

Appendix A:
Fieldwork documents

Appendix A

Fieldwork documents

Postal sift documents:

- Postal sift form
- Postal sift reminder postcard
- Non-response sift form

Advance letters:

- Letter to public health directors
- Advance letter, free-living
- Advance letter, institution

Information leaflets:

- General introductory leaflet
- Physical measurements leaflet
- Introduction for heads of residential and nursing homes

Interviewer sample record forms:

- Address record form, free-living
- Institution record form

Questionnaires and associated documents:

- Main questionnaire
- Income prompt card (Card CC)
- Final visit questionnaire
- Bowel movement record
- Memory questionnaire
- Depression questionnaire

Dietary record and associated documents:

- Instructions on food weighing and completion of dietary record
- Dietary record, free-living (*similar document used in institutions*)
- Eating out record, free-living (*similar document used in institutions*)
- Recipe sheet
- Food providers questionnaire (institutions)
- Food record (institutions)

Consent forms:

- Consent booklet
- Proxy consent booklet
- Dental consent form

Nurse record form, free-living (*similar document used in institutions*)

Nurse schedule

Medicine sheet



Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Unit, Cambridge

On behalf of:
Department of Health
Ministry of Agriculture,
Fisheries and Food

NATIONAL DIET AND NUTRITION SURVEY

Dear Sir or Madam

We are writing to ask for your help with a survey. We have been asked by the Ministry of Agriculture, Fisheries and Food (MAFF) and the Department of Health (DH) to help them in a programme of research designed to find out about the kinds of food eaten by people of different ages and about people's health. The results will considerably increase the level of knowledge about the relationship between diet and health, and eventually should help lead to improvements in people's health and well being.

We are first writing to the residents in a random selection of addresses chosen from the Post Office list of all the addresses in the country. Your address is one of the ones chosen. Please will you help by filling in this form about the people living in your household. It will not take very long. When you have filled it in please send it back to us in the envelope provided. No stamp is required.

Please fill in the form for **all the people living in your household**. It is only in this way that we can be sure that later on we will interview a truly representative group of people.

EVERYONE'S ANSWER IS IMPORTANT

In all our surveys we rely upon people's voluntary co-operation. The information which you give will be treated in strict confidence. It will be used for research purposes only and no-one outside the research team will know the names and addresses of those taking part. All results will be released as statistical reports in which the identity of individuals will not be revealed.

Thank you for helping us with the survey.

Yours Sincerely

Dr Patten Smith
Research Director

SCPR
100 Kings Road
Brentwood
Essex
CM4 4BD Contact Tel. No. 071 250 1866

P1403

PLEASE ANSWER THE QUESTIONS ABOUT EVERYONE IN YOUR HOUSEHOLD

(IF NO PRIVATE HOUSEHOLD OR INDIVIDUAL LIVES AT THIS ADDRESS PLEASE COMPLETE PART D ON THE NEXT PAGE ONLY)

Include anyone who is temporarily away (for example in hospital or at school) but exclude any family member who lives somewhere else permanently.

A. How many people (men, women and children) are there in your household living at this address (including yourself)?

Please write in

Total Number of People in Household: _____

B. Please list the name, age, and sex of everyone in your household.

	Title (Mr/Mrs/ Miss/Other)	Surname	Forenames or Initials	Age (in Years)	Sex (Please tick)	
					Male	Female
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

C. Is any part of the address shown on the label overleaf separately occupied by persons not entered above?

Please tick one box Yes

No

D. If no private household or individual lives permanently at this address please tick one box below and return this form in the envelope provided.

The address has no permanent residents because:

it is used for business purposes only

it is a holiday home, a school, or other non-residential address

it is vacant at present

The address is an institution with people resident

**Thank you for your help.
Please return this form in the
postage paid envelope provided.**



NATIONAL DIET AND NUTRITION SURVEY

P.1403

Dear Sir or Madam,

About two weeks ago we sent you a short form to fill in and return, but so far, according to our records, we haven't received it. (If you have returned it and it has crossed in the post, please ignore this reminder).

We would be most grateful if you could fill in the form now and return it to us in the envelope provided. The envelope does not need a stamp. It is only if everyone we write to replies that we can be sure that we obtain accurate results in this most important survey.

Thank you for your help.


Dr Patten Smith
Research Director
Contact Tel.No. 071 250 1866

SCPR
100 Kings Road
Brentwood, Essex
CM4 4BD

Non-response sift form

Head Office: 37 NORTHAMPTON SQUARE, LONDON EC1V 0AX. Tel: 0171 250 1866 Fax: 0171 250 1524

SCPR
SOCIAL & COMMUNITY LEARNING RESEARCH

Field and UP Office: 100 KINGS ROAD, BRAINTWOOD, ESSEX CM11 4LX. Tel: 01277 200600 Fax: 01277 214117

P.1403 NATIONAL DIET AND NUTRITION SURVEY NON-RESPONSE FOLLOW-UP ARF (V2) 1995

USEFUL INFORMATION

[SERIAL NUMBER LABEL]

SN 101-7
POINT 108-9
Field 110
Mail No/int 111

Interviewer Name: _____ Interviewer Number: _____

TNC 119-20
INT 121-4

CALLS RECORD (Note all calls, even if no reply)

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
1901 or later	5	5	5	5	5	5	5	5	5	5	5	5
DATE:												
i) Day (Mon = 1, Tues = 2 etc)												
ii) Date												
iii) Month												

EXACT TIME OF CALL: _____

NOTES: _____

ALWAYS RETURN ARF SEPARATELY FROM QUESTIONNAIRE

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	01
Not traced	02
Not yet built/not yet ready for occupation	03
Derelect/Demolished	04
Empty	05 END
Business/industrial only (no private dwellings)	06
Institution only (no private dwellings)	07
Other non residential address	08
Other (PLEASE GIVE DETAILS) _____	09

3. IF YES AT Q1 INTERVIEWER CHECK MOI VALUE ON ADDRESS LABEL ON FRONT OF ARF AND RECORD

MOI VALUE EQUALS 1 **A GO TO Q.11**
MOI VALUE DOES NOT EQUAL 1 **B ANSWER Q.4**

4. MOI VALUE GREATER THAN ONE ESTABLISH NUMBER OF OCCUPIED DWELLING UNITS COVERED BY ADDRESS

<p>IF NECESSARY ASK</p> <p>i) Can I just check, is this house/bungalow occupied as a single dwelling, or is it split up into flats or bedsitters?</p> <p>ii) How many of those flats/ bedsitters are occupied at the present time?</p>	<p>NUMBER OF OCCUPIED UNITS <input type="text"/> ANSWER Q5</p> <p>No contact made with any adult 23 END</p> <p>Information refused 24 END</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. INTERVIEWER SUMMARY:

CODE:	1 unit only	A GO TO Q11
	2-12 units	B GO TO Q6
	13+ units	C GO TO Q8

IF 2-12 UNITS
 6 LIST ALL OCCUPIED DWELLING UNITS AT ADDRESS

- in flat/room number order (if possible)
- OR ■ from bottom to top of building, left to right, front to back

DWELLING UNIT	'DU' CODE	DWELLING UNIT	'DU' CODE
	01		07
	02		08
	03		09
	04		10
	05		11
	06		12

IF 2-12 UNITS
 7 LOOK AT SELECTION LABEL ON PAGE 1

- i) "DU" ROW - find number corresponding to total number of "DUs"
- ii) "SELECT ROW" - number immediately below total number of DUs is SELECTED DU CODE - RING ON GRID ABOVE
- iii) GO TO Q9 AND ENTER CODE OF SELECTED DU.

IF 13+ UNITS
 8 LOOK ON BACK PAGE OF PROJECT INSTRUCTIONS FOR DU CODE OF SELECTED DU

9 IF MORE THAN ONE UNIT
 ENTER DU CODE OF SELECTED DU

10 RECORD FLAT NUMBER/DETAILS OF LOCATION OF SELECTED UNIT

ALL
 11 ESTABLISH NUMBER OF HOUSEHOLDS COVERED BY ADDRESS/SELECTED DWELLING UNIT

NUMBER OF HOUSEHOLDS
 IF MOI = 1, NUMBER OF HOUSEHOLDS AT ADDRESS
 IF MOI > 1, NUMBER OF HOUSEHOLDS AT SELECTED DWELLING UNIT

NUMBER OF HOUSEHOLDS

No contact with anyone at address

Contact made at address but all information refused

<input type="text"/>	GO TO Q12
21	END
22	

12 LIST ALL HOUSEHOLDS COVERED BY ADDRESS/SELECTED DWELLING UNIT

- Always start with any already covered in postal screen (see label).
- Order remainder in flat/room number order QR from bottom to top, left to right front to back

TICK BOX TO SHOW ANY HOUSEHOLD ALREADY COVERED IN POSTAL SCREEN

Household No. (RING)	Location within Address	TICK IF COVERED BY POST
1	_____	<input type="checkbox"/>
2	_____	<input type="checkbox"/>
3	_____	<input type="checkbox"/>
4	_____	<input type="checkbox"/>
5	_____	<input type="checkbox"/>
6	_____	<input type="checkbox"/>

Non-response sift form – *continued*

13a) **ATTEMPT INTERVIEW WITH RESPONSIBLE ADULT AT EACH HOUSEHOLD LISTED AT Q12 (UNLESS ALREADY COVERED BY POST). SHOW OUTCOME FOR ALL HOUSEHOLDS BELOW. (IF MORE THAN 6 HHs USE SPARE ARF)**

RING HOUSEHOLD NUMBER	1	2	3	4	5	6
(Household already covered in postal screen)	90	90	90	90	90	90
Interview achieved with responsible adult	AA→b)	AA→b)	AA→b)	AA→b)	AA→b)	AA→b)
<u>No interview achieved</u>						
- no contact	71	71	71	71	71	71
- refusal	72	72	72	72	72	72
- ill - at home (no substitute possible)	75	75	75	75	75	75
- away/in hospital (no substitute possible)	76	76	76	76	76	76
- senile/incapacitated (no subst possible)	77	77	77	77	77	77
- language problems	78	78	78	78	78	78
- other (SPECIFY)	79	79	79	79	79	79
IF PRODUCTIVE SUMMARY CODE:						
b) <u>Full interview</u>						
- One or more HH members aged 65+	51	51	51	51	51	51
- No HH member aged 65+	52	52	52	52	52	52
<u>Partial interview</u>						
- One or more HH members aged 65+	53	53	53	53	53	53
- Unclear if any aged 65+	54	54	54	54	54	54
- None aged 65+	55	55	55	55	55	55

125
6

REMEMBER TO ENTER HOUSEHOLD NUMBER ON THE FRONT OF ALL QUESTIONNAIRES USED AT MULTI-HOUSEHOLD ADDRESSES.

Letter to public health directors



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of
Department of Health,
Ministry of Agriculture,
Fisheries and Food

Dear <INFILL A >

NATIONAL DIET AND NUTRITION SURVEY
People aged 65 years or over

I am writing to inform you that we are about to conduct a survey of diet and nutrition in the <INFILL B > area. We have been asked to undertake this study by the Department of Health (DH) and the Ministry of Agriculture, Fisheries and Food (MAFF). The study forms part of a National Diet and Nutrition Survey Programme among different groups of the population. The survey will cover individuals aged 65 or over - both those living in private households and those resident in homes for older people. Participation in the survey is entirely voluntary. Fieldwork will take place between <INFILL C > and will be carried out by trained interviewers and qualified nurses.

The survey collects demographic, socio-economic and lifestyle information and measures people's nutrient intake by means of a food diary. We are also using qualified nurses to take anthropometric and blood pressure measurements and to collect blood and urine samples. The fieldwork is being co-ordinated by Social and Community Planning Research, an independent research institute, in collaboration with University College, London. Nutritional scientists at the Medical Research Council Dunn Nutrition Unit in Cambridge are also part of the survey team.

Approval from the appropriate NHS Local Research Ethics Committee district has been obtained for the survey, including the blood sample collection and storage of residue blood for future analyses. The information provided by the survey respondents will, of course, be treated in the strictest confidence. No-one outside our team will know the names and addresses of the individuals and institutions taking part. All results will be released as statistical reports in which names will never be revealed.

As with all our surveys, interviewers are instructed to register at local police stations in all areas they work in, leaving copies of leaflets about the survey and their car registration numbers. The local Chief Constable and Director of Social Services have also been informed.

I enclose two leaflets, intended for survey respondents, which explain the survey in greater detail. If you have any queries, please do not hesitate to contact me or Camilla Chaudhary on 0171 250 1866.

Yours sincerely

Steven Finch
Project Manager

SCPR
100 Kings Road
Brentwood
Essex CM4 4BD

Contact Tel No. 0171 250 1866

P1403/ADLET.DPH



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of
Department of Health,
Ministry of Agriculture,
Fisheries and Food

Dear

NATIONAL DIET AND NUTRITION SURVEY

A member of your household was kind enough to help us by providing details about the ages of the people living in your household. Your reply, and the replies we have received from people all over the country, have enabled us to select people in each age group whom we would like to interview for this very important survey. It is about the kind of foods people eat and their health.

Although there is a lot of publicity about this subject, in newspapers and magazines and on television and radio, not nearly enough is known about the relationship between diet and health, particularly among older adults. This research will add greatly to doctors' and scientists' understanding and will help those responsible for ensuring our food supply and those involved in health planning. It should eventually help lead to improvements in people's health and well-being.

We hope very much that you will take part in the survey. In the next few weeks a trained interviewer from Social and Community Planning Research (SCPR) will call on you at home to explain the survey in detail, so you need not do anything until then. The interviewer will show you his or her SCPR identity card which has a photograph.

SCPR is an independent research institute and we have been asked to undertake this survey by two government departments, the Department of Health and the Ministry of Agriculture, Fisheries and Food. Doctors and nutritional scientists at University College London Medical School and the MRC Dunn Nutrition Unit in Cambridge are also part of the survey team.

As we explained in our earlier letter, in all our surveys we rely on people's voluntary cooperation. All information you give will be treated in strict confidence. It will be used for research purposes only and no-one outside the research team will know the names and addresses of those taking part. All results will be released as statistical reports in which the names of individuals will never be revealed.

We look forward to your participation in the study and thank you for your help. If you would like further information or would prefer to be telephoned to arrange an appointment for the interviewer to call, please do not hesitate to contact me or Steven Finch on the number below.

Yours sincerely

Dr. Patten Smith
Research Director

SCPR
100 Kings Road
Brentwood
Essex
CM4 4BD Contact Tel. No. 071 250 1866

P1403/Ad Let (FL)



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of
Department of Health,
Ministry of Agriculture,
Fisheries and Food

October-December 1994

NATIONAL DIET AND NUTRITION SURVEY People aged 65 years or over

The Government has decided to commission a survey about the different kinds of food people eat and how this affects their health. Although there is a lot of publicity about this subject, in newspapers and magazines and on television and radio, not nearly enough is known about the relationship between diet and health, particularly among older adults. This research will add greatly to doctors' and scientists' understanding of it and should eventually help lead to improvements in people's health and well-being.

For this survey interviewers from Social and Community Planning Research (SCPR) are visiting a number of residential and nursing homes and are selecting a sample of residents using a strictly random method.

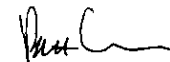
You are one of those who has been selected, and we very much hope that you will agree to be interviewed by the trained interviewer who handed you this letter. The interviewer will have shown you an SCPR identity card which has a photograph on it to show you that he or she is genuine.

SCPR is an independent research institute and we have been asked to undertake this survey by two government departments, the Department of Health and the Ministry of Agriculture, Fisheries and Food. Doctors and nutritional scientists at University College London Medical School and the Medical Research Council Dunn Nutrition Unit in Cambridge are also part of the survey team.

In all our surveys we rely on people's voluntary cooperation. All information you give will be treated in strict confidence. It will be used for research purposes only and no-one outside the research team will know the names and addresses of those taking part. All results will be released as statistical reports in which the names of individuals will never be revealed.

We look forward to your participation in the study and thank you for your help. If you would like any further information, please do not hesitate to contact me or Steven Finch on the number below.

Yours sincerely


Dr. Patten Smith
Research Director

SCPR
100 Kings Road
Brentwood
Essex
CM4 4BD Contact Tel. No. 071 250 1866

P1403 instr.ms



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Unit, Cambridge

On behalf of:
Department of Health
Ministry of Agriculture,
Fisheries and Food

The National Diet and Nutrition Survey: PEOPLE AGED 65 OR OVER

*T*his survey is being carried out by SCPR (Social and Community Planning Research), the Department of Epidemiology and Public Health at UCL (University College London) and the MRC Dunn Nutrition Unit in Cambridge for the Department of Health and the Ministry of Agriculture, Fisheries and Food.

This leaflet tells you about the survey and why it is being done.

Contact address:
Steven Finch
SCPR
35 Northampton Square
London EC1V 0AX

P1403/L1

DESCRIPTION OF THE SURVEY

Over the past 20 years or so there has been a considerable increase in the range of foods available in the shops, and for many people, this has meant changes in the kinds of foods they eat. We have been asked to carry out a large national survey, to find out, in detail, about the eating habits of people aged 65 years or over in Britain. The survey will also collect information about the people themselves, including some physical measurements such as their height and weight, and their blood pressure. They will also be asked to provide a sample of urine and a sample of blood for analysis. The information gained from these measurements, together with information about the foods they eat, will help provide a better understanding about the relationship between diet and health amongst those aged 65 or over. The physical measurements and the urine and blood samples will be taken by fully trained nurses.

Eventually, the results of this survey will help us to understand better the relationship between diet and health and will, indirectly, lead to improvements in the physical well being and quality of health of older people.

■ *Who will take part?*

To visit every household in the country would take too long and cost far too much money. Therefore we have selected a sample of addresses from the Post Code Address File. The Post Code Address File is compiled by the Post Office and lists all the addresses to which mail is sent. We sent a letter to each selected address asking for the details of the age and sex of everybody living there. We chose those addresses in such a way that it gave everyone the same chance of being selected. From the replies we were able to tell which households contained a person aged 65 or over, and from these we selected a sample to be interviewed. Your household is one of those chosen to be interviewed.

Some people think that they are not typical enough to be of any help in a survey, or that they are very different from other people and, therefore, would distort the findings. The important thing to remember is that the community consists of a great many different types of people and families and we need to represent them all in our sample survey. It will, therefore, be much appreciated if everyone we approach agrees to take part.

■ *Who will visit you?*

A professional interviewer will visit you to collect information about your eating habits. All interviewers are fully trained and carry identity cards.

A fully qualified nurse will also visit to take physical measurements and to take a sample of blood and urine.

■ *Is the survey confidential?*

Yes. We take very great care to protect the confidentiality of the information we are given. The survey results will not be in a form which can reveal your identity. This will only be known to the SCPR/UCL and MRC Dunn research teams.

■ *Is the survey compulsory?*

No. In all our surveys we rely on voluntary cooperation. The success of the survey depends on the goodwill and cooperation of those asked to take part. The more people who do take part the more representative and accurate the results will be. However, you are free to withdraw from any part of the survey at any time.

■ *Do I get anything from the survey?*

As a token of our appreciation for your help, we are giving each survey participant £10 providing the food diary has been kept in full.

If you wish, you may have a record of your physical measurements and blood pressure. Also, if you wish, results from your blood pressure measurements and from your blood sample will be sent to your GP who will be able to interpret them for you and give you advice if necessary.

Other benefits from the survey will be indirect and in due course will come via improvements in diet and in health services resulting from the survey findings.

■ *What will happen next?*

After the interview which will last about an hour, the interviewer will, if you agree, ask you to record everything you eat and drink for four days in the diary specially provided. The interviewer will help you do this if necessary. Also, if you agree, the interviewer will arrange for a qualified nurse to visit you at your convenience. The nurse will measure your blood pressure, your height, your weight, the length of your arm, your waist, hip and arm circumferences, the strength of your grip and your eye-sight. With your permission the nurse will also take blood and urine samples. The analysis of all the measurements and the blood and urine samples will tell us a great deal about the health of the population aged 65 or over. Finally, if you agree, a dentist will visit you and carry out an inspection of your mouth and dentures (if you have any).

We hope that this leaflet answers some of the questions you might have and that it shows the importance of the survey. If you have any questions please do not hesitate to contact:

Steven Finch
SCPR
35 Northampton Square
London
EC1V OAX
071 250 1866

Your cooperation would be very much appreciated.



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Unit, Cambridge

On behalf of:
Department of Health
Ministry of Agriculture,
Fisheries and Food

**The National Diet and Nutrition Survey:
PEOPLE AGED 65 OR OVER**

This survey is being carried out by SCPR (Social and Community Planning Research), the Department of Epidemiology and Public Health at UCL (University College London) and the MRC Dunn Nutrition Unit in Cambridge for the Department of Health and the Ministry of Agriculture, Fisheries and Food.

This leaflet tells you more about the measurements we are taking and the blood and urine samples.

Contact address:
Steven Finch
SCPR
35 Northampton Square
London EC1V 0AX

P1403/L2.2

THE PHYSICAL MEASUREMENTS

1. Blood Pressure

High blood pressure and low blood pressure can be health problems. However, at present not enough is known about the normal range of blood pressure levels for people aged 65 or over. This survey will considerably increase our knowledge about this.

2. Height, Weight and Other measurements

What people eat affects their weight, so we are interested in measuring your weight in this survey. By itself though, weight would be of limited use, because taller people will probably weigh more anyway. We therefore need to know about weight in relation to size - including height, and also waist, hip and arm measurements.

We are also interested in measuring muscle strength in your hands and your eyesight, to investigate how these are related to diet.

3. Blood Sample

We would be very grateful if you would agree to provide us with a sample of your blood. This is a very important part of the survey as the analysis of all the blood samples will tell us a lot about the health of those aged 65 or over. You are, of course, free to choose not to give a blood sample. This part of the survey involves a qualified nurse taking a sample of blood from your arm. The blood sample will be sent to a medical laboratory to measure the amounts of the following: haemoglobin and blood cell counts, blood lipids such as cholesterol, vitamin levels, some important minerals such as iron, and certain proteins which reflect vital processes, such as kidney function.

This is to find out whether the vitamins and minerals in your diet are adequate to provide a reserve in your blood. They will also give information about your health, such as cholesterol levels, nutrients related to bone health and anaemia.

The sample will not be tested for viruses such as HIV/AIDS.

4. *Urine Sample*

We would be most grateful if you would collect a small sample of your urine in the container specially provided. This will give invaluable information on the level of salt in your diet - it is the simplest way to measure this.

5. *Letting your doctor know the results*

You will be informed of your blood pressure and blood sample results.

We would also like your permission to send these results to your doctor because we believe this may help you to take steps to keep in good health or to improve your health. Your doctor can interpret the results in the light of your medical history and discuss these with you.

If your doctor considers the results to be satisfactory then you will be reassured that nothing needs to be done as a result of these tests.

If your results showed, for example, that your blood pressure or cholesterol levels are above what is usual for someone of your age, your doctor may wish to discuss the results with you. This will help your doctor decide whether you have any condition which would benefit from advice or treatment.

6. *Implications for insurance cover*

If you agree to your results being sent to your doctor then he/she may wish to include them in your medical records. If so, the results obtained from this survey will be treated in exactly the same way as any other information held in your medical records. This may involve using the information in medical reports about you. Insurance companies may ask those who apply for new policies if they have had any medical tests. If so, the insurance company may ask if they can obtain a medical report from the doctor. Because of the Access to Medical Reports Act 1988 an insurance company cannot ask your doctor for a medical report on you without your permission.

7. *Are the measures compulsory?*

In all our surveys we rely on voluntary cooperation, which is essential if our work is to be successful. The measurements and the blood sample are particularly important parts of this survey, as from these results we can find out much more about the health of people aged 65 or over than would be possible with just the information about their diet.

8. *Further information*

We hope this leaflet answers some of the questions you might have and that it shows the importance of the survey. If you have any other questions please contact:

Steven Finch
SCPR
35 Northampton Square
London
EC1V 0AX

0171 250 1866



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P. 1403

1994-5

NATIONAL DIET AND NUTRITION SURVEY
People aged 65 years or over

Introduction for Heads of Residential and Nursing Homes

This document explains the purpose of this survey and what information we are seeking to collect. If you require any further information please do not hesitate to ask our interviewer or phone one of the numbers provided at the end of this document.

The purpose of the survey

The survey has been commissioned by the Ministry of Agriculture, Fisheries and Food and the Department of Health as part of a programme of surveys to provide information on which to base decisions about public health, and to monitor the nutrition of the population. This particular survey focuses on the relationship between diet and health of those aged 65 and over. Although there is a lot of publicity about this subject, in newspapers and magazines and on television and radio, not nearly enough is known about the relationship between diet and health. This is particularly true for older adults for whom the last survey of this kind was conducted over 20 years ago. The results of the survey will improve understanding of the relationship between diet and health in this age group and so will, indirectly, help lead to improvements in the physical well being and health of older people.

Who will conduct the survey?

The survey is being carried out by SCPR (Social and Community Planning Research), an independent research institute, in conjunction with doctors and nutritional scientists at the Department of Epidemiology and Public Health at UCL (University College London) and the Medical Research Council Dunn Nutrition Unit in Cambridge. A professional interviewer from SCPR will collect information about the eating habits of up to three residents who will be selected by a random method. A fully qualified nurse will also visit to take measurements of height, weight and blood pressure, to take a sample of blood and to collect a urine sample.

Who will take part?

Research among residents at residential and nursing homes is a vital part of the survey. Your institution is one of a randomly selected sample of such homes. The interviewer will select a sample of up to three of your residents to be included in the survey, by a random method. (By 'residents' we mean everyone who is cared and provided for by your institution - it does not include care staff or their families even if they live at the address). As you will appreciate, it is vital for the accuracy of the research that we are able to include all selected institutions and residents in the survey. In some cases where a selected resident is very mentally or physically incapacitated we may attempt to obtain proxy information about them, rather than exclude them which would lead to a biased sample. Our interviewers will also ask for some information from the person responsible for food provision at your institution.

The survey procedures

The survey procedures have been approved by the NHS Local Research Ethics Committees in your area and are summarized below for your reference. These procedures are designed to be sensitive to the difficulties of collecting information from residents who are frail and much of the work will be undertaken by a trained nurse.

In order to select residents at random for the survey the interviewer will seek to make separate lists of the initials of all males and females aged 65 and over who are residents at your institution. Residents' initials will be entered onto a grid in order to make a random selection of up to three individuals.

The interviewer will then seek to contact the selected residents to explain the survey and to seek their consent to participate. Once consent is obtained the interviewers will make a series of calls in order to administer the following:

- A questionnaire which covers the resident's eating habits, health and activities and will take about an hour to complete in total.
- A 4-day Food Intake Diary. Completion of this entails recording all the food and drink consumed by each selected resident over a 4-day period. The interviewer will make return calls at selected meal-times over the four days in order to weigh some meals.
- 'Food Provider's Questionnaire'. This needs to be completed with a person who is responsible for food provision at your institution, such as the Cook.
- A 7-day record of the number of bowel movements

The interviewer will also arrange for a nurse to make a series of visits to do the following:

- A blood pressure measurement
- Anthropometric measurements (weight, height, demi-span (arm length), arm, waist and hip circumferences)
- A visual acuity (eyesight) test.
- Collect a urine sample
- Take a blood sample
- Arrange for a dental examination to be undertaken by a qualified dentist.

The urine and blood samples will be analyzed to show the resident's nutritional status. The nurse will have experience of taking blood samples from this age group. No more than 30ml will be taken from any resident, and no more than two attempts will be made to obtain blood, if any difficulties are encountered at the first attempt.

Obtaining consent

With the resident's consent their GP will be informed of their participation in the survey. Written and witnessed consent will be sought for the blood sample. Written consent will also be sought to permit the Dunn Nutrition Unit to inform each resident's doctor of the blood and blood pressure results and to pass the resident's name to the NHS Central Register so that further medical details can be obtained in the future. In cases where a resident is mentally ill or confused proxy consent will be sought from the next of kin or, in the event of there being no identifiable next of kin, from the carer who is normally responsible for the resident.

Confidentiality

Great care is taken to protect the confidentiality of all information collected during the survey. No-one outside the survey team will know the names of the individuals or the institution where they are resident. The results will only be released as statistical reports in which individuals and the institutions they live in will not be identifiable.

Queries

We are most grateful for you and your staff's assistance with this important survey. If you have any queries about the survey please do not hesitate to contact me or Steven Finch at SCPR or the Survey Doctor, using the addresses or telephone numbers given below.

Dr. Patten Smith
Research Director

SCPR
35 Northampton Square
London
EC1V 0AX


Tel: 071 250 1866

Dr Michael Whitelaw
Survey Doctor

c/o: The Survey Office
Dunn Nutrition Unit
Downhams Lane
Milton Road
Cambridge
CB4 1XJ

Tel: 0223 420959

Address record form, free-living



Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
 Department of Health,
 Ministry of Agriculture,
 Fisheries and Food

PEOPLE AGED 65 OR OVER
P1403 NATIONAL DIET AND NUTRITION SURVEY 1995
PEOPLE AGED 65 OR OVER
ADDRESS RECORD FORM (ARF): FREE LIVING SAMPLE

A.

AFFIX ADDRESS/SERIAL NUMBER LABEL HERE

Location details: _____

SN 121-3

CH 106-7

Part 106-9

Form 110

Telephone number: Interviewer name:

... and number: WT 111-4

Confirmation of Incentive Receipt
 I confirm that I have received £10 for completion of the food diary
 Signed _____ Date _____ 117

CALLS RECORD (Note all calls, even if no reply) TMC 118-9

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
1901 or later	5	5	5	5	5	5	5	5	5	5	5	5

DATE:

i) Day (Mon = 1, Tues = 2 etc)

ii) Date

iii) Month

EXACT TIME OF CALL (24 hour clock)

RING IF CALL WAS A DIARY CHECKING CALL:

01	02	03	04	05	06	07	08	09	10	11	12
----	----	----	----	----	----	----	----	----	----	----	----

NOTES:

2

C. OUTCOMES

C1. IS THIS ADDRESS TRACEABLE, RESIDENTIAL AND OCCUPIED?

Yes **A GO TO C3**

No **B ANSWER C2**

C2. IF NO AT C1 Why not?

Insufficient address

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)

Other (please give details) _____

01*

02*

03*

04*

05* ⁰⁰ to

06* E

07*

08*

C3 RECORD OUTCOME OF ATTEMPT TO CONDUCT MAIN INTERVIEW AND ADMINISTER FOOD DIARY BELOW:

PROXIES = PRODUCTIVES Full interview:

- Food diary for full 4 days 51 **GO TO C6**
- Food diary, but less than full 4 days 52 **GO TO C5**
- Food diary unproductive 53

Partial interview:

- Food diary for full 4 days 54 **GO TO C6**
- Food diary, but less than full 4 days 55 **GO TO C5**
- Food diary unproductive 56

No interview:

- no contact 61
- personal refusal 62
- proxy refusal 63
- broken appointment 64
- ill at home 65
- ill - in hospital 66
- away from home 67 **GO TO C4**
- demented/mentally incapacitated (and no proxy possible) 68
- physically incapacitated (and no proxy possible) 69
- inadequate English 70
- sample member has moved home 71
- sample member died 72
- other reason (SPECIFY) _____ 73

3

C4. IF NOT INTERVIEWED (CODES 81-73 AT C3)
GIVE FULL DESCRIPTION OF REASON

GO TO PART E

C5. IF DIARY LESS THAN FULL 4 DAYS OR UNPRODUCTIVE
GIVE FULL DESCRIPTION OF REASON:

C6a) IF INTERVIEWED (CODES 51-56 AT C3a)
INTERVIEWER CODE:

Full main interview	1	GO TO c)
Partial main interview	2	GO TO b)

b) IF MAIN INTERVIEW PARTIAL, GIVE FULL DESCRIPTION OF REASON:

c) CODE: WHO WAS MAIN INTERVIEW RESPONDENT?

Sample member	1	GO TO C7
Proxy (SPECIFY RELATIONSHIP TO SAMPLE MEMBER)	2	GO TO d)

d) IF INTERVIEWED BY PROXY GIVE REASON FOR PROXY

ill at home for whole field period	1
Away/in hospital for whole field period	2
Demented/mentally incapacitated	3
Physically incapacitated	4
Other reason (SPECIFY) _____	5

4

C7a) IF INTERVIEWED
WAS FOOD DIARY COMPLETED BY SAMPLE MEMBER OR
A PROXY?

Sample member	1	GO TO C8
Proxy	2	GO TO b)
(No food diary)	3	GO TO C8

IF PROXY

b) GIVE REASON WHY PROXY COMPLETED FOOD DIARY

- ill	1
Demented/mentally incapacitated	2
Physically incapacitated	3
Other reason (SPECIFY) _____	4

C8a) RECORD BOWEL MOVEMENT (BM) SHEET OUTCOME:

BM Sheet completed for full 7 days:

- by sample member	1
- by proxy	2

BM Sheet completed, but for less than 7 days:

- by sample member	3
- by proxy	4

BM Sheet refused

1

BM Sheet not completed for another reason

6

b) GIVE REASONS WHY BM SHEET NOT COMPLETED (FOR FULL 7 DAYS)

5

C9a) RECORD FINAL VISIT QUESTIONNAIRE (FVQ) OUTCOME:

<u>FVQ interview productive:</u>		
- sample member	1	GO TO C10
- proxy	2	
<u>FVQ interview refused</u>	3	GO TO b)
<u>FVQ interview unproductive for another reason</u>	4	

b) GIVE REASON WHY FVQ INTERVIEW UNPRODUCTIVE

C10a) RECORD MEMORY QUESTIONNAIRE OUTCOME:

Productive with sample member		
Sample member refused	1	GO TO C11
Unproductive for another reason	2	GO TO b)
	3	

b) GIVE REASON WHY MEMORY QUESTIONNAIRE UNPRODUCTIVE

C11a) RECORD SELF COMPLETION BOOKLET OUTCOME:

Productive with sample member		
Sample member refused	1	GO TO C12
Unproductive for another reason	2	GO TO b)
	3	

b) GIVE REASON WHY SELF COMPLETION BOOKLET UNPRODUCTIVE

6

C12a) **NURSE VISIT INTRODUCTION**

INTRODUCE NURSE VISIT (A SUGGESTED INTRODUCTION IS PROVIDED FOR YOU BELOW) AND RECORD OUTCOME

SUGGESTED INTRODUCTION:

This survey falls into 2 main parts. So far you have been helping me with the first part. We hope that you will also help us with the second part - not now but in a few days time. This second part will be carried out by a qualified Nurse. The nurse would like to ask you some more questions and with your permission carry out some more measurements (IF ASKED: blood pressure, your height, weight and other body measurements, a urine sample and a blood sample).

The nurse would make two visits. I shall accompany her/him on the first of these to introduce her/him to you.

EXPLAIN THAT THE NURSE IS THE BEST PERSON TO DESCRIBE WHAT HER/HIS VISIT WILL BE ABOUT AND THAT SAMPLE MEMBER IS NOT COMMITTED TO GIVING MEASUREMENTS IF HE/SHE AGREES TO SEE NURSE. HE/SHE (PROXY) CAN DECIDE AT THE TIME. THE NURSE WILL EXPLAIN THE MEASUREMENTS AND ASK FOR SEPARATE PERMISSION TO CARRY OUT EACH ONE.

IF VISIT ACCEPTED: TELL SAMPLE MEMBER (PROXY) WHEN YOU WILL VISIT WITH NURSE. TRY TO FIND A TIME WHEN A WITNESS WILL BE AVAILABLE TO SIGN CONSENT FORMS. NOTE THIS TIME ON NURSE RECORD FORM AND INFORM NURSE.

ENCOURAGE SAMPLE MEMBER (ASK PROXY TO ENCOURAGE SAMPLE MEMBER) TO WEAR LOOSE FITTING SHORT SLEEVED SHIRT FOR NURSE VISIT.

RECORD NURSE VISIT INTRODUCTION OUTCOME BELOW AND ON FRONT COVER OF NURSE RECORD FORM (AT 1a). IF NURSE VISIT AGREED RECORD APPOINTMENT DETAILS ON FRONT COVER OF NURSE RECORD FORM (AT 1b). THEN SEND NURSE RECORD FROM TO NURSE.

NURSE VISIT INTRODUCTION OUTCOME:

Nurse visit accepted		
Nurse visit refused	1	GO TO C13
	2	GO TO b)

b) GIVE FULL REASON WHY NURSE VISIT REFUSED (CODE 2 AT C12a)

C13a) **FVQ CONSENT QUESTIONS/DENTAL CONSENT FORM: RECORD WHETHER CONSENTS SOUGHT FROM THE RESPONDENT OR FROM A PROXY.**

Consents sought from respondent him/herself (FVQ consent questions to be used)	1 GO TO C14
Consents sought from a proxy (Dental Consent Form to be used)	2 GO TO b)

b) **IF CONSENTS SOUGHT FROM PROXY: RECORD DETAILS BELOW.**

Proxy is close relative:

- Local, contacted by me	1
- Not local, to be contacted by office	2
- details unavailable/refused	3

Proxy is principal carer (there is no close relative) 4

C14a) **IF INTERVIEWED CHECK: ARE NAME, SEX AND AGE CORRECTLY AND FULLY RECORDED ON LABEL?**

Yes	1 GO TO C15
No	2 GO TO b)

b) **IF NO ENTER CORRECT DETAILS**

i) Full Name: _____

ii) Sex: Male 1
Female 2

iii) Age: years

C15. **RECORD TIME SPENT WITH RESPONDENT:**

Session 1	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 2	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 3	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 4	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 5	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 6	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 7	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 8	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 9	<input style="width: 60px; height: 20px;" type="text"/>	minutes
Session 10	<input style="width: 60px; height: 20px;" type="text"/>	minutes
TOTAL TIME	<input style="width: 60px; height: 20px;" type="text"/>	minutes

ALL

D. **WHETHER MOVERS**

D1. **INTERVIEWER CHECK C3 AND CODE:**

Sample member has moved home (CODE 71)	1 GO TO D2
All others	2 GO TO PART E

D2. **IF MOVED RECORD NEW ADDRESS AND TELEPHONE NUMBER BELOW**

Address: _____

Postcode: _____

Telephone: _____

D3. **CODE:**

Address is institution	1 GO TO PART E
Address is private residential	2 GO TO D4
Unclear	3 CONTACT OFFICE

D4. **IF ADDRESS LOCAL: COPY INFORMATION ON LABEL AND PART A OF ARF ONTO BLUE ARF, REPLACING ADDRESS WITH NEW ADDRESS GIVEN AT D2. THEN FOLLOW UP.**

IF ADDRESS NOT LOCAL: RETURN ARF TO OFFICE.

E. DUNN NUTRITION LABORATORY SUMMARY CARD (INTERVIEWERS)

FOR ALL OUTCOMES: COMPLETE AND POST SAMPLE MEMBER'S CARD IMMEDIATELY AFTER YOU HAVE MADE YOUR FINAL DATA COLLECTION VISIT OR HAVE OBTAINED SOME OTHER FINAL OUTCOME (eg. DEADWOOD, REFUSAL)

IF OUTCOME CODES 61-73: ALSO CODE 91 ON FRONT COVER OF NURSE RECORD FORM AND SEND IT TO THE NURSE

Age: _____

Initials: _____

Sex: M 1

F 2

C3 OUTCOME CODE:

C12a) Nurse visit introduction outcome code:

AFFIX SERIAL NUMBER LABEL HERE

Institution record form – *continued*

C OUTCOMES		PENG FINAL OUTCOME CODE
C1a)	RECORD OUTCOME OF ATTEMPT TO CONTACT ADDRESS:	
	Contact made	AA GO TO b)
	No trace of address (call office before returning)	11
	Premises vacant/deserted (no trace of institution)	12 GO TO PART D
	Premises known to have been demolished	13
b)	IF CONTACT MADE, RECORD OUTCOME OF ATTEMPT TO CONTACT INSTITUTION:	
	Institution located at label address	BB GO TO C2
	Institution moved premises/information on new address	14 GO TO c)
	Institution moved premises/no trace of new address	15
	Institution known to be no longer in existence	16
	Institution not at label address (no further information available)	17 GO TO PART D
	Other reason for ineligibility (SPECIFY) _____	18
c)	IF INSTITUTION HAS MOVED AND INFORMATION IS AVAILABLE ABOUT NEW ADDRESS, RECORD THIS INFORMATION ON FRONT PAGE AND FOLLOW-UP IF WITHIN INTERVIEW AREA, OTHERWISE RETURN IRF TO OFFICE.	
C2.	RECORD OUTCOME OF ATTEMPTS TO GET CO-OPERATION FROM HEAD OF INSTITUTION (OR PERMITTED SUBSTITUTE):	
	Co-operation obtained	CC GO TO C3
	Refused by Head of Institution	31
	Refused by somebody else	32
	Claimed prior refusal to office	33
	Not available (no reason given, no substitute available)	34 GO TO PART D
	Broken appointment, no recontact possible	35
	Ill for duration of survey (no substitute available)	36
	Away for duration of survey (no substitute available)	37
	Other unproductive (SPECIFY) _____	38

C3.	INTRODUCE SURVEY. OBTAIN FOLLOWING DETAILS OVER 'PHONE OR IN PERSON IF NECESSARY.	
a)	ESTABLISH TYPE OF INSTITUTION:	
	Registered Residential home	1
	Registered Nursing home	2
	Dual registration home	3
	Other (SPECIFY) _____	4
b)	ESTABLISH WHO RUNS INSTITUTION:	
	Local authority	1
	Housing association	2
	Charity	3
	Private organisation	4
	Other (SPECIFY) _____	5
C4.	ESTABLISH:	
a)	- Total number of residents:	[][][][]
b)	- Total number of residents aged 65 or over:	[][][][]
c)	- Total number of males aged 65 or over:	[][][][]
d)	- Total number of females aged 65 or over:	[][][][]
CHECK ABOVE NUMBERS TO ENSURE THAT b) = c) + d)		

C5. NOW LIST OUT INITIALS OF ALL MALES AGED 65 OR OVER BELOW PREFERABLY IN ALPHABETICAL OR ROOM NUMBER ORDER ALLOCATING EACH A 3 DIGIT SAMPLE SELECTION NUMBER. (IF A LIST IS AVAILABLE FROM THE INSTITUTION YOU MAY NUMBER THIS INSTEAD AND ATTACH IT TO THE IRF).

MALES AGED 65 OR OVER

Sample selection number	Initials	Sample selection number	Initials	Sample selection number	Initials
001		034		067	
002		035		068	
003		036		069	
004		037		070	
005		038		071	
006		039		072	
007		040		073	
008		041		074	
009		042		075	
010		043		076	
011		044		077	
012		045		078	
013		046		079	
014		047		080	
015		048		081	
016		049		082	
017		050		083	
018		051		084	
019		052		085	
020		053		086	
021		054		087	
022		055		088	
023		056		089	
024		057		090	
025		058		091	
026		059		092	
027		060		093	
028		061		094	
029		062		095	
030		063		096	
031		064		097	
032		065		098	
033		066		099	

C6. NOW LIST OUT INITIALS OF ALL FEMALES AGED 65 OR OVER BELOW PREFERABLY IN ALPHABETICAL OR ROOM NUMBER ORDER ALLOCATING EACH A 3 DIGIT SAMPLE SELECTION NUMBER. (IF A LIST IS AVAILABLE FROM THE INSTITUTION YOU MAY NUMBER THIS INSTEAD AND ATTACH IT TO THE IRF).

FEMALES AGED 65 OR OVER

Sample selection number	Initials	Sample selection number	Initials	Sample selection number	Initials
001		034		067	
002		035		068	
003		036		069	
004		037		070	
005		038		071	
006		039		072	
007		040		073	
008		041		074	
009		042		075	
010		043		076	
011		044		077	
012		045		078	
013		046		079	
014		047		080	
015		048		081	
016		049		082	
017		050		083	
018		051		084	
019		052		085	
020		053		086	
021		054		087	
022		055		088	
023		056		089	
024		057		090	
025		058		091	
026		059		092	
027		060		093	
028		061		094	
029		062		095	
030		063		096	
031		064		097	
032		065		098	
033		066		099	

Institution record form - *continued*

C7a) **INTERVIEWER CHECK:**

Institution serial number on label is odd 1 GO TO b)
 Institution serial number on label is even 2 GO TO C8

IF ODD

b) SELECT TWO MALES AND ONE FEMALE USING SELECTION TABLE IN YOUR INSTRUCTIONS. RING SAMPLE SELECTION NUMBERS OF SELECTED PEOPLE IN LISTS (C5 AND C6).

c) RECORD SAMPLE SELECTION NUMBER AND FULL NAME OF SELECTED PERSONS BELOW. IDENTIFY THEIR 5 DIGIT SERIAL NUMBERS (INCLUDING PERSON NUMBER)

	Sample Selection Number	Full Name	SERIAL NUMBER	
			Inst. No. (from label)	Person No.
Males:				
	137-6			1
	140-7			2
Females:				
	133-3			3

NOW SKIP TO C9

IF EVEN

C8a) SELECT ONE MALE AND TWO FEMALES USING SELECTION TABLE IN YOUR INSTRUCTIONS. RING SAMPLE SELECTION NUMBERS OF SELECTED PEOPLE IN LISTS (C5 AND C6).

b) RECORD SAMPLE SELECTION NUMBER AND FULL NAME OF SELECTED PERSONS BELOW. IDENTIFY THEIR 5 DIGIT SERIAL NUMBERS (INCLUDING PERSON NUMBER)

	Sample Selection Number	Full Name	SERIAL NUMBER	
			Inst. No. (from label)	Person No.
Males:				
	144-8			1
Females:				
	145-1			2
	152-4			3

C9. ■ ENTER INITIALS OF EACH PERSON SELECTED IN GRID BELOW (SEE C7c/C8b) TO IDENTIFY PERSON NUMBERS).

■ THEN COMPLETE GRID FOR EACH PERSON.

Person Number:	1	2	3
	Initials:		
C10. RECORD OUTCOME OF ATTEMPT TO CONDUCT MAIN INTERVIEW AND ADMINISTER FOOD DIARY (PROXIES = PRODUCTIVES)			
Full Interview:			
- Food diary for full 4 days	51 → C13	51 → C13	51 → C13
- Food diary for less than full 4 days	52 } → C12	52 } → C12	52 } → C12
- Food diary unproductive	53 } → C12	53 } → C12	53 } → C12
Partial Interview:			
- Food diary for full 4 days	54 → C13	54 → C13	54 → C13
- Food diary for less than full 4 days	55 } → C12	55 } → C12	55 } → C12
- Food diary unproductive	56 } → C12	56 } → C12	56 } → C12
No Interview:			
- no contact	61	61	61
- personal refusal	62	62	62
- proxy refusal	63	63	63
- broken appointment	64	64	64
- ill - at institution	65	65	65
- ill - in hospital	66	66	66
- away from institution	67	67	67
- Demented/mentally incapacitated (and no proxy possible)	68	68	68
- physically incapacitated (and no proxy possible)	69	69	69
- inadequate English	70	70	70
- sample member has left institution	71	71	71
- sample member died	72	72	72
- other reason (SPECIFY)	73	73	73

C11. IF NOT INTERVIEWED (CODES 61-73 AT C10) GIVE FULL REASON:

PERSON NO.	INITIALS	FULL REASON
1		
2		
3		

C12. IF INTERVIEW, BUT DIARY LESS THAN FULL 4 DAYS, OR UNPRODUCTIVE (CODES 52, 53, 55 OR 56 AT C10), GIVE FULL REASON:

PERSON NO.	INITIALS	FULL REASON
1		
2		
3		

C13a) CODE: Person Number:

	1	2	3
Initials:			
Full main interview	1 → c	1 → c	1 → c
Partial main interview	2 → b	2 → b	2 → b
(No main interview)	3 → C14	3 → C14	3 → C14

b) IF MAIN INTERVIEW PARTIAL, GIVE FULL REASON:

PERSON NO.	INITIALS	FULL REASON
1		
2		
3		

C13c) IF INTERVIEWED (CODES 51-56 AT C10) CODE WHO WAS MAIN INTERVIEW RESPONDENT

Person Number:

	1	2	3
Initials:			
d) MAIN INTERVIEW RESPONDENT:			
- Sample member	1 → C14	1 → C14	1 → C14
- Proxy (SPECIFY RELATIONSHIP TO SAMPLE MEMBER)	2 → e)	2 → e)	2 → e)
(No interview)	3 → C14	3 → C14	3 → C14
e) RECORD REASON FOR PROXY:			
- Ill in institution	1	1	1
- Away/in hospital	2	2	2
- Demented/Mentally incapacitated	3	3	3
- Physically incapacitated	4	4	4
- Other reason (SPECIFY)	5	5	5

Institution record form – *continued*

		Person Number:		
		1	2	3
C14	Initials:			
a)	CODE WHO WAS FOOD DIARY RESPONDENT:			
	- Sample member	1 → C15	1 → C15	1 → C15
	- Proxy	2 → b)	2 → b)	2 → b)
	(No food diary)	3 → C15	3 → C15	3 → C15
b)	REASON FOR PROXY:			
	- Ill	1	1	1
	- Demented/mentally incapacitated	2	2	2
	- Physically incapacitated	3	3	3
	- Other (SPECIFY)	4	4	4
C15a	BOWEL MOVEMENT (BM) SHEET OUTCOME:			
	<u>BM sheet kept for 7 days:</u>			
	- by sample member	1 } C16	1 } C16	1 } C16
	- by proxy	2 } b)	2 } b)	2 } b)
	<u>BM Sheet kept for less than 7 days:</u>			
	- by sample member	3 } b)	3 } b)	3 } b)
	- by proxy	4 } b)	4 } b)	4 } b)
	<u>BM Sheet refused</u>	5 } b)	5 } b)	5 } b)
	<u>BM Sheet not completed for another reason</u>	6 } b)	6 } b)	6 } b)
b)	WHY WAS BM DIARY NOT COMPLETED (FOR FULL 7 DAYS)?			

		Person Number:		
		1	2	3
	Initials:			
C16a	FINAL VISIT QUESTIONNAIRE (FVQ):			
	<u>FVQ interview productive:</u>			
	- sample member	1 } C17	1 } C17	1 } C17
	- proxy	2 } b)	2 } b)	2 } b)
	<u>FVQ interview refused</u>	3 } b)	3 } b)	3 } b)
	<u>FVQ unproductive for another reason</u>	4 } b)	4 } b)	4 } b)
b)	GIVE REASON WHY FVQ INTERVIEW UNPRODUCTIVE?			
C17a	MEMORY QUESTIONNAIRE OUTCOME:			
	Productive with sample member	1 → C18	1 → C18	1 → C18
	Sample member refused	2 } b)	2 } b)	2 } b)
	Unproductive for another reason	3 } b)	3 } b)	3 } b)
b)	GIVE REASON WHY MEMORY QUESTIONNAIRE UNPRODUCTIVE			
C18a	SELF COMPLETION BOOKLET OUTCOME:			
	Productive with sample member	1 → C19	1 → C19	1 → C19
	Sample member refused	2 } b)	2 } b)	2 } b)
	Unproductive for another reason	3 } b)	3 } b)	3 } b)
b)	GIVE REASON WHY SELF COMPLETION BOOKLET UNPRODUCTIVE			

C19a) **NURSE VISIT INTRODUCTION OUTCOME:**

INTRODUCE NURSE VISIT (A SUGGESTED INTRODUCTION IS PROVIDED FOR YOU BELOW) AND RECORD OUTCOME.

SUGGESTED INTRODUCTION:

This survey falls into 2 main parts. So far you have been helping me with the first part. We hope that you will also help us with the second part - not now but in a few days time. This second part will be carried out by a qualified Nurse. The nurse would like to ask you some more questions and with your permission carry out some more measurements. (IF ASKED: blood pressure, your height, weight and other body measurements, a urine sample and a blood sample).

The nurse would make two visits. I shall accompany her/him on the first of these to introduce her/him to you. EXPLAIN THAT THE NURSE IS THE BEST PERSON TO DESCRIBE WHAT HER/HIS VISIT WILL BE ABOUT AND THAT SAMPLE MEMBER IS NOT COMMITTED TO GIVING MEASUREMENTS IF HE/SHE AGREES TO SEE NURSE. HE/SHE (PROXY) CAN DECIDE AT THE TIME. THE NURSE WILL EXPLAIN THE MEASUREMENTS AND ASK FOR SEPARATE PERMISSION TO CARRY OUT EACH ONE.

IF VISIT ACCEPTED: TELL EACH SAMPLE MEMBER (PROXY) WHEN YOU WILL VISIT WITH NURSE; TRY TO FIND A TIME WHEN A WITNESS WILL BE AVAILABLE TO SIGN CONSENT FORMS. NOTE THIS TIME ON NURSE RECORD FORM AND INFORM NURSE.

ENCOURAGE EACH SAMPLE MEMBER (ASK PROXY TO ENCOURAGE SAMPLE MEMBER) TO WEAR LOOSE FITTING SHORT SLEEVES SHIRT FOR NURSE VISIT.

RECORD NURSE VISIT OUTCOME FOR EACH PERSON BELOW AND ON FRONT COVER OF NURSE RECORD FORM. IF NURSE VISIT AGREED, ALSO RECORD APPOINTMENT DETAILS ON NURSE RECORD FORM.

SEND NURSE RECORD FORM TO NURSE WHEN OUTCOMES/APPOINTMENTS RECORDED FOR ALL SAMPLE MEMBERS.

NURSE VISIT INTRODUCTION OUTCOME:

Person number:	1	2	3
Initials:			
Nurse visit accepted:	1 → C20	1 → C20	1 → C20
Nurse visit refused:	2 → b)	2 → b)	2 → b)

C19b) **IF NURSE VISIT REFUSED (codes 2 AT C19a) GIVE FULL REASON:**

PERSON NO.	INITIALS	FULL REASON
1		
2		
3		

Institution record form - continued

C20. FVQ CONSENT QUESTIONS/DENTAL CONSENT FORM: RECORD WHETHER CONSENTS SOUGHT FROM THE RESPONDENT OR FROM A PROXY

Consents sought from respondent him/herself (FVQ consent questions to be used)

Consents sought from Proxy (Dental Consent Form to be used)

Person Number:	1	2	3
Initials:			
1 → C21.	1 → C21.	1 → C21.	
2 → b)	2 → b)	2 → b)	

b) IF CONSENTS SOUGHT FROM PROXY: RECORD DETAILS BELOW.

Person Number:	1	2	3
Initials:			
Proxy is close relative:			
- Local, contacted by me	1	1	1
- Not local, contacted by office	2	2	2
- Details unavailable/refused	3	3	3
Proxy is principal carer (there is no close relative)	4	4	4

C21. RECORD TOTAL TIME SPENT IN INSTITUTION

ENTER TIME IN MINUTES

Session 1

Session 2

Session 3

Session 4

Session 5

Session 6

Session 7

Session 8

Session 9

Session 10

TOTAL TIME

D. DUNN NUTRITION LABORATORY SUMMARY CARDS (INTERVIEWERS)

FOR ALL OUTCOMES: COMPLETE AND POST EACH SAMPLE MEMBER'S CARD IMMEDIATELY AFTER YOU HAVE MADE YOUR FINAL DATA COLLECTION VISIT OR HAVE OBTAINED SOME OTHER FINAL OUTCOME (eg. REFUSAL)

IF OUTCOME CODES 61-73: ALSO CODE 91 ON NURSE RECORD FORM

Age: _____ Initials: _____

C10 OUTCOME CODE: Sex: M 1

C19a) Nurse visit outcome code: F 2

P 1403 NDNS

AFFIX SERIAL NUMBER LABEL HERE

Age: _____ Initials: _____

C10 OUTCOME CODE: Sex: M 1

C19a) Nurse visit outcome code: F 2

P 1403 NDNS

AFFIX SERIAL NUMBER LABEL HERE

Age: _____ Initials: _____

C10 OUTCOME CODE: Sex: M 1

C19a) Nurse visit outcome code: F 2

P 1403 NDNS

AFFIX SERIAL NUMBER LABEL HERE



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403

NATIONAL DIET AND NUTRITION SURVEY

1995

MAIN QUESTIONNAIRE

SN 301-5
CN 306-7
BN 308-12

AFFIX SERIAL NUMBER
LABEL HERE

INTERVIEWER CODE:

CN03

A	SEX:	Male	1	313
		Female	2	MAINA
B	AGE:	<input type="text"/> <input type="text"/> <input type="text"/>		
				314-6 MAINB
C	DATE INTERVIEW STARTED:	DAY	MONTH	YEAR
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				317-22 MAINC
D	APPROX. TOTAL INTERVIEW LENGTH:	<input type="text"/> <input type="text"/> <input type="text"/>		
				1971-3 MAIND
E	INTERVIEWER SIGNATURE:	_____		
F	INTERVIEWER NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
				1974-7 MAINF

OFFICE USE ONLY
BATCH No.

SECTION ONE: FOOD AND DRINK

EATING HABITS

1. I would like to start by asking you some questions about when you normally eat during the day.

On a weekday (Saturday, Sunday) can you tell me what time you usually ... (READ OUT ACTIVITY)

FOR EACH DAY TYPE RECORD APPROXIMATE TIME (USING 24 HOUR CLOCK)
RESPONDENT GETS UP/EATS MEALS/GOES TO BED

ACTIVITY	WEEKDAYS	SATURDAYS	SUNDAYS
... get up in the morning?			
... have breakfast?			
... have lunch?			
... have an evening meal?			
... go to bed at night?			

HIGH TEA = EVENING MEAL

2. I'd now like to know, in general terms, what you usually eat and drink at these different times. For example, at breakfast do you have cereal, or toast or a cooked breakfast?

What do you usually have to eat and drink, if anything READ OUT MEALTIME on a weekday?

And do you eat anything different... READ OUT MEALTIME... on Saturdays?

And what about Sundays?

PROBE FOR WHAT EATEN AND DRUNK ON EACH OCCASION ON WEEKDAYS, ON SATURDAYS AND ON SUNDAYS. GIVE BRIEF DESCRIPTION

MEAL-TIME	WEEKDAYS	SATURDAYS	SUNDAYS
before breakfast or in bed in the morning	Nil.....1	Nil.....1	Nil.....1
for breakfast	Nil.....1	Nil.....1	Nil.....1
during the morning	Nil.....1	Nil.....1	Nil.....1
for lunch	Nil.....1	Nil.....1	Nil.....1
during the afternoon (including afternoon tea)	Nil.....1	Nil.....1	Nil.....1
for your main evening meal	Nil.....1	Nil.....1	Nil.....1
between your main evening meal and bed- time	Nil.....1	Nil.....1	Nil.....1
in bed or during the night	Nil.....1	Nil.....1	Nil.....1

3. How would you describe the variety of foods that you eat? Do you usually ... **READ OUT** ...

... vary your diet a lot from day to day, 1

vary it a little, 2

or, do you eat the same kinds of food most of the time? 3

(Other **SPECIFY**) _____ 4

328

MAIN3

4a) Now I would like you to compare what you eat these days with what you used to eat ten years ago. Are there any kinds of food you used to eat ten years ago which you do not eat nowadays?

Yes

No

Can't say

1	ASK b)
2	GO TO Q5b
8	

329

MAIN4A

IF YES

b) What sort of food have you stopped eating in the past 10 years? Any others? **RECORD FOOD TYPES IN ROW b) ACROSS TOP OF GRID BELOW. ASK c) FOR EACH FOOD TYPE ENTERED AT b)**

SPARE

330-40

c) **SHOW CARD A** Why have you stopped eating... **READ OUT FOOD TYPE...**

Please pick your answers from this card.
CODE ALL THAT APPLY AT c) IN GRID.

341-6 347-52 353-6 358-64 365-70

	FOOD TYPE 1	FOOD TYPE 2	FOOD TYPE 3	FOOD TYPE 4	FOOD TYPE 5
b) <u>Food Type</u>	MAIN4C1A	MAIN4C2A	MAIN4C3A	MAIN4C4A	MAIN4C5A
	MAIN4C1B	MAIN4C2B	MAIN4C3B	MAIN4C4B	MAIN4C5B
	MAIN4C1C	MAIN4C2C	MAIN4C3C	MAIN4C4C	MAIN4C5C
c) <u>Why stopped eating</u>					
Difficult/unpleasant to prepare	01	01	01	01	01
<u>Health reasons:</u>					
- Because I am allergic to them	02	02	02	02	02
- Doctor advised me to	03	03	03	03	03
- Nurse/dietitian/other health professional advised me to	04	04	04	04	04
- To help me lose/stay at the same weight	05	05	05	05	05
- Other health reasons	06	06	06	06	06
Religious reasons	07	07	07	07	07
Person(s) who prepare(s) my food does/do not offer it	08	08	08	08	08
Hard to chew/swallow	09	09	09	09	09
Hard to eat with dentures	10	10	10	10	10
My tastes have changed/do not like it anymore	11	11	11	11	11
Cost/because it is expensive	12	12	12	12	12
Changed family circumstances (eg bereavement)	13	13	13	13	13
Other reason (SPECIFY)	14	14	14	14	14

5a) INTERVIEWER CHECK Q4 AND CODE ANY REASONS ALREADY GIVEN FOR STOPPING EATING ANY FOOD IN THE PAST 10 YEARS IN COLUMN (a).

ASK b) FOR EACH REASON NOT ALREADY CODED AT a).

SPARE
408-10

b) Do you avoid particular kinds of food or drink ... READ OUT REASON ...?
CODE 'YES' OR 'NO' IN COLUMN (b) OF GRID.

ASK c) FOR EACH YES ANSWER AT a) OR b). [READ OUT INTRODUCTION IN BRACKETS FOR EACH REASON RECORDED AT a).]

c) (Apart from those which you have already mentioned) What sorts of food or drink do you avoid ...
(IF NO OTHER SORTS NOT ALREADY MENTIONED AT Q4, RING CODE 97)

	(a)	(b)		(c)	
	Yes	Yes	No	What sorts of food/drink do you avoid?	
...because they are difficult or unpleasant to prepare?	0	1	2	MAINC1A	MAINC1B (No other sorts: 97)
...because you are allergic to them?	0	1	2	MAINC2A	MAINC2B (No other sorts: 97)
...for health reasons (apart from allergy)	0	1	2	FOOD/DRINK MAINC3A	HEALTH PROBLEM MAINC3B (No other sorts: 97)
...for religious reasons?	0	1	2	MAINC4A	MAINC4B (No other sorts: 97)
...because the person who prepares your food does not offer it	0	1	2	MAINC5A	MAINC5B (No other sorts: 97)

411-5

416-20

421-5

426-30

431-5

6a) Are there any foods which you eat nowadays but did not eat ten years ago?

Yes	1	ASK b)
No	2	GO TO Q7
Can't say	8	

436

MAINBA

IF YES

b) What sorts of food have you started eating in the past 10 years? Any others? **RECORD FOOD TYPES IN ROW b) ACROSS TOP OF GRID BELOW.**

SPARE

437-40

ASK c) FOR EACH FOOD TYPE ENTERED AT b)

c) **SHOW CARD B** Why did you start eating... **READ OUT FOOD TYPE...**? Please pick your answers from this card.

CODE ALL THAT APPLY AT c) IN GRID

	441-6	447-52	453-8	459-64	465-70
	FOOD TYPE 1	FOOD TYPE 2	FOOD TYPE 3	FOOD TYPE 4	FOOD TYPE 5
b) <u>Food Type</u>	MAIN6C1A	MAIN6C2A	MAIN6C3A	MAIN6C4A	MAIN6C5A
	MAIN6C1B	MAIN6C2B	MAIN6C3B	MAIN6C4B	MAIN6C5B
	MAIN6C1C	MAIN6C2C	MAIN6C3C	MAIN6C4C	MAIN6C5C
c) <u>Why started eating</u>					
Easy to prepare	01	01	01	01	01
<u>Health reasons:</u>					
- Doctor advised me to	03	03	03	03	03
- Nurse/dietitian/other health professional advised me to	04	04	04	04	04
- To help me lose/stay at the same weight	05	05	05	05	05
- Other health reasons	06	06	06	06	06
Religious reasons	07	07	07	07	07
Person(s) who prepare(s) my food gave it to me	08	08	08	08	08
Easy to chew/swallow	09	09	09	09	09
Easy to eat with dentures	10	10	10	10	10
Developed a taste for it	11	11	11	11	11
Cost/because it is inexpensive	12	12	12	12	12
Changed family circumstances (eg bereavement)	13	13	13	13	13
Other reason (SPECIFY)	14	14	14	14	14
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----

7. Suppose your doctor said that by changing your diet you could greatly improve your health, do you think you would ... READ OUT...

... definitely change the kind of food you ate,	1	471
possibly change what you ate,	2	MAIN 7
or, probably <u>not</u> change what you ate?	3	
(Can't say)	8	

8. Would you say that you have ... READ OUT ...

a large appetite,	1	472
an average appetite,	2	MAIN 8
or a poor appetite for someone of your age?	3	
(Can't say)	8	

9a) Do you drink tea or coffee nowadays?

IF YES: Which?

CODE ONE ONLY

**NOTE: COFFEE
INCLUDES BOTH
INSTANT AND
GROUND COFFEE**

Tea only
Coffee only
Tea and Coffee
Neither

1	ASK b)
2	GO TO c)
3	ASK b)
4	GO TO Q10

CN 05

508

MAIN 9A

b) IF DRINKS TEA

Does this include any herbal or fruit teas?

Yes 1
No 2

509

MAIN 9B

IF TEA OR COFFEE

ASK c) FOR TEA AND COFFEE SEPARATELY (IF BOTH DRUNK)

c) Do you usually sweeten your tea (coffee)?

IF YES, PROBE: Is that with sugar or artificial sweetener?

MAIN 9C1 MAIN 9C2

Sweetens: - sugar
 - artificial sweetener

 Does not sweeten
 (Varies)

	<u>Tea</u>	<u>Coffee</u>
1	1	1
2	2	2
3	3	3
4	4	4

510

511

10. (Apart from in tea and/or coffee) do you or does anybody else put artificial sweeteners in your food or drink either at the table or in cooking?

Yes
No
Can't say

1	ASK Q11
2	GO TO Q12
8	

512

MAIN 10

11. SHOWCARD C

Which of these foods and drinks do you
(does somebody) add artificial sweeteners
to?

CODE ALL THAT APPLY

- Stewed fruit 1
- Fresh fruit 2
- Breakfast cereals 3
- Homemade pastry, cakes or biscuits 4
- Drinks (apart from tea or coffee) 5
- Any other food or drink (SPECIFY) _____ 6
- _____
- _____

513-8

MAN 11A -
MAN 11F

12. INTERVIEWER CHECK Q9c) AND Q10 AND CODE FIRST TO APPLY

- Artificial sweetener in tea/coffee (ANY CODE 2 AT Q9c)
- Artificial sweetener in food/drink at Q10(CODE 1 AT Q10)
- No artificial sweeteners used

1	ASK Q13
2	
3	GO TO Q15

519

MAN 12

13. IF ARTIFICIAL SWEETENERS USED IN ANY FOOD OR DRINK

For how long have you used artificial sweeteners
in your food or drink?

- Under a year 1
- 1 year under 5 years 2
- 5 years, under 10 years 3
- 10 years, under 20 years 4
- 20 years or more 5

520

MAN 13

14. Which brands of artificial sweetener are you using at the moment?

PROBE FOR BRAND NAME AND TYPE (TABLET, LIQUID, GRANULATED) OF ALL ARTIFICIAL SWEETENERS USED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

521-2
MAIN 14 A
523-4
MAIN 14 B
525-6
MAIN 14 C
527-8
MAIN 14 D

15. Do you or does anybody else add salt, or salt alternative, to your food during cooking?

CODE ALL THAT APPLY

SEA SALT = SALT

- Yes, adds salt 1
- Yes, adds salt alternative (including "lo salt") 2
- No, does not use salt/salt alternative (in cooking) 3
- Other (SPECIFY) _____ 4
- (Can't say) 8

529-32
MAIN 15 A -
MAIN 15 D

16. At the table, do you ever add salt (including sea salt), to your food? IF YES: Do you add it usually, occasionally or rarely?

Yes: - usually 1

CODE ONE ONLY

- occasionally 2

- rarely 3

IF SALT-ALTERNATIVE ONLY, CODE "NO"

No, does not add salt 4

533
MAIN 16

17. And, at the table do you ever add salt-alternative or "lo salt" to your food? IF YES: Do you add it usually, occasionally or rarely?

Yes: - usually 1

CODE ONE ONLY

- occasionally 2

- rarely 3

No, does not add salt-alternative/"lo salt" 4

534
MAIN 17

18. What kind of milk do you usually drink these days - I mean either on its own or mixed in with other drinks?

PROMPT AS NECESSARY AND CODE

ALL THAT APPLY

Whole milk (silver top) 01

Semi-skimmed milk (red striped) 02

Skimmed milk (blue striped) 03

Soya milk 04

Goat's milk 05

Sheep's milk 06

Other (SPECIFY) _____ 07

Does not drink milk at all 08

Can't say 98

535-43
MAIN 18 A -
MAIN 18 D

19. **SHOWCARD D.** I would now like to ask you about some foods which you may eat. As I read out each type of food, please use this card to tell me how often, in general, you eat it. (Firstly), can you tell me how often you eat ... **READ OUT FOOD ITEM...**

CN 06

READ OUT ALL FOOD ITEMS. STARTING ITEM DIFFERS ACCORDING TO SERIAL NUMBER:

ODD SERIAL NOS: START AT "BREAD"

EVEN SERIAL NOS: START AT "LIVER". AFTER "CANNED FRUIT" GO BACK TO "BREAD AT TOP OF LIST.)

	More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never	
ODD SERIAL NO. START HERE:								
bread of any sort	1	2	3	4	5	6	7	811 MAIN19A
breakfast cereals	1	2	3	4	5	6	7	812 MAIN19B
plain/flavoured yoghurt (NOT FROMAGE FRAIS)	1	2	3	4	5	6	7	813 MAIN19C
cheese or cheese spread (NOT FROMAGE FRAIS)	1	2	3	4	5	6	7	814 MAIN19D
milk (DAIRY MILK ONLY - <u>NOT</u> SOYA MILK)	1	2	3	4	5	6	7	815 MAIN19E
eggs (INCLUDE IN HOME COOKING)	1	2	3	4	5	6	7	816 MAIN19F
fruit juice (NOT SQUASH OR CORDIAL)	1	2	3	4	5	6	7	817 MAIN19G
white fish such as cod, haddock, plaice and coley	1	2	3	4	5	6	7	818 MAIN19H
oily fish such as herring, mackerel, sardines, pilchards, salmon and tuna	1	2	3	4	5	6	7	819 MAIN19I
shellfish, including prawns and shrimps	1	2	3	4	5	6	7	820 MAIN19J
EVEN SERIAL NO. START HERE:								
liver and liver products such as liver pate and liver sausage	1	2	3	4	5	6	7	821 MAIN19K
kidney	1	2	3	4	5	6	7	822 MAIN19L
beef (EXCLUDE BEEF PRODUCTS)*	1	2	3	4	5	6	7	823 MAIN19M
pork, ham, gammon or bacon (EXCLUDE PRODUCTS)*	1	2	3	4	5	6	7	824 MAIN19N
lamb or mutton (EXCLUDE PRODUCTS)*	1	2	3	4	5	6	7	825 MAIN19O
chicken and poultry (NOT PRODUCTS)*	1	2	3	4	5	6	7	826 MAIN19P
Pasta	1	2	3	4	5	6	7	827 MAIN19Q
Rice	1	2	3	4	5	6	7	828 MAIN19R
Potatoes in any form	1	2	3	4	5	6	7	829 MAIN19S
Vegetables other than potatoes	1	2	3	4	5	6	7	830 MAIN19T
Fresh fruit of any type (EXCLUDE CANNED FRUIT)	1	2	3	4	5	6	7	831 MAIN19U
Canned Fruit	1	2	3	4	5	6	7	832 MAIN19V

*SEE INSTRUCTIONS FOR DEFINITION OF PRODUCTS

SPARE

633-7

20a) Generally when you eat the main course of a meal do you eat everything on the plate, or leave some, for whatever reason?

Eat everything

1 GO TO Q21

638

Leave some

2 ASK b)

MAN 20A

IF LEAVES SOME

b) SHOW CARD E. About how much do you usually leave?

CODE ONE ONLY

Leaves most of what is on plate

1

639

Leaves about half

2

MAN 20B

Leaves about a third or a quarter

3

Leaves only a little

4

21. At present are you taking any extra vitamins, minerals or food supplements, as tablets, capsules, pills, powders, syrups or drops?

EXCLUDE MEAL REPLACEMENT DRINKS
EG. 'BUILD UP', 'COMPLAN'

Yes

1 ASK Q22

640

No

2 GO TO Q25

MAN 21

22. Now I would like to collect some details about the extra vitamins, minerals and food supplements that you are taking. It will be easiest if you show me the bottle or container and I can copy down the information.

FOR EACH TYPE TAKEN RECORD FULL DESCRIPTION FROM BOTTLE/CONTAINER INCLUDING BRAND NAME AND PRODUCT LICENCE NUMBER; RECORD DOSAGE; HOW OFTEN TAKEN, AND FORM OF SUPPLEMENT

IF MORE THAN FIVE SUPPLEMENTS ARE TAKEN, RECORD FURTHER DETAILS ON A SEPARATE SHEET AND ATTACH TO QUESTIONNAIRE.

<p>SUPPLEMENT 1</p>	<p>OFFICE USE</p>
<p>Full name, including brand</p> <hr/> <hr/> <hr/>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
<p>Dosage each time takes it: number of tablets, drops, 5ml spoons, etc</p> <hr/>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p style="text-align: center;"> MAIN22B1 MAIN22C1 Unit Amount </p>
<p>Frequency: number of times and period e.g. 3 x per day</p> <hr/>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
<p>Supplement form</p> <p>RING ONE CODE</p> <p style="text-align: right;">Drops 1 Pills/Tablets 2 Liquid/syrup 3 Powder 4</p> <p>Product licence number (if any) </p>	

541-2
MAIN 22A1

543-6

547-8
MAIN 22D1

549
MAIN 22E1

550-7
MAIN 22F1

22. (Cont'd)

SUPPLEMENT 2		OFFICE USE	
Full name, including brand _____ _____		<input type="text"/> <input type="text"/> MAIN22A2	
Dosage each time takes it: number of tablets, drops, 5ml spoons, etc _____		<input type="text"/> <input type="text"/> MAIN22B2 Unit	<input type="text"/> <input type="text"/> MAIN22C2 Amount
Frequency: number of times and period e.g. 3 x per day _____		<input type="text"/> <input type="text"/> MAIN22D2	
Supplement form RING ONE CODE			
Drops 1 Pills/Tablets 2 Liquid/syrup 3 Powder 4			
Product licence number (if any) <input type="text"/>		MAIN22E2	

561-2

563-6

567-8

569

570-7

CN 07

SUPPLEMENT 3		OFFICE USE	
Full name, including brand _____ _____		<input type="text"/> <input type="text"/> MAIN22A3	
Dosage each time takes it: number of tablets, drops, 5ml spoons, etc _____		<input type="text"/> <input type="text"/> MAIN22B3 Unit	<input type="text"/> <input type="text"/> MAIN22C3 Amount
Frequency: number of times and period e.g. 3 x per day _____		<input type="text"/> <input type="text"/> MAIN22D3	
Supplement form RING ONE CODE			
Drops 1 Pills/Tablets 2 Liquid/syrup 3 Powder 4			
Product licence number (if any) <input type="text"/>		MAIN22E3	

721-2

723-6

727-8

729

730-7

CN 08

23. INTERVIEWER RECORD FROM Q22:

NUMBER OF DIFFERENT TYPES OF MINERALS/VITAMINS/FOOD SUPPLEMENTS TAKEN:

Two empty rectangular boxes for data entry.

808-9

MAIN23

24. What made you decide to take these (minerals/vitamins/food supplements)?

PROMPT AS NECESSARY AND CODE ALL THAT APPLY

- Suggested by doctor 01
- Suggested by community/district nurse 02
- Suggested by relatives or friends 03
- Saw advertisement 04
- Suggested by newspaper/magazine article or feature 05
- Suggested by television or radio programme 06
- Other reason (SPECIFY) _____ 07

810-9

MAIN24A-

MAIN24E

ALL

25a) At present, are you regularly taking any medicines, pills, ointments, skin patches or injections that have been given to you by a doctor or someone else, or that you have bought yourself?

- | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---|
| 1. "REGULARLY" = AT REGULAR INTERVALS OF AT LEAST ONCE A YEAR

2. INCLUDING CREAMS, DROPS, INJECTIONS, INHALERS, ETC | Yes, taking medicines | 1 |
| | No medicines | 2 |
| | Can't say | 8 |

820
MAIN 25A

b) Sometimes people are given long acting medicines, injections or implants that they only have to take once every few weeks. Are you currently receiving from a doctor any such long-acting medicines, injections or implants?

- | | | |
|-----------|---|----------|
| Yes | 1 | GO TO d) |
| No | 2 | GO TO c) |
| Can't say | 8 | |

821
MAIN 25B

c) CHECK a) AND RECORD:

- | | | |
|---------------------------|---|-----------|
| Taking medicines (CODE 1) | 1 | ASK d) |
| Others (CODE 2 OR 8) | 2 | GO TO Q26 |

822
MAIN 25C

IF TAKING MEDICINES

d) Now I would like to know more about the different kinds of medicines, pills, ointments, skin patches, injections and implants you are taking regularly.

First, how many different kinds of medicines, tablets, or pills are you taking?

And how many different kinds of **..READ OUT FORM OF MEDICATION..** are you taking?

PROBE FOR NUMBERS OF EACH MEDICATION TYPE AND RECORD BELOW. (IF NONE ENTER 00)

<u>Form of medication</u>	<u>Number of different kinds taken</u>
(i) Medicines, tablets or pills	<input type="text"/> <input type="text"/>
(ii) Ointments or creams	<input type="text"/> <input type="text"/>
(iii) Skin patches	<input type="text"/> <input type="text"/>
(iv) Injections	<input type="text"/> <input type="text"/>
(v) Inhalers or sprays	<input type="text"/> <input type="text"/>
(vi) Eye drops	<input type="text"/> <input type="text"/>
(vii) Implants	<input type="text"/> <input type="text"/>
(viii) Other forms of medication (SPECIFY)	<input type="text"/> <input type="text"/>

823-4
MAIN 25D1
825-6
MAIN 25D2
827-8
MAIN 25O3
829-30
MAIN 25D4
831-2
MAIN 25D5
833-4
MAIN 25D6
835-6
MAIN 25D7
837-8
MAIN 25D8
839-40
MAIN 25E

e) ADD (i)-(viii) TO GIVE TOTAL NUMBER OF TYPES OF MEDICATION:→

--	--

NOW COMPLETE MEDICINE SHEET(S)

DRINKING

ALL

26. I'm now going to ask you some questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays including drinks you brew or make at home?

Yes	1	GO TO Q27
No	2	GO TO Q29

841

MAIN 26

ALL WHO DRINK

27. **SHOW CARD F**

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.

SHOW CARD F AND ASK FOR EACH GROUP OF ALCOHOLIC DRINKS LISTED BELOW:	(Almost) every day	5 or 6 days a week	3 or 4 days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice a year	Not at all in last 12 months
a) How often have you had a drink of... (DRINK) during the last 12 months? Ring the appropriate number								
EXCLUDE: ANY NON-OR LOW ALCOHOL DRINKS. (OTHER THAN SHANDY)								
Shandy excluding bottles or cans	1	2	3	4	5	6	7	8
Beer, lager, stout, cider	1	2	3	4	5	6	7	8
Spirits or liqueurs such as gin, whisky, rum, brandy, vodka, advocaat	1	2	3	4	5	6	7	8
Sherry or martini including port, vermouth, cinzano and dubonnet	1	2	3	4	5	6	7	8
Wine including babycham and champagne	1	2	3	4	5	6	7	8
b) Any other alcoholic drinks?								
Yes ... 1 → ASK c)								
No ... 2 → GO TO Q28								
c) If yes, Specify name of drink								
1.	1	2	3	4	5	6	7	8
2.	1	2	3	4	5	6	7	8
3.	1	2	3	4	5	6	7	8

843
MAIN 27A1

844
MAIN 27A2

845
MAIN 27A3

846
MAIN 27A4

847
MAIN 27A5

848
MAIN 27B

849-51
MAIN 27C1

852-4
MAIN 27 C2

855-7
MAIN 27 C3

28. ASK FOR EACH GROUP OF ALCOHOLIC DRINKS CODED 1-7 (DRUNK IN THE LAST 12 MONTHS)

How much ... (DRINK) ... have you usually drunk on any one day?

ENTER THE AMOUNT:

LEAVE BLANK FOR THE GROUPS OF DRINK THAT THE RESPONDENT HAS NOT DRUNK AT ALL IN THE LAST 12 MONTHS

EXCLUDE: ANY NON-ALCOHOLIC DRINKS. ANY LOW-ALCOHOL DRINKS (OTHER THAN SHANDY)

Shandy excluding bottles/cans

Beer, lager, stout, cider

Spirits or liqueurs such as gin, whisky, rum brandy, vodka, advocaat

Sherry or martini including port, vermouth, cinzano, dubonnet

Wine including babycham, champagne

Any other alcoholic drinks?

IF RESPONDENT HAD OTHER TYPE OF ALCOHOLIC DRINK AT Q27B), RECORD NAME OF DRINK AGAIN AND ENTER AMOUNT

1.

2.

3.

Amount drunk on any one day during the last 12 months	
↓	
<input type="text"/>	half pints
<input type="text"/>	half pints OR
<input type="text"/>	large cans, OR
<input type="text"/>	small cans
<input type="text"/>	singles (COUNT DOUBLES AS 2 SINGLES)
<input type="text"/>	glasses
<input type="text"/>	glasses
<input type="text"/>	CODE: glasses or singles or other
<input type="text"/>	CODE: glasses or singles or other
<input type="text"/>	CODE: glasses or singles or other

CN08
SPARE
908-10

911-2
MAIN28 A
913-4
MAIN28 B
915-6
MAIN28 C
917-8
MAIN28 D
919-20
MAIN28 E
921-2
MAIN28 F
923-4
MAIN28 G

925-6 SPARE
927-8
MAIN28 H
929
MAIN28 I
930-1
932-3 SPARE
934
935-6
937-8 SPARE
939

NOW GO TO Q30

29. **IF NON DRINKER (CODE 2 AT Q26)**
 Have you always been a non-drinker or did you stop drinking for some reason?

Always a non-drinker
 Used to drink, but stopped

1	GO TO Q30
2	ASK b)

940

MAIN 29 A

- b) **IF USED TO DRINK**
 How long is it since you stopped drinking?
 CODE ONE ONLY

Less than a year 1
 At least a year but less than 5 years 2
 At least 5 years but less than 10 years 3
 10 years or more 4

941

MAIN 29 B

SMOKING

30a) May I just check, have you ever smoked a cigarette, a cigar or a pipe?

- | | | |
|-----|---|-------------------------------------------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO END OF SECTION CHECK-LIST (PAGE 22) |

942

MAIN 30-A

IF YES

b) Do you smoke cigarettes at all nowadays?

- | | | |
|-----|---|-----------|
| Yes | 1 | GO TO Q35 |
| No | 2 | ASK Q31 |

943

MAIN 30B

IF NO

31a) Have you ever smoked cigarettes?

- | | | |
|-----|---|-----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO Q36 |

944

MAIN 31A

IF YES

b) Did you smoke cigarettes ... READ OUT ...

... regularly, that is at least one cigarette a day,
or did you just smoke them occasionally?

(SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice)

- | | |
|---|-----------|
| 1 | ASK c) |
| 2 | GO TO Q33 |
| 3 | GO TO Q36 |

945

MAIN 31B

IF REGULARLY

c) About how many cigarettes did you usually smoke in a day?

ENTER NUMBER SMOKED:

946-7

MAIN 31C

32. For approximately how many years did you smoke regularly?

ENTER NUMBER OF YEARS:

948-9

MAIN 32

33. How long ago did you stop smoking cigarettes?

- CODE: Less than 6 months ago 00
- Six months, but less than 1 year ago 01
- One year, but less than 2 years ago 02

950-1

MAIN 33

OR RECORD: NO. OF YEARS AGO:

952-3

SPARC

34. **SHOW CARD G** Why did you stop smoking cigarettes? Please check your answer from this card.

CODE ALL THAT APPLY

- Doctor/Health professional advised me
- Decided myself for health reasons
- Too expensive
- My family/friends disapproved
- For religious reasons
- Other reason (SPECIFY) _____

1	
2	
3	GO TO Q36
4	
5	
6	

954-9

MAIN 34 A-

MAIN 34 F

SPARE

960-65

IF CURRENT CIGARETTE SMOKER (CODE 1 AT Q30b)

35. About how many cigarettes a day do you usually smoke?

ENTER NUMBER SMOKED A DAY:

OR CODE: Less than 1 00

966-7

MAIN 35

IF EVER SMOKED CIGARETTE, CIGAR OR PIPE

36a) (That is the end of the questions on cigarettes. Now just a few questions about cigar and pipe smoking.) Have you ever smoked cigars?

Yes	1 ASK b)
No	2 GO TO Q37

968

MAIN 36A

IF YES

b) Do you smoke cigars at all nowadays?

Yes	1 ASK c)
No	2 GO TO Q37

969

MAIN 36B

IF YES

c) About how many cigars do you usually smoke in a week?

ENTER NUMBER SMOKED A WEEK:

OR CODE: Fewer than 1 00

970-1

MAIN 36C

37a) Have you ever smoked a pipe?

Yes

1 ASK b)

972

No

2 GO TO END OF
SECTION CHECK-
LIST BELOW

MAN 37A

IF YES

b) Do you smoke a pipe at all these days?

Yes

1

973

No

2

MAN 37B

END OF SECTION ONE CHECKLIST**INTERVIEWER REMINDERS:**

YOU MUST HAVE COMPLETED THE FOLLOWING BY THE END OF YOUR FIRST VISIT.

- Checked that full name of respondent is recorded on **ARF/IRF**
- Placed **FOOD DIARY**
- Placed **BOWEL MOVEMENT RECORD**
- Completed **GP ADDRESS SHEET** (see questions on last page of this questionnaire). This must be posted immediately to the Dunn Laboratory in the envelope provided.
- Completed **APPOINTMENT RECORD CARD** to show your next visit.
- Given **GENERAL LEAFLET (L1)** to respondent; mentioned **NURSE VISIT**.

If possible, also complete the **NURSE INTRODUCTION** (see **ARF/IRF**). Although this may be left to the second visit.

Sections Two and Three of this questionnaire may be completed either on your first visit or on later visits.

SECTION TWO: LIFESTYLE

CNI0

38a) **ALL**
INTERVIEWER RECORD:

Respondent is in Free Living Sample
Respondent is in Institutional Sample

1	ASK b)
2	GO TO Q60

1008

MAIN38A

FREE LIVING SAMPLE (Q38b)-Q59)

b) Does this house/flat have any facilities
for cooking a hot meal?

Yes	1	ASK c)
No	2	GO TO Q39

1009

MAIN38B

IF YES

c) What facilities does your household have
for cooking a hot meal?

PROMPT AS NECESSARY AND CODE ALL THAT APPLY

Hob or cooking ring	1	
A conventional (non-microwave) oven	2	
A microwave oven	3	
Other facilities (SPECIFY) _____	4	

1010-4

MAIN38C1-

MAIN38C5

39. Does your household have ... **READ OUT AND CODE**
YES OR NO FOR EACH

	Yes	No
--	-----	----

... a deep freeze	1	2
-------------------	---	---

1015

... a fridge freezer	1	2
----------------------	---	---

1016

an ordinary refrigerator (that is <u>not</u> a fridge freezer)?	1	2
-----------------------------------------------------------------	---	---

1017

MAIN39A
MAIN39B
MAIN39C

SPARE

1018

40. Do you yourself ever prepare your own meals?

IF YES: Is that always, usually, or occasionally or only very rarely?**CODE ONE ONLY****Yes:**

- always

- usually

- occasionally

rarely

No, does not prepare meals

1	GO TO Q45
2	
3	
4	ASK Q41
5	

1019

MAIN40

NB. ONLY CODE 'ALWAYS' IF NEVER HAVE ANY MEALS PREPARED BY OTHER PEOPLE, INCLUDING RESTAURANTS, TAKEAWAYS ETC.

IF DOES NOT ALWAYS PREPARE OWN MEALS

41. SHOW CARD H Who prepares the meals you don't prepare?
 CODE ALL THAT APPLY
- Husband/wife/partner 01
 - Child/child in-law 02
 - Brother/sister 03
 - Other relative 04
 - Friend or neighbour 05
 - Meals on Wheels 06
 - Luncheon clubs/social clubs/
other clubs for older people 07
 - Restaurants/Takeaways 08
 - Other (SPECIFY) _____ 09

1020-33

MAN41A -
MAN41G

42. How often do you eat meals that are prepared
 by someone else?
 CODE ONE ONLY

- | | | |
|------------------------|--------------------------------|---|
| IF VARIES TAKE AVERAGE | Every day | 1 |
| | 4 to 6 times a week | 2 |
| | 2 or 3 times a week | 3 |
| | Once a week | 4 |
| | Once a fortnight or less often | 5 |

1034

MAN42

- 43a) CHECK Q41 AND RECORD:

Uses meals on wheels (CODE 06 RINGED)

1 ASK b)

1035

Others

2 GO TO Q44

MAN43A

- b) About how often do you eat meals that are
 delivered by Meals on Wheels?
 CODE ONE ONLY

- | | | |
|------------------------|--------------------------------|---|
| IF VARIES TAKE AVERAGE | Every day | 1 |
| | 4 to 6 times a week | 2 |
| | 2 or 3 times a week | 3 |
| | Once a week | 4 |
| | Once a fortnight or less often | 5 |

1036

MAN43B

44a) CHECK Q41 AND RECORD:

Uses Luncheon Clubs, Social Clubs, etc (CODE 07 RINGED)
Others

1	ASK b)
2	GO TO Q45

1037

MAIN44A

b) About how often do you eat at Luncheon Clubs,
Social Clubs or other clubs for older people?
CODE ONE ONLY

IF VARIES TAKE AVERAGE

Every day	1
4 to 6 times a week	2
2 or 3 times a week	3
Once a week	4
Once a fortnight or less often	5

1038

MAIN44B

ALL IN FREE LIVING SAMPLE

45. Now I am going to read out a number of different
kinds of foods and drinks. For each one, please
tell me whether it is something you have in the
house/flat today? READ OUT AND CODE YES OR NO FOR EACH

(And do you have ... (ITEM) ... in the house/flat today?)

	<u>Yes</u>	<u>No</u>
A breakfast cereal	1	2
Bread, or bread rolls	1	2
Milk, or powdered milk	1	2

A tin of baked beans or spaghetti	1	2
Eggs	1	2
Biscuits, of any kind	1	2

a can (tin) of fish	1	2
a can (tin) of milk pudding	1	2
a can (tin) of fruit	1	2

a can (tin) or packet of soup	1	2

1039

MAIN45A

1040

MAIN45B

1041

MAIN45C

1042

MAIN45D

1043

MAIN45E

1044

MAIN45F

1045

MAIN45G

1046

MAIN45H

1047

MAIN45I

1048

MAIN45J

1049

SPARE

1044-52

46. SHOW CARD I. Now a question about foods that come in cans. How long, on average, would you (or other household members) keep ... (READ OUT FOOD TYPE) ... in an opened can before eating (drinking) it (them)?

READ OUT ONE BY ONE AND RING ONE CODE FOR EACH

(SPONTANEOUSLY ONLY: Never stores anything in an open can) 1

1053

MAIN 46A

	Code from Card I					Spontaneous only		
	More than a week	6 or 7 days	4 or 5 days	2 or 3 days	1 day	Use on same day	Never stored in open can	Not eaten/drunk
Baked beans	1	2	3	4	5	6	7	8
Other canned vegetables	1	2	3	4	5	6	7	8
Canned fruit	1	2	3	4	5	6	7	8
Spaghetti	1	2	3	4	5	6	7	8
Canned soup	1	2	3	4	5	6	7	8
Corned beef	1	2	3	4	5	6	7	8
Canned fish, such as sardines or tuna	1	2	3	4	5	6	7	8

1054

MAIN 46B

1055

MAIN 46C

1056

MAIN 46D

1057

MAIN 46E

1058

MAIN 46F

1059

MAIN 46G

1060

MAIN 46H

47. Do you, or does anyone in your household, grow any of your own fruit and vegetables, either in your own garden or on an allotment?

INCLUDE SALAD VEGETABLES
EXCLUDE HERBS

Yes 1

1061

No 2

MAIN 47

48a) Do you, or does anyone in your household, keep hens or other animals to provide you with food?

Yes 1 ASK b)

1062

No 2 GO TO Q49

MAIN 48A

IF YES

b) What kinds of food do these (does this) animal(s) provide you with?

CODE ALL THAT APPLY

Eggs 1

1063-7

Milk/Milk products 2

MAIN 48B1-

Meat 3

MAIN 48B5

Honey 4

Other (SPECIFY) _____ 5

HOME DELIVERY AND SHOPPING

CN11

49a) Do you have milk delivered to your house(flat) at all?

- | | |
|-----|-------------|
| Yes | 1 ASK b) |
| No | 2 GO TO Q50 |

1108

IF YES

MAIN49A

b) On how many days a week is your milk delivered?

ENTER NUMBER OF DAYS PER WEEK:

--	--

1109-10

OR CODE: Less than once a week

96

MAIN49B

50a) Do you have any (other) food shopping delivered to your house(flat) by a shop, by a milkman or by another tradesman?

- | | |
|-----|-------------|
| Yes | 1 ASK b) |
| No | 2 GO TO Q51 |

1111

MAIN30A

IF YES

b) What kinds of food do you have delivered (by a shop, milkman or other tradesman)?

PROBE: Anything else?

LIST IN FULL _____

1112-

1121

MAIN50B1 -
MAIN50B3

c) About how often is your food shopping delivered to you?

- | | | |
|------------------------|------------------------|---|
| CODE ONE ONLY | 4 or more times a week | 1 |
| IF VARIES TAKE AVERAGE | 2 or 3 times a week | 2 |
| | Once a week | 3 |
| | Once a fortnight | 4 |
| | Less often | 5 |

1122

MAIN50C

51a) Do you ever see relatives or friends, either at home or elsewhere?

INCLUDE RELATIVES/FRIENDS WHO ARE MEMBERS OF RESPONDENT'S HOUSEHOLD

- | | |
|-----|-------------|
| Yes | 1 ASK b) |
| No | 2 GO TO Q52 |

1123

MAIN51A

b) About how often do you see relatives and friends?

- | | |
|-------------------------------|---|
| Every day or nearly every day | 1 |
| Two or three times a week | 2 |
| Once a week | 3 |
| Once or twice a month | 4 |
| Less than once a month | 5 |

1124

MAIN51B

52a) Can I check, do you yourself ever visit the shops to do your own food and grocery shopping?

EXCLUDE HOME DELIVERIES
INCLUDE ACCOMPANYING SPOUSE,
ETC ON SHOPPING TRIPS

- | | | |
|-----|---|----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO e) |

1125

IF YES

MAIN 32A

b) About how often do you visit the shops to do food and grocery shopping?

- CODE ONE ONLY**
- | | |
|------------------------|---|
| 4 or more times a week | 1 |
| 2 or 3 times a week | 2 |
| Once a week | 3 |
| Once a fortnight | 4 |
| Less often | 5 |

1126

MAIN 32B

c) How do you get to the shops when you go food or grocery shopping? **CODE ONE ONLY**

- IF MORE THAN ONE MODE:**
- | | | |
|------------------------------------------------------|--------------------------------|----|
| a) ON SAME JOURNEY -
CODE FOR MOST MILES | Walk | 01 |
| b) OUTWARD VS. RETURN -
CODE FOR OUTWARD | Car/van driven by respondent | 02 |
| c) ON DIFFERENT TRIPS -
CODE FOR MAIN WEEKLY SHOP | Car/van driven by someone else | 03 |
| | Bus/minibus | 04 |
| | Train/Underground | 05 |
| | Taxi | 06 |
| | Bicycle | 07 |
| Other (SPECIFY) _____ | | 08 |

1127-8

MAIN 32C

d) How far away is the nearest food or grocery shop you use?

- PROMPT AS NECESSARY AND CODE NEAREST**
- | | |
|------------------------------|---|
| Under 200 yards | 1 |
| 200 yards, under half a mile | 2 |
| Half a mile, under one mile | 3 |
| One mile, under 2 miles | 4 |
| 2 miles or over | 5 |

1129

MAIN 32D

e) Does anybody else ever do food and grocery shopping for you?

INCLUDE OTHER HH MEMBERS
EXCLUDE HOME DELIVERY SERVICE
EXCLUDE TRIPS WHERE RESPONDENT ALSO PRESENT (RECORD AT Q52a)

- | | | |
|-----|---|-----------|
| Yes | 1 | ASK f) |
| No | 2 | GO TO Q53 |

1130

MAIN 32E

IF YES

f) Who (else) does your food and grocery shopping for you?

- CODE ALL THAT APPLY**
- | | |
|-----------------------|---|
| Husband/wife/partner | 1 |
| Child/child in-law | 2 |
| Brother/sister | 3 |
| Other relative | 4 |
| Friend or neighbour | 5 |
| Homehelp | 6 |
| Other (SPECIFY) _____ | 7 |

1131-7

MAIN 32F

HOUSEHOLD COMPOSITION

53a) Now some more general questions about yourself and any other people who live in this household.

Including yourself and any children, how many people are there in this household, that is people who normally live here and either share one meal a day with you or share the use of the living room with you?

WRITE IN NUMBER:

--	--

MAINS3A

1208-9

b) INTERVIEWER CODE:

Respondent lives alone
Respondent does not live alone

1	ASK c)
2	GO TO Q54

1210

MAINS3B

IF LIVES ALONE

c) For how long have you lived on your own?

ENTER NUMBER OF YEARS:

ROUND TO NEAREST YEAR

--	--

1211-2

OR CODE: Under 6 months

00

MAINS3C

Can't say

98

d) Can I check, are you ... READ OUT ...

Married, 1
living as married, 2
single (ie never married), 3
widowed, 4
divorced, 5
or separated? 6

1213

MAINS3D

54. Now I would like you to tell me a bit about yourself (and the other people living in this household)

SPARE

1214-20

COMPLETE GRID OVERLEAF, STARTING WITH RESPONDENT.
RING PERSON NUMBER AND ENTER INITIALS OF EACH
HOUSEHOLD MEMBER THEN COMPLETE Q54a) TO d) FOR EACH

1221-8 1231-8 1241-8 1251-8 1261-8 1271-8

RING PERSON NUMBER	RESPONDENT 01	02	03	04	05	06
ENTER INITIALS OF EACH PERSON IN THE HOUSEHOLD (STARTING WITH THE RESPONDENT)						
54a) SEX	Male (CODE 1) Female (CODE 2)	1 2	1 2	1 2	1 2	1 2
b) AGE	ENTER AGE IN YEARS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) RELATIONSHIP TO RESPONDENT:						
	Respondent (CODE 01)	01	-	-	-	-
	Husband/wife (CODE 02)	-	02	02	02	02
	Partner (CODE 03)	-	03	03	03	03
	Own child (CODE 04)	-	04	04	04	04
	Child in-law (CODE 05)	-	05	05	05	05
	Brother/sister (CODE 06)	-	06	06	06	06
	Grandchild (CODE 07)	-	07	07	07	07
	Other <u>relative</u> (inc. in-laws) SPECIFY) (CODE 08)	-	08	08	08	08
	Other non-relative (SPECIFY) (CODE 09)	-	09	09	09	09
d) RING ONE CODE TO SHOW WHO IS THE HEAD OF HOUSEHOLD. ESTABLISH BY ASKING: "In whose name is this house/flat owned or rented?" (SEE INTERVIEWERS' MANUAL FOR RULES OF PRECEDENCE IN CASES WHERE TWO OR MORE PERSONS GIVEN)		01	02	03	04	05

MAINS4D1 MAINS4D2 MAINS4D3 MAINS4D4 MAINS4D5 MAINS4D6

55. Can I check, what is your exact date of birth?

Day

CN13
1308-15

Month

MAINS5

Year

SPARE
1316-21

ACCOMMODATION AND AMENITIES

56. Now I would like to ask you some questions about your accommodation.

Does your household own or rent this house or flat?

PROMPT AS NECESSARY AND
CODE ONE ONLY

- Owns - with mortgage/loan 01
- Owns - outright 02
- Rents - Local Authority/New Town 03
- Rents - Housing Association 04
- Rents - privately unfurnished 05
- Rents - privately furnished 06
- Rents - from employer 07
- Rents - other with payment 08
- Rent free 09

1322-3

MAINS6

57. CODE TYPE OF ACCOMMODATION FROM OBSERVATION, ASKING RESPONDENT WHERE UNSURE:

- Whole house, bungalow 01
- Purpose-built flat or maisonette in block 02
- Part of a house/converted flat or maisonette/rooms in house 03
- Dwelling with business premises 04
- Caravan/houseboat 05
- Other (SPECIFY) _____ 06

1324-5

MAINS7

58. Does your house/flat have ... READ OUT ... UNTIL "YES"

- ... a shared garden, 1
- its own garden, 2
- a backyard, 3
- or none of these? 4

1326

MAINS8

59. Can I just check, do you or does anyone in your household own any pets? IF YES: What kinds?
CODE ALL THAT APPLY

- Yes, pets:
- Dogs 1
 - Cats 2
 - Birds 3
 - Fish 4

- 1
- 2
- 3
- 4
- 5
- 6

GO TO Q76

1327-31

Other pets (SPECIFY) _____

No pets

MAINS9 A-
MAINS9 E

INSTITUTIONAL SAMPLE (Q60-75)

IF INSTITUTIONAL SAMPLE (CODE 2 AT Q38a)

60. Now some questions about yourself

INTERVIEWER CODE:

- Male 1
- Female 2

MAIN60

1332

61a) How old were you on your last birthday?

ENTER AGE IN YEARS:

--	--	--

MAIN61A

1333-5

b) And what was your exact date of birth?

Day				
Month				
Year				

MAIN61B

1336-43

62. Are you currently ... READ OUT ...

- ... married, 1
- living as married, 2
- single (never married), 3
- widowed, 4
- divorced, 5
- or separated? 6

MAIN62

1344

63a) Where were you living immediately before you came to... (NAME OF INSTITUTION)?

PROBE FOR DETAILS AND RING ONE CODE

Respondent's own house/flat

Staying with friends/relatives/family members

**LONG STAY IF PEOPLE
USUALLY STAY 3 MONTHS
OR MORE**

Sheltered housing

Residential home

Long stay Hospital

Short stay Hospital

Other (SPECIFY) _____

1 Respondent's own house/flat	1
2 Staying with friends/relatives/family members	2 ASK b)
3 Sheltered housing	3
4 Residential home	4
5 Long stay Hospital	5 GO TO Q64
6 Short stay Hospital	6
7 Other (SPECIFY) _____	7

MAIN63A

1345

IF PRIVATE RESIDENTIAL

b) Just before you left your previous accommodation were you living alone or were there other people in your household?

- Alone 1 GO TO Q64
- Other people 2 ASK c)

MAIN63B

1346

IF OTHER PEOPLE

63c) Including yourself, how many people lived in your household immediately before you moved to ... NAME OF INSTITUTION?

ENTER NUMBER: people

1347-8

MAIN63C

64. Now I'd like to ask you a bit about ... NAME OF INSTITUTION ...

For how long have you been living in ... NAME OF INSTITUTION?

CODE: Under 6 months 00

OR ENTER NUMBER OF YEARS (ROUNDING TO NEAREST YEAR): years

1349-50

MAIN64

65a) Do you eat your meals in (NAME OF INSTITUTION) at set times or can you choose when you eat?

Set times 1

1351

Can choose 2

MAIN65A

Varies from meal to meal 3

b) When you eat your meals in (NAME OF INSTITUTION) are you ever able to order a different meal from those which are offered?

Yes 1 ASK c)

1352

No 2 GO TO d)

MAIN65B

IF DIFFERENT MEALS CAN BE ORDERED

c) At which meal-times are you ever able to order a different meal from those which are offered?

CODE ALL THAT APPLY

Breakfast 1

1353-7

Lunch 2

Evening meal 3

MAIN65C1 -

MAIN65C5

Other (SPECIFY) _____ 4

ALL IN INSTITUTIONS

d) Now I'd like you to think about what you are given to eat at your meals. First, can you usually choose whether to have a cooked breakfast or a cold breakfast in the morning?

CODE AS 'CHOICE' EITHER A CHOICE MADE IN ADVANCE OR ONE AT THE MEAL-TIME

Yes 1

1358

No 2

MAIN65D

e) Are you usually offered the same things for breakfast every day or do they vary?

Same things 1

1359

Vary 2

MAIN65E

66a) Are you usually offered a choice of main courses for lunch or is there usually only one main course?

CODE AS 'CHOICE' EITHER A CHOICE MADE IN ADVANCE OR ONE AT THE MEAL-TIME

Choice of main course
Only one main course

1	ASK b)
2	GO TO Q67

1360

MAIN66A

IF YES

b) How many different main courses are you usually offered for lunch?

IF VARIES TAKE MOST FREQUENT

ENTER NUMBER:

--	--

1361-2

MAIN66B

c) Are you usually offered the same main courses to choose from for lunch every day or do they vary?

Same main courses
Vary

1
2

1363

MAIN66C

67a) Are you usually offered a choice of main courses for your evening meal, or is there usually only one main course?

CODE AS 'CHOICE' EITHER A CHOICE MADE IN ADVANCE OR ONE AT THE MEAL-TIME

Choice of main courses
Only one main course

1	ASK b)
2	GO TO Q68

1364

MAIN67A

IF YES

b) How many different main courses are you usually offered for your evening meal?

IF VARIES, TAKE MOST FREQUENT

ENTER NUMBER:

--	--

1365-6

MAIN67B

c) Are you usually offered the same main courses to choose from for your evening meal every day or do they vary?

Same main courses
Vary

1
2

1367

MAIN67C

68a) Does ... NAME OF INSTITUTION ... have facilities for you to ... READ OUT AND RING ONE CODE FOR EACH UNDER (a)

ASK (b) FOR EACH YES AT (a)

b) Do you ever use these facilities to ... READ OUT AND RING ONE CODE FOR EACH UNDER (b)

(a)
Facility
Yes No

(b)
Use
Yes No

... make a cup of tea or coffee?

1 2
MAIN 68A1

1 2
MAIN 68B1

1368-9

... prepare a light snack?

1 2
MAIN 68A2

1 2
MAIN 68B2

1370-1

... prepare a hot meal for yourself?

1 2
MAIN 68A3

1 2
MAIN 68B3

1372-3

69a) Now some questions about other aspects of life at**NAME OF INSTITUTION?**
 Are any of the following activities organised or available here
 in.....**NAME OF INSTITUTION?**

CN14

RING YES OR NO FOR EACH IN GRID UNDER (a)

ASK (b) FOR EACH YES AT (a)

b) Do you yourself ever take part in/go to ... **ACTIVITY?**

RING YES OR NO FOR EACH IN GRID UNDER (b)

	(a)		(b)		
	<u>Organised</u>		<u>Takes part?</u>		
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	
... Bingo?	1	2	1	2	1408-9
	MAIN69A1		MAIN69B1		
... Card games, dominoes or board games?	1	2	1	2	1410-1
	MAIN69A2		MAIN69B2		
... Keep fit sessions?	1	2	1	2	1412-3
	MAIN69A3		MAIN69B3		
.....					
... Church or religious services?	1	2	1	2	1414-5
	MAIN69A4		MAIN69B4		
... Concerts or sing-songs?	1	2	1	2	1416-7
	MAIN69A5		MAIN69B5		
... Film shows?	1	2	1	2	1418-9
	MAIN69A6		MAIN69B6		
.....					
... Sewing or knitting groups?	1	2	1	2	1420-1
	MAIN69A7		MAIN69B7		
... Wood working or other crafts?	1	2	1	2	1422-3
	MAIN69A8		MAIN69B8		
... Outings by coach, bus, car or train?	1	2	1	2	1424-5
	MAIN69A9		MAIN69B9		

70. (Apart from the activities we have discussed)
 are there any other organised activities or
 hobbies that you take part in here at ...

NAME OF INSTITUTION?

IF YES: What is that? Anything else?

No, none 1 MAIN70A

1426

Yes (STATE WHAT) _____

2 MAIN70B1 - MAIN70B2 1427-8

71. (Can I check) Do you ever manage to take walks or trips
 outside ... (**NAME OF INSTITUTION**) ...?

IF YES: About how often? **PROMPT AS NECESSARY AND CODE**

ONE ONLY

**INCLUDE: ANY WALKS OR TRIPS
 OF ANY SORT OUTSIDE THE
 INSTITUTION.
 IF FREQUENCY VARIES OVER
 YEAR: CODE PRESENT FREQUENCY**

- Yes: Every day 01
- 4-6 days per week 02
- 2 or 3 days per week 03
- Once a week 04
- Every 2 weeks 05
- Once a month 06
- Every two or three months 07
- Very occasionally 08
- (Varies too much to say) 98
- No, Never 10

MAIN71

1429-30

SPARE

1431-4

72a) Do you ever receive visits from any family members,
relatives or friends who live outside ...
NAME OF INSTITUTION?

Yes	1	ASK b)	1435
No	2	GO TO Q75	

MAIN72A

IF YES

b) About how often do you receive visits from one
or another of your family members, relatives
or friends who live outside?

PROMPT AS NECESSARY AND	Weekly or more often	1		1436
CODE ONE ONLY	About every 2 weeks	2		
	About once a month	3		
	About once every 2 or 3 months	4	MAIN72B	
	About 2 or 3 times a year	5		
	Once a year or less often	6		
	(Varies too much to say)	8		

73. Do you ever receive food or drink from these
visitors?

Yes	1	ASK Q74	1437
No	2	GO TO Q75	

IF YES

74. What types of food or drink do you receive from visitors?
LIST ITEMS UNDER (a) IN GRID BELOW

ASK (b) FOR EACH ITEM

b) How often do you receive ITEM from visitors?
PROMPT AS NECESSARY AND CODE UNDER (b)

MAIN73

	(a) Item	(b)				(Varies too much to say)	
		Weekly or more often	Every 2 weeks	Monthly	Less often		
1	<u>MAIN74A1</u>	1	2	3	4	8	1438-9
				MAIN74B1			1440
2	<u>MAIN74A2</u>	1	2	3	4	8	1441-2
				MAIN74B2			1443
3	<u>MAIN74A3</u>	1	2	3	4	8	1444-5
				MAIN74B3			1446
4	<u>MAIN74A4</u>	1	2	3	4	8	1447-8
				MAIN74B4			1449
5	<u>MAIN74A5</u>	1	2	3	4	8	1450-1
				MAIN74B5			1452

75. Now a question on pets. Do you have regular contact
with any pets at ... (NAME OF INSTITUTION) ...?

IF YES: What kinds?

CODE <u>ALL</u> THAT APPLY	Yes, pets:	Dogs	1	1453-7
		Cats	2	MAIN75A - MAIN75E
		Birds	3	
		Fish	4	
Other pets (SPECIFY) _____			5	
		No pets	6	

72a) Do you ever receive visits from any family members, relatives or friends who live outside ...

NAME OF INSTITUTION?

- | | | |
|-----|---|-----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO Q75 |

1435

IF YES

b) About how often do you receive visits from one or another of your family members, relatives or friends who live outside?

PROMPT AS NECESSARY AND CODE ONE ONLY

- | | |
|--------------------------------|---|
| Weekly or more often | 1 |
| About every 2 weeks | 2 |
| About once a month | 3 |
| About once every 2 or 3 months | 4 |
| About 2 or 3 times a year | 5 |
| Once a year or less often | 6 |
| (Varies too much to say) | 8 |

1436

73. Do you ever receive food or drink from these visitors?

- | | | |
|-----|---|-----------|
| Yes | 1 | ASK Q74 |
| No | 2 | GO TO Q75 |

1437

IF YES

74. What types of food or drink do you receive from visitors?

LIST ITEMS UNDER (a) IN GRID BELOW

ASK (b) FOR EACH ITEM

b) How often do you receive **ITEM** from visitors?

PROMPT AS NECESSARY AND CODE UNDER (b)

	(a) <u>Item</u>	(b)				<u>(Varies too much to say)</u>
		<u>Weekly or more often</u>	<u>Every 2 weeks</u>	<u>Monthly</u>	<u>Less often</u>	
1	_____	1	2	3	4	8
2	_____	1	2	3	4	8
3	_____	1	2	3	4	8
4	_____	1	2	3	4	8
5	_____	1	2	3	4	8

1438-9
1440
1441-2
1443
1444-5
1446
1447-8
1449
1450-1
1452

75. Now a question on pets. Do you have regular contact with any pets at ... (**NAME OF INSTITUTION**) ...?

IF YES: What kinds?

CODE ALL THAT APPLY

- Yes, pets:
- | | |
|-------|---|
| Dogs | 1 |
| Cats | 2 |
| Birds | 3 |
| Fish | 4 |

Other pets (**SPECIFY**) _____ 5

No pets 6

1453-7

77a) INTERVIEWER CODE FROM OBSERVATION:

Respondent seen to walk
(including with aids or help)
Respondent not seen to walk

RING CODE 1 AT b)	
1	AND THEN GO TO Q78
2	ASK b)

1468

MAIN 77A

b) (Can I check) can you walk at all, even if you have to use aids or help to do this)?

Yes, can walk
No

1
2

MAIN 77B

1469

78a) (Can I check) do you use any aids to help you get around either inside or outside, such as a walking stick or wheelchair?

Yes
No

1	ASK b)
2	GO TO Q79

1470

MAIN 78A

IF YES

b) What do you use? CODE ALL THAT APPLY
Walking stick
Crutches or other aids to help walking (eg Zimmer)
Wheelchair manual or electric
Other (STATE) _____

1
2
3
4

MAIN 78B1 - MAIN 78B8

1471-8

79. At the moment do you go outdoors at all?
IF YES: How often?

CN15

CODE ONE ONLY

Yes: every day
5 or 6 times a week
3 or 4 times a week
once or twice a week
less than once a week
No, does not go out of doors

1
2
3
4
5
6

MAIN 79

1508

ALL
80a) **CHECK Q77b) AND RECORD:**

Yes, can walk (CODE 1)	1	ASK b)	1509
No, cannot walk (CODE 2)	2	GO TO Q84	

IF CAN WALK
b) Do you ever take a walk that involves continuous walking lasting 5 to 10 minutes or more?

Yes	1	ASK c)	1510
No	2	GO TO Q81	

IF YES
c) **SHOW CARD J** How often do you do this sort of walking?
CODE ONE ONLY

Several times a day	1	1511
Once a day	2	
5 or 6 days a week	3	
3 or 4 days a week	4	
about twice a week	5	
about once a week	6	
about once a fortnight	7	
once a month	8	
less often	9	

d) I'd like you to think about all the walking you do either locally or away from here. Please include any country walks, walking in the course of your work, walking to and from work and any other walks you do.
Do you ever do any walks that involve continuous walking for at least 20 minutes?

Yes	1	ASK e)	1512
No	2	GO TO Q82	

IF YES
e) **SHOW CARD J AGAIN** How often do you do this?

Several times a day	1	1513
Once a day	2	
5 or 6 days a week	3	
3 or 4 days a week	4	
about twice a week	5	
about once a week	6	
about once a fortnight	7	
once a month	8	
less often	9	

CODE ONE ONLY

MAIN30A

MAIN30B

MAIN30C

MAIN30D

GO TO Q82

MAIN30E

IF NO WALKS OF 5 MINUTES OR MORE

81a) Do you ever go for short walks - of say one or 2 minutes continuous walking?

Yes	1	ASK b)	1514
No	2	GO TO Q82	

MAIN81A

IF YES

b) SHOW CARD J How often do you go for short walks?

	Several times a day	1	1515
CODE ONE ONLY	Once a day	2	
	5 or 6 days a week	3	
	3 or 4 days a week	4	
	about twice a week	5	
	about once a week	6	
	about once a fortnight	7	MAIN81B
	once a month	8	
	less often	9	

IF CAN WALK

82. SHOW CARD K Now I am going to read out a number of everyday activities that people do. Please use this card to show me for each activity how often you do it. READ OUT AND RING ONE CODE FOR EACH

	Several times a day	Once a day	Once or several times a week	Less than once a week	Never	
...climb one or more flights of stairs or steps	1	2	3	4	5	1516
						MAIN82A
... walk or move about indoors	1	2	3	4	5	1517
						MAIN82B
... carry a load (such as carrying shopping or shopping or moving furniture)	1	2	3	4	5	1518
						MAIN82C

83. Which of the following best describes your usual walking pace ... READ OUT

... a slow pace,	1	1519
a steady average pace,	2	
a fairly brisk pace,	3	MAIN83
or, a fast pace - at least 4 mph?	4	

86a) Can I just check, did you do any paid work or unpaid voluntary work in the past 7 days - that is from last ... DAY ... up until yesterday?

Yes	1	ASK b)
No	2	GO TO Q87

1567

IF YES

MAN86A

b) Thinking about this work you did, would you say that in it you were ... READ OUT ...

- ... very physically active, 1
- fairly physically active, 2
- not very physically active, 3
- or not at all physically active? 4

1568

MAN86B

87a) (INTRODUCTION IF IN PAID OR VOLUNTARY WORK: Now I'd like you to think about the physical activities you have done when you were not doing this work. I'd like to start with some questions about housework.)

SHOW CARD N This card gives some examples of heavy housework although it does not include everything. These are just examples.

READ LIST:

- Moving furniture
- Spring cleaning
- Hoovering
- Washing clothes by hand
- Making beds
- Cleaning windows
- Mopping or scrubbing floors

Do you ever do heavy housework of these sorts nowadays?

Yes	1	ASK b)
No	2	GO TO Q88

1569

MAN87A

IF YES

b) SHOW CARD O About how often?

Several times a day 1

1570

CODE ONE ONLY

Once a day 2

5 or 6 days a week 3

3 or 4 days a week 4

about twice a week 5

about once a week 6

about once a fortnight 7

once a month 8

less often 9

MAN87B

88a) SHOW CARD P This card shows some examples of lighter housework, although again it does not include everything.

READ LIST:

- Dusting or wiping
- Sweeping
- Tidying up
- Ironing

Do you do any light housework of these sorts nowadays?

Yes	1 ASK b)	1571
No	2 GO TO Q89	

IF YES

b) SHOW CARD Q About how often?

CODE ONE ONLY

- Several times a day 01
- Once a day 02
- 5 or 6 days a week 03
- 3 or 4 times a week 04
- about twice a week 05
- about once a week 06
- about once a fortnight 07
- once a month 08
- less often 09

MAN 88A

MAN 88B

1572-3

89a) Do you ever do gardening, DIY or building work nowadays?

Yes	1 ASK Q90	1574
No	2 GO TO END OF SECTION CHECK-LIST (PAGE 45)	

IF YES

90a) SHOW CARD R Could you have a good look at this card which gives examples of heavy manual gardening and DIY work.

READ LIST:

- 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

Is any of the gardening or DIY you do of the heavy manual kind?

Yes	1 ASK b)	1575
No	2 GO TO Q91	

MAN 90A

90b) IF YES
SHOW CARD S How often do you do this
sort of heavy manual gardening or DIY?

- CODE ONE ONLY
- | | |
|------------------------|---|
| Several times a day | 1 |
| Once a day | 2 |
| 5 or 6 days a week | 3 |
| 3 or 4 days a week | 4 |
| about twice a week | 5 |
| about once a week | 6 |
| about once a fortnight | 7 |
| once a month | 8 |
| less often | 9 |

1576

MAN90B

91a) IF GARDENING/DIY/BUILDING WORK
SHOW CARD T Now please look at this card
which gives some examples of lighter garden-
ing and DIY work.

READ LIST:

- Painting or papering
- Minor household repairs
- Putting up pictures or shelves
- Hoeing or pruning
- Planting seeds or flowers
- Mowing with a power mower

Is any of the gardening or DIY you do of this
lighter kind?

Yes

1 ASK b)

No

2 GO TO END
OF SECTION
CHECKLIST

1577

MAN91A

b) IF YES
SHOW CARD U How often do you do this sort of
light gardening or DIY?

- CODE ONE ONLY
- | | |
|------------------------|---|
| Several times a day | 1 |
| Once a day | 2 |
| 5 or 6 days a week | 3 |
| 3 or 4 days a week | 4 |
| about twice a week | 5 |
| about once a week | 6 |
| about once a fortnight | 7 |
| once a month | 8 |
| less often | 9 |

1578

MAN91B

END OF SECTION TWO CHECKLIST**INTERVIEWER REMINDERS:**

YOU MUST HAVE COMPLETED THE FOLLOWING BY THE END OF YOUR FIRST VISIT.

- Checked that full name of respondent is recorded on **ARF/IRF**
- Placed **FOOD DIARY**
- Placed **BOWEL MOVEMENT RECORD**
- Completed **GP ADDRESS SHEET** (see questions on last page of this questionnaire). This must be posted immediately to the Dunn Laboratory in the envelope provided.
- Completed **APPOINTMENT RECORD CARD** to show your next visit.
- Given **GENERAL LEAFLET (L1)** to respondent; mentioned **NURSE VISIT**.

If possible, also complete the **NURSE INTRODUCTION** (see **ARF/IRF**). Although this may be left to the second visit.

Section Three of this questionnaire may be completed either on your first visit or on later visits.

SECTION THREE: HEALTH AND CLASSIFICATION

CN16

HEALTH

ALL

92. How is your health in general? Would you say it was ... READ OUT ...

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

1608

MAIN 92

93a) 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?

- | | |
|-----|-------------|
| Yes | 1 ASK b) |
| No | 2 GO TO Q94 |

1609

MAIN 93 A

IF YES

b) What is the matter with you? Anything else? PROBE FOR DETAILS. RECORD VERBATIM IF POSSIBLE FIND OUT WHAT DOCTOR CALLS IT.

1610-7

MAIN 93 B1 - MAIN 93 B4

94. Can I check, are you registered with the Local Authority as disabled?

- Yes 1
- No 2

1618

MAIN 94

95a) During the past 6 months would you say that you have ... READ OUT ...

... put on weight,	1	ASK b)	1619
stayed the same,	2	GO TO Q96	
or lost weight?	3	ASK b)	
(Can't say)	8	GO TO Q96	

MAIN95A

b) IF PUT ON OR LOST WEIGHT
 About how much weight have you put on/lost in the past 6 months?
 CODE ONE ONLY

Less than 3 pounds	1	1620
3 pounds, less than half a stone	2	
Half a stone, less than a stone	3	
A stone or more	4	

MAIN95B

c) Do you feel that (REASON BELOW) has contributed to this change in your weight?
 READ EACH REASON AND CODE 'YES' OR 'NO'

	Yes	No	Can't say	
Any change in your diet	1	2	8	1621
Any change in the amount of exercise you take	1	2	8	1622
Any change in your health	1	2	8	1623

MAIN95C1
 MAIN95C2
 MAIN95C3

96a) Can I just ask ... READ OUT
 ... have you still got some of your natural teeth, or, have you lost them all?

1	ASK b)	1624
2	GO TO Q97	

MAIN96A

b) IF STILL GOT SOME NATURAL TEETH
 How well do you manage with the teeth you have got? Would you say you manage ... READ OUT ... very well, ... fairly well, or, not very well?

1	1625
2	
3	

MAIN96B

97a) Do you have any false teeth (dentures)?

Yes	1	ASK b)	1626
No	2	GO TO Q98	

MAIN97A

b) IF YES
 How satisfied are you with your false teeth - are you ... READ OUT ... very satisfied, fairly satisfied, fairly dissatisfied, or, very dissatisfied? (Neither satisfied nor dissatisfied) (Can't say)

1	GO TO Q98	1627
2		
3	ASK c)	
4		
5	GO TO Q98	
8		

MAIN97B

IF FAIRLY OR VERY DISSATISFIED

97c) Why are you dissatisfied with your false teeth?
PROBE FULLY. RECORD VERBATIM

1628-35

MAIN97C1 - MAIN97C4

98a) Do you ever have problems with biting or chewing your food?

**EXCLUDE PROBLEMS
 SWALLOWING**

Yes	1 ASK b)
No	2 GO TO Q99

1636

MAIN98A

IF YES

b) **SHOW CARD V** What sort of difficulties? Please choose your answer from this card?
CODE ALL THAT APPLY

- Problems with teeth 1
- Problems with dentures 2
- Problems with the muscles you use to chew 3
- Problems with having a dry mouth 4
- Something else (SPECIFY) _____ 5

1637-41

MAIN98B1 -

MAIN98B5

c) Is there any kind of food you would like to eat but cannot because you have difficulties biting or chewing?

**EXCLUDE PROBLEMS
 SWALLOWING**

Yes	1 ASK d)
No	2 GO TO Q99

1642

MAIN98C

d) **IF YES**
 What sorts of food? Any others? **PROBE TO "NO"**

1643-52

MAIN98D1 -

MAIN98D3

99a) (Apart from this) Do you have problems swallowing your food?

Yes	1 ASK b)
No	2 GO TO Q100

1653

MAIN99A

b) **IF YES**
 What sort of problems?
PROMPT AS NECESSARY AND CODE ALL THAT APPLY

- Problems with muscles you use to swallow 1
- Problems with dry mouth 2
- Other problems (SPECIFY IN FULL) _____ 3

1654

MAIN99B

100. In the last 10 years, have you changed the way you prepare or cook your food because of difficulties with your teeth, or problems with biting, chewing or swallowing?

Yes 1
No 2

1655

MAIN100

101. NOT USED

CN17

102. Do you attend any kind of clinic on a regular basis - I mean at least twice a year?

Yes 1 ASK Q103
No 2 GO TO Q104

1708

MAIN102

IF YES

103a) What sort of clinic do you attend?
RECORD FULL DETAILS OF CLINIC TYPE IN COLUMN (a) BELOW

ASK (b) FOR EACH CLINIC TYPE ENTERED AT (a)

b) How many times have you attended ... TYPE OF CLINIC ... in the past 12 months, that is since ... MONTH, 1993/1994?

	(a) <u>Type of clinic</u>	(b) <u>No. of attendances in past 12 months</u>	
1.	MA1103A1	<input type="text"/>	MA1103B1 1709-12
2.	MA1103A2	<input type="text"/>	MA1103B2 1713-6
3.	MA1103A3	<input type="text"/>	MA1103B3 1717-20
4.	MA1103A4	<input type="text"/>	MA1103B4 1721-4
5.	MA1103A5	<input type="text"/>	MA1103B5 1725-8

ALL

104a) During the past 12 months, that is since ... MONTH, 1993/1994 ... have you been in hospital as an inpatient overnight or longer?

Yes 1 ASK b)
No 2 GO TO Q105

1729

IF YES

b) How many separate stays in hospital as an inpatient have you had since ... MONTH, 1993/1994 ...?

RECORD NUMBER OF SEPARATE STAYS:

1730-1

OR CODE: Can't say 98

SEPARATE STAY = UNINTERRUPTED PERIOD OF ONE OR MORE NIGHTS

105a) Can I check, in the past 12 months, since ... MONTH, 1993/1994 ... have you had a surgical operation of any sort?

Yes
No

1	ASK b)
2	GO TO Q106

1732

MA1105A

IF YES

b) How many operations have you had since ... MONTH, 1993/1994 ...?

ENTER NUMBER OF OPERATIONS:

--	--

1733-4

OR CODE: Can't say 98

MA1105B

2 OR MORE SURGICAL PROCEDURES CARRIED OUT AT SAME TIME = 1 OPERATION

c) What sort(s) of operation(s) did you have?

PROBE: On what part of the body was it performed? What did your doctor call it?
RECORD FULL DETAILS OF EACH OPERATION IN PAST 12 MONTHS.
START WITH MOST RECENT AND WORK BACK

Most recent: _____

1735-7

MA1105C1

2nd most recent: _____

1738-40

MA1105C2

3rd most recent: _____

1741-3

MA1105C3

4th most recent: _____

1744-6

MA1105C4

5th most recent: _____

1747-9

MA1105C5

SPARE

1750-1

106a) In the past 12 months, that is since ... MONTH, 1993/1994 ... have you had any kind of accident as a result of which you saw a doctor or went to hospital as an outpatient or inpatient?

Yes
No

1	ASK b)
2	GO TO Q108

1752

MAIN106A

IF YES

b) How many such accidents have you had since ... MONTH, 1993/1994?

RECORD NUMBER OF ACCIDENTS RESULTING IN DOCTOR OR HOSPITAL VISIT:

--	--

1753-4

MAIN106B

c) What happened when you had this (these) accident(s)?
PROBE: How did it happen? What injuries did it cause you?
RECORD FULL DETAILS OF EACH ACCIDENT IN PAST YEAR
START WITH MOST RECENT AND WORK BACK

Most recent: _____

1755-7

MA1106C1

2nd most recent: _____

1758-60

MA1106C2

3rd most recent: _____

1761-3

MA1106C3

4th most recent: _____

1764-6

MA1106C4

5th most recent: _____

1767-9

MA1106C5

107. NOT USED

PROBLEMS WITH EVERYDAY TASKS

CN18

108a) Do you ever wear glasses or contact lenses?

Yes 1

1808

CODE IF OBVIOUS

No 2

MAIN108A

b) Does your sight ever cause you difficulties (even when you're wearing your glasses or contact lenses)?

Yes 1

1809

No 2

MAIN108B

c) Do you ever have any difficulties with your hearing?

Yes 1 ASK d)

1810

No 2 GO TO Q109

MAIN108C

IF YES

d) (Can I check) do you ever wear a hearing aid?

CODE IF OBVIOUS

Yes 1

1811

No 2

MAIN108D

ALL

109. Now I would like to ask you about a few tasks that some people can do without any difficulty, but which others may find difficult or impossible.

SHOW CARD W As I read out each task I'd like you to look at this card and tell me whether you find it not difficult, quite difficult, very difficult or impossible to do on your own. **READ OUT ITEMS AND RING ONE ANSWER FOR EACH**

How difficult is it for you to ...

Difficulty

IF DOESN'T NORMALLY DO ACTIVITY.
ASK HOW DIFFICULT IT WOULD BE IF HAD
TO DO IT

Not Quite Very
difficult difficult difficult Impossible

A ... Get in and out of bed on your own?	1	2	3	4	1812 MAIN109A
B ... Get in and out of a chair on your own?	1	2	3	4	1813 MAIN109B
C ... Wash and dress yourself all over?	1	2	3	4	1814 MAIN109C
<hr/>					
D ... Wash your hands and face?	1	2	3	4	1815 MAIN109D
E ... Dress and undress yourself, including tying your shoes?	1	2	3	4	1816 MAIN109E
F ... Use the toilet on your own?	1	2	3	4	1817 MAIN109F
<hr/>					
G ... Prepare a snack for yourself?	1	2	3	4	1818 MAIN109G
H ... Make yourself a cup of tea?	1	2	3	4	1819 MAIN109H
I ... Cut up your own food?	1	2	3	4	1820 MAIN109I
<hr/>					
J ... Open a tin?	1	2	3	4	1821 MAIN109J

EMPLOYMENT

110a) Now I would like to ask you some questions about jobs you might have had.

First, can I check, did you do any paid work last week - that is in the seven days ending last Sunday - either as an employee or self-employed?

YES INCLUDES ANY PAID WORK
HOWEVER SHORT THE HOURS

Yes 1
No 2

1822

MAN 110A

b) And, did you have a paid job at any time before you reached the age of (MEN: 65/
WOMEN: 60)?

Yes 1 GO TO Q111
No 2 GO TO Q117

1823

MAN 110B

IF YES AT Q110b)

111a) Now I'd like to ask you about the main job you did before you reached the age of (MEN: 65/WOMEN: 60) What was the name or title of the job?

b) What kind of work did you do most of the time? What materials or machinery did you use? DESCRIBE FULLY

OUO

SOC

1824-26

RSOC

ES

1827-28

RES

SEG

1829-30

RSEG

SC

1831

RSC

c) What skills/qualifications were needed for the job?

d) How many hours including overtime, but excluding meal breaks, did you normally work?

ENTER HOURS:

1832-33

OR CODE: Can't say

98

MAN 111D

112. Did you normally go out to work or work at home?
- | | | |
|------------------|---|---------|
| Went out to work | 1 | 1834 |
| Worked at home | 2 | |
| Varied | 3 | MAIN112 |
113. Were you ... READ OUT ...
- | | | | |
|-------------------|---|------------|------|
| ... an employee | 1 | ASK Q114 | 1835 |
| or self-employed? | 2 | GO TO Q116 | |
- MAIN113
- 114a) IF EMPLOYEE
Did you supervise, or were you responsible for other people's work?
- | | | | |
|-----|---|------------|------|
| Yes | 1 | ASK b) | 1836 |
| No | 2 | GO TO Q115 | |
- MAIN114A
- b) IF YES
How many people?
- ENTER NUMBER:
- OR CODE: Can't say 9998
- MAIN114B
115. Including yourself, about how many people were employed at the place where you worked?
CODE ONE ONLY
- | | | | |
|------------|---|------------|------|
| Under 25 | 1 | GO TO Q117 | 1841 |
| 25 or more | 2 | | |
- MAIN115
116. IF SELF-EMPLOYED
Did you have any employees? IF YES: How many?
CODE ONE ONLY
- | | | |
|----------------------|---|---------|
| <u>YES:</u> Under 25 | 1 | 1842 |
| 25 or more | 2 | MAIN116 |
| <u>No, none</u> | 3 | |
- 17a). ALL INTERVIEWER RECORD:
- SPARE
1843-48
- | | | | |
|----------------------|---|------------|------|
| Free-living sample | 1 | CHECK b) | 1849 |
| Institutional sample | 2 | GO TO Q122 | |
- MAIN117A
- b) IF FREE-LIVING:
CHECK HOUSEHOLD GRID (Q54d) AND RECORD:
- | | | | |
|---------------------------------------|---|------------|------|
| Respondent is head of household (HoH) | 1 | GO TO Q122 | 1850 |
| Respondent is <u>not</u> HoH | 2 | GO TO Q118 | |
- MAIN117B

118a) CHECK GRID (Q54d) AND RECORD:

RETIREMENT AGE:
MALES: 65
FEMALES: 60

HoH is below retirement age
HoH is at/above retirement age

1 ASK b)
2 GO TO c); ASK ABOUT MAIN JOB IN WORKING LIFE

1851

MAIN118A

IF HoH BELOW RETIREMENT AGE

b) Can I check, is ... (HoH) currently in paid work of any sort?

Yes

1 GO TO c); ASK ABOUT CURRENT JOB

1852

No

2 GO TO c); ASK ABOUT MOST RECENT JOB

MAIN118B

c)

FOR HoH JOB QUESTIONS (Q118c - Q121)
ASK:
■ ABOUT MAIN JOB IN WORKING LIFE IF HoH AT RETIREMENT AGE OR OVER
■ ABOUT CURRENT JOB IF HoH UNDER RETIREMENT AGE AND IN WORK
■ ABOUT MOST RECENT JOB IF HoH UNDER RETIREMENT AGE AND NOT IN WORK

What is (was) the name or title of the job?

(HoH never worked)

7 GO TO Q122

1853

MAIN118C

d) What kind of work does (did) (HoH) do most of the time? What materials or machinery does (did) he/she use?

DESCRIBE FULLY

OUO

SOC

1854-56

HH3OC

ES

1857-58

HHES

SEG

1859-60

HH3EG

SC

1861

HH3C

c) What skills/qualifications are(were) needed for the job?

119. Is (was) (HoH) ...**READ OUT**...

... an employee
or self-employed?

1	ASK Q120
2	GO TO Q121

1862

MAIN119

IF EMPLOYEE

120. Does (did) (HoH) supervise, or is (was) he/she responsible for other people's work?

Yes
No

1	ASK b)
2	GO TO c)

1863

MAIN120A

IF YES

b) How many people?

ENTER NUMBER:

--	--	--	--

1864-67

**IF VARIED TAKE
LAST WEEK WORKED**

OR CODE: Can't say

9998

MAIN120B

c) About how many people are (were) employed at the place where (HoH) works (worked)?
CODE ONE ONLY

Under 25
25 or more

1	GO TO Q122
2	

1868

MAIN120C

IF SELF-EMPLOYED

121. Do (did) (HoH) have any employees?

IF YES: About how many?

CODE ONE ONLY

YES: Under 25 1
25 or more 2
NO, none 3

1869

MAIN121

END OF HOH OCCUPATION QUESTIONS

122a) **ALL**
SHOW CARD X Last week (that is the 7 days including last Sunday), did you do any unpaid voluntary work of the sorts shown on this card?

Yes	1 ASK b)
No	2 GO TO Q123

1870

LIST ON CARD:

MAIN 122A

- Raising money for a good cause
- Assisting public services (eg hospitals, working as a JP)
- Improving the environment (eg building a playground, cleaning a canal)
- Giving professional services free of charge (eg electrician, plumber, lawyer, doctor)
- Voluntary work with children (eg helping out in playgroup, creche or school)
- Working for community groups or pressure groups (eg local residents' or community groups, women's groups, prison reform)
- Serving on a voluntary committee
- Helping to organise any of these activities

IF YES

b) What exactly does this work involve?
PROBE FULLY. RECORD VERBATIM

1871-76

MAW122B

c) How many hours a week do you normally spend doing voluntary work?

ENTER HOURS PER WEEK:

--	--

1877-78

<p>IF NO NORMAL HOURS, TAKE LAST WEEK</p>

OR CODE: Can't say

98

MAIN 122C

QUALIFICATIONS

CN 19

ALL

123. Now some questions on your education. How old were you when you finished your continuous full-time education?

1908-09

UAW 123

- 14 or under 01
- 15 02
- 16 03
- 17 04
- 18 05
- 19 or over 06
- (No formal education) 07
- (Currently in full-time education) 08

124. **SHOW CARD Y.** Now please look at this card and tell me whether you have any of the qualifications listed. Please start at the top of the list and tell me the first one you come to that you have passed.

CODE FIRST TO APPLY

Degree (or degree level qualification)	}	01
Teaching qualification		
HNC/HND		
BEC/TEC Higher, BTEC Higher		
City and Guilds Full Technological Certificate		
Nursing qualification (SRN, SCM, RGN, RM RHV, Midwife)		
'A' levels/SCE Higher	}	02
ONC/OND		
BEC/TEC/BTEC <u>not</u> Higher		
SCOTBEC/TEC or SCOTVEC <u>not</u> Higher		
Higher School Certificate		
City and Guilds Advanced/Final		
'O' level passes (Grades A-C if after 1975)	}	03
GCSE (Grades A-C)		
CSE (Grade 1)		
SCE Ordinary (Bands A-C)		
Standard Grade (Levels 1-3)		
SLC Lower		
SUPE Lower or Ordinary		
School Certificate or Matric		
City and Guilds Craft/Ordinary level		
CSE Grades 2-5	}	04
GCE 'O' level Grades D & E (if after 1975)		
GCSE (Grades D,E,F,G)		
SCE Ordinary (Bands D & E)		
Standard Grade (Level 4,5)		
Clerical or commercial qualifications		
Apprenticeship		
CSE Ungraded		05
Other qualifications (SPECIFY) _____		06

No qualifications		07

1910-11

MAIN124

CLASSIFICATION

125. Now some more general questions about you to help us analyse our results. First, could you please tell me in which country you were born?

CODE ONE ONLY

- England 1
- Scotland 2
- Wales 3
- N. Ireland 4
- Eire 5
- Other country (SPECIFY) 6

- Refused 7

1912

MAIN 125

126a) SHOW CARD Z To which of the groups listed on this card do you consider you belong?

CODE ONE ONLY

- | | | |
|-------------------|----|------------|
| White | 01 | |
| Black - Caribbean | 02 | GO TO Q127 |
| Black - African | 03 | |
| Black - Other | 04 | ASK b) |
| Indian | 05 | |
| Pakistani | 06 | GO TO Q127 |
| Bangladeshi | 07 | |
| Chinese | 08 | |
| Mixed/Other | 09 | ASK b) |
| Refused | 97 | GO TO Q127 |

1913-14

MAIN 126A

IF BLACK - OTHER/MIXED/OTHER

b) How would you describe the racial or ethnic group to which you belong? PROBE FOR DETAILED DESCRIPTION AND RECORD FULLY

1915-16

MAIN 126B

127. **SHOW CARD AA** At the moment are you receiving any of the pensions shown on this card?

CODE ALL THAT APPLY

YES: National Insurance Retirement (Old Age) Pension 01
 Pension from previous employer 02
 Pension from spouse's previous employment 03
 Private pension/Annuity 04
 Pension from a Trade Union or Friendly Society 05
 War Disablement Pension 06
 Widow's or War Widow's Pension 07
 Widowed Mother's Allowance 08
 Other pension (SPECIFY) _____ 09
NO, none 96

1917-26

MAW127A -

MAW127E

128. **SHOW CARD BB** At the moment are you receiving any of the benefits shown on this card?

CODE ALL THAT APPLY

YES: Income Support 01
 Housing benefit 02
 Council tax benefit 03
 Severe disablement allowance 04
 Invalidity pension, benefit or allowance 05
 Industrial injury disablement benefit 06
 Attendance allowance/Disability Living allowance
 care component 07
 Mobility allowance/Disability Living Allowance
 Mobility component 08
 Disability Working Allowance 09
 Sickness benefit (National Insurance)
 (not employer's sick pay) 10
 Any other state benefit (SPECIFY) _____ 11
NO, none 96

1927-46

MAW128A -

MAW128J

129. **SHOW CARD CC** Which of the letters on this card best represents (IF INSTITUTION: your total personal income) the total income of your household from all sources, before tax and other deductions?

TAKE ESTIMATE IF NECESSARY

B 06
C 13
D 11
F 09
G 14
H 12
J 10
K 04
L 05
M 08
N 16
O 03
P 15
Q 01
T 02
Z 07

(Can't say) 98

(Refused) 97

1947-48

MAIN 129

130. Some interviews in a survey are checked to make sure that people like you are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

Number given (AND RECORDED ON ARF) 1

No access to telephone 2

Number refused 3

1949

MAIN 130

END OF SECTION THREE

131. **INTERVIEWER REMINDERS:**

- HAVE THAT YOU HAVE ADMINISTERED MEMORY QUESTIONNAIRE (GREEN)
- HAVE YOU HAVE ADMINISTERED SELF COMPLETION QUESTIONNAIRE (YELLOW)? (THIS MAY BE DEFERRED UNTIL A LATER VISIT)
- COMPLETE APPOINTMENT RECORD CARD TO SHOW YOUR NEXT VISIT(S)

GP ADDRESS SHEET QUESTIONS

TO BE COMPLETED AT THE END OF THE FIRST VISIT

a) Can I check are you registered with a GP (General Practitioner)?

Yes	1 ASK b)	1950
No	2 GO TO h)	

IF YES

b) We would like to inform your GP that you are participating in this study. Would you be happy for us to do that?

Yes	1 ASK c)	1951
No	2 GO TO d)	

IF YES

c) In order to do this we need to know your GP's name and address. **PROBE FOR GP NAME AND ADDRESS AND COMPLETE GP ADDRESS SHEET**

GP name and address completely given	1 GO TO e)	1952
GP name and address given in part	2 GO TO d)	
Not given	3	

d) **GIVE REASON GP NAME AND ADDRESS NOT COMPLETELY GIVEN**

GPC

GPD

1953-54

NOW COMPLETE GP ADDRESS SHEET

e) During the past 3 months have you seen your GP (General Practitioner) about your health at all?

Yes	1 ASK f)	1955
No	2 GO TO h)	

f) About how many times in the past 3 months?

INCLUDE HOME VISITS

ENTER NUMBER OF CONSULTATIONS:

--	--

1956-57

OR CODE: Can't say 98

GPF

g) Last time you consulted your GP, what was it about? What was wrong with you? **PROBE FULLY AND RECORD FULL DETAILS**

Refused to say	1	1958-69
----------------	---	---------

GP61 -

GP62

h) **NOW COMPLETE GP ADDRESS SHEET**

Income prompt card (Card CC)

P1403

CARD CC

**WEEKLY income
BEFORE tax**

**ANNUAL income
BEFORE tax**

Less than £ 77
 £ 78 - £ 115
 £ 116 - £ 154
 £ 155 - £ 192
 £ 193 - £ 230
 £ 231 - £ 289
 £ 290 - £ 346
 £ 347 - £ 385
 £ 386 - £ 442
 £ 443 - £ 500
 £ 501 - £ 558
 £ 559 - £ 615
 £ 616 - £ 673
 £ 674 - £ 730
 £ 731 - £ 788
 £ 789 or more

Q
 T
 O
 K
 L
 B
 Z
 M
 F
 J
 D
 H
 C
 G
 P
 N

Less than £ 3,999
 £ 4,000 - £ 5,999
 £ 6,000 - £ 7,999
 £ 8,000 - £ 9,999
 £ 10,000 - £ 11,999
 £ 12,000 - £ 14,999
 £ 15,000 - £ 17,999
 £ 18,000 - £ 19,999
 £ 20,000 - £ 22,999
 £ 23,000 - £ 25,999
 £ 26,000 - £ 28,999
 £ 29,000 - £ 31,999
 £ 32,000 - £ 34,999
 £ 35,000 - £ 37,999
 £ 38,000 - £ 40,999
 £ 41,000 or more



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403

NATIONAL DIET AND NUTRITION SURVEY

- PEOPLE AGED 65 YEARS OR OVER

1995

FINAL VISIT QUESTIONNAIRE

AFFIX SERIAL NUMBER
LABEL HERE

CN 27

TO BE ADMINISTERED TO ALL MAIN INTERVIEW RESPONDENTS ON INTERVIEWER'S FINAL VISIT.
(NOTE, THIS SHOULD BE ADMINISTERED EVEN IF NO FOOD DIARY)

INTERVIEWER CODE:

A.	SEX:	Male 1 Female 2	FVQA	2708						
B.	AGE:	Age <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	FVQB	2709-11						
C.	DATE OF INTERVIEW	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px; padding: 0 5px;">Day</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: 8px; padding: 0 5px;">Month</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: 8px; padding: 0 5px;">Year</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Day		Month		Year			
Day		Month		Year						
D.	INTERVIEW TO BE CONDUCTED WITH PERSON WHO COMPLETED FOOD DIARY OR GREATEST PART OF FOOD DIARY. (IF NO FOOD DIARY, WITH MAIN INTERVIEW RESPONDENT) RING CODE TO SHOW IDENTITY OF INTERVIEW RESPONDENT:									
		Sampled individual 1	FVQD	2712						
	Someone else (SPECIFY RELATIONSHIP TO SAMPLED INDIVIDUAL) 2									
E.	INTERVIEWER NAME: _____									
F.	INTERVIEWER NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			FVQF						

1a) ALL INTERVIEWER CODE:

- Food diary refused
- Partial food diary
- Food diary kept for full 4 days

1	GO TO d)
2	ASK b)
3	GO TO e)

2717

FVQ1A

b) IF PARTIAL FOOD DIARY RECORD NUMBER OF COMPLETE DAYS DIARY WAS KEPT FOR:

days
FVQ1B

2718

c) PLEASE ESTIMATE HOW MANY OF THE DIARY ENTRIES WERE WEIGHED:

- All or almost all weighed 1
- About three quarters weighed 2
- About two thirds weighed 3
- About half weighed 4
- About one third weighed 5
- About a quarter weighed 6
- None or almost none weighed 7

2719

FVQ1C

d) IF REFUSED/PARTIAL FOOD DIARY ENSURE THAT REASON FOR REFUSAL/WHY PARTIAL DIARY RECORD IS RECORDED ON ARF (C5)/IRF (C12)

NOW GO TO Q2

e) IF FOOD DIARY KEPT FOR FULL 4 DAYS PLEASE ESTIMATE HOW MANY OF THE DIARY ENTRIES WERE WEIGHED:

- All or almost all weighed 1
- About three quarters weighed 2
- About two thirds weighed 3
- About half weighed 4
- About one third weighed 5
- About a quarter weighed 6
- None or almost none weighed 7

2720

FVQ1E

2a) ALL INTERVIEWER CODE:

- Bowel movement sheet fully completed
- No bowel movement sheet/partially completed

1	GO TO c)
2	ASK b)

2721

FVQ2A

b) ENSURE THAT REASON WHY NO BOWEL MOVEMENT SHEET/WHY BOWEL MOVEMENT SHEET PARTIALLY COMPLETED IS RECORDED ON ARF(C8b)/IRF(C15b)

c) INTERVIEWER CHECK Q1a) AND RECORD:

- Food diary refused(CODE 1)
- Partial or full food diary (CODE 2 OR 3)

1	GO TO Q13
2	ASK Q3

2722

FVQ2C

IF PARTIAL OR FULL FOOD DIARY

VARY WORDING AS SHOWN IF RESPONDENT IS NOT SAMPLED INDIVIDUAL

RECORD OR ASK:

3a) Who recorded the food and drink entered in the diary? Please include all those people who did any recording (or weighing).

CODE ALL THAT APPLY UNDER (a)

IF TWO OR MORE CODES RINGED AT (a) ASK (b) (OTHERS GO TO Q4)

b) Who did most of the recording? RING ONE CODE UNDER (b) IN GRID

NB: IF 'INTERVIEWER', SPECIFY UNDER 'OTHER'/CODE 6

	(a)	(b)
	<u>Any</u>	<u>Most</u>
Sample member	1	1
	<u>FV3A1</u>	
Sample member's spouse	2	2
	<u>FV3A2</u>	
Other relative	3	3
	<u>FV3A3</u>	
Friend/neighbour	4	4
	<u>FV3A4</u>	
Professional Carer	5	5
	<u>FV3A5</u>	
Other (SPECIFY) _____	6	6

(a)
2725-7
(b)
2728

FV3B

4a) Do you think you missed out any kinds of food or drink when you kept the diary?

Yes	1	ASK b)
No	2	GO TO Q5
Can't say	8	

2729

FVQ4A

IF YES

b) What sorts of food or drink do you think you missed? RECORD EACH FOOD AND DRINK TYPE IN GRID AT (b)

ASK (c) FOR EACH ENTRY AT (b)

c) About how often did you miss ... TYPE OF FOOD/DRINK? PROMPT AS NECESSARY AND RING ONE CODE IN GRID AT (c)

Type of food/drink	(c) How often missed				
	More than once a day	Once a day	On 2 or 3 days	On one day only	Can't say
1 <u>FVQ4B1</u>	1	2	3	4	8
2 <u>FVQ4B2</u>	1	<u>FVQ4C1</u> 2	3	4	8
3 <u>FVQ4B3</u>	1	<u>FVQ4C2</u> 2	3	4	8
4 <u>FVQ4B4</u>	1	<u>FVQ4C3</u> 2	3	4	8
5 <u>FVQ4B5</u>	1	<u>FVQ4C4</u> 2	3	4	8
		<u>FVQ4C5</u>			

2730-2
2733-5
2736-8
2739-41
2742-4

5. On the whole, do you think that you
 (... SAMPLE MEMBER ...) ate ...
 READ OUT ...

... bigger portions,	1		2745
smaller portions,	2	FVQ5	
or the same size portions as usual while you were keeping the diary?	3		

6. During the ... FOUR/OTHER ... days did you
 (... SAMPLE MEMBER ...) eat out of the
 home, including at friends, ... READ OUT ...

... more often than usual,	1		2746
less often than usual,	2	FVQ6	
or about the same as usual?	3		
(Never eats out of home)	4		

7a) Do you think you (... SAMPLE MEMBER ...) changed your (his/her) normal diet in any other way during the time you were weighing your (his/her) food?

Yes	1	ASK b)	2747
No	2	GO TO Q8	

IF YES

b) In what way did you (he/she) change your (his/her) normal diet? RECORD FULL DETAILS

FVQ7A

FVQ7B

2748-57

8a) While you were keeping the diary were you (was ... SAMPLE MEMBER ...) unwell at all?

Yes	1	ASK Q9	2758
No	2	GO TO Q10	

FVQ8A

IF YES

9a) On which days were you (was ... SAMPLE MEMBER ...) unwell? RING ONE CODE FOR EACH OF THE 4 DIARY DAYS AT (a).
ASK (b) FOR EACH DAY UNWELL (CODED 1 AT a)

Did being unwell affect your (his/her) eating habits on this day?

b)	(a)			(b)			
	<u>Unwell</u>	<u>Not Unwell</u>	<u>(No Diary this day)</u>	<u>Eating affected</u>	<u>Did not affect eating</u>	<u>(Unsure)</u>	
Day 1	1	2 FVQ9A1	3	1	2 FVQ9B1	3	2759-60
Day 2	1	2 FVQ9A2	3	1	2 FVQ9B2	3	2761-2
Day 3	1	2 FVQ9A3	3	1	2 FVQ9B3	3	2763-4
Day 4	1	2 FVQ9A4	3	1	2 FVQ9B4	3	2765-6

10a) Is there anything you would like to say about the diary you kept?

Yes	1	ASK b)	2767
No	2	GO TO Q11	

FVQ10A

b) RECORD BELOW

FVQ10B

CN28

11a) INTERVIEWER RECORD:

Purchased duplicate food items from take-away or other shops during diary completion

1 GO TO b)

2808

Did not purchase duplicate food items

2 GO TO Q12

FVQ11A

b) GIVE DETAILS OF DUPLICATE FOOD ITEMS PURCHASED

FVQ11B

2809-22

12a) INTERVIEWER CHECK Q1a)

Partial Food diary (CODE 2)	1	GO TO Q13	2823
Full Diary 4 days (CODE 3)	2	ASK b)	

IF FULL DIARY

FVQ12A

b) HAND OVER INCENTIVE ENVELOPE AND ASK RESPONDENT TO SIGN ON FRONT OF ARF/IRF

Incentive accepted by respondent	1		2824
Incentive refused	2	FVQ12B	

ALL

13. INTERVIEWER CODE:

Nurse has made first visit to respondent	1	GO TO Q14	2825
Permission for nurse visit obtained, nurse not yet visited	2	GO TO c)	
Nurse visit refused	3	GO TO Q14	
Not yet asked permission for nurse visit	4	GO TO b)	

FVQ13

b) ASK PERMISSION FOR NURSE VISIT (ARF C12a/IRF C19a)

c) REMIND RESPONDENT THAT NURSE WILL VISIT

14. INTERVIEWER'S ASSESSMENT (TO BE COMPLETED IN EVERY CASE WHERE DIARY KEPT)

Please record your own assessment of the quality of weighing and recording in the home record and eating out diary. Note any circumstances that you think might have affected eating habits or the quality of the diaries.

RECORD DETAILS FULLY

IF NO DIARY, RING CODE 99

2826-35

FVQ14

CONSENT QUESTIONS

ALL

15. NURSE VISIT - CONSENT BOOKLET: RECORD WHETHER CONSENTS (WILL BE) SOUGHT FROM THE RESPONDENT OR FROM A PROXY.

Consents (will be) sought from respondent him/herself

1	ASK Qs 16-17
---	--------------

2836

Consents (will be) sought from a proxy

2	GO TO DENTAL CONSENT FORM
---	------------------------------

FVQ15

- 16a) In ... (STATE SOONEST COMING MONTH: April, July or October) a team of qualified dentists working on behalf of Newcastle University will be visiting some of the people who have taken part in this study in order to look at their gums and teeth. This would provide further valuable information related to diet and health. The dentist would be accompanied by either me or another SCPR interviewer. Would you be willing to help us with this study?

EXPLAIN AS NECESSARY: IT DOES NOT MATTER IF RESPONDENT HAS NO TEETH - WE ARE STILL INTERESTED IN LOOKING AT GUMS/DENTURES.

Yes	1
-----	---

2837

No	2
----	---

FVQ16A

- b) In general, would you say that you see your dentist for ...READ OUT:
- | | |
|----------------------------------------------------------|---|
| Regular checkups | 1 |
| Occasional checkups | 2 |
| ... or only when you are having trouble with your teeth? | 3 |
| (never see dentist/not registered with dentist) | 4 |

2838

FVQ16B

17. Also, after we have completed this study we may wish to contact you again about other aspects of your diet and health. Would you be willing for us to do this?

Yes	1
-----	---

2839

No	2
----	---

FVQ17

Unsure	3
--------	---

Bowel movement record sheet



Social and Community Planning Research
 University College London Medical School
 MRC Dunn Nutrition Centre, Cambridge

On behalf of:
 Department of Health,
 Ministry of Agriculture,
 Fisheries and Food

PEOPLE AGED 65 OR OVER

Bowel Movement Record Sheet

1995

It is of considerable medical importance to understand how your body digests what you eat. For this reason we would be very grateful if you would help us by recording your bowel movements on this sheet.

Please keep a record of the number of bowel movements you have each day for seven days starting with the first day you keep the food record diary.

On the first day you keep a record of what you eat, write in the day in the first column, below - for example, Wednesday.

When you first go to the toilet and have a bowel movement on that day, ring the number 1 in the second column. If you have a second bowel movement that day, circle the number 2, and so on.

Keep a record for each of the seven days (even if you are only recording the food you eat for four days) ending at midnight on the seventh day.

If you do not have a bowel movement on any day, please ring the number 0 in the third column.

Day	Number of bowel movements								No bowel movements
First Day	1	2	3	4	5	6	7	8	0
Second Day	1	2	3	4	5	6	7	8	0
Third Day	1	2	3	4	5	6	7	8	0
Fourth Day	1	2	3	4	5	6	7	8	0
Fifth Day	1	2	3	4	5	6	7	8	0
Sixth Day	1	2	3	4	5	6	7	8	0
Seventh Day	1	2	3	4	5	6	7	8	0

CN 23

BY 2301-05
 CN 2304-07

2312 BOW1
 2313 BOW2
 2314 BOW3
 2315 BOW4
 2316 BOW5
 2317 BOW6
 2318 BOW7

The interviewer will call to collect this sheet.

Thank you for your help.

OFFICE USE ONLY

AFFIX SERIAL NUMBER LABEL HERE

Sex of respondent

Male

Female

Age of respondent (in years)

P1403

2308 BOWSEX
 2309 BOWAGE



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403

NATIONAL DIET AND NUTRITION SURVEY

1995

MEMORY QUESTIONNAIRE

**AFFIX SERIAL NUMBER
LABEL HERE**

SN 2401-5
CN 2406-7

INTERVIEWER CODE:

CN24

A. SEX: Male 1 2408
 Female 2 MEMQA

B. AGE: 2409-11
MEMQB

DAY MONTH YEAR

C. DATE OF INTERVIEW: 2412-17
MEMQC

D. TIME INTERVIEW BEGAN: 2418-21
 (24 hour clock) MEMQD

1a) I would like to ask you a few questions about how well you remember things. Don't worry if they seem rather easy.

(Let me just check) How old are you?

ENTER AGE:

Three empty boxes for entering age.

2422-4

MEM Q1A

OR CODE: Can't say 998

b) INTERVIEWER CODE: Plausible age given
Implausible age given
Respondent does not know age

Table with 3 rows and 2 columns. Row 1: 1 ASK Q2. Row 2: 2. Row 3: 3 RING CODE: →

2425

X

MEM Q1B

2a) First, can you tell me, without looking at a clock or watch, roughly what time it is at the moment?

ENTER TIME GIVEN BY RESPONDENT TO NEAREST MINUTE (24 HOUR CLOCK):

Four empty boxes for entering time.

2426-9

OR CODE: Can't say 9998

MEM Q2A

b) INTERVIEWER CODE ONE OF THE FOLLOWING:

Respondent looked at clock/watch 1
Respondent did not appear to look at clock/watch but clock/watch clearly visible in the room 2
Respondent did not look at clock or watch and no clock/watch clearly visible in room 3

MEM Q2B

2430

c) INTERVIEWER RECORD ACTUAL TIME TO NEAREST MINUTE (24 HOUR CLOCK):

Four empty boxes for entering actual time.

2431-4

MEM Q2C

d) INTERVIEWER CODE:

Respondent within 1 hour of correct time 1
Respondent wrong by one hour or more (or can't say) 2

Table with 2 rows and 2 columns. Row 1: 1 ASK Q3. Row 2: 2 RING CODE: →

2435

X

MEM Q2D

3. Now I am going to read out an address. I would like you to try to remember it and repeat it back to me now, and again when I ask you in a few minutes time. The address is: 42 West Street. I shall repeat that: 42 West Street. Could you please repeat that?
MAKE SURE RESPONDENT HAS HEARD ADDRESS - RING ONE CODE

Respondent repeated address correctly 1
Respondent unable to repeat address correctly 2
Respondent refused to repeat address 3

Table with 3 rows and 2 columns. Row 1: 1 ASK Q4. Row 2: 2. Row 3: 3 RING CODE: →

2436

X

MEM Q3

4a) Do you remember what year it is now?
 IF YES: What?

Correct year (1994/1995) given
 Incorrect year given
 Can't say

1	ASK Q5
2	
3	RING CODE: →

2437
 X

5) Can you tell me your exact address
 (IF INSTITUTIONAL SAMPLE: the exact
 address of this place?)
 PROBE FOR DETAILS AND COMPARE TO
 ADDRESS ON ARF. CODE ONE ONLY

Address exactly right
 Address similar, but not exactly right
 (e.g. wrong street number)
 Address clearly wrong
 Can't say

MEM Q4

1	ASK Q6
2	
3	RING CODE: →
4	

2438
 X

6a) Can you tell me the name of your GP
 (General Practitioner or Doctor)?
 ENTER NAME OF GP. IF ONLY KNOWS NAME OF
 PRACTICE, ENTER THAT

MEM Q5

Name of GP (Practice) _____

OR CODE: Don't know 98
 No GP 97

MEM Q6A

b) INTERVIEWER CODE:

Name of GP (Practice) plausible
 Name of GP (Practice) implausible
 Don't know name of GP
 No GP

1	ASK Q7
2	
3	RING CODE: →
4	ASK Q7

2439-40
 2441
 X

7a) On what date were you born?

ENTER Day of month _____
 Month _____
 Year

--	--	--	--

OR CODE: Can't remember 9998

MEM Q6B

MEM Q7A

b) INTERVIEWER CODE:

Birthdate plausible
 Birthdate implausible
 Can't remember birth date

1	ASK Q8
2	
3	RING CODE: →

2446
 X

MEM Q7B

8.	Can you remember in what year the first world war began?	Correct (1914) Incorrect Can't say	<table border="1"> <tr> <td data-bbox="1077 212 1109 246">1</td> <td data-bbox="1141 212 1252 246">ASK Q9</td> </tr> <tr> <td data-bbox="1077 257 1109 291">2</td> <td data-bbox="1141 280 1364 313">RING CODE: →</td> </tr> <tr> <td data-bbox="1077 302 1109 336">8</td> <td></td> </tr> </table>	1	ASK Q9	2	RING CODE: →	8		2447 X
1	ASK Q9									
2	RING CODE: →									
8										
MEM Q8										
9.	Do you recall the name of the present king or queen?	Correct Incorrect Can't say	<table border="1"> <tr> <td data-bbox="1077 492 1109 526">1</td> <td data-bbox="1141 492 1260 526">ASK Q10</td> </tr> <tr> <td data-bbox="1077 537 1109 571">2</td> <td data-bbox="1141 560 1364 593">RING CODE: →</td> </tr> <tr> <td data-bbox="1077 582 1109 616">8</td> <td></td> </tr> </table>	1	ASK Q10	2	RING CODE: →	8		2448 X
1	ASK Q10									
2	RING CODE: →									
8										
MEM Q9										
10.	Now, could you please <u>count backwards</u> from 20 down to 1.	Successfully counted backwards Made error(s) Refused to count backwards	<table border="1"> <tr> <td data-bbox="1077 750 1109 784">1</td> <td data-bbox="1141 750 1260 784">ASK Q11</td> </tr> <tr> <td data-bbox="1077 795 1109 828">2</td> <td data-bbox="1141 817 1364 851">RING CODE: →</td> </tr> <tr> <td data-bbox="1077 840 1109 873">8</td> <td></td> </tr> </table>	1	ASK Q11	2	RING CODE: →	8		2449 X
1	ASK Q11									
2	RING CODE: →									
8										
MEM Q10										
11a)	CHECK Q3 AND RECORD:									
	Respondent repeated address correctly (CODE 1)		1	2450						
	Others (CODE 2 OR 3)		2	MEM Q11A						
b)	Now I'd like you to try to recall that address I asked you to remember a few minutes ago. Do you happen to remember it?									
	Respondent recalled correct address		1	GO TO Q12						
	Respondent gave incorrect address		2							
	Can't remember		8	RING CODE: →						
	Refused		7							
MEM Q11B										

**NOTE: ADDRESS WAS
42 WEST STREET**

12a) INTERVIEWER: COUNT UP TOTAL NUMBER OF X CODES RINGED ON QUESTIONNAIRE AND RECORD BELOW:

NUMBER OF X CODES RINGED:

--	--

MEMQ12A

2452-3

b) INTERVIEWER CODE:

0 - 2 X codes ringed

1 GO TO Q15

2454

3 - 4 X codes ringed

2 READ Q13

5 or more X codes ringed

3 READ Q14

MEMQ12B

IF 3-4 X CODES RINGED

13. RESPONDENT MAY HAVE PROBLEM. IF POSSIBLE CONSULT WITH CARE STAFF AND/OR SURVEY DOCTOR BEFORE DECIDING WHETHER TO SEEK A PROXY OR NOT.

GO TO Q15

IF 5 OR MORE

14. RESPONDENT APPEARS TO HAVE A PROBLEM. TAKE PROXY UNLESS THERE IS A GOOD REASON TO SUPPOSE THAT MEMORY TEST SCORE DOES NOT REFLECT RESPONDENT'S ABILITY (IN WHICH CASE GIVE FULL DETAILS AT Q15)

15. ENTER ANY INFORMATION THAT MAY HAVE A BEARING ON INTERPRETATION OF SAMPLE MEMBER'S MEMORY TEST SCORE BELOW

A. INTERVIEWER TO COMPLETE:

END TIME:
(24 hour clock)

--	--	--	--	--

MEMCOM

2455-8



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403
IN CONFIDENCE

SELF-COMPLETION BOOKLET

1995

AFFIX SERIAL NUMBER
LABEL HERE

CN22

SN 2201-5

CN 2206-7

SPARE 2208-14

**INTERVIEWER: CODE HOW BOOKLET WAS
COMPLETED ON BACK PAGE**

Please read this carefully

The questions on the following pages can be answered simply by putting a tick in the box next to the answer that applies to you.

For example:

Yes

No

Please answer every question.

Remember that there are no right or wrong answers.

			OFFICE
			USE
1.	Are you basically satisfied with your life?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA1 2215
2.	Have you dropped many of your activities and interests?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA2 2216
3.	Do you feel that your life is empty?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA3 2217
4.	Do you often get bored?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA4 2218
5.	Are you in good spirits most of the time?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA5 2219
6.	Are you afraid that something bad is going to happen to you?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA6 2220
7.	Do you feel happy most of the time?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA7 2221
8.	Do you often feel helpless?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA8 2222
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂	DEPA9 2223

- | | | | | | | | |
|-----|------------------------------------------------------------|-----|----------------------------|----|----------------------------|--------|------|
| 10. | Do you feel you have more problems with memory than most? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ10 | 2224 |
| 11. | Do you think that it is wonderful to be alive now? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ11 | 2225 |
| 12. | Do you feel pretty worthless the way you are now? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ12 | 2226 |
| 13. | Do you feel full of energy? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ13 | 2227 |
| 14. | Do you feel that your situation is hopeless? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ14 | 2228 |
| 15. | Do you think that most people are better off than you are? | Yes | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 | DEPQ15 | 2229 |

THANK YOU FOR ANSWERING THESE QUESTIONS. NOW PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER.

<u>HOW BOOKLET WAS COMPLETED</u>		
INTERVIEWER CODE ONE BELOW:		
Booklet completed by respondent without help	1	2230
Booklet completed by respondent with help from me/another person	2	
Booklet administered by me as a questionnaire	3	

DEPANT

How to weigh your food & drink and complete your diary

To switch on the scale, press the word "on" firmly. The display will show '88888'. After a few seconds the display will read '0' and the scale is ready to weigh.

1. First write in the time, including am or pm, and the type of container that you are going to eat your meal from, eg. plate.
2. Place the container on the scale and write its weight in the diary on the same line, in the column marked "weight served".
3. On the next line write down the brand name of the first food item in the "brand column", eg. Walls.
4. Write down the description of the first food item alongside the brand name. Give as much detail as you can, eg. Two premium pork sausages, grilled.
5. Put the food on the plate and write down the weight in the "weight served" column.
6. On the next line write down the brand name of the second food item in the "brand column" and the description of the second food item alongside. eg. Co-op, size 3 egg, fried in lard.
7. Put the egg on the same plate and write down the total weight.
8. For each item of food that you have, please repeat the steps from number 6.

Once you have finished your meal, weigh the plate with any leftovers (if there are any), write this weight next to the weight of the container or plate, in the column marked "weight leftover". Place a tick in this column next to the foods leftover. Write details of what was left in the 'Remarks' section.

When you use a different container for part of your meal (or another meal) then you should leave a blank line in the diary before you enter the description of the container and then repeat from step 1.

To turn scale off, press the "zero" firmly so that the scale reads '0', then press "off".

Please note that the scale automatically turns itself off after two minutes. If the scale does turn itself off, remove the plate, turn the scales on, replace the plate and continue as before.

PLEASE REMEMBER TO:

- START a new line for each new food item.
- LEAVE a blank line between each cupful or plateful.
- LIST the ingredients of any dishes or recipes you make yourself on the recipe sheets provided.

Day of week: <i>Friday</i>		How well do you feel today?		
Date: <i>1/2/10</i>		PLEASE TICK ONE BOX ONLY		
Time	Brand name	Food and Drink Please describe each item in detail	Better than usual The same as usual Worse than usual	
any/pm			Weight served (grams)	
			Weight leftover (grams)	
<i>9:15am</i>	<i>Mothers Pride</i>	<i>Plate</i>	<i>341</i>	<i>323</i>
	<i>Stark S.B.</i>	<i>Toast 2 slices from medium sliced white loaf</i>	<i>300</i>	
	<i>Margarine</i>	<i>Bacon One rasher, smoked lean back. Grilled</i>	<i>316</i>	
	<i>Tesco</i>	<i>Fried egg (size 3) Fried in lard.</i>	<i>348</i>	<input checked="" type="checkbox"/>
	<i>Spar</i>	<i>Baked beans. Half a large tin</i>	<i>399</i>	<input checked="" type="checkbox"/>
<i>10:30am</i>	<i>Plate</i>		<i>200</i>	
	<i>Carburys</i>	<i>One bar of chocolate</i>	<i>254</i>	

Remarks: *left bacon rind and two tablespoons of beans*

REMEMBERS

- Write in the day and date
- Tick a box to show how well you feel
- Write down the type of container
- Weigh the container and write down the weight
- Write a description of each item of food and drink you have - take a new line for each new item
- Weigh the plate every time you add another item - write down the weight
- Weigh any leftovers and write the weight in the "weight leftover" column alongside the name of the container
- Put a tick in the "weight leftover" column alongside any leftover food
- Leave a blank line before starting the next container
- Write any comments you may have



PEOPLE AGED 65 OR OVER

National Diet and Nutrition Survey People aged 65 years or over

FOOD & DRINK DIARY

Please weigh and write down in this diary EVERYTHING you eat and drink at home.

It is very important that you do not change what you usually eat and drink when you are keeping this record.

What to write in this diary:

- ALL food, eaten in your home.
- ALL drinks, including alcohol and water.
- ALL vitamin and mineral supplements.
- ALL medicines.

Keep this diary on these 4 days:

- Day 1
- Day 2
- Day 3
- Day 4

Interviewer visits:

.....

.....

.....

.....

If you have any problems, the interviewer will be able to help.

Interviewer's name

SCPR
35 Northampton Square
London
EC1V 0AX

Age of Respondent (in years)

Sex of Respondent (please tick box) M

F

Interviewer number:

AFFIX SERIAL NUMBER LABEL HERE

Dietary record, free living (similar document used in institutions)

Information about some of the foods you usually eat and drink

What type(s) of milk do you use? TICK ALL THAT APPLY

- Full cream, silver top (includes homogenised)
- Semi-skimmed, red and white striped top
- Skimmed (fat free), blue and silver checked top
- Channel islands, gold top
- Dried milk; please give the brand name:.....
- Soya; please give the brand name:.....
- Other, please specify:.....
- None

Which type(s) of bread do you usually eat?

- White
- Brown or wheatgerm
- Granary
- Wholemeal
- Softgrain, please give the brand name:
- Other, please give full details:

Which type(s) of margarine, butter or other fat do you use for spreading?

Please give full details:

Which type(s) of fat or oil do you use for frying?

Please give full details:

Which type(s) of fat do you use for baking?

Please give full details:

What size loaf do you usually buy?

- Large (800 grams)
- Small (400 grams)
- Don't know/not sure/varies

How is the bread that you use sliced?

- Thin sliced
- Medium sliced
- Thick sliced
- Don't know/not sure/varies

People tend to use the same size cup (or mug) for tea or coffee when they are at home, and to add a similar amount of milk and sugar to each cup. Because of this, you need only weigh one cup of tea and one cup of coffee whilst you keep your food diary. Use the cup or mug that you usually use and enter the weights in the grid below.

TEA AND COFFEE RECORD				OFFICE USE ONLY Serial Number Label affixed (please tick) <input type="checkbox"/>					
Brand name	Give full details of all drinks entered below			Weight served (grams)	Weight leftover (grams)	Est tick box	Source	Brand code	Food code
	CUP OF TEA		CODE 9991						
	INSTANT COFFEE		CODE 9992						
	FRESH COFFEE		CODE 9993						

Dietary record, free-living (similar document used in institutions) – continued

Day of week		How well do you feel today? PLEASE TICK <u>ONE</u> BOX ONLY			OFFICE USE ONLY EO diary					
Date [][][][][][]		Better than usual <input type="checkbox"/>	The same as usual <input type="checkbox"/>	Worse than usual <input type="checkbox"/>	Serial Number Label affixed (please tick) <input type="checkbox"/>	Yes 1	No 2			
Time am/pm	Brand name	Food and Drink Please describe each item in detail			Weight served (grams)	Weight leftover (grams)	Est tick box	Source	Brand code	Food code
Remarks										



NATIONAL DIET AND NUTRITION SURVEY
People aged 65 years or over

2

Eating & Drinking Outside the Home

Record all meals, snacks and drinks that you have outside your home.

Sex of respondent -


- Male 1
- Female 2

Age of respondent

AFFIX SERIAL NUMBER LABEL HERE

Day: *Wednesday...*

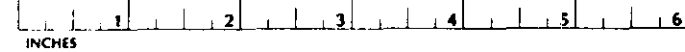
Date: *10 August 1994*

Time am/pm	Details of where food/drink was from	Description of food - include brand name and quantity	Price	Describe any leftovers
10am	High Street Cafe	Cup of tea with milk and 2 teaspoons of white sugar	35p	None
		Fruit scones with one teaspoon of butter and two teaspoons of strawberry jam.	60p	None
3:30pm	Friend's House.	Homemade victoria sponge with jam filling One slice - 	—	Left half.

Day:

Date:

Time am/pm	Details of where food/drink was from	Description of food - include brand name and quantity	Price	Describe any leftovers



Day:

Date:

Time am/pm	Details of where food/drink was from	Description of food - include brand name and quantity	Price	Describe any leftovers

Recipe Sheet Please use this sheet to record the ingredients of any recipe that you have made. You do not have to weigh the ingredients, but please try to give an estimate of the amounts of the ingredients that you used; for example: two rashers of streaky bacon, ½ pint of milk, 2 ounces of white breadcrumbs, one heaped tablespoon of sugar etc.

Name of Dish: _____

When was dish eaten? Day: _____ **Date:** _____ **Time:** _____

Amount Give full details.	Ingredients Give a full description.
Cooking method:	



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403

October/December 1994

Institution serial number

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Food Providers Questionnaire (Institutions)

Purpose of the Survey

Over the past 20 years or so there has been a considerable increase in the range of foods available in the shops, and for many people this has meant changes in the kinds of foods they eat. We have been asked to carry out a large national survey to find out about the eating habits of people aged 65 years or over in Britain. Because you provide food for people in this age group, we would be grateful if you would spend a short time answering the following questions. Naturally, your answers will be treated with complete confidence.

COMPLETING THE QUESTIONNAIRE

The questions are in two sections. The first section asks about the types of food you provide. The second section asks about the portion sizes of food that you serve, such as the amounts of ice cream or sauces etc. Please provide as much detail as possible. Most questions simply involve ticking boxes, for example:

Which type(s) of bread do you provide?

Please tick all that apply:

- White
- Brown or wheatgerm
- Granary
- Wholemeal

Some of the questions ask for short written answers, for example:

What type(s) of fat spread do you provide for bread or toast?

For example, is it butter, margarine or a low fat spread?

Please give the name(s) and type(s):

Please try to answer every question.

Remember that there are no right or wrong answers.

SECTION 1: TYPES OF FOOD THAT YOU PROVIDE.

1) Which type(s) of bread do you provide?

Please tick all that apply:

- White
- Brown or wheatgerm
- Granary
- Wholemeal
- Softgrain (please give name and type)

Other (please give name and type)

2) How is the bread that you provide sliced?

Please tick all that apply:

- Thin sliced
- Medium sliced
- Thick sliced
- Don't know/not sure/varies

3) What type(s) of fat spread do you provide for bread or toast?

For example, is it butter, margarine or a low fat spread?

Please give the name(s) and type(s):

4) What type(s) of fat or oil do you use for roasting and frying?

Please give the name(s) and type(s):

Food providers questionnaire (institutions) – *continued*

3

- 5) What type(s) of fat do you use for making pastry?
*If you use different fats together, please give the amounts, eg. 1/2 lard to 1/2 butter.
 Please give the name(s) and type(s):*

If you don't make pastry, please tick this box: →

- 6) What type(s) of fat do you use for baking, eg. in cakes and biscuits?
Please give the name(s) and type(s):

If you don't use fat in baking, or don't bake, please tick this box:

- 7) What type(s) of milk do you provide for breakfast cereals and drinks, eg. tea, cocoa etc?
Please tick all that apply:

Fresh (pasteurised): whole
 semi skimmed
 skimmed

Longlife/UHT: whole
 semi skimmed
 skimmed

Dried milk (please give name(s) below)

Other type (please give details below)

4

- 8) What type(s) of milk do you use for cooking (eg. in sauces, milk puddings, custards etc?)
Please tick all that apply:

Fresh (pasteurised): whole
 semi skimmed
 skimmed

Longlife/UHT: whole
 semi skimmed
 skimmed

Dried milk (please give name(s) below)

Other type (please give details below)

- 9) What type(s) of tinned fruit do you provide?
Please tick all that apply:

Tinned in syrup (please specify below)

Tinned in natural juice (please specify below)

If you don't provide tinned fruit, please tick this box:

- 10) Do you use artificial sweeteners in cooking?
*eg to sweeten stewed fruit, custard, milk puddings
 or in cakes and biscuits*

Please tick one box:

Yes
 No

If you use artificial sweetener in cooking, please go to question 11, if not go to question 12.

- 11) If you use artificial sweeteners in cooking, please give details of the foods to which you add them below:

- 12) Do you add vitamin, mineral or other supplements to any of the foods that you provide?

Please tick one box:

Yes

No

If yes, give details of the supplement(s) and the food(s) to which you add them below:

- 13) Do you add vitamin, mineral or other supplements to any of the drinks that you provide?

Please tick one box:

Yes

No

If yes, give details of the supplement(s) and the drink(s) to which you add them below:

- 14) What type(s) of soup do you provide?

Please tick all that apply:

Homemade

Tinned

Dried

Carton

Other (please specify below)

Don't provide soup

SECTION 2: SIZE OF SERVINGS.

This section asks you about the amounts of food that you serve. Do not worry if you do not know the exact weight of the portions you serve, as you can estimate the amounts in other ways. For example, in tablespoons, cups, pints or ladles etc.

- 1) How much custard would you give as a typical serving?

For example, a third of a pint, 4 tablespoons etc.

Please give full details:

If you don't provide custard, please tick this box:

- 2) How much sauce or gravy would you give as a typical serving?

For example, quarter of a pint, 2 tablespoons etc.

Please give full details:

Sauce: _____

Gravy: _____

If you don't provide sauces or gravies, please tick this box:

- 3) How much cream would you give as a typical serving?

Does the amount vary if the cream is whipped?

Please give full details:

If you don't provide cream, please tick this box:

- 4) How much ice cream would you give as a typical serving?

Do you give more if you serve it alone, and less if it accompanies other food?

Please give full details:

If you don't provide ice cream, please tick this box:

Food providers questionnaire (institutions) – *continued*

7

5) How much soup would you give as a typical serving?
For example, a third of a pint etc.
 Please give full details:

If you don't provide soup, please tick this box:

6) How much mashed potato would you give as a typical serving?
For example, one scoop, two tablespoons etc.
 Please give full details:

7) How much boiled or roast potato would you give as a typical serving?
For example, four egg-sized pieces each or 1lb serves five people etc.
 Please give full details:

8) How much tinned fruit would you give as a typical serving?
For example, four tablespoons etc.
 Please give full details:

If you don't provide tinned fruit, please tick this box:

If you have any comments please write them in the space below:

Thank you for answering these questions.

PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER.

Food record (institutions)

FOOD RECORD

Date: Serial number affixed?

Please use this to record everything _____ eats and drinks today

Time of day	Full description of the types and amounts of all foods and drinks consumed:
Before breakfast Time:	
Breakfast Time:	
In the morning Time:	
Midday meal Time:	
In the afternoon Time:	
Evening meal Time:	
In the evening or during the night Time:	



Social and Community Planning Research
 University College London Medical School
 MRC Dunn Nutrition Centre, Cambridge

On behalf of
 Department of Health,
 Ministry of Agriculture,
 Fisheries and Food

PEOPLE AGED 65 OR OVER

P1403 NATIONAL DIET AND NUTRITION SURVEY 1995

PEOPLE AGED 65 OR OVER

CONSENT BOOKLET

NURSE TO COMPLETE: _____ Booklet type : 1

SEX: Male 1
 Female 2

AFFIX ADDRESS LABEL HERE

AGE: _____

DATE OF BIRTH: DAY MONTH YEAR

COMPLETE IN CAPITALS:

Full name of survey participant: Mr/Mrs/Ms/Ms/D: _____

Name of nurse: _____

Sp. 3501-05
 CA. 3606-07
 3508

SEX 3509

AGE 3510-12

DOB 3516-24

A CONSENT BOOKLET OR PROXY CONSENT BOOKLET MUST BE COMPLETED BEFORE BLOOD PRESSURE IS MEASURED AND BLOOD SAMPLE IS TAKEN

A. RING ONE CODE PER LINE TO SHOW OUTCOME OF ATTEMPTS TO OBTAIN CONSENT:

		Consent obtained?		
		Yes	No	
Section 1:	Consent to send GP BP results	1	2	3514
Section 2:	Part A: Consent for taking blood sample	1	2	3515
	Part B: Consent to send GP blood results	1	2	3516
	Part C: Consent to store blood	1	2	3517
Section 3:	Consent for name to be passed to NHS Central register	1	2	3518

B. TEAR OFF TOP COPY OF FRONT PAGE. RETURN ALL CONSENT FORMS (WITH BOTTOM COPY OF FRONT PAGE ATTACHED) TO THE DUNN IN PRE-PAID ENVELOPE PROVIDED EVEN IF NO CONSENT GIVEN (ie ALL CODE 2 ABOVE). RETURN TOP COPY OF FRONT PAGE TO SCPR WITH YOUR OTHER WORK.

Return Address: Survey Office
 Dunn Nutrition Unit
 Downhams Lane
 Milton Road
 Cambridge
 CB4 1BR

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

1. Consent for Blood Pressure results to be sent to GP

Name:

I consent to the SCPR/UCL/Dunn survey team, who are carrying out the National Diet and Nutrition Survey, informing my General Practitioner (GP) of my blood pressure results.

I understand that the blood pressure results may be used by my GP to help monitor my health and that my GP may wish to include the results in my medical records.

Signed: Date:

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

2. Consent for Blood Sampling

PART A

Name:

I consent to a qualified nurse taking a sample of my blood on behalf of the SCPR/UCL/Dunn survey team. The sample will be used to measure the levels of nutrients in my blood so that these can be compared with my diet. The blood sample will not be used to test for viruses (eg HIV).

The purpose of taking a blood sample, and the procedure, have been explained to me and I have had an opportunity to discuss these with the nurse. I have also received a leaflet which explains it and describes the tests that will be carried out on the blood sample.

Signed: Date:

Signature of Witness: Date:

Details of witness:

Name of Witness
(IN CAPITALS) Date:

Address of Witness: Date:

.....
.....

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

PART B

I also consent to the SCPR/UCL/Dunn survey team informing my General Practitioner (GP) of my blood test results.

I understand that the blood test results may be used by my GP to help monitor my health and that my GP may wish to include these results in my medical records.

Signed: Date:

PART C

I consent to any remaining blood being stored for future analysis. It will not be used to test for viruses (eg HIV).

Signed: Date:

3. Consent for passing name to NHS Central Register

I consent to my name being passed to the NHS Central Register so that further medical details about me can be collected as they become available.

I understand that these details will be used for research purposes only.

Signed: Date:



Social and Community Planning Research
 University College London Medical School
 MRC Dunn Nutrition Centre, Cambridge

On behalf of
 Department of Health
 Ministry of Agriculture,
 Fisheries and Food

PEOPLE AGED 65 OR OVER

P1403 **NATIONAL DIET AND NUTRITION SURVEY** 1995
 PEOPLE AGED 65 OR OVER
PROXY CONSENT BOOKLET

NURSE TO COMPLETE:
DETAILS OF SURVEY PARTICIPANT

Booklet type : 2

SEX: Male 1
 Female 2

AFFIX ADDRESS LABEL HERE

AGE

DATE OF BIRTH: DAY MONTH YEAR

COMPLETE IN CAPITALS

Full Name of survey participant: Mr/Mrs/Miss/Ms/Dr _____

Name of nurse: _____

DETAILS OF CLOSE RELATIVE/CARER

Full name of Close Relative/Carer: Mr/Mrs/Miss/Ms/Dr _____

Relationship to Survey Participant _____

Address of Close Relative/Carer (ENTER 'AS ABOVE' IF SAME AS SURVEY PARTICIPANT)

A. RING ONE CODE PER LINE TO SHOW OUTCOME OF ATTEMPTS TO OBTAIN CONSENT:

		Consent obtained?	
		Yes	No
<u>Section 1a:</u>	Consent for basic measurements	1	2
<u>Section 1:</u>	Consent to send GP BP results	1	2
<u>Section 2:</u>	Part A: Consent for taking blood sample	1	2
	Part B: Consent to send GP blood results	1	2
	Part C: Consent to store blood	1	2
<u>Section 3:</u>	Consent for name to be passed to NHS Central register	1	2

B. TEAR OFF TOP COPY OF FRONT PAGE. RETURN ALL CONSENT FORMS (WITH BOTTOM COPY OF FRONT PAGE ATTACHED) TO THE DUNN IN PRE-PAID ENVELOPE PROVIDED **EVEN IF NO CONSENT GIVEN** (ie ALL CODE 2 ABOVE) RETURN TOP COPY OF FRONT PAGE TO SCPR WITH YOUR OTHER WORK.

Return Address:
 Survey Office
 Dunn Nutrition Unit
 Downhams Lane
 Milton Road
 Cambridge
 CB4 1BR

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

Consent Forms

1a) Consent for basic measurements to be taken

Name of Survey Participant:

I being the

of the person named above, consent to the SPCR/UCL/Dunn survey team, who are carrying out the National Diet and Nutrition Survey, performing the following procedures on him/her:

Measurement of:

- Height
- Weight
- Arm length
- Waist circumference
- Hip circumference
- Upper arm circumference
- Hand grip strength
- Blood pressure
- Visual acuity (eyesight)

I understand that all these measurements are both harmless and painless and will not be performed should the person show any resistance or distress.

Signed: Date:

NOTE FOR NURSE: COMPLETE SECTION 4 BEFORE TAKING ANY MEASUREMENTS

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

1. Consent for Blood Pressure results to be sent to GP

Name of Survey Participant:

I being the

of the person named above, consent to the SPCR/UCL/Dunn survey team, who are carrying out the National Diet and Nutrition Survey, informing his/her General Practitioner (GP) of his/her blood pressure results.

I understand that the blood pressure results may be used by the GP of the person named above to help monitor his/her health and may be included in that person's medical records.

Signed: Date:

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

2. Consent for Blood Sampling

PART A

Name:

I being the of the person named above, consent to a qualified nurse taking a sample of his/her blood on behalf of the SCPR/UCL/Dunn survey team. The sample will be used to measure the levels of nutrients in the above named person's blood so that these can be compared with his/her diet. The blood sample will not be used to test for viruses (eg HIV).

The purpose of taking a blood sample, and the procedure, have been explained to me and I have had an opportunity to discuss them. I have also received a leaflet which explains the survey and describes the tests that will be carried out on the blood sample.

Signed: Date:

NOTE FOR NURSE: COMPLETE SECTION 4 BEFORE TAKING BLOOD SAMPLE

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

PART B

I also consent to the SCPR/UCL/Dunn survey team informing the General Practitioner (GP) of the person named above of these blood test results.

I understand that the blood test results may be used by the GP to help monitor the health of the person named above and may be included in his/her medical records.

Signed: Date:

PART C

I consent to any remaining blood being stored for future analysis. It will not be used to test for viruses (eg HIV).

Signed: Date:

3. Consent for passing name to NHS Central Register

Name of sample member

I being the of the person named above, consent to his/her name being passed to the NHS Central Register so that further medical details about him/her can be collected as they become available. I understand that these details will be used for research purposes only.

Signed: Date:

NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

4. **TO BE COMPLETED BY THE NURSE:**

THIS DECLARATION MUST BE COMPLETED BEFORE ANY MEASUREMENTS ARE TAKEN:

I have attempted to explain the measurements outlined in this booklet to the survey participant and confirm that he/she has not shown or expressed any resistance to them being completed.

I will further attempt to explain each measurement to the survey participant before it is undertaken and will stop any measurement if he/she shows any resistance or distress.

Signed (NURSE): Date:

IF ANY MEASUREMENTS WERE STARTED BUT NOT COMPLETED DUE TO THE SURVEY PARTICIPANT SHOWING ANY RESISTANCE OR DISTRESS PLEASE GIVE DETAILS BELOW (OTHERS LEAVE BLANK):



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of:
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403

NATIONAL DIET AND NUTRITION SURVEY
DENTAL CONSENT FORM

1994-5

SEX: Male 1

Female 2

AGE:

AFFIX SERIAL NUMBER LABEL

ONLY TO BE COMPLETED WHEN WRITTEN CONSENT REQUIRED
(SEE INSTRUCTIONS)

ENTER DETAILS OF THE PERSON FROM WHOM THIS PROXY
CONSENT IS SOUGHT BELOW:

NAME OF CLOSE RELATIVE/CARER _____

RELATIONSHIP TO SAMPLE MEMBER _____

ADDRESS OF CLOSE RELATIVE/CARER _____

OFFICE USE ONLY

Dental Consent	Y	4
	N	5
Other consent	Y	4
	N	5

2836

2838

1. Consent for Dental Survey

Name of survey participant:

I being the of the

person named above, consent to a dentist working on behalf of Newcastle University in liaison with the SCPR/UCL/Dunn survey team visiting him/her to inspect his/her teeth and/or gums.

Signed Date

2. Consent to be Contacted Again

I being the of the

person named above, consent to the SCPR/UCL/Dunn survey team contacting me again in order to seek my consent for further information about his/her health to be collected.

I understand that the nature of the further information will be explained to me fully before I am asked to give my consent.

Signed Date



PEOPLE AGED 65 OR OVER

Social and Community Planning Research
University College London Medical School
MRC Dunn Nutrition Centre, Cambridge

On behalf of
Department of Health,
Ministry of Agriculture,
Fisheries and Food

P1403 NATIONAL DIET AND NUTRITION SURVEY: PEOPLE AGED 65 OR OVER

NURSE RECORD FORM (NRF) (FREE LIVING SAMPLE)

1994/5

FRONT PAGE: TO BE COMPLETED BY INTERVIEWER
OTHER PAGES: TO BE COMPLETED BY NURSE

AFFIX ADDRESS/SERIAL
NUMBER LABEL HERE

Location details/New Address

SH 201-1
DH 206-7
Form 206-1
Page 2/10

INTERVIEWER NAME:

No.

NURSE NAME:

No.

2114

Telephone Number:

1a) **INTERVIEWER: NURSE VISIT INTRODUCTION OUTCOME**

Nurse visit agreed

AA GO TO b)
[APPOINTMENT
DETAILS]

Nurse visit refused/No interview obtained

91 END [SEND TO
NURSE]

2114

b) **INTERVIEWER: RECORD APPOINTMENT DETAILS FOR FIRST VISIT**

Appointment Date: ____ / ____ / ____

Time:

INTERVIEWER: NOW SEND THIS FORM TO NURSE

Nurse record form, free-living (similar document used in institutions) – continued

2

2. CALLS RECORD (Note all calls, even if no reply) TMC 220-1

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)

--	--	--	--	--	--	--	--	--	--	--	--	--

ii) Date

--	--	--	--	--	--	--	--	--	--	--	--	--

iii) Month

--	--	--	--	--	--	--	--	--	--	--	--	--

EXACT TIME OF CALL

--	--	--	--	--	--	--	--	--	--	--	--	--

NOTES

3. RECORD OUTCOME OF ATTEMPT TO ADMINISTER NURSE SCHEDULE TO NAMED INDIVIDUAL: 215-6

Nurse Schedule completed (fully or partially)	81 GO TO Q4
<u>Nurse schedule not completed</u>	
- no contact made	83
- refusal by person	84
- proxy refusal	85
- broken appointment	86 END
- ill (at home)	87
- ill (in hospital)	88
- away (other reason)	89
- other (GIVE REASON) _____	90

3

4a) OBTAINING CONSENT: RECORD WHETHER CONSENTS SOUGHT FROM THE RESPONDENT OR FROM A PROXY.

Consents sought from respondent him/herself (ordinary Consent Booklet to be used)	1 GO TO Q5	212
Consents sought from a proxy (Proxy Consent Booklet to be used)	2 GO TO b)	

b) IF CONSENTS SOUGHT FROM PROXY: RECORD DETAILS BELOW: 234

Proxy is close relative	- Local, contacted by me	1	
	- Not local, contacted by office	2	
	- Details unavailable/refused	3	
Proxy is principal carer (there is no close relative)		4	

IF NURSE SCHEDULE COMPLETED (CODE 81)

5. COMPLETE GRID BELOW TO SHOW OUTCOME OF INDIVIDUAL PROCEDURES

	OBTAINED	NOT OBTAINED
Blood Pressure	1	2
Height	1	2
Weight	1	2
Demi Span	1	2
Waist circumference	1	2
Hip circumference	1	2
Mid-upper arm circumference	1	2
Grip strength	1	2
Blood sample	1	2
Urine sample	1	2
Visual acuity	1	2

222
223
224
225
226
227
228
229
230
231
232

6. DUNN NUTRITIONAL LABORATORY SUMMARY CARD (NURSES)

Complete and post sample member's card **IMMEDIATELY** after you have made your final data collection visit or have obtained some other final outcome (eg. refusal).

Initials: _____ Age: _____

Sex: Male 1 Female 2

i) ENTER OUTCOME CODE AS RECORDED AT NRF Q3:

ii) From Nurse Schedule E4a): Copy Systolic/Diastolic BP reading:

	Systolic	Diastolic	(Ring if BP not obtained)
1st Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	997
2nd Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	997
3rd Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	997

iii) From Nurse Schedule F1a): Copy consent outcome code:

iv) From Nurse Schedule F2a): Copy blood sample outcome code:

v) From Nurse Schedule F3b): approx. volume of blood obtained: ml

vi) Was a urine sample collected? Yes 1 / No 2

vii) From Nurse Schedule H2ab/H3ab: record only best reading for each eye (i.e. highest score number)

	GAC Score	No. of letters (1-4)	Ring if can't read any	Ring if blind
Right Eye	<input type="text"/> • <input type="text"/>	<input type="text"/>	977	988
Left Eye	<input type="text"/> • <input type="text"/>	<input type="text"/>	977	988

AFFIX SERIAL NUMBER LABEL HERE



P1403

NATIONAL DIET AND NUTRITION SURVEY

1995

NURSE SCHEDULE

<u>CONTENTS</u>		
<u>SECTION</u>		<u>PAGE</u>
A.	OBTAINING CONSENT	1
B.	HEIGHT, WEIGHT AND DEMI SPAN	5
C.	WAIST, HIP AND MID-UPPER ARM CIRCUMFERENCES	9
D.	GRIP STRENGTH	12
E.	BLOOD PRESSURE	13
F.	BLOOD SAMPLE	16
G.	URINE SAMPLE	18
H.	VISUAL ACUITY	19
I.	DESPATCH OF SAMPLES	23

Affix serial number
label here

CN36

SN 3601-5

CN 3606-7

SPARE

3608-10

NURSE CODE:

A SEX: Male 1
Female 2

B AGE:

C DATES, TIMES AND DURATIONS OF VISITS:

<u>Visit</u>	<u>Date</u>	<u>Start time</u>	<u>End time</u>	<u>Duration (mins)</u>
1	___/___/___	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	___/___/___	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	___/___/___	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	___/___/___	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL DURATION (MINS):				<input type="text"/>

3611

NSSEX

NSAGE

3612-14

3615-7

NSTIME

A. OBTAINING CONSENT

WRITTEN CONSENT MUST BE OBTAINED BEFORE BLOOD PRESSURE READINGS ARE MADE AND BEFORE THE BLOOD SAMPLE IS TAKEN.

READ OUT THE FOLLOWING:

As you know, I am going to ask you to let me take some medical measurements. These will tell us a great deal about the links between diet and health amongst people aged 65 and over.

First of all, to satisfy our ethical requirements, we need to obtain written permission for a number of these measurements.

A1 CHECK GP ADDRESS SHEET Q1 (FROM INTERVIEWER) AND RECORD:

GP name and address given completely or in part
(CODES 3 OR 4)

1 GO TO A2

3618

GP name and address not given for any reason
(CODES 1, 2 OR 5)

2 GO TO A3

NSQA1

A2 EXPLAIN BLOOD PRESSURE MEASUREMENTS.

Attempt to obtain written consent for informing GP of blood pressure results and record outcome at (a) and (b) below

a) Consent to send results of blood pressure (BP) measurements to GP
(CONSENT FORM SECTION 1)

RING ONE CODE

Consent obtained:

- from respondent

1

GO TO A3

3619

- from proxy

2

Consent not obtained because:

- says not registered with GP

3

- refuses blood pressure measurement

4

COMPLETE (b)

- refuses to allow GP to be informed (but does not refuse BP measurement)

5

Other reason

6

NSQA2A

(3620)

IF CONSENT NOT OBTAINED

b) Record full details of why consent not obtained

NSQA2B

A3 Does respondent have a clotting or bleeding disorder or is on anti-clotting drugs?

Yes, clotting or bleeding disorder or on anti-clotting drugs

1 NO BLOOD TO BE TAKEN. GO TO A7

3621

No

2 GO TO A4

NSQA3

NO CLOTTING OR BLEEDING DISORDER NOR ON ANTI-CLOTTING DRUGS

A4 Explain purpose and procedure for taking blood. Attempt to obtain written and witnessed consent for taking blood sample and record outcome at a) below.

a) Consent for taking blood sample (CONSENT FORM SECTION 2, PART A)

CODE ALL THAT APPLY

Consent obtained:

- from respondent

01

GO TO A5

3622-29

- from proxy

02

Consent not obtained because:

- previous difficulties with venepuncture

03

- dislikes/fears needles

04

- recently had blood test/health check

05 GO TO A7

- current illness

06

- worried about HIV/AIDS

07

- another reason (**SPECIFY**) _____

08

NSQA4A1 -

NSQA4A4

A5 Attempt to obtain written consent for informing GP of blood sample results and record outcome at a) and b) below.

a) Consent to send results of blood sample measurements to GP
(CONSENT FORM SECTION 2 PART B)

RING ONE CODE

Consent obtained:
- from respondent

- from proxy

Consent not obtained because:
- says not registered with GP

- refused

- other reason

1 **GO TO A6**

2

3
4 **COMPLETE b)**

5

NSQA5A

3630

(3631)

IF CONSENT NOT OBTAINED

b) Record full details of why consent not obtained

NSQA5B

NOW GO TO A6

A6 Attempt to obtain written consent for storing blood and record outcome at a) and b) below.

a) Consent to store blood (CONSENT FORM, SECTION 2 PART C)

RING ONE CODE

Consent obtained:
- from respondent

- from proxy

Consent not obtained because:
- refused

- other reason

1 **GO TO A7**

2

3 **COMPLETE b)**

4

NSQA6A

3632

IF CONSENT NOT OBTAINED

b) Record full details of why consent not obtained

A7 Explain purpose of passing respondent's name to NHS central register

Purpose:

This will allow us to obtain future medical information about the respondent as it becomes recorded on the NHS central register

Attempt to obtain written consent for passing name to NHS central register and record outcome at a) and b) below.

a) Consent to pass name to NHS Central Register (CONSENT FORM SECTION 3)

Consent obtained:

- from respondent
- from proxy

- | | |
|---|-----------------|
| 1 | GO TO A8 |
| 2 | |

Consent not obtained because:

- refused
- other reason

- | | |
|---|--------------------|
| 3 | COMPLETE b) |
| 4 | |

IF CONSENT NOT OBTAINED

NSQA7A

b) Record full details of why consent not obtained

A8 Now ensure that you have completed FRONT COVER OF CONSENT FORM and post it immediately in the envelope provided to:

Survey Office
Dunn Nutrition Unit
Downhams Lane
Milton Road
Cambridge CB4 1BR

B. HEIGHT, WEIGHT AND DEMI-SPAN

B1a) Attempt to measure height and record below:

**REMEMBER:
SHOES SHOULD BE
REMOVED**

RECORD HEIGHT IN METRES:

.

3634-37

COMPLETE b)

OR CODE:

Height not measured

9997 **GO TO c)**

NSQBIA

b) RING ONE CODE to show reliability of height measurement:

- No problems, reliable height measurement
- Problems experienced: - measurement reliable
- measurement slightly unreliable
- measurement unreliable

- 1
- 2 **GO TO B2**
- 3
- 4

3638

NSQBIB

IF HEIGHT NOT MEASURED

c) GIVE REASONS HEIGHT NOT MEASURED
CODE ALL THAT APPLY

- Respondent refused 01
- Somebody refused on respondent's behalf 02
- Respondent unsteady on feet 03
- Respondent cannot stand upright 04
- Respondent is chairbound 05
- Other reason (SPECIFY) _____ 06
- _____

3639-48

NSQBIC1 -

NSQBIC5

SPARE
3649-52

B2a) Attempt to measure weight and record below:

REMEMBER:
SHOES, COATS JACKETS,
HEAVY JEWELLERY, KEYS,
LOOSE CHANGE, ETC
SHOULD BE REMOVED

RECORD WEIGHT IN KILOGRAMS:

.

COMPLETE b)

OR CODE: Weight not measured

9997 GO TO B3

3653-56

NSQB2A

b) RING ONE CODE to show reliability of weight measurement:

- No problems, reliable weight measurement 1
- Problems experienced: - measurement reliable 2
- measurement slightly unreliable 3
- measurement unreliable 4

3657

NSQB2B

c) RING ALL CODES THAT APPLY:

- Scales placed on: - uneven floor 1
- carpet 2
- neither of these 3

3658

NSQB2C

B2d Ring codes below to show what respondent was wearing whilst being weighed. **PROBE AS NECESSARY**

FEMALES	RING IF WORN			
	ONE	TWO OR MORE →	SPECIFY NO.	
Pair of shoes	1	A	<u>NSQB2D1</u>	3708
Pair of socks	1	A	<u>NSQB2D2</u>	3709
Stockings/Tights	1	A	<u>NSQB2D3</u>	3710
Suspender belt	1	A	<u>NSQB2D4</u>	3711
Pants/briefs	1	A	<u>NSQB2D5</u>	3712
Corset/Girdle	1	A	<u>NSQB2D6</u>	3713
Bra	1	A	<u>NSQB2D7</u>	3714
Slip/Underskirt	1	A	<u>NSQB2D8</u>	3715
Skirt	1	A	<u>NSQB2D9</u>	3716
Vest	1	A	<u>NSQB2D10</u>	3717
Nightdress	1	A	<u>NSQB2D11</u>	3718
Pyjamas	1	A	<u>NSQB2D12</u>	3719
Blouse	1	A	<u>NSQB2D13</u>	3720
T-shirt	1	A	<u>NSQB2D14</u>	3721
Shirt	1	A	<u>NSQB2D15</u>	3722
Trousers	1	A	<u>NSQB2D16</u>	3723
Belt	1	A	<u>NSQB2D17</u>	3724
Dress	1	A	<u>NSQB2D18</u>	3725
Jumper	1	A	<u>NSQB2D19</u>	3726
Cardigan	1	A	<u>NSQB2D20</u>	3727
Waistcoat/Jacket	1	A	<u>NSQB2D21</u>	3728
Heavy jewellery	1	A	<u>NSQB2D22</u>	3729
Other (SPECIFY)	1	A	<u>NSQB2D23</u>	3730

MALES	RING IF WORN			
	ONE	TWO OR MORE →	SPECIFY NO.	
Pair of shoes	1	A	<u>NSQB2D24</u>	3731
Pair of socks	1	A	<u>NSQB2D25</u>	3732
Pants/briefs	1	A	<u>NSQB2D26</u>	3733
Vest	1	A	<u>NSQB2D27</u>	3734
Pyjamas	1	A	<u>NSQB2D28</u>	3735
T-shirt	1	A	<u>NSQB2D29</u>	3736
Shirt	1	A	<u>NSQB2D30</u>	3737
Trousers	1	A	<u>NSQB2D31</u>	3738
Kilt	1	A	<u>NSQB2D32</u>	3739
Belt/braces	1	A	<u>NSQB2D33</u>	3740
Jumper	1	A	<u>NSQB2D34</u>	3741
Cardigan	1	A	<u>NSQB2D35</u>	3742
Tie/Cravat	1	A	<u>NSQB2D36</u>	3743
Corset	1	A	<u>NSQB2D37</u>	3744
Other (SPECIFY)	1	A	<u>NSQB2D38</u>	3745

NOW GO TO B4

IF WEIGHT NOT MEASURED

B3 Give reasons weight not measured
CODE ALL THAT APPLY

- Respondent refused 01
- Somebody refused on respondent's behalf 02
- Respondent unsteady on feet 03
- Respondent cannot stand upright 04
- Respondent is chairbound 05
- Other reason (SPECIFY) _____ 06

NSQB3A -
NSQB3E

B4a Attempt to measure right arm demi-span to the nearest tenth of a centimetre (mm). Take two measurements.

RECORD RIGHT ARM DEMI-SPAN IN CM:

- 1st measurement

- 2nd measurement

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
COMPLETE b)				
9997		GO TO d)		

3756-59

NSQB4A1

3760-63

NSQB4A2

OR CODE:

Demi-span not measured

9997

GO TO d)

b) RING ALL CODES THAT APPLY:

Demi-span measured:

- with respondent standing parallel with the wall

1

3764-66

- with respondent standing, but not parallel with the wall

2

NSQB4B1 -

- with respondent sitting

3

NSQB4B3

- with respondent lying down

4

- on left arm because right arm unsuitable

5

c) RING ONE CODE to show reliability of demi-span measurement:

No problems, reliable demi-span measurement

1

3767

Problems experienced: - measurement reliable

2

GO TO C1

- measurement slightly unreliable

3

- measurement unreliable

4

NSQB4C

IF DEMI-SPAN NOT MEASURED

d) Give reasons demi-span not measured:

CODE ALL THAT APPLY

Respondent refused

1

3768-71

Somebody refused on respondent's behalf

2

Cannot straighten arm

3

Practical problems (eg broken arm) (SPECIFY) _____

4

Other reason (SPECIFY) _____

5

NSQB4D1 -

NSQB4D4

C. WAIST, HIP AND MID-UPPER ARM CIRCUMFERENCES

C1a) Attempt to measure waist circumferences to nearest tenth of centimetre (mm). Take two measurements.

RECORD WAIST CIRCUMFERENCE IN CM:

- 1st measurement

- 2nd measurement

Three boxes for the first measurement, followed by a decimal point and a box for the tenth of a centimetre.

Three boxes for the second measurement, followed by a decimal point and a box for the tenth of a centimetre.

COMPLETE b)

3808-11

3812-15

OR CODE:

Waist not measured

9997 GO TO d)

b) RING ONE CODE to show reliability of waist measurement:

No problems experienced, reliable waist measurement

Problems experienced: - measurement reliable

- measurement slightly unreliable

- measurement unreliable

1 GO TO C2

2

3 COMPLETE c)

4

NSQCIB

3816

IF SLIGHTLY UNRELIABLE/UNRELIABLE

c) Record whether waist measurement is probably too large or too small:

Probably too large

Probably too small

1 GO TO C2

2

NSQCIC

3817

IF WAIST NOT MEASURED

d) Give reasons waist not measured

CODE ALL THAT APPLY

Respondent refused

Somebody refused on respondent's behalf

Practical problems (eg respondent is chairbound) (SPECIFY)

Other reason (SPECIFY) _____

1

2

3

4

NSQCID1 -

NSQCID3

3818-20

SPARE

3821-22

C2a) Attempt to measure hip circumference to nearest tenth of a centimetre (mm). Take two measurements.

RECORD HIP CIRCUMFERENCE IN CM:

- 1st measurement

--	--	--	--	--

3823-26

- 2nd measurement

--	--	--	--	--

3827-30

COMPLETE b)

NSQC2A1

NSQC2A2

OR CODE:

Hip not measured

9997 GO TO d)

b) RING ONE CODE to show reliability of hip measurement:

No problems experienced, reliable hip measurement

1
GO TO C3

3831

Problems experienced: - measurement reliable

2

- measurement slightly unreliable

3

COMPLETE c)

- measurement unreliable

4

NSQC2B

IF SLIGHTLY UNRELIABLE/UNRELIABLE

c) Record whether hip measurement is probably too large or too small:

Probably too large

1
GO TO C3

3832

Probably too small

2

NSQC2C

IF HIP NOT MEASURED

d) Give reasons hip not measured

CODE ALL THAT APPLY

Respondent refused

1

3833-35

Somebody refused on respondent's behalf

2

Practical problems (eg respondent is chairbound)

3

(SPECIFY) _____

Other reason (SPECIFY) _____

4

NSQC2D1 -

NSQC2D3

SPARE

3836-37

C3a) Attempt to measure mid-upper arm circumference (MUAC) to nearest tenth of centimetre (mm). Take two measurements.

RECORD MID - UPPER ARM CIRCUMFERENCE IN CM:

- 1st measurement

			.	
--	--	--	---	--

NSQ C3A1

3838-41

- 2nd measurement

			.	
--	--	--	---	--

NSQ C3A2

3842-45

COMPLETE b)

OR CODE:

MUAC not measured

9997 GO TO d)

b) RING ONE CODE to show reliability of muac measurement:

No problems experienced, reliable MUAC measurement

1
GO TO D1

3846

Problems experienced: - measurement reliable

2

- measurement slightly unreliable

3

COMPLETE c)

- measurement unreliable

4

NSQ c3B

IF SLIGHTLY UNRELIABLE/UNRELIABLE

c) Record whether MUAC measurement is probably too large or too small:

Probably too large

1
GO TO D1

3847

Probably too small

2

NSQ c3c

IF MUAC NOT MEASURED

d) Give reasons MUAC not measured
CODE ALL THAT APPLY

Respondent refused

1

3848-50

Somebody refused on respondent's behalf

2

Practical problems (eg broken arm)

3

(SPECIFY) _____

Other reason (SPECIFY) _____

4

NSQ C3D1 -

NSQ C3D3

SPARE

3851-52

D. GRIP STRENGTH

D1a) Attempt to measure grip strength on both hands to nearest tenth of a kilogram. Take two measurements on each hand

RECORD GRIP STRENGTH IN KILOGRAMS:

1st measurement

- 2nd measurement

OR CODE: Grip strength not measured for this hand

i) Right hand

ii) Left hand

<input type="text"/> <input type="text"/> . <input type="text"/> NSQDIA1	<input type="text"/> <input type="text"/> . <input type="text"/> NSQDIA3
<input type="text"/> <input type="text"/> . <input type="text"/> NSQDIA2	<input type="text"/> <input type="text"/> . <input type="text"/> NSQDIA4
997 GO TO c)	997 GO TO c)

i)
3853-55
3856-58

ii)
3859-61
3862-64

b) RING ONE CODE to show reliability of grip strength measurement

No problems, reliable grip strength

Problems experienced: - grip strength likely to be...

- reliable

- slightly unreliable

- unreliable

i) Right hand

ii) Left hand

1	1
2 GO TO E1	2 GO TO E1
3	3
4	4

i)
3865

ii)
3866

NSQDIB1

NSQDIB2

IF GRIP STRENGTH NOT MEASURED

c) Give reasons grip strength not measured
CODE ALL THAT APPLY

Respondent refused

Somebody refused on respondent's behalf

Practical problems (eg hand bandaged)

(SPECIFY)

Other reason (SPECIFY)

i) Right hand

ii) Left hand

1	1
2	2
3	3
4	4
_____	_____
_____	_____
_____	_____
_____	_____

i)
3867-69

ii)
3870-72

NSQDIC1
NSQDIC2
NSQDIC3

NSQDIC4
NSQDIC5
NSQDIC6

E. BLOOD PRESSURE

E1 CHECK A2a):

Consent given to send blood pressure results to GP
(CODE 1 OR 2)

1 GO TO E2

3873

All others

2 DO NOT TAKE
BLOOD PRESSURE
GO TO F1

NSQE1

E2 Check whether respondent has used any of
following in past 7 days:

CODE ALL THAT APPLY

Nicotine chewing gum

1

3874-76

Nicotine skin patches

2

NSQE2A -

Nicotine inhaler

3

NSQE2C

None of these

0

E3a) Check whether respondent has eaten, smoked or
drunk alcohol in previous 30 minutes:

Yes

1 COMPLETE b)

3877

No

2 GO TO E4

NSQE3

b) **RECORD FULL DETAILS BELOW**

E4a) Measure blood pressure on right arm and record below

CN 39

REMEMBER BLOOD PRESURE SHOULD ONLY BE MEASURED IF CONSENT HAS BEEN GIVEN FOR RESULTS TO BE FORWARDED TO GP (SEE A2a)

TAKE THREE MEASUREMENTS:

First reading:

MAP (mmHg)

SYSTOLIC (mmHg)

NSQE4A1
 PULSE (bpm)

NSQE4A2
 DIASTOLIC (mmHg)

NSQE4A3

NSQE4A4

3911-16

3921-26

Second reading:

MAP (mmHg)

SYSTOLIC (mmHg)

NSQE4A5
 PULSE (bpm)

NSQE4A6
 DIASTOLIC (mmHg)

NSQE4A7

NSQE4A8

3931-36

3941-46

Third reading:

MAP (mmHg)

SYSTOLIC (mmHg)

NSQE4A9
 PULSE (bpm)

NSQE4A10
 DIASTOLIC (mmHg)

NSQE4A11

NSQE4A12

3951-56

3961-66

- b) RING CODE: Blood pressure measurement obtained
 Blood pressure measurement attempted, but not obtained
 Blood pressure measurement not attempted
 Blood pressure measurement refused

1	COMPLETE c)
2	GO TO E5
3	GO TO E6
4	

3971

NSQE4B

- c) RECORD ANY PROBLEMS TAKING READINGS
- 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	GO TO F1
3	
4	

3972-75

**NSQE4C1 -
 NSQE4C4**

E5 If attempted, but not obtained record why reading not obtained

CODE ALL THAT APPLY

Respondent upset/anxious/nervous

Erratic pulse (error 844)

Excessive movement (error 844)

Other (GIVE FULL DETAILS) _____

1

2

3

4

GO TO F1

3976-79

NSQESA-

NSQE5D

IF NOT ATTEMPTED/REFUSED

E6 Give reason for refusal/not attempting measurement

F. BLOOD SAMPLE

CN 40

F1a) CHECK A4a):

Consent given to take blood sample (CODE 01 OR 02 AT A4a)

1 GO TO F2

4008

All others

2 GO TO G1)

NSQFIA

IF CONSENT GIVEN FOR BLOOD SAMPLING

F2 Attempt to take blood sample and record outcome at a) below

a) Blood sample outcome
RING ONE CODE

Blood sample taken

01 COMPLETE b)

4009-10

Blood sample not taken because:

- no suitable vein/collapsed vein

02

- respondent too anxious/nervous

03

- respondent refused

04

GO TO G1

- somebody refused on respondent's behalf

05

- respondent felt faint/fainted

06

- or some other reason (SPECIFY) _____

07

NSQF 2A

SPARE

4011-14

F2b) Check whether respondent had anything to eat or drink between going to bed and giving his/her blood sample

Has eaten/drunk since going to bed
has not eaten/drunk

1	COMPLETE c)
2	GO TO F3

4015

NSQF2B

IF EATEN/DRUNK

c) Record details of all food and drink consumed since went to bed

F3a) Record any problems in taking blood sample

CODE ALL THAT APPLY

- No problems 1
- Obtained 3 tubes or less 2
- Collapsing/poor/unsuitable/no palpable veins 3
- Second attempt necessary 4
- Some blood obtained, but respondent felt faint/fainted 5
- Unable to use tourniquet 6
- Other difficulties (GIVE DETAILS) _____ 7

4016-21

**NSQF3A1 -
NSQF3A6**

b) Indicate approximate volume of blood obtained:

_____ ml

4022-23

NSQF3B

c) Indicate which of following you obtained:

	<u>Yes</u>	<u>No</u>	
EDTA sample (RED cap)	1	2	4024
SERUM sample (WHITE (colourless) cap)	1	2	4025
CITRATED sample (GREEN cap)	1	2	4026
HEPARINISED sample 1 (ORANGE cap)	1	2	4027
HEPARINISED sample 2 (ORANGE cap)	1	2	4028

**NSQF3C1
NSQF3C2
NSQF3C3
NSQF3C4
NSQF3C5**

d) Record date and time blood sample taken:

Date: ____ / ____ / ____

4029-34

Time:

4035-38

**NSQF3D1
NSQF3D2**

G. URINE SAMPLE

SPARE

4039-42

G1 Record outcome of attempt to take urine sample at a) below

a) Urine Sample Outcome

Urine sample taken

1 GO TO b)

4043

Urine sample not taken because:

- respondent refused

2

- somebody refused on respondent's behalf

3 GO TO H1

- or some other reason (SPECIFY) _____

4

NSQG1A

b) Check whether respondent had anything to eat or drink between going to bed and giving his/her urine sample.

Has eaten/drunk since going to bed

1

4044

has not eaten/drunk

2

NSQG1B

c) Record date and time urine sample collected:

Date: ____/____/____
NSQG1C1

4045-50

Time: [][] [][] [][] [][]

4051-54

NSQG1C2

H. VISUAL ACUITY

H1. Establish whether respondent normally wears either glasses or contact lenses for 3m vision:

- Normally wears contact lenses for 3m vision
- Normally wears glasses for 3m vision
- Does not normally wear glasses/contact lenses for 3m vision

1	GO TO H3
2	GO TO H2
3	

4055

NSQH1

ALL EXCEPT THOSE WHO NORMALLY WEAR CONTACT LENSES FOR 3M VISION

H2. Carry out visual acuity tests WITHOUT GLASSES for each test in turn. Record GAC score of card with smallest letters in the GLASGOW ACUITY CARD TEST.

SPARE
4056-60

a) No glasses without Pinhole Occluder

	GAC score:	
Right eye	<input type="text"/> • <input type="text"/>	
Left eye	<input type="text"/> • <input type="text"/>	

No. of letters
(1 - 4)

<input type="text"/>
<input type="text"/>

If can't read any, ring code

977
977

If blind in eye, ring code

988
NSQH2A1
988
NSQH2A2

4061-63
4064-66

b) No glasses with Pinhole Occluder

	GAC score:	
Right eye	<input type="text"/> • <input type="text"/>	
Left eye	<input type="text"/> • <input type="text"/>	

<input type="text"/>
<input type="text"/>

977
977

988
NSQH2B1
988
NSQH2B2

SPARE
4067-70
4071-73
4074-76

IF DOES NOT NORMALLY WEAR GLASSES/CONTACT LENSES, GO TO H4

NORMALLY WEARS GLASSES OR CONTACT LENSES FOR 3M VISION

H3. Carry out visual acuity tests WITH GLASSES/CONTACT LENSES for each Test in turn. Record GAC score of card with smallest letters in the GLASGOW ACUITY CARD TEST.

CN 41

a) With glasses/contact lenses; without Pinhole Occluder

	GAC score:	
Right eye	<input type="text"/> • <input type="text"/>	
Left eye	<input type="text"/> • <input type="text"/>	

No. of letters
(1 - 4)

<input type="text"/>
<input type="text"/>

If can't read any, ring code

977
977

If blind in eye, ring code

988
NSQH3A1
988
NSQH3A2

4111-13
4114-16

b) With glasses/contact lenses; with Pinhole Occluder

	GAC score:	
Right eye	<input type="text"/> • <input type="text"/>	
Left eye	<input type="text"/> • <input type="text"/>	

<input type="text"/>
<input type="text"/>

977
977

988
NSQH3B1
988
NSQH3B2

SPARE
4117-20
4121-23
4124-26

ALL

H4 Additional comments
 (NOTE ANY PROBLEMS WITH VISUAL ACUITY TESTS,
 ANY CIRCUMSTANCES WHICH MAY HAVE AFFECTED MEASUREMENT)

PLEASE READ OUT:

H5 **ASK:** I would now like to ask you some questions
 about your eyesight.

First, are you registered as blind or partially sighted?

- Yes 1
- No 2

4127

N3 Q45

H6a) Have you ever had an operation for cataract?
IF YES: in which eye?

- Yes: - Right eye 1
- Left eye 2
- Both eyes 3
- No 4

4128

N3 Q46A

b) Has a doctor or optician told you that you
 currently have a cataract?

- Yes 1
- No 2

4129

N3 Q46B

c) Have you ever had your eyes checked?
IF YES: When was the last time?

- Yes: - within the last 3 months 1
- within the last 12 months, but more than 3 months ago 2
- more than a year ago 3
- No, never had eyes checked 4

4130

N3 Q46C

d) Do you use glasses or contact lenses for
 reading at all?

- Yes 1
- No 2

4131

N3 Q46D

H7a) And do you use glasses or contact lenses apart from when you are reading?

- | | | |
|-----|---|----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO H8 |

4132

NSQ H7A

IF YES

b) For how long have you worn glasses or contact lenses - apart from reading glasses?

- | | |
|--------------------|---|
| Less than 5 years | 1 |
| 5 - 20 years | 2 |
| More than 20 years | 3 |

4133

NSQ H7B

H8 Now some questions about things which can affect eyesight.

a) Nowadays do you ever wear sunglasses or a sun hat when you are outside in the sun?

- | | |
|----------------------|---|
| Yes | 1 |
| No | 2 |
| Never out in the sun | 3 |

4134

NSQ H8A

H9a) Have you lived 12 months or more of your life outside the UK and Ireland?

- | | | |
|-----|---|-----------|
| Yes | 1 | ASK b) |
| No | 2 | GO TO H10 |

4135

NSQ H9A

IF YES

b) In which countries? **RECORD ALL COUNTRIES HAS LIVED IN:**

4136-49

NSQ H9B1 -

NSQ H9B4

c) For how many years in total have you lived outside the UK and Ireland?

- | | |
|------------------------------|---|
| Up to 10 years | 1 |
| More than 10, up to 20 years | 2 |
| More than 20 years | 3 |
| Can't say | 8 |

4150

NSQ H9C

H10	Have you worked for 10 years or more in jobs that involved being outside a lot of the time?	Yes	1		4151
		No	2		
				NSQ H10	
H11	Have you worked for 10 years or more in jobs that required you to spend a lot of time driving a motor vehicle?	Yes	1		4152
		No	2		
				NSQ H11	
H12	Thinking about your life as a whole, would you say that you have spent ... READ OUT ...				
	... a lot of your leisure time outdoors,		1		4153
	... some of your leisure time outdoors,		2		
	... or only a little of your leisure time outdoors?		3		
				NSQ H12	
					<u>SPARE</u>
					4154

I. DESPATCH OF SAMPLES

ALL

11 Post (first class) RED-CAP, WHITE-CAP AND GREEN-CAP blood samples to Addenbrookes Clinical Haematology. Record date and time despatched.

(PLEASE COMPLETE THE HAEMATOLOGY RECORD FORM WHICH CAN BE FOUND IN THE ADDENBROOKES' ENVELOPE, AND RETURN IT WITH THE BLOOD SAMPLES)

Date: ___ / ___ / ___

NSQ11A1

Time:

--	--	--	--

(Samples not obtained)

9997

NSQ11A2

4155-60

4161-64

12a) Deliver 2 ORANGE CAP BLOOD SAMPLES, EMPTY TUBES AND URINE SAMPLE to local laboratory within 4 hours of taking samples. Record date and time they were delivered.

Date: ___ / ___ / ___

NSQ12A1

Time:

--	--	--	--

(Samples not obtained)

9997

NSQ12A2

4165-70

4171-74

b) If any problems with delivering to local laboratory samples within 4 hours, record details:

13 Please stick one sample bottle serial number label in space below:

NSQ13

4175-9

14 Remember to return CONSENT BOOKLET to the Dunn in the postage paid envelope provided and to despatch CARD on back of NRF.

NURSE TO COMPLETE:

A NURSE NAME: _____

B NURSE NUMBER:

--	--	--	--	--	--	--	--

4180-3

NSQNM

MEDICINE SHEET

SERIAL NUMBER:

CN:

MEDICINE SHEET NO: 1
MEDSH NO 2
3

4301-05

4306-07

4308

- i. Complete details of ALL medicines taken regularly
- ii. Ask to see containers whenever possible
- iii. Record FULL names of medicines in BLOCK CAPITALS

Full name of medicine:

Brand name:

Strength:

Amount taken and how often:

Product licence number (if any) P/L /

OUO

MED1000

MED11C

4311-12

4313-20

Full name of medicine:

Brand name:

Strength:

Amount taken and how often:

Product licence number (if any) P/L /

OUO

MED2000

MED21C

4321-22

4323-30

Full name of medicine:

Brand name:

Strength:

Amount taken and how often:

Product licence number (if any) P/L /

OUO

MED3000

MED31C

4331-32

4333-40