters		Tomor hard margarine	2
(own brand)	5	Vitalite	4
Hard margarine (own brand)	2	Vitalite Light	4
"I can't believe it's not		Vitaquelle	3
butter"	4	Weight Watchers	5
Kerrygold Light	5	Willow (Dairy Crest)	4
Kraft Special Soft	4		
Krona (gold/silver label)	4		
Krona Spreadable	4		
Latta	5		
Marks and Spencer -			
English Churn	4		
Sunglow	5		
Sunflower Lite	5		
Meadowcup	4		
Mello	4		
Olive Gold (Sainsbury)	4		
Olivio	4		
Outline	5		
Safeway			
Golden Low Fat Spread	5		
Low Fat Sunflower			
Spread	5		
Meadow	4		
Olive	4		
Reduced Fat Soft Sprd	4		
Soft margarine	3		
Very Low Fat Spread			
(Simplese)	5		

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**CODING LIST 2
FOR CODING BREAKFAST CEREALS**

NB All the cereals listed on this card are high in fibre and should be coded 1 Any cereal not on the list with bran, oats or wheat in the name should be coded 2 and the name of it recorded in a note

All Bran (any brand)	Oat Bran flakes (any brand)
Allinson's Tropical Break Wholeflakes	Oat Bran flakes with added fruit (any brand)
Alpen	Oat and wheat bran (any brand), eg Weetabix
Alpen with tropical fruit	Organically grown oat flakes (Sainsbury's)
Apricot Wheats (Sainsbury's)	Porridge oats (any brand)
Billington's Organic muesli	Porridge with bran (any brand)
Bran breakfast (Tesco's)	Quaker Harvest Oat Krunchies
Bran Buds	Quaker Oat Bran
Branflakes (any brand)	Quaker Oat Bran Crispies
Branflakes with sultanas	Quaker Oats
Cherry Wheats (Sainsbury's)	Raisin Splitz
Cheshire Natural Muesli	Raisin Wheats (Sainsbury's)
Cheshire Fruit and Fibre Muesli	Ryvitta Cornflakes - <u>High Fibre only</u>
Clusters	Scottish Oatflakes with wheatbran (Sainsbury's)
Coco shreddie	Shredded Wheat (includes Bite Size)
Common Sense (Kellog's)	Shredded malt wheats (Tesco)
Country store muesli	Shreddies (any brand)
Crunch oat cereal (Sainsbury)	Squared malt Bites (Safeway)
Crunchy muesli	Strawberry Wheats (Sainsbury's)
Cubs (mini-shreddies)	Sultana Bran (any brand)
Deeside Apricot and Yoghurt Cereal	Swiss Style Muesli
Frosted shreddie	Team (Nabisco)
Fruit and Fibre (any brand)	Toppas
Fruit and Nut Bran (Sainsbury's)	Weetabix
Fruit filled mini-shredded wheat	Weetaflakes
Harvest Crunch Muesli	Wheatflakes (any brand)
High Fibre Bran (Sainsbury's)	Wheatflakes with fruit (any brand)
Jordan's Crispy Muesli	Whole wheat biscuits (eg Weetabix)
Jordan's Oat Bran Hearts	Wholewheat mini-flakes
Jordan's Original Crunchy Muesli	Wholewheat muesli
Jordan's Porridge Oats	
Jordan's Special Recipe Muesli	
Malties	
Maple and Nut flakes (Sainsbury)	
Mini Shredded Wheat	
Mini Wheats	
Mornflakes Chocolate Fruit and Nut Crunch	
Muesli	
Nabisco Team	
Natural Bran	
Nut Feast (Kellog's)	
Oat and Bran flakes (any brand)	

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INTERVIEWER CARD
Coding Frame for
Heart Murmur, Abnormal Heart Rhythm
and Other Heart Trouble

This is a list of conditions which might come up in the Cardiovascular Conditions section and in the Parental history section

Coding Category	Medical Term	Lay term
	Heart Bruit	Heart Murmur
Heart Murmur	Valvular Heart Disease (most commonly mitral and aortic)	Damaged Heart Valves
	Rheumatic Heart Disease	Rheumatic Fever (affecting the heart)
	Palpitations (heart arrhythmias)	Palpitations
Abnormal Heart Rhythm	Tachycardia	Rapid Heart
	Bradycardia (heart block)	Slow Heart
	Heart Fibrillation	Flutter
Other Heart Trouble	Congestive Cardiac Failure	Heart Failure
	Right Sided Heart Failure	Weakening Heart
	Left Sided Heart Failure	
	Congenital Heart Disease	Born With Heart Problem
	Other	Various

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CARD F

- 1. 6 or more times a day**
- 2. 4 - 5 times a day**
- 3. 2 - 3 times a day**
- 4. Once a day**
- 5. 5 - 6 times a week**
- 6. 2 - 4 times a week**
- 7. Once a week**
- 8. 1 - 3 times a month**
- 9. Less often or never**

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CARD G

1. **6 or more a day**
2. **4 or 5 a day**
3. **2 or 3 a day**
4. **One a day**
5. **Less than one a day**

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CARD H

- 1. On a pavement or a pedestrian area**
- 2. On a road**
- 3. In a home or garden (either your own or someone else's)**
- 4. In a place used for sports, play or recreation (including sports facility at a school or college)**
- 5. In some other part of a school or college**
- 6. In an office, factory, shop, pub, restaurant or other public building**
- 7. Somewhere else (PLEASE SPECIFY)**

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CARD I

- 1. Broken bones**
- 2. Dislocated joints**
- 3. Losing consciousness**
- 4. Straining or twisting a part of the body**
- 5. Cutting, piercing or grazing a part of the body**
- 6. Bruising, pinching or crushing a part of the body**
- 7. Swelling or tenderness in some part of the body**
- 8. Getting something stuck in the eye, throat, ear or other part of the body**
- 9. Burning or scalding**
- 10. Poisoning**
- 11. Other injury to internal parts of the body**
- 12. Animal or insect bite or sting**
- 13. Other (PLEASE SPECIFY)**

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CARD J

- 1. Hospital**
- 2. GP/Family Doctor**
- 3. Nurse at GP surgery**
- 4. Nurse at place of work or school**
- 5. Doctor at place of work or school**
- 6. Other doctor or nurse**
- 7. Ambulance staff**
- 8. Volunteer first aider**
- 9. Chemist or pharmacist**
- 10. Family, friends, colleagues, passers-by**
- 11. Looked after self**
- 12. Other person/s**

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CARD K

- 1. Heart trouble/problem**
- 2. High blood pressure**
- 3. Cancer**
- 4. Bronchitis**
- 5. Cough**
- 6. Shortness of breath**
- 7. Other respiratory problems (incl. asthma)**
- 8. Cold/flu/virus**
- 9. Pregnancy**
- 10. Ulcer or other gastro-intestinal problem**
- 11. Diabetes**
- 12. Any other condition (PLEASE SAY WHAT)**

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CARD L

- 1. At home**
- 2. At work**
- 3. In other people's homes**
- 4. On public transport**
- 5. Pubs**
- 6. In other public places**

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CARD M

1. **Almost every day/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**

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CARD N

- 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 (PLEASE SPECIFY)**

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CARD O

1. **Almost every day/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 P

- 1. Going to school or college full-time (including on vacation)**
- 2. In paid employment or self-employed (or away temporarily)**
- 3. Waiting to take up paid work already obtained**
- 4. Looking for work**
- 5. Intending to look for work but prevented by temporary sickness**
- 6. Permanently unable to work because of long-term sickness or disability**
- 7. Retired**
- 8. Looking after the home or family**
- 9. Doing something else (PLEASE SPECIFY)**

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CARD Q

1. Degree or degree level qualification (incl. higher degree)
2. SCE Higher/A-levels
3. SCE Ordinary (Bands A - C)
4. Standard Grade (Level 1 - 3)
5. SLC Lower
6. SUPE Lower or Ordinary
7. 'O' level passes (Grade A - C if after 1975)
8. GCSE (grade A - C)
9. CSE Grade 1

10. School Certificate or Matric

11. SCE Ordinary (Bands D & E)
12. Standard Grade (Level 4, 5)
13. CSE Grades 2 - 5
14. GCE 'O' Grades D & E (if after 1975)
15. GCSE (Grades D, E, F, G)

16. CSE ungraded

17. Foreign qualifications

18. Other academic qualifications (PLEASE SAY WHAT)

19. NO ACADEMIC QUALIFICATIONS

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CARD R

- 1. HNC/HND, BEC/TEC Higher, BTEC Higher**
- 2. ONC, OND, BEC/TEC not higher**
- 3. City and Guilds Full Technological Certificate**
- 4. City and Guilds Advanced/Final level**
- 5. City and Guilds Craft/Ordinary level**
- 6. Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)**
- 7. Teaching qualification**
- 8. SVQ/NVQ Level V**
- 9. SVQ/NVQ Level IV**
- 10. SVQ/NVQ Level III/Advanced level GNVQ**
- 11. SVQ/NVQ Level II/Intermediate level GNVQ**
- 12. SVQ/NVQ Level I/Foundation level GNVQ**
- 13. SCOTVEC National Certificate Modules**
- 14. Clerical or commercial qualifications (such as typing, bookkeeping, commerce)**
- 15. Recognised Trade Apprenticeship completed**
- 16. Other vocational or professional qualification (PLEASE SAY WHAT)**
- 17. NO VOCATIONAL/PROFESSIONAL QUALIFICATIONS**

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CARD S

- 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 T

- 1. High Blood Pressure**
- 2. Angina**
- 3. Heart Attack**
- 4. Stroke**
- 5. Other Heart Trouble**
- 6. Diabetes**

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SCOTTISH HEALTH SURVEY 1995

EDITING AND CODING MANUAL

Version 3

November 1997

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INTRODUCTION

This document details the editing and coding requirements for the Scottish Health Survey 1995.

General Points:

- * *FACTSHEETS*
The FACTSHEET is provided to aid editing of the CAPI questionnaire. All questions which will require editing should be printed on the FACTSHEET. Editing decisions should be written alongside the appropriate questions, or at the end of the FACTSHEET if the question has not been printed. The FACTSHEET will then contain a record of all coding and editing decisions made on any individual questionnaire.

- * *SOFT CHECKS*
All soft checks that were triggered by the interviewer and which have not been resolved will trigger in the edit programme. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks they should be cancelled by the editor (press Shift *). If particular checks are frequently activated and are not useful in editing these can be removed in further updates to the editing programme, so keep us informed.

- * *"OTHER (SPECIFY)" QUESTIONS*
All "Other (specify)" questions which are answered should be investigated for back coding. The specific variables are detailed below by section. In the CADI edit programme, extra questions giving editing instructions will appear on the route after all "Other (Specify)" questions which have been answered.

Where an `other' answer is to be recoded back into a multi-coded question, ensure to edit using <F2> so that any original data which is still valid is not over-written.

1. GENERAL HEALTH

IllsM: Longstanding Illness

Description of longstanding illness is asked a maximum of six times. The answers to these questions are given in the variables *IllsM* which should be coded using the Longstanding Illness frame given in Appendix I. Code up to three times in the CAPI fields which have been especially allocated for this purpose: *IllCode1* - *IllCode6* which appear at the end of all the the longstanding illness questions.

2. CARDIOVASCULAR SECTION

CVDOth: Other CVD condition

new codes added at link edit:
code 09 = too vague to code
code 06 = other

FACTSHEETS of questionnaires which have an answer recorded in *CVDOth* should be kept aside, until you have consulted the survey doctor at UCL (Dr. Wei Dong). The survey doctor will be able to tell you how to deal with all 'other' heart conditions - whether they should be excluded or kept in under 'other'.

Any conditions given which could have been coded at CVD1 - CVD5, 7 and 8 will become 01-05, 07 and 08 and also coded on 4249, 4250 and not recoded back.

WhatOSp: Other treatment/advice for heart condition or stroke

Recode into *WhatOth* if possible, otherwise leave.
Note new code 4 - taking medication added at link edit

WhatTSp: Other treatm't for high BP

Recode into *WhatTrt* if possible, otherwise leave.
New codes added at link edit:
code 0 - advised to stop smoking
code 5 - lifestyle in general (not elsewhere specified)
code 6 - reduce stress
code 7 - dietary advice

WhatDSp: Other treatm't for diabetes

Recode into *OtherDi* if possible, otherwise leave.

3. ACTIVITY

OthAct1: Other physical activity

All `other' activities should be recoded. No activity should be left as code 14. Recode back into the existing frame if possible. Otherwise enter a code from the code frame given in Appendix II. If the sport is not listed in Appendix II, then it will need to be coded in one of codes 92-95 or in code 96. Please contact one of the researchers for instructions on which code to use.

Up to 13 activities can be coded in total.

ElsSpec: Other place where get most exercise

Recode into *MostEx* if possible, otherwise leave.

Note new code 7 at *MostEx* added in edit program:

"Walking/ Walking about generally (e.g. the dog, to the shops, park)"

code 08 - at school/college

code 09 - outdoors (inc stables allotments, running etc).

4. FOOD

BreadOth: Other type of bread

Recode into **Bread** where possible, noting the coding instructions given at this question.

MilkOth: Other type of milk

Recode into *Milk* where possible, otherwise leave

5. ACCIDENTS

WyrOth: Other location of accident

New code added at link edit: code 0 - outdoors at work

Recode into *DrWyr* where possible, otherwise leave

code 8 - outdoors, not work related (eg. During leisure activity)

CauseOth: Other cause of accident

Recode into *AxCause* where possible, otherwise leave

Note new code 10 - "Lifting" - added in edit program

InjOth: Other injury suffered

Recode into *DrInj* where possible, otherwise leave

6. SMOKING

SmokOth: Other health reason why gave up

Recode into *SmokCond* where possible, otherwise leave

Note new code 13 - "Circulation problems /pain in legs due to this" - that has been added in edit program

7. DRINKING

Exclusion/Inclusions for drinks categories:

- * Remember to **exclude** all low/non-alcoholic drinks.
- * **Home made drinks** should be coded into the appropriate category.

For recoding of 'other' answers please note the following inclusions/exclusions:

Shandy:

Exclude: Bottles/Canned shandy

Beer:

Include: Export, Heavy, Bland and Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Special Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pommagne, Stout, Scrumpy, Castaways, Alcoholic lemonade

Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber.

Spirits:

Include: Cocktails, Egg Flip, Snowball, Bacardi, Pernod, Sloe Gin, Pimms, Bourbon, Whisky Mac, Schnapps, Liqueur (nes), Bluemoon, Vodka, Rum (and pep), Souther Comfort, Tia Maria, Ouzo/Aniseed, Cheery Brandy, Arak (strong spirit), Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila, Amagnac, Clan Dew, Campari, Malibu, Taboo, Grappa, Raika, Calvados, Pastis

Wine:

Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.

Exclude: Non alcoholic wines such as Eisberg

Sherry & Vermouth:

Include: Cinzano, Dubonnet, Bianco, Rocardo, Noilly Prat, Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon.

Other

All `other alcoholic drinks' need to be recoded into the appropriate drinks category. The following rules will apply:

- If the appropriate drinks category is not already coded then information on frequency and amount should be edited into appropriate variables and data in the `other' drinks category deleted.
- If the appropriate drinks category is already coded then the highest frequency and the associated amount should coded. For example if frequency of Spirits is already coded as 2 and Campari, with a frequency of 1, is to be recoded into the Spirits category then the frequency should be changed to 1 and the amount variable should be recoded to that associated with Campari.
- If the frequency of the other alcoholic drink is less than that contained in the drinks category into which it is to be recoded then the information in that `other' alcoholic drink should be ignored.
- If the frequency in the other alcoholic drink and the category into which it is being coded are the same then the amounts should be added together.
- If the frequency of both the `other' alcoholic drink and the appropriate drinks category exceed once or twice a week please contact Becky or Bob for advice.

Bottle

This variable contains information on the brand of beer drunk in bottles, and needs to be coded into amounts. You will be asked to look up and enter the pint equivalent of the bottle recorded. Appendix III should be referred to, to obtain information about amounts for particular brand names.

Details of coding decisions should be noted on the FACTSHEET.

DrConOth

Recode into *DrinCond* where possible, otherwise leave

Note new code 12 - "Asthma" - added in Edit program

8. CLASSIFICATION

SIC and SOC coding:

SIC and SOC coding is to be carried out up to two times (for the respondents and chief income earners).

Occupations will need to be coded using SOC 1990 and the industry in which they work coded to the SIC 1992. The edit programme provides variables for coding of this information (variables names *SIC*, *SOC*). Where SIC or SOC is not adequately defined code as follows: SOC = 997; SIC=87.

Not answered SOC - 998 to be done at the link edit

Education

To ease recoding, the existing code-frames are reproduced in Appendix IV.

OthSp: Other academic qualifications

Recode into *TopQual* where possible, otherwise leave.

See rules on the next page for what to include/exclude.

OthSp: Other vocational/proffessional qualifications

Recode into *TopVocat* where possible, otherwise leave.

Note that 2 new codes have been added to *TopVocat*:

18	NVQDK	"SVQ/NVQ - level not specified"
19	Nursery	"Nursery Nurse Examination Board Qualification"

See rules on next page for what to include/exclude.

Inclusions/Exclusions for qualifications

This is a guide to what should be included and excluded from the qualification variables, if you are unsure.

Academic qualifications:

- Include:**
- Degree* (code 1):
 - All higher degrees
 - CNAAs degrees (granted by the Council for National Academic Awards for degrees in colleges other than universities)
 - Bachelor of Education (B.Ed) - not code 2

 - GCE/CSE codes:*
 - Clerical or commercial subjects obtained in these types of qualifications should be coded to the relevant GCE/CSE codes
 - Other academic quals* (code 18):
 - Banking Exams
 - Certificate of Extended Education
 - Certificate of Prevocational Training
 - 16+ exam certificate
 - Local, regional and RSA school certificates
 - Scottish School Attendance, Leaving or Day School Certificate

Vocational/professional quals:

- Include:**
- Nursing Qualifications* (code 6)
 - State Enrolled Auxiliary Midwife
 - * Exclude : Dental Nurses's/Hygienists qualifications - code to other (code 16)

 - Clerical or commercial qualifications* (code 14)
 - RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practise, commercial and company law, cost accounting
 - Pitmans - except for their school certificate, code as other = 16
 - Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

Academic & Vocational quals:

- Exclude:**
- Civil Service Examinations for entrance, promotion, establishment, typing etc.
 - Dancing Awards (including ballet qualifications)

Drawing Certificates awarded by Royal Drawing Society
Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.
Fire Brigade Examinations
First Aid Certificates (deletes all Red Cross/St John's Ambulance qualifications)
Forces Preliminary Examinations (to gain admission to university)
GPO telecommunications, telegraphy etc
Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13
Internal school examinations
Local Authority Examinations for entrance, promotion etc

Music Grade Examinations and Certificates for learners (eg Associated Board of the Royal School of Music)
Ordination/Lay Preachers Qualifications
Play Group Leader's Qualifications
Police Force Examinations
Pre HNC/HND bridging or conversion courses
Prison/Borstal Training Qualifications
Scholarships other than for GCE 'A' Level
Swimming Certificates including life saving and instructors' certificates
Sports Coaching and Refereeing Qualifications
Union Membership e.g. Equity, National Association of Head Teachers, IPCS (Institute of Professional Civil Servants)

OthEthni: *Other ethnic origin*

Recode into *Ethnic* where possible, otherwise leave.

9. SELF-COMPLETION

SComp60: *Other reason for respondent needing assistance/not completing*

Recode into *SComp6* where possible, otherwise leave.

Note that 1 extra code has been added to *SComp6* in the edit program

7 Refused "Refused"

10. MEASUREMENTS

Heights & weights:

The soft checks for height and weight have been amended in the edit programme so only extremely unusual heights and weights will trigger these checks. We have put these in as a safety guard against very unlikely results. Please contact research staff if the height or the weight check activates for a particular questionnaire.

NoHitMO: Other reason for no height measurement

Recode into *NoHitM* where possible, otherwise leave.

NoWaitMO: Other reason for no weight measurement

Recode into *NoWaitM* where possible, otherwise leave.

11. CONSENTS

NrsRefO: Other reason for refusing nurse

Recode into *NurseRef* where possible, otherwise leave.

12. ADMIN BLOCK

DwellTyp0: Other type of household dwelling

Recode into *DwellTyp* where applicable, otherwise leave.

**APPENDIX I: LONGSTANDING ILLNESS CODE FRAME:CAPI variables *IllCode1*,
IllCode2, *IllCode3***

Code Complaint

01 Cancer (neoplasm) including lumps, masses, tumours and growths

Inch. leukaemia (cancer of the blood)
Hodgkin's disease
Lymphoma
Acoustic neuroma
Neurofibromatosis
Hereditary cancer
Cancers sited in any part of the body or system eg.
Lung cancer, breast cancer, stomach cancer
Skin cancer, bone cancer
All tumours, growths, masses, lumps
and cysts whether malignant or benign eg.
tumour on brain, growth in bowel,
growth on spinal cord, lump in breast
Cyst on eye, cyst in kidney.
Wilms tumour
Rodent ulcers
Sarcomas, carcinomas
Mastectomy (nes)
Hysterectomy for cancer of womb
Colostomy caused by cancer
Part of intestines removed (cancer)
After affect of cancer (nes)

NB *benign (non-malignant) lumps and cysts = code 43*

Endocrine/nutritional/metabolic diseases and immunity disorders

02 *Diabetes -*

Incl. Hyperglycemia

03 *Other endocrine/metabolic -*

Incl. underactive/overactive thyroid, goitre
Hormone deficiency, deficiency of growth hormone, dwarfism
Beckwith - Wiedemann syndrome
Addison's disease
Cushing's syndrome
Gilbert's syndrome
Coeliac disease
Phenylketonuria
Cystic fibrosis
Rickets
Malacia
Wilson's disease
Myxoedema (nes)
Obesity/overweight
Gout
Water/fluid retention

Hypopotassaemia, lack of potassium

Hypercalcemia

NB *Thyroid trouble and tiredness - code 03 only*

Overactive thyroid and swelling in neck - code 03 only.

AIDS, AIDS carrier, HIV positive - code 44

Code Mental, behavioural and personality disorders

04 *Mental illness/anxiety/depression/nerves (nes) -*

Incl. schizophrenia, manic depressive

Nervous breakdown, neurasthenia, nervous trouble

Anxiety, panic attacks

Stress

Nerves (nes)

Depression

Phobias

Autism

Anorexia nervosa

Alcoholism, recovered not cured alcoholic

Drug addict

Speech impediment, stammer

Dyslexia

Catalepsy

Post-concussion syndrome

NB *Alzheimer's disease, degenerative brain disease = code 45*

Senile dementia, forgetfulness, gets confused = code 45

05 *Mental handicap -*

Incl. Down's syndrome, mongol

Mentally retarded, subnormal

Code Nervous system (central and peripheral including brain)
- Not mental illness

06 *Epilepsy/fits/convulsions -*

Incl. grand mal, petit mal, Jacksonian fit, blackouts, febrile convulsions, fit(nes)

07 *Migraine/headaches*

08 *Other problems of nervous system -*

Incl. Multiple Sclerosis (MS), disseminated sclerosis

Cerebral palsy (spastic)

Spina bifida

Physically handicapped - spasticity of all limbs

Hydrocephalus, microcephaly, fluid on brain

Parkinson's disease (paralysis agitans)

Motor neurone disease

Muscular dystrophy

Huntington's chorea

Alzheimer's disease

Degenerative brain disease

Friedreich's Ataxia

Abscess on brain

Brain damage resulting from infection (eg. meningitis, encephalitis) or injury

Injury to spine resulting in paralysis

Paraplegia (paralysis of lower - limbs)

Partially paralysed (nes)

Metachromatic leucodystrophy

Myotonic dystrophy

Guillain - Barre syndrome

Myasthenia gravis

Syringomyelia

Myalgic encephalomyelitis (ME)

Post viral syndrome (ME)

Bell's palsy

Trigeminal neuralgia

Neuralgia, neuritis

Carpal tunnel syndrome

Sciatica

Trapped nerve

Numbness/loss of feeling in fingers, hand, leg etc

Pins and needles in arm

Removal of nerve in arm

Shingles

Restless legs

Code Eye complaints

09 *Cataract/poor eye sight/blindness -*

Incl. operation for cataracts, now need glasses
Bad eyesight/nearly blind because of cataracts
Hardening of lens
Lens implants in both eyes
Dad eyesight, restricted vision, partially sighted
Short sighted, long sighted, myopia
Trouble with eyes (nes), eyes not good (nes)
Blind in one eye, loss of one eye
Blindnes
Detached/scarred retina
Tunnel vision
Blurred vision

10 *Other eye complaints -*

Incl. glaucoma
Buphthalmos
Iritis
Retinitis pigmentosa
Night blindness
Astigmatism
Double vision
Colour blind
Squint, lazy eye
Scarred cornea, corneal ulcers
Haemorrhage behind eye
Dry eye syndrome, trouble with tear ducts, watery eyes
Eyes are light sensitive
Injury to eye
Eye infection, conjunctivitis
Sty on eye
Floater in eye

Code Ear complaints

11 *Poor hearing/deafness*

Incl. heard of hearing, slightly deaf
Conductive/nerve/noise induced deafness
Deaf and dumb
Otosclerosis
Poor hearing after mastoid operation

12 *Tinnitus/noises in the ear -*

Incl. pulsing in the ear

13 *Meniere's disease/ear complaints causing balance problems -*

Incl. labyrinthitis, loss of balance - inner ear
Vertigo

14 *Other ear complaints -*

Incl. otitis media - glue ear
Disorders of Eustachian tube
Perforated ear drum (nes)
Middle/inner ear problems
Mastoiditis
Ear trouble (nes), ear problem (wax)
Ear aches and discharges
Ear infection

Code Complaints of heart, blood vessels and circulatory system

15 *Stroke/cerebral haemorrhage/cerebral thrombosis -*

Incl. stroke victim - partially paralysed and speech difficulty
Hemiplegia, apoplexy, cerebral embolism,
Cerebro - vascular accident

16 *Heart attack/angina -*

Incl. coronary thrombosis, myocardial infarction

17 *Hypertension/high blood pressure/blood pressure (nes)*

18 *Other heart problems -*

Incl. heart disease, heart complaint
Cardiac problems, heart trouble (nes)
Weak heart because of rheumatic fever
Hole in the heart
Valvular heart disease
Wolff - Parkinson - White syndrome
Aortic stenosis, aorta replacement
Pacemaker
Heart failure
Weak Heart because of St Vitus dance
Pericarditis
Ischaemic heart disease
Mitral stenosis
Cardiac diffusion
Cardiac asthma
Heart murmur, palpitations
Tachycardia, sick sinus syndrome
Hardening of arteries in heart
Tired heart
Pains in chest (nes)
Dizziness, giddiness, balance problems (nes)
Too much cholesterol in blood

NB *Balance problems due to ear complaint = code 13*

19 *Piles/haemorrhoids incl. Varicose Veins in anus.*

20 *Varicose veins/phlebitis in lower extremities -*

Incl. various ulcers, varicose eczema

21 *Other blood vessels/embolic -*

Incl. arteriosclerosis, hardening of arteries (nes)
Artificial arteries (nes)
Arterial thrombosis
Thrombosis (nes)
Wright's syndrome
Varicose veins in Oesophagus
Polyarteritis Nodosa
Blocked arteries in leg
Raynaud's disease
Pulmonary embolism
Intermittent claudication
Telangiectasia (nes)
Blood clots (nes)
Swollen legs and feet

Low blood pressure/hypertension

Hypersensitive to the cold

Poor circulation

NB *Haemorrhage behind eye = code 10*

Code Complaints of respiratory system

22 ***Bronchitis/emphysema -***

Incl. chronic bronchitis
Bronchiectasis

23 ***Asthma -***

Incl. bronchial asthma, allergic asthma
Asthma - allergy to house dust/grass/cat fur
NB *Exclude cardiac asthma - code 18*

24 ***Hayfever -***

Incl. allergic rhinitis

25 ***Other respiratory complaints -***

Incl. bronchial trouble, chest trouble (nes)
Bad chest (nes), weak chest - wheezy
Breathlessness
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
Pigeon fanciers' s lung
Lung complaint (nes), lung problems (nes)
Damaged lung (nes), lost lower lobe of left lung
Lung damage by viral pneumonia
Fibrosis of lung
Water on lung, fluid on lung
Furred up airways, collapsed lung
Chest infections, get a lot of colds
Recurrent pleurisy
Sinus trouble, sinusitis
Rhinitis (nes)
Catarrh
Adenoid problems, nasal polyps
Sore throat, pharyngitis
Throat trouble (nes), throat irritation
Throat infection
Tonsillitis
Abscess on larynx
Coughing fits
Allergy to dust/cat fur
Paralysis of vocal cords
Croup

NB *TB (pulmonary tuberculosis) - code 37*

Cystic fibrosis - code 03

Skin allergy - code 39

Food allergy - code 27

Allergy (nes) - code 41

Pilonidal sinus - code 39

Sick sinus syndrome - code 18

Whooping cough - code 37

*If complaint is breathlessness with the cause also stated, code the cause:
eg. breathlessness as a result of anaemia (code 38)*

breathlessness due to hole in heart (code 18)
breathlessness due to angina (code 16)

Code Complaints of the digestive system

- 26** ***Stomach ulcer/ulcer (nes)/abdominal hernia/rupture -***
Incl. gastric/duodenal/peptic ulcer
Ulcer (nes)
Double/inguinal/diaphragm/hiatus/umbilical hernia
Hernia (nes), rupture (nes)
- 27** ***Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum) -***
Incl. stomach trouble (nes), abdominal trouble (nes)
Indigestion, heart burn, dyspepsia
Nervous stomach, acid stomach
Inflamed duodenum
Weakness in intestines
Ileostomy
Pancreas problems
Throat trouble - difficulty in swallowing
Stone in gallbladder, gallbladder problems
Liver disease, biliary artesia
Cirrhosis of the liver, liver problems
Food allergies
- 28** ***Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum) -***
Incl. colitis, colon trouble, ulcerative colitis
Spastic colon
Enteritis
Diverticulitis
Irritable bowel, inflammation of bowel
Polyp on bowel
Colostomy (nes)
Crohn's disease
Hirschsprung's disease
Frequent diarrhoea, constipation
Faecal incontinence/encopresis.
Grumbling appendix
- NB** *Exclude piles - code 19*
Cancer of stomach/bowel - code 01
- 29** ***Complaints of teeth/mouth/tongue -***
Incl. impacted wisdom tooth, gingivitis
Ulcers on tongue, mouth ulcers
Cleft palate, hare lip
No sense of taste

Code Complaints of genito-urinary system

30 *Kidney complaints -*

Incl. kidney trouble, tube damage, stone in the kidney
Nephritis, pyelonephritis
Chronic renal failure
Uraemia
Renal TB
Horseshoe kidney, cystic kidney
Only one kidney, double kidney on right side

31 *Urinary tract infection -*

Incl. cystitis, urine infection

32 *Other bladder problems/incontinence -*

Incl. weak bladder, bladder complaint (nes)
Bladder restriction
Bed wetting, enuresis
Water trouble (nes)

NB *Prostrate trouble - code 33*

33 *Reproductive system disorders -*

Incl. endometriosis
Prolapsed womb
Prolapse (nes) if female
Vaginitis, vulvitis, dysmenorrhoea
Gynaecological problems
Menopause
Hysterectomy (nes)
Period problems, flooding, premenstrual tension
Abscess on breast, mastitis, cracked nipple
Damaged testicles
Prostrate gland trouble
Impotence, infertility
Turner's syndrome
Pelvic inflammatory disease (female)

Code Musculoskeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis -

Incl. arthritis/rheumatism in any part of the body
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica
Psoriasis arthritis (also code psoriasis)
Still's disease
Rheumatic symptoms
Arthritis as result of broken limb

35 Back problems/slipped disc/spine/neck -

Incl. back trouble, lower back problems, back ache
Spondylitis, spondylosis
Prolapsed intervertebral discs
Worn discs in spine - affects legs
Damage, fracture or injury to back/spine/neck
Curvature of spine
Lumbago, inflammation of spinal joint
Disc trouble
Schuermann's disease

NB *Exclude if damage/injury to spine results in paralysis - code 08*

Sciatica - code 08

Trapped nerve in spine - code 08

Code Complaint

36 *Other problems of bones/joints/muscles -*

Incl. osteomyelitis
Brittle bones, osteoporosis
Pierre Robin syndrome
Paget's disease
Perthe's disease
Schlatter's disease
Sever's disease
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull,
 eg. knee injury, broken leg, gun shot wounds in leg and shoulder, can't
 hold left arm out flat - broke it as a child, broken nose,
Deviated septum
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Deformity of limbs eg. club foot, clawhand, malformed jaw
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Systemic sclerosis, myotonia (nes)
Disseminated lupus
Hip replacement (nes)
Hip infection, TB hip
Torn muscle in leg, torn ligaments, tendinitis
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Cartilage problems
Frozen shoulder
Aching arm, stiff arm, sore arm muscle
Strained leg muscles, pain in thigh muscles
Stiff joints, joint pains, contraction of sinews, muscle wastage
Dupuytren's contraction
Bursitis, housemaid's knee, tennis elbow
Delayed healing of bones or badly set fractures
Weak legs, leg trouble, pain in legs
Legs won't go, difficulty in walking
Cramp in hand
Physically handicapped (nes)
Flat feet, bunions,
Chondrodystrophia
Tenosynovitis

NB *Muscular dystrophy - code 08*

Code Complaint

37 Infectious and parasitic disease

Incl. pulmonary tuberculosis (TB)
Tuberculosis of abdomen
Sarcoidosis
Toxoplasmosis (nes)
Hepatitis A, B or C
Glandular fever
Malaria
Typhoid fever
Tetanus
Venereal diseases
Thrush, candida
Athlete's foot, fungal infection of nail
Ringworm
Whooping cough

NB *After effect of Poliomyelitis, meningitis, meningitis, encephalitis - code to site/system*

Ear/throat infections etc - code to site

38 Disorders of blood and blood forming organs

Incl. anaemia, pernicious anaemia
Sickle cell anaemia/disease
Thalassaemia
Haemophilia
Purpura (nes)
Blood condition (nes), blood deficiency
Polycythaemia (blood thickening), blood too thick
Removal of spleen

NB *Leukaemia - code 01*

Code Complaint

39 Skin complaints

Incl. eczema
Psoriasis, psoriasis arthritis (also code arthritis)
dermatitis
epidermolysis, bulosa
pilonidal sinusitis
impetigo
acne
skin rashes and irritations
skin allergies, leaf rash, angio-oedema
skin ulcer, ulcer on limb (nes)
birth mark
burned arm (nes)
cellulitis (nes)
carbuncles, boils, warts, verruca
corns, callouses
ingrown toenails
chilblains
abscess in groin

NB *Rodent ulcer - code 01*
Varicose ulcer, varicose eczema - code 20

40 Other complaints

incl. insomnia
sleepwalking
fainting
adhesions
hair falling out, alopecia
travel sickness
nose bleeds
no sense of smell
dumb, no speech

NB *Deaf and dumb - code 11 only*

Code Complaint

41 Unclassifiable (no other codable complaint)

incl. old age/weak with old age
general infirmity
allergy (nes), allergic reaction to some drugs (nes)
war wound (nes), road accident injury (nes)
tiredness (nes)
generally run down (nes)
weight loss (nes)
after affects of meningitis (nes)
had meningitis - left me susceptible to other things (nes)
electrical treatment on cheek (nes)
swollen glands (nes)
embarrassing itch (nes)
glass in head - too near temple to be removed (nes)

42 Complaint no longer present

NB Only use this code if it is actually stated that the complaint no longer affects the informant.

Exclude if complaint kept under control by medication - code to site/system.

43 Benign (non-malignant) lumps and cysts

NB Only use this code for benign lumps and cysts. Malignant lumps, masses, tumours and growths = code 01.

44 AIDS, AIDS carrier, HIV positive

**45 Alzheimer's disease, degenerative brain disease
Senile dementia, forgetfulness, gets confused**

99 Not Answered/Refusal

APPENDIX II LONG-STANDING ILLNESS FRAME: ALPHABETICAL

Abdominal trouble (nes) 27	
Abdominal hernia/rupture 26	
Abscess on brain 08	Tumours, growths, masses, lumps and cysts whether eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast-malignant 01/benign 43
Abscess on larynx 25	Allergic rhinitis 24
Abscess on breast 33	Allergic reaction to some drugs (nes) 41
Absence or loss of limb eg. lost leg in war 36	Allergic asthma 23
Absence of eye 09	Allergy to dust/cat fur 25
Aching arm 36	Allergy (nes) 41
Acne 39	Alopecia 40
Acoustic neuroma 01	Alzheimer's disease 45
Addison's disease 03	Anaemia, pernicious anaemia 38
Adenoid problems 25	Anaemia (nes) 38
Adhesions (nes) 40	Angina 16
After affect of cancer (nes) 01	Angio-oedema 39
After affects of polio (nes) 36	Anorexia nervosa 04
After affects of meningitis (nes)...41	Anxiety 04
Agoraphobia 04	Aorta replacement 18
AIDS, AIDS carrier, HIV positive 44	Aortic stenosis 18
Alcoholism, recovered not cured alcoholic 04	Apoplexy 15
	Arterial thrombosis 21
	Arteriosclerosis (nes) 21

Arthritis/rheumatism in any part of the body 34

Arthritis as result of broken limb 34

Arthritis 34

Artificial arteries (nes) 21

Asbestosis and other industrial respiratory disease 25

Asthma (nes) 23

Astigmatism 10

Athlete's foot 37

Autism 04

Back ache 35

Back trouble 35

Bad leg 36

Bad eyesight 09

Bad chest (nes) 25

Bad eyesight 09

Bad shoulder 36

Beckwith - Wiedemann syndrome 03

Bed wetting 32

Bell's palsy 08

Biliary artesias 27

Birth mark 39

Blackouts 06

Bladder complaint (nes) 32

Bladder restriction 32

Blindness 09

Blindness (nes) 09

Blocked artery (nes) 21

Blood condition (nes), blood deficiency 38

Blood too thick 38

Blood clots (nes) 21

Blood Pressure (nes) 17

Blurred vision 09

Boils 39

Brain damage resulting from infection or injury 08

Brain - fluid on 08

Breathlessness 25

Brittle bones 36

Broken nose 36

Broken rib 36

Broken leg 36

Bronchial asthma	23	Carpal tunnel syndrome	08
Bronchial trouble	25	Cartilage problems	36
Bronchiectasis	22	Catalepsy	04
Bronchitis	22	Cataracts	09
Bulosa	39	Catarrh	25
Bunions		Cellulitis (nes)	39
Buphthalmos	10	Cerebral haemorrhage	15
Burned arm (nes)	39	Cerebral palsy (spastic)	08
Bursitis	36	Cerebral embolism	15
Byssinosis	25	Cerebral thrombosis	15
Callouses	39	Cerebro - vascular accident	15
Cancer (neoplasm) including lumps, masses, tumours and growths, lumps and cysts (not incl. benign)	01	Chest infections	25
Cancers sited in any part of the body or system eg. Lung cancer, breast cancer, stomach cancer		Chest trouble (nes)	25
Skin cancer, bone cancer	01	Chilblains	39
Candida	37	Cholesterol - too much in blood	18
Carbuncles	39	Chondrodystrophia	36
Cardiac problems	18	Chronic Bronchitis	22
Cardiac asthma	18	Chronic renal failure	30
Cardiac diffusion	18	Cirrhosis of the liver	27
		Cleft palate	29
		Coeliac disease	03

Colitis (nes) 28		Cramp in limb 36
Collapsed knee cap 36		Crohn's disease 28
Colon trouble 28		Croup 25
Colostomy caused by cancer 01		Curvature of spine 35
Colostomy (nes) 28		Cushing's syndrome 03
Colour blind 10		Cyst on eye, cyst in kidney (malignant) 01
Common Cold 25		Cystic kidney 30
Conductive/nerve/noise induced deafness 11		Cystic fibrosis 03
Conjunctivitis 10		Cystitis 31
Constipation 28		Damage or injury to extremities, ribs, collarbone, pelvis, skull, limbs 36
Contraction of sinews 36		Damage, fracture or injury to disk/back/spine/neck 35
Convulsions 06		Damaged lung (nes) 25
Corneal ulcers 10		Damaged testicles 33
Corns 39		Deaf and dumb 11
Coronary thrombosis 16		Deafness 11
Cough (nes) 25		Deficiency of growth hormone 03
Cough (nes) 25		Deformity of limbs eg. club foot, clawhand, malformed jaw 36
Coughing fits 25		Degenerative brain disease 45
Cracked nipple 33		Depression 04
Cramp in limb 36		

Dermatitis	39	Dyspepsia	27
Detached/scarred retina	09	Ear complaints causing balance problems	13
Deviated septum	36	Ear trouble (nes)	14
Diabetes	02	Ear otitis media - glue ear	14
Diarrhoea	28	Ear problem (wax)	14
Difficulty in walking (nes)	36	Ear Disorders of Eustachian tube	14
Disc trouble	35	Ear Perforated ear drum (nes)	14
Dislocations (nes)	36	Ear Middle/inner ear problems	14
Disseminated sclerosis	08	Ear infection	14
Disseminated lupus	36	Ear aches and discharges	14
Diverticulitis	28	Eczema	39
Dizziness, giddiness, balance problems (nes)	18	Emphysema	22
Double vision	10	Encephalitis	08
Down's syndrome	05	Encopresis.	28
Drug addict	04	Endometriosis	33
Dry eye syndrome	10	Enteritis	28
Dumb, no speech (nes)	40	Enuresis	32
Dupuytren's contraction	36	Epidermolysis	39
Dwarfism	03	Epilepsy	06
Dyslexia	04	Eye infection	10
Dysmenorrhoea	33		

Eyes are light sensitive	10	Gingivitis	29
Faecal incontinence	28	Glandular fever	37
Fainting (nes)	40	Glaucoma	10
Farmer's lung	25	Goitre	03
Febrile convulsions	06	Gout	03
Fibrosis of lung	25	Grand mal, petit mal	06
Fibrositis	34	Growth (any site)	01
Finger amputated	36	Grumbling appendix	28
Fits (nes)	06	Guillain - Barre syndrome	08
Flat feet	36	Gynaecological problems	33
Floater in eye	10	Haemophilia	38
Food allergies	27	Haemorrhage behind eye	10
Forgetfulness	45	Haemorrhoids	19
Fracture (nes)	36	Hair falling out	40
Frequent diarrhoea	28	Hardening of arteries (nes)	21
Friedreich's Ataxia	08	Hardening of lens	09
Frozen shoulder	36	Hardening lens	09
Fungal infection of nail	37	Hardening arteries in heart	18
Gallbladder problems	27	Hardening of arteries in heart	18
Gallstone	27	Hare lip	29
Gilbert's syndrome	03	Hayfever	24

Heart failure	18	Housemaid's knee	36
Heart disease	18	Huntington's chorea	08
Heart trouble (nes)	18	Hydrocephalus	08
Heart attack	16	Hypercalcemia	03
Heart burn	27	Hyperglycemia	03
Heart complaint	18	Hypersensitive to the cold	21
Heart murmur	18	Hypertension	17
Hemiplegia	15	Hypopotassaemia, lack of potassium	03
Hepatitis A, B or C	37	Hypotension	21
Hereditary cancer	01	Hysterectomy (nes)	33
Hernia (nes)	26	Hysterectomy for cancer of womb	01
Hernia Double/inguinal/diaphragm/hiatus/umbilical	26	Ileostomy	27
High blood pressure	17	Impacted wisdom tooth	29
Hip infection	36	Impetigo	39
Hip replacement (nes)	36	Impotence	33
Hirschsprung's disease	28	Incontinence - bladder	32
Hodgkin's disease	01	Incontinence - double	28 & 32
Hole in the heart	18	Incontinence (nes)	32
Hormone deficiency	03	Indigestion	27
Horseshoe kidney	30	Infertility	33
		Inflamed duodenum	27

Inflammation of tendon	36	Leaf rash	39
Inflammation of bowel	28	Lens implants in both eyes	09
Inflammation of spinal joint	35	Leukaemia	01
Ingrown toenails	39	Limp (nes)	36
Injury to spine resulting in paralysis	08	Liver disease	27
Injury to eye	10	Liver problems	27
Insomnia	40	Loss of balance	13
Intermittent claudication	21	Loss of lung	25
Iritis	10	Loss of limb	30
Irritable bowel	28	Loss of one eye	09
Ischaemic heart disease	18	Low blood pressure/hypertension	21
Jacksonian fit	06	Lumbago	35
Joint pains	36	Lump (any site)- malignant	01/benign 43
Kidney removal	30	Lung collapsed	25
Kidney tube damage	30	Lung ulcer	25
Kidney stone	30	Lung - fluid on lung	25
Kidney trouble	30	Lung damage	25
Kidney double	30	Lung problems (nes)	25
Knee cap removed	36	Lung complaint (nes)	25
Labryinthitis	13	Lymphoma	01
Lazy eye	10	Malaria	37

Malacia	03	Muscular dystrophy	08
Manic depressive	04	Myalgic encephalomyelitis (ME)	08
Mass (any site)	01	Myasthenia gravis	08
Mastectomy (nes)	01	Myocardial infarction	16
Mastitis	33	Myopia	09
Mastoiditis	14	Myotonia (nes)	36
Meniere's disease	13	Myotonic dystrophy	08
Meningitis	08	Myxoedema (nes)	03
Menopause	33	Nasal polyps	25
Mental handicap	05	Neoplasm (any site)	01
Mental illness	04	Nephritis	30
Mentally retarded	05	Nerves (nes)	04
Metachromatic leucodystrophy	08	Nervous breakdown	04
Microcephaly, fluid on brain	08	Nervous trouble	04
Migraine/headaches	07	Neuralgia	08
Mitral stenosis	18	Neurasthenia	04
Mongol	05	Neuritis	08
Motor neurone disease	08	Neurofibromatosis	01
Mouth ulcers	29	Night blindness	10
Multiple Sclerosis (MS)	08	Nose bleeds	40
Muscle wastage	36	Numbness/loss of feeling in fingers, hand, leg etc	08

Obesity/overweight	03	Partially paralysed because of stroke	15
Old age/weak with old age (nes)	41	Partially paralysed (nes)	08
Osteoarthritis	34	Partially sighted	09
Osteomyelitis	36	Pelvic inflammatory disease (female)	33
Osteoporosis	36	Pericarditis	18
Otitis Media	14	Period problems, flooding	33,
Otosclerosis	11	Perthe's disease	36
Overactive Thyroid	03	Pharyngitis	25
Pacemaker	18	Phenylketonuria	03
Paget's disease	36	Phlebitis in lower extremities	20
Pains in chest (nes)	18	Phobias	04
Palpitations	18	Physically handicapped (nes)	36
Pancreas problems	27	Physically handicapped - spasticity of all limbs	08
Panic attacks	04	Pierre Robin syndrome	36
Paralysis - Agitans	08	Pigeon fanciers' s lung	25
Paralysis (nes)	08	Piles	19
Paralysis of vocal cords	25	Pilonidal sinusitis	39
Paraplegia (paralysis of lower - limbs)	08	Pins and needles in limbs	08
Parkinson's disease (paralysis agitans)	08	Pleurisy	25
Part of intestines removed (cancer)	01	Pneumoconiosis	25
		Polio (nes)	36

Polyarteritis Nodosa	21	Purpura (nes)	38
Polycythaemia (blood thickening)	38	Pyelonephritis	30
Polymyalgia rheumatica	34	Raynaud's disease	21
Polyp on bowel	28	Removal of nerve in limb	08
Poor hearing	11	Removal of spleen	38
Poor eye sight	09	Renal TB	30
Poor circulation	21	Restless legs	08
Post-concussion syndrome	04	Restricted vision	09
Post viral syndrome (ME)	08	Retinitis pigmentosa	10
Premenstrual tension	33	Rheumatism	34
Prolapse (nes) if female	33	Rheumatoid arthritis	34
Prolapsed womb	33	Rhinitis (nes)	25
Prolapsed intervertebral discs	35	Rickets	03
Prostrate gland trouble	33	Ringworm	37
Prostrate trouble	33	Rodent ulcers	01
Psoriasis arthritis (also code psoriasis)	34	Rupture (nes)	26
Psoriasis	39	Sarcoidosis	37
Psoriasis arthritis (also code arthritis)	39	Sarcomas, carcinomas	01
Pulmonary tuberculosis (TB)	37	Scarred cornea	10
Pulmonary embolism	21	Schizophrenia	04
		Schlatter's disease	36

Schuermann's disease	35	Speech impediment, stammer	04
Sciatica	08	Spina bifida	08
Senile dementia	45	Spondylitis	35
Sever's disease	36	Spondylosis	35
Shingles	08	Squint	10
Short sighted	09	Still's disease	34
Sick sinus syndrome	18	Stomach - acid	27
Sickle cell anaemia/disease	38	Stomach trouble (nes)	27
Sinus trouble	25	Stomach - nervous	27
Sinusitis	25	Stomach ulcer	26
Skin ulcer	39	Stone in gallbladder	27
Skin allergies	39	Stress	04
Skin complaints	39	Stroke	15
Skin rashes and irritations	39	Stye on eye	10
Sleepwalking	40	Subnormal	05
Smell - no sense of	40	Swollen legs and feet	21
Sore throat	25	Swollen glands (nes)	41
Sore arm muscle	36	Syringomyelia	08
Spastic (nes)	08	Systemic sclerosis	36
Spastic colon	28	Tachycardia	18
Speech impediment because of stroke	15	Taste - no sense of	29

TB hip	36	Torn muscle in leg	36
TB - limb	36	Torn ligaments	36
Teeth - complaints of teeth/mouth/tongue	29	Toxoplasmosis (nes)	37
Telangiectasia (nes)	21	Trapped nerve	08
Tendinitis	36	Travel sickness	40
Tennis elbow	36	Trigeminal neuralgia	08
Tenosynovitis	36	Tuberculosis of abdomen	37
Tetanus	37	Tunnel vision	09
Thalassaemia	38	Turner's syndrome	33
Throat irritation	25	Typhoid fever	37
Throat trouble - difficulty in swallowing	27	Ulcer gastric	26
Throat trouble (nes)	25	Ulcer duodenal	26
Throat infection	25	Ulcer on lung	25
Thrombosis (nes)	21	Ulcer (nes)	26
Thrush	37	Ulcer peptic	26
Thyroid	03	Ulcer on limb (nes)	
Tinnitus/noises in the ear	12	Ulcerative colitis	28
Tired heart	18	Ulcers on tongue	29
Tiredness (nes)	41	Underactive Thyroid	03
Tonsillitis	25	Uraemia	30
		Urinary tract infection	31

Urine infection 31

Vaginitis 33

Valvular heart disease 18

Varicose veins - lower extremities 20

Varicose veins - anus 19

Varicose eczema 20

Varicose veins in Oesophagus 21

Varicose veins 20

Varicose ulcer, varicose eczema - code 20

Venereal diseases 37

Verruca 39

Vertigo 13

Vulvitis 33

War wound (nes) 41

Warts 39

Water trouble (nes) 32

Water/fluid retention 03

Watery eyes 10

Weak legs 36

Weak chest 25

Weak bladder 32

Weak heart because of rheumatic fever 18

Weakness in intestines 27

Wheezy 25

Whooping cough 37

Wilms tumour 01

Wilson's disease 03

Wolff - Parkinson - White syndrome 18

Worn discs in spine - affects legs 35

Wright's syndrome 21

APPENDIX III RECODING OF OTHER ACTIVITIES

Existing code-frame for *ActivA*

- 1 "Cycling/exercise bike",
- 2 "Exercises (press ups, sit ups etc.)",
- 3 "Aerobics/keep fit/gymnastics/dance for fitness",
- 4 "Other types of dancing",
- 5 "Weight training",
- 6 "Swimming",
- 7 "Running/jogging",
- 8 "Football/rugby",
- 9 "Badminton/tennis",
- 10 "Squash",
- 11 "Golf/hillwalking"
- 12 "Other walking of 1 mile or more",
- 13 "Other", (TO BE RECODED)
- 14 "None of these";

Coding of *'other' answers*:

Abseiling	15
Adventure playground	16
Aquarobics	17
American football	18
Archery	19
Assault Course	20
Back packing	21
Baseball/softball	22
Basketball	23
Battle Re-enactment	24
Bowls--indoor, outdoor, crown, green	25
Boxing	26
Canal cruising (if responsible for working locks)	27
Canoeing	28
Circuit training	29
Climbing	30
Cricket	31
Croquet	32
Curling	33

Darts	34
Diving 35	
Dog training	36
Drumming (in a group)	37
Fell walking	38
Fencing	39
Field athletics	40
Fishing	41
Fives	42
Gymnastics	43
Hang gliding	44
Hiking 45	
Hitting punch sack	46
Hockey	47
Horse riding	48
Ice skating	49
Juggling	50
Kabadi	51
Kickboxing	52
Lacrosse	53
Marathon running	54
Martial arts	55
Motor sports	56
Netball	57
Orienteering	58
Polo	59
Post Natal exercise	60
Power Boat	61
Racketball	62
Rambling	63
Roller-skating	64
Rounders	65
Rowing (inc machine)	66
Sailing (inc dingy)	67
Scuba/subaqua diving	68
Shooting	69
Skateboarding	70
Skiing/dry slope skiing	71
Skipping	72
Skirmishing (war games)	73

Skittles	74
Snooker	75
Snorkelling	76
Sumo wrestling	77
Surfing	78
Swing ball	79
Table tennis	80
Tenpin bowling	81
Territorial Army	82
Toning table/bed	83
Trampolining	84
Volley ball	85
Walking on a jogging machine/treadmill	86
Water skiing	87
Anaerobic Weight lifting	88
Wind surfing	89
Wrestling	90
Yoga	91
Other light exercise	92
Other moderate exercise	93
Other vigorous exercise	94
Other anaerobic exercise	95
Other - don't know energy level	96

(Football training = 94)

(Water polo = 94)

(Body building = 94)

(Tug of war = 93)

(Harness racing = 92)

(Mini-trampoline = 92)

APPENDIX IV INFORMATION ON BOTTLED BEERS

BEERS:

Becks or Sainsbury = 275ml

McEwans bitter = 330ml

Tennants = 500ml

ASDA = 330ml

German beer = 500ml

Carlsberg = 500ml

Chimay = 330ml

Miller draught = 330ml

Miller = 440ml

HOUSEHOLD SUNDRIES/ALCOHOLIC DRINKS

▲ = Price Increase ▼ = Price Decrease ★ New Entry TV = As Seen on TV

VETERINARY PRODUCTS - Cont'd

Secto - Cont'd

Keep Off Cat & Dog Repellent	250ml	1 95
Keep Off Cat & Dog Repellent	500ml	3 49
Nature Care Herbal Flea Collar For Cats		1 99
Nature Care Herbal Flea Collar For Pups		1 19
Pepper Dust	100g	1 43
Pet Behave Spray	125ml	2 26
Pet Room Deodoriser	50ml	1 45
Rellective Cat Flea Collar 4 Months		1 99

Sherleys

Anti Diarrhoea Tablets	24s	1 25
Ulcer Salts	55g	1 49
Breath Freshener Tablets	50s	2 15
Calcium Tablets		1 49
Canker Lotion	6 Capsules	1 49
Canker Powder	10g	1 49
Cat Book		1 50
Cat Collar (Insect) Large		1 55
Cat Collar (Insect) Standard		1 42
Contacne Aerosols	114g	2 05
Coughing Tablets	30s	1 49
Defest	200g	2 45
Dry Book		1 50
Eczema & Mange Lotion	90ml	1 59
Extending Lead Large	12 60	
Extending Lead Medium	9 60	
Flea Collar Cat		1 99
Flea Collar Dog	24"	1 99
Flea Collar Dog Plastic		2 09
Gastric Tablets		1 49
Insecticidal Shampoo	250ml	1 79
Insecticidal Shampoo	80ml	0 95
Lactol	1kg	6 95
Lactol	200g	1 80
Lactol	400g	3 45
Lix & Med Laxative	30g	1 49
Moderated Shampoo For Dogs	100ml	1 05
Moderated Shampoo For Dogs	250ml	1 69
Milk Suppressant Tablets	25s	1 49
Mult Wormer Big Breed For Dogs		3 63
Mult Wormer Tablets Cat/Dog	12s	1 49
Palatable Wormer Cat Dog		1 49
Permethrin Flea Powder	75g	1 79
Permethrin Flea Spray	125ml	2 15
Permethrin Insecticidal Shampoo	120ml	1 99
Pump Spray (Cats)		2 12
Repelo	130g	2 15
Rheumaine Tablets	25s	1 49
Rock Sulphur	100g	1 49
Sherleys Veterinary Tablets	100s	3 15
Sherleys Veterinary Tablets	24s	1 12
Sherleys Veterinary Tablets	50s	1 99
Spray Away	90g	1 55
Swifts Pup Trainer	25ml	1 29
Tapeworm Tablets Cat/Dog	12s	1 49
Top Form	40s	0 69
Varnouse Pet Dog Aerosol	114g	1 65
Varnouse Pet Dog Powder	45g	1 05
Worming Cream	30g	1 49
Worming Syrup	50ml	1 49

Temana

Shellguard Anti-Flea Band For Cats		1 49
Shellguard Anti Flea Band For Dogs		1 55
Shellguard Anti Flea Tag For Dogs		0 85

Tibs

Cat Easy To Use Wormers		2 79
Cat Roundworm Tablets		1 64
Cat Tapeworm Tablets		1 64
Condition Tablets For Cats	15s	1 04
Condition Tablets For Cats	30s	1 64

Tibs - Cont'd

Dual Wormer For Cats		1 89
Flea Collar For Cats 4 Month Protection		2 74
Flea Powder For Cats	55g	1 44

Vitapet Veterinary Products

Cod Liver Oil Capsules For Pets	90s	2 89
Conditioner For Cats	170ml	2 49
Conditioner For Dogs	170ml	2 49
Conditioner For Dogs	450ml	4 79
Feather Conditioner	150ml	2 39
Fur Conditioner	150ml	2 39
Rheumatism Formula	170ml	3 79
Rheumatism Formula	450ml	6 99
Super Solvitax Cod Liver Oil	170ml	1 99
Super Solvitax Cod Liver Oil	450ml	4 19
Vitapup Fortified Milk Feed	250g	2 09
Vitapup Fortified Milk Feed	500g	3 50

ALCOHOLIC DRINKS

BEERS & LAGERS

Listed In Alphabetical Order

By Product Name

Aka	3 Pack	3 99	
Aka NRB	330ml	1 35	
Amstel NRB	330ml	1 14	★
Asahi Super Dry NRB		1 09	
Badger Country Bitter	440ml 4 Pack	3 15	
Beannish Irish Stout Can	500ml	1 09	
Becks Bier Can	330ml	0 90	
Becks Bier NRB	275ml	0 83	
Becks Bier NRB	6 x 275ml	4 99	
Becks Bier NRB	640ml	1 99	
Bishops Finger Strong Bitter Can	440ml	1 16	
Brewhouse Can	500ml	0 70	
Budweiser Budvar NRB		1 19	
Bull Dog Strong Ale NRB		1 09	
Carling Can	440ml	0 87	TV
Carlsberg Export	4 Pack	3 99	
Carlsberg Export Large Can		0 99	
Carlsberg Pilsner	4 Pack	1 99	
Carlsberg Pilsner Can	275ml	0 65	
Carlsberg Pilsner Can	440ml	0 89	
Carlsberg Pilsner Large Can		0 59	
Carlsberg Pilsner NRB		0 49	
Carlsberg Pilsner Small Can		0 49	
Carlsberg Special Brew	4 Pack	3 49	
Carlsberg Special Brew	4 Pack	4 99	
Carlsberg Special Brew Bottle inc 9p dep		0 99	
Carlsberg Special Brew Large Can		1 25	
Carlsberg Special Brew Small Can		0 89	
Carlton L A Can	330ml	0 49	
Castaway 4 x NRB	200ml	3 19	
Castaway	200ml	0 80	
Coll 45 Can	500ml	1 10	
Cools Can	440ml	0 87	
Cools Extra Gold NRB	330ml	0 82	
Courage Light Ale Can	330ml	0 55	
Courage Light Ale Can	500ml	0 70	
DAB German Lager - Original	500ml	1 35	
Draught Directors Can	440ml	1 09	
Draught Director NRB	33cl	0 93	
Ekstrema NRB	330ml	0 99	
Elephant Beer NRB		1 05	
Fosters Export	375ml	0 99	
Fosters Export	750ml	1 99	
Gillespies Scottish Malt Stout Draught	440ml	1 09	
Holmeister Can	500ml	0 72	
Holmeister Special Can	440ml	1 39	
Holsten Export Can	440ml	1 10	
Holsten Pils Can	400ml	1 25	

ALCOHOLIC DRINKS

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BEERS & LAGERS - Cont'd

Listed in Alphabetical Order

By Product Name

Hulsten Pils NRB	330ml	1 10
Hulstmann Lager Can	440ml	1 07
Hulstmann Lager NRB	330ml	0 78
John Smiths Bitter Can	440ml	0 89
John Smiths Draught Bitter	440ml	1 19
John Smiths Strong Ale Can	500ml	1 09
Julper 10 x NRB	25cl	5 99
King & Barnes Festive Can	440ml	0 99
Knighter Strong Lager Can	440ml	1 10
Knighter Strong Lager NRB	330ml	0 84
Kronenbourg 1664 Can	500ml	1 15
Kronenbourg 1664 NRB	330ml	0 90
Master Brew Bitter Can	440ml	0 91
McEwans 70/ Draught	440ml	0 89
McEwans 80/ NRB	550ml	1 35
McEwans 90/ NRB	550ml	1 45
McEwans Best Scotch Can	440ml	0 72
McEwans Export Can	440ml	0 81
McEwans L A Can	330ml	0 49
McEwans Lager Can	500ml	0 70
McEwans Pale Ale Can	440ml	0 69
Miller Pilsner Can	440ml	0 89
Molson Canadian	355ml	0 95
Molson Special Dry	330ml	1 05
Molson Special Dry NRB		0 99
Newcastle Amber Bottle	550ml	0 90
Newcastle Brown Ale	440ml	0 95
Newcastle Brown Ale Bottle (Plus Deposit)	550ml	1 05
Newcastle Brown Ale NRB	550ml	1 29
Newcastle Exhibition Draught	440ml	0 92
Pilgrims Low Alcohol	Xpt NRB	0 35
Ploughmans Bitter Can	440ml	0 50
Ploughmans Bitter PET	2 Litre	2 39
Red Stripe Crucial Brew Can	375ml	1 30
Red Stripe Lager Can	440ml	1 42
Red Stripe Lager NRB	330ml	1 16
Sanctihaus NRB	25cl	2 31
San Miguel Especial	330ml	1 17
San Miguel Especial	500ml	1 44
San Miguel Selecta NRB	330ml	1 31
Scottish & Newcastle Gull Pack - 3x550ml Bottles (NRB)		3 99
Skol	330ml	0 49
Skol	500ml	0 59
Skol Special	500ml	0 89
Skol Super		1 09
Steinbock Lager Can	440ml	0 91
Steinbock Super Can	440ml	1 26
Swan Light Can	330ml	0 39
Tanglefoot Bitter	440ml 4 Pack	4 16
Tecate NRB	330ml	1 09
Tetley Draught Can	440g	1 09
Tetley Original Can	440g	0 79
Theakstons Best Bitter Draught	440ml	1 09
Theakstons Best Bitter NRB	550ml	1 29
Theakstons Old Peculier	4 Pack	3 78
Theakstons XB Draught	440ml	1 15
Tiger NRB		1 19
Victoria Beer	375ml	1 10
Wadworth 6X Can	440ml	1 10
Wadworth Old Timer PET	2 Litre	5 00
Walney Brown Ale Can	330ml	0 60
Websters Green Label Can	440ml	0 80
Websters Yorks Bitter Can	440ml	0 76
Websters Yorks Bitter PET	2 Litre	3 45
XXX Can	550ml	0 72
Youngers Heavy Can	500ml	0 57
Youngers Kestrel Can	500ml	0 57
Youngers Kestrel Super Can	500ml	1 15
Youngers No 3 NRB	550ml	1 35

BEERS & LAGERS - Cont'd

Listed in Alphabetical Order

By Product Name

Youngers Tartan Bitter Can	500ml	0 62
Youngers Tartan Special Can	500ml	0 69
Youngs Bitter Can	440ml	0 99
Youngs Bitter PET	2 Litre	4 55
Youngs Rainier Can	440ml	1 16
Youngs Rainier PET	2 Litre	5 25

CHAMPAGNE

Listed in Alphabetical Order

By Product Name

Bullinger Special Cuvee Brut	Bottle	22 50
Bouche Pere & Fils Brut	1/2 Bottle	7 75
Bouche Pere & Fils Brut	1/4 Bottle	4 45
Bouche Pere & Fils Brut	Bottle	12 95
Bouche Pere & Fils Brut	Magnum	29 50
Dum Perignon 1985	Bottle	58 50
Lanson Black Label	Bottle	17 99
Maison Christophe Brute	1/2 Bottle	6 85
Maison Christophe Brute	Bottle	10 95
Moet & Chandon Brut Imperial	1/2 Bottle	11 20
Moet & Chandon Brut Imperial	1/4 Bottle	6 85
Moet & Chandon Brut Imperial	Magnum	41 15
Moet & Chandon Brut Imperial	Bottle	18 95
Piper Heidsieck	Bottle	18 75
Tallinger	1/2 Bottle	11 75
Tallinger	Bottle	18 95
Tallinger	Magnum	44 75

CIDER

Listed in Alphabetical Order

By Product Name

Autumn Gold	1 Litre	1 83	
Autumn Gold Can	440ml	0 85	
Autumn Gold PET	2 Litre	3 56	
Bulmers Original	1 Litre	1 98	
Bulmers Original	4 x 500ml	2 71	
Bulmers Original PET	2 Litre	3 90	
Copperhead	4 x Can 440ml	3 35	
Cuspen	1 1/2 Litre	2 84	
Diamond White	275ml	0 88	
Diamond White Blush	275ml	0 89	
Dry Blackthorn	1 Litre	1 83	TV
Dry Blackthorn Can	440ml	0 83	TV
Dry Blackthorn PET	2 Litre	3 63	TV
Gaymer 'K'	4 Pack	4 09	
Gaymer 'K' NRB	275ml	1 05	
Ice Dragon	4 x Can 440ml	3 49	
Max NRB	275ml	1 25	
Max Cans		3 32	
Merrydown Original Gold	1 Litre	3 21	*
Merrydown Original Gold	330ml	1 26	*
Merrydown Original Dry	1 Litre	3 21	*
Merrydown Original Dry	330ml	1 26	*
Merrydown Original Dry Cans	440ml	1 28	*
Merrydown Vintage Gold	1 Litre	2 46	*
Merrydown Vintage Dry	1 Litre	2 46	*
Merrydown Vintage Style Dry Can	440ml	0 96	*
Merrydown Traditional Cider	1 Litre	2 28	*
Merrydown Premium Draught Cider	2 Litre	3 63	*
Merrydown Longman	330ml	1 09	*
No 7 Smalls (Inc Sp Dep)		0 90	
Old English	2 Litre	3 49	
Old English	3 Litre	4 69	
Old English	4 x 500ml	3 39	
Old English	NH Litre	1 85	
Pomagne	75cl	2 04	
Red Rock	330ml	1 81	
Scrumpy Jack	Can 150ml	0 40	*

ALCOHOLIC DRINKS

▲ = Price Increase ▼ = Price Decrease ★ New Entry TV = As Seen on TV

CIDER - Cont'd

Listed in Alphabetical Order

By Product Name

Scrumpy Jack	1 Litre	2.89	★
Scrumpy Jack	Can 440ml	1.27	★
Scrumpy Jack	NRB 370ml	1.80	★
Special Reserve	1 Litre	2.12	
Special Val	1 Litre	1.98	
Special Val	2 Litre	3.77	
Special Val Can	15 1/2oz	0.96	
Strongbow	1 Litre	1.98	
Strongbow Can	440ml	0.96	
Strongbow Flagon (inc 17p Dep)		2.22	
Strongbow L A	275ml	0.81	
Strongbow L A	4 x 330ml	2.72	
Strongbow PET	2 Litre	3.80	
Strongbow PET	3 Litre	5.67	
Strongbow Small Bottle (inc 5p Dep)		0.90	
Strongbow Super Can	275ml	1.17	
Strongbow Super Can	440ml	1.11	
White & Red Grape Juice Drink NRB		0.88	
Woodpecker Cider	Bottle 275ml	0.82	★
Woodpecker Cider NRB	1 Litre	1.79	
Woodpecker Cider Can	440ml	0.96	
Woodpecker Cider Flagon (inc 17p Dep)		2.07	
Woodpecker Cider PET	2 Litre	3.53	
Woodpecker Cider Small Bottle (inc Dep)		0.84	
Woodpecker Dry	1 Litre	1.79	

LIQUEURS

Bols

Advocaat	350ml	4.27	
Advocaat	700ml	8.84	
Apricot Cherry Brandy	500ml	7.98	
Apricot Cherry Brandy	700ml	10.80	
Blue Curacao	500ml	8.56	
Blue Curacao	700ml	12.12	
Creme de Bananes	500ml	7.98	
Creme de Bananes	700ml	10.90	
Creme de Cacao Brown/White	500ml	7.98	
Creme de Cacao Brown/White	700ml	10.90	
Creme de Cassis	500ml	6.90	
Creme de Cassis	700ml	9.63	
Orange Curacao	500ml	8.59	
Orange Curacao	700ml	11.99	
Peach Brandy	500ml	8.66	
Peach Brandy	700ml	12.12	
Triple Sec	500ml	10.28	
Triple Sec	700ml	13.91	
Creme de Menthe	500ml	7.98	
Creme de Menthe	700ml	10.90	

Country Satin

Cream Liqueur	70cl	7.49	
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Montez

Peach Citron Orange	Bottle 70cl	6.04	
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Tia Maria

Tia Maria	1/2 Bottle 350ml	6.65	
Tia Maria	Bottle 1 Litre	17.85	
Tia Maria	Bottle 700ml	12.77	
Tia Maria	Minatures 50ml	1.26	

Warminks

Advocaat	35cl	6.49	
Advocaat	70cl	9.89	

MADEIRA

Duke Of Clarence Malmsey Bottle	7.95	
Duke Of Cumberland Bual Bottle	7.95	
Duke Of Sussex Sercial Bottle	7.95	

PORT

Cockburns

10 yr Old Tawny	700ml	13.76	
20 yr Old Tawny	700ml	20.60	
Fine Ruby, Fine Tawny	700ml	7.88	
Fine White	700ml	7.88	
Light White	700ml	9.19	
Special Reserve	700ml	9.47	
Special Tawny Reserve	700ml	9.74	

SHERRY

Emva

Emva Cream Bottle	1 Litre	5.17	
Emva Cream Bottle	70cl	3.86	
Emva Medium Bottle	70cl	2.87	

Harveys

1796 Fine Old Amonillado	700ml	10.34	
1796 Palo Cortado	700ml	10.34	
1796 Rich Old Oloroso	700ml	10.34	
Bristol Cream	100ml	1.22	TV
Bristol Cream	700ml	7.55	TV
Bristol Medium Dry	700ml	7.33	TV
Bristol Milk	700ml	7.33	
Club Amonillado	1 Litre	8.35	
Club Amonillado	700ml	6.07	
Copper Beach	700ml	7.11	
Finesse	700ml	6.00	
John Harvey	700ml	6.19	
Luncheon Dry	700ml	5.00	
Tico	700ml	6.02	
Tio Mateo	350ml	3.48	
Tio Mateo	700ml	6.43	

John William Burdon

Dun Louis Amonillado	37.5cl	5.61	
Dun Louis Amonillado	70cl	10.75	
Dry Fino	70cl	5.21	
Heavenly Cream	70cl	6.66	
Medium Amonillado	70cl	5.21	
Pale Medium, Cream	70cl	5.21	
Puerto Fino	37.5cl	3.62	
Puerto Fino	70cl	6.72	
Rich Cream	70cl	5.21	

Q.C.

Q.C. Sherry	1 Litre	4.88	
Q.C. Sherry	70cl	3.29	

V.P.

V.P. Sherry	1 Litre	3.75	
V.P. Sherry	70cl	2.69	

SPIRITS

Bacardi

Bacardi Rum	1/2 Bottle 35cl	6.28	
Bacardi Rum	1/2 Bottle 20cl	3.60	
Bacardi Rum	Bottle 1 Litre	16.01	
Bacardi Rum	Bottle 70cl	12.25	
Bacardi Rum	Minatures 5cl	1.03	

Beefeater

London Dry Gin	1/2 Bottle 20cl	3.61	
London Dry Gin	1/2 Bottle 20cl	6.23	
London Dry Gin	Bottle 1 Litre	15.87	
London Dry Gin	Bottle 70cl	11.47	
London Dry Gin	Bottle 75cl	12.03	
London Dry Gin	Minatures 5cl	1.02	

Cognac Courvoisier

Bottle	100ml	3.11	
Bottle	200ml	6.85	
Bottle	350ml	9.48	

ALCOHOLIC DRINKS

▲ = Price Increase ▼ = Price Decrease ★ New Entry TV = As Seen on TV

SPIRITS - Cont'd

Cognac Courvoisier - Cont'd

Bottle	700ml	18.23
Flask	340ml	9.26
Miniatures	50ml	1.69
PocketFlask	80ml	2.83
Travellers Flask	160ml	4.79
Cognac VSOP	Bottle 700ml	27.61
Cognac VSOP	Miniatures 50ml	2.20

Finlandia

Vodka	Bottle 700ml	11.11
Vodka	Bottle 750ml	11.62
Vodka	Miniatures 50ml	1.02

Glenfiddich - Pure Malt Whisky

Bottle - Tubed	350ml	9.66
Bottle	50ml	1.94
Bottle	700ml	18.81
Bottle	750ml	19.86
Flask	375ml	10.16

Glenmorangle

10 Year Old Scotch Whisky		
1/2 Bottle	35cl	10.23
Bottle	1 Litre	20.20
Bottle	70cl	19.83

Grants

12 Year Old Scotch Whisky		
Bottle	700ml	17.68
Bottle	750ml	18.28
Miniatures	50ml	1.53

Lamb's

Navy Rum	1/2 Flask 200ml	3.74
Navy Rum	1/2 Flask 350ml	6.49
Navy Rum	Bottle 1 Litre	17.06
Navy Rum	Bottle 700ml	12.51
Navy Rum	Bottle 750ml	13.07
Navy Rum	Miniatures 50ml	1.16

Teachers - Highland Cream Scotch Whisky

1/2 Bottle	20cl	3.66
1/8 Bottle	10cl	2.09
1/4 Bottle	37.5cl	8.85
Bottle	1 Litre	17.47
Bottle	70cl	12.66
Miniatures	5cl	1.06

William Grants

Fancy Reserve Scotch Whisky		
Bottle	187.5ml	3.52
Bottle	200ml	3.68
Bottle	375ml	6.73
Bottle	700ml	12.73
Bottle	750ml	13.36
Miniatures	50ml	1.07
Gin Bottle	750ml	11.32
Special Dry Gin	Bottle 700ml	10.72

VERMOUTH

Martini

Martini Anytime	17.5cl	0.86
Martini Bianco	Bottle 1 Litre	5.38
Martini Bianco, Extra Dry	Bottle 75cl	4.13
Martini Bianco	Miniatures 5cl	0.40
Martini Extra Dry, Rosso	Bottle 1 Litre	6.38
Martini Extra Dry	Miniatures 5cl	0.40
Martini Rose, Rosso	Bottle 75cl	4.13
Martini Rosso	Miniatures 5cl	0.40

WINE

Asli Spumante

Asli Spumante	1/2 Bottle 37.5cl	3.96
Asli Spumante	Bottle 20cl	2.16
Asli Spumante	Bottle 75cl	6.82

Blue Nun

French Red Vin de Table	75cl	4.54
French White Vin de Table	75cl	4.64
Liebfraumich	37.5cl	2.60
Liebfraumich Sparkling	75cl	6.37
Liebfraumich	75cl	3.85

Concorde

Concorde	1 Litre	3.10
Concorde	1.5 Litre	4.60
Concorde	75cl	2.39
Concorde Peach	1.5 Litre	4.39
Concorde Peach, Strawberry		
Raspberry	75cl	2.26
Concorde Strawberry	1 Litre	3.16

Disos

French Vin de Pays Red	75cl	4.28
French Vin de Pays White	75cl	4.26

Eisberg

Eisberg Alcohol Free		
French Bottle	75cl	3.02
German 1/2 Bottle	12.5cl	0.63
German	Bottle 75cl	3.02

Elderflower

Peach, Strawberry	75cl	4.90
Redcurrant Damson	75cl	6.58

Hill Smith

Cabernet Sauvignon - Malbec	75cl	4.83
Cabernet Sauvignon	75cl	7.88
Chardonnay	75cl	7.68
Old Triangle Rhine Riesling	75cl	4.41
Sauvignon Blanc	75cl	7.88
Semillon - Chenin	75cl	4.83
Shiraz	75cl	6.66

Luccini

Sparkling	200ml	1.64	▲
Sparkling	75cl	4.91	▲

Mateus

Rose, White	1/2 Bottle 37.5cl	2.78
Rose, White	Bottle 75cl	6.23

Noilly Prat

Bottle	75cl	6.71
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Rougemont Castle

1.5 Litre		4.69
3 Litre		8.49
5 Litre		15.46
75cl		2.39

Sanatogen

Iron Tonic Wine, Original	70cl	4.19
Senators Deutscher Tafelwein	75cl	3.61

Sichel

Cellar Medium Dry		
White Wine Vin De Table	1 Litre	4.83
White Wine Vin De Table	1.5 Litre	7.24
White Wine Vin De Table	75cl	3.62
Cellar Rouge Vin De Table	1 Litre	4.83
Cellar Rouge Vin De Table	1.5 Litre	7.24
Cellar Rouge Vin De Table	75cl	3.62
Light DeAlcoholised Red Wine	20cl	0.72
Light DeAlcoholised Red Wine	75cl	2.47

APPENDIX V: CODING FRAMES FOR QUALIFICATIONS

Frame for *TopQual*

- 1 "Degree or degree level qualification"
- 2 "SCE Higher/A-levels"
- 3 "SCE Ordinary (Bands A - C)"
- 4 "Standard Grade (Level 1 - 3)"
- 5 "SLC Lower"
- 6 "SUPE Lower or Ordinary"
- 7 "'O'-level passes (Grade A - C if after 1975)"
- 8 "GCSE (Grade A - C)"
- 9 "CSE Grade 1"
- 10 "School Certificate or Matric"
- 11 "SCE Ordinary (Bands D & E)"
- 12 "Standard Grade (Level 4, 5)"
- 13 "CSE Grades 2 - 5"
- 14 "GCE 'O' Grades D & E (if after 1975)"
- 15 "GCSE (Grades D, E, F, G)"
- 16 "CSE ungraded"
- 17 "Foreign quals"
- 18 "Other academic quals"
- 19 "No academic quals"

Frame for *TopVocat*

- 1 "HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher"
- 2 "ONC/OND, BEC/TEC/BTEC not higher"
- 3 "City and Guilds Full Technological Certificate"
- 4 "City and Guilds Advanced/Final Level"
- 5 "City and Guilds Craft/Ordinary"
- 6 "Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)"
- 7 "Teaching qualification"
- 8 "SVQ/NVQ Level 5"
- 9 "SVQ/NVQ Level 4"
- 10 "SVQ/NVQ Level 3/Advanced level GNVQ"
- 11 "SVQ/NVQ Level 2/Intermediate level GNVQ"
- 12 "SVQ/NVQ Level 1/Foundation level GNVQ"
- 13 "SCOTVEC National Certificate Modules"
- 14 "Clerical or Commercial Qualification (eg typing/book-keeping/commerce)"
- 15 "Recognised Trade Apprenticeship completed"
- 16 "Other vocational or professional qualification"
- 17 "No vocational/professionaquals"
- *18 "SVQ/NVQ - level not specified"
- *19 "Nursery Nurse Examination Board Qualification"