

Health Survey for England 2007

P2727

Interviewer Project Instructions

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1 Background & Aims

“The Health Survey for England” is the title of a series of annual surveys commissioned by the Information Centre for health and social care (the IC), which is part of the NHS.

Their objective is to monitor trends in the nation’s health.

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

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

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vital for formulating health policies aimed not only at curing ill-health but also at preventing it. Good information is also essential for monitoring progress towards meeting health improvement targets. A major health survey carried out on a continuous basis to monitor the country’s state of health provides that information so that trends over time can be noted and appropriate policies planned.

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

In summary the survey aims to:

- Obtain good population estimates of particular health conditions and associated risk factors
- Monitor change overall and among certain groups
- Monitor indicators of progress towards the goals of the government’s health strategy
- Inform policy on preventative and curative health.

It is expected that the series will continue indefinitely.

2 HSE Key Findings

Below is a summary of some of the latest findings from the HSE 2004 Survey, which focussed on the health of Minority Ethnic Groups and was published in April 2005. The 2005 survey trend tables were published in December 2006 and the full report will be published in February 2007.

- A lower percentage of people in the general population smoked cigarettes in 2004 than in 1999. The same pattern was seen for Black Caribbean and Irish men, and Irish women.
- Men and women in all minority ethnic groups drank alcohol less often than the general population, except for the Irish who drank the same. The highest percentage of non-drinkers were found among Pakistani and Bangladeshi adults.
- Body Mass Index (BMI), Waist Hip Ratio (WHR) and raised waist circumference, are measures of overweight and obesity. For most groups, the levels of overweight and obesity have increased between 1999 and 2004.
- The average Body Mass Index (BMI) of Chinese, Bangladeshi, Indian and Pakistani men, and also Chinese women, was lower than that of the general population. Indian and Irish women had an average BMI which was similar to women in the general population, whereas Black African and Black Caribbean women had a higher BMI than women in the general population.
- Women were more likely than men to eat 5 or more portions of fruit or vegetables a day, which is the recommended daily amount. Men in all minority ethnic groups except Irish ate more fruit and vegetables than men in the general population. Chinese and Indian women were the most likely to eat 5 or more portions of fruit and veg a day. Children in most minority ethnic groups were more likely than the general population to eat the recommended five or more portions of fruit and vegetables a day.

3 The Survey: General Information

The **National Centre for Social Research** and the **Department of Epidemiology and Public Health at University College London Medical School (UCL)** together form the Joint Health Surveys Unit which carries out the HSE.

The Health Survey is a large survey with fieldwork carried out continuously throughout the year. The survey includes adults and children from age 0 upwards.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change. For example, cardiovascular disease was the focus of 1998, 2003 and 2006 surveys.

In some years the survey boosts people in certain groups to get a more detailed picture of their health. Recent examples include the 2002 survey which boosted the number of children and young people and the 2000 survey which boosted the number of older people (65 and over) and also included people in care homes. In 1999, the survey focused on the health of different ethnic groups including people of Asian, Caribbean, and Irish origin. This was repeated in 2004 with the addition of the Black African group. In 2005 and 2006, there was a boost of children aged 2-15, and this boost will continue in 2007.

4 Health Survey for England Website

From January 2007, the Health Survey for England will have its own website. Interviewers can refer respondents to the website, if the respondent would like further information about the study. The website addresses will also be on advance letters, and information leaflets. The website address is:

www.healthsurveyforengland.org

5 The Survey in 2007

5.1 What's new in 2007?

Sample

- 'Half size' general population sample
- Child boost
- Two types of sample point:
 - Core and screening combined:
 - 10 core addresses (up to ten adults and two children 0-15)
 - 26 screening addresses (two children 2-15 only)
 - Boost
 - 41 addresses (two children 2-15 only)

New Modules

- Knowledge of and attitudes towards health self-completion booklet
- **NO** CVD, Use of Services, Adult Physical Activity.

Nurse Visits

- Nurse visit for everyone aged 0+ in **core** addresses only.
- No nurse visit for screening addresses within core points or separate child boost points.
- No blood samples

Self-completion Questionnaires

- For everyone aged 8+
- More time spent on self-completions than in previous years, and less time spent on CAPI interview.

Height and Weight Measurements

- Everyone aged 0+ for weight, 2+ for height

Must Read Sections:

- Section 5 – HSE in 2007
- Section 7 – Survey design
- Section 8 – Selecting respondents
- Section 10 – ARF
- Section 21.2 – Presentation of the self-completions
- Section 23 – Admin block

5.2 Background information

In 2007 there is a dual focus to the survey:

- knowledge of and attitudes towards health
- obesity in children

For adults, the 2007 survey covers the core topics of general health, fruit and vegetable consumption, smoking, drinking, as well as the classification questions. Adults will also complete a new module of questions on 'knowledge of and attitudes to health', which is administered using a self-completion paper questionnaire.

For children, the questionnaire focuses on eating habits and physical activity. Children will also complete a module of questions on 'knowledge of and attitudes to health', which is administered using a self-completion paper questionnaire.

The interview will be followed by a **nurse visit** for **all core** addresses. Screening addresses with core points and all addresses in child boost points will not have a nurse visit. Nurses will not take blood samples in 2007.

Your role as an interviewer will be to carry out Household and Individual interviews using CAPI and self-completion booklets, to take height and weight measurements, and to introduce the nurse visit for the relevant addresses.

5.3 New HSE focus: Knowledge of and Attitudes to Health

'Knowledge of and attitudes to health' as a topic is very wide-ranging. Therefore, particular topics within this area have been selected. These selected topics relate to current policy issues and also to existing behavioural questions in the core modules of HSE. The knowledge and attitudes questions cover the following topics:

- smoking
- drinking
- healthy eating
- physical exercise (under age 65 only)

The inclusion of this new module on HSE will offer unique opportunities to link knowledge and attitudes to behaviour and measurements. The questions in the new module are linked to the core questionnaire items or nurse measurements in some way. For example there are new questions about attitudes towards smoking and passive smoking in the home. This links to questions about exposure to passive smoking currently asked in the CAPI, and also to the cotinine measurement taken from the saliva sample collected by the nurse.

The new module of knowledge and attitudes questions will be asked as part of a self-completion booklet. This is because it is difficult to ask attitudinal questions when the interview is administered in a concurrent face-to-face interview format. Respondents may not wish to report their true opinions in front of other household members or may be influenced by what others have said. As with existing HSE self-completion booklets, separate knowledge and attitudinal questions will be asked of those aged 11-12, 13-15, and those aged 16 and older. We will not be asking knowledge and attitudinal questions of children aged 8-10.

6 The Health Survey Team

In 1993, the *National Centre for Social Research* and the UCL Department of Epidemiology set up the **Joint Health Surveys Unit** so their joint expertise could be utilised in undertaking health surveys.

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

The office-based members of the Health Survey for England team for the 2007 survey are:

National Centre

London

Margaret Blake
(Research Director)

Rachel Craig
(Research Director)

Jenny Harris
(Senior Researcher)

Elizabeth Becker
(Researcher)

Dhriti Jotangia
(Researcher)

Soazig Nicholson
(Research Assistant)

Claire Deverill
(Data Manager)

Brentwood

Lesley Mullender
(Project Controller)

Sue Roche
(Deputy Project Controller)

and the Purple team:

Elaine Brown
Nina Foulser
Gary Quinlan
Maureen Slater

For equipment:
Rod Cox

UCL

Dr Jenny Mindell
(Health Survey Doctor)

Barbara Carter-Szatynska

Mo Chaudhury

Kerina Tull

In addition to the office-based staff noted above, every fieldwork area has a Health Manager who is responsible for the day-to-day running of the project in their region. Your Health Manager will speak to you and your team leader regularly and can help with any queries or questions you may have when working on HSE.

7 Summary of 2007 Survey Design

7.1 The sample and interviewer workload

In HSE 2007 there is a half size core sample (approximately 8,000 adults and 2,000 children) and an additional child boost (approximately 6,000 children).

The sample is split into two sample types, core points and child boost only points.

Within a core point, there will be some screening for children aged 2-15. The additional screening within core points, and the inclusion of child boost only points will ensure that

sufficient numbers of children are interviewed for analysis. This is a similar sample structure to in 2005.

The interview will be followed by a nurse visit for **all core** and addresses but **no screening** or **boost** addresses.

7.2 Sample types

7.2.1 Core point (with some screening addresses)

In 2007, a core point is made up of core addresses (1-10) and screening addresses (11-36). At screening addresses, you will be interviewing up to two children aged 2-15. You will need to ask a screening question on the doorstep to establish whether there are any people in the household of the required age (further guidance on screening can be found in section 8).

7.2.2 Child Boost point

In 2007, there are separate HSE Child Boost points, made up of 41 screening addresses (address numbers 1-41). Up to two children aged 2-15 will be eligible for interview. There is no nurse visit attached to the Child Boost points.

7.2.3 Summary of different assignment structures

The table below shows more clearly the different assignment structures:

	CORE (WITH SCREENING) POINT		CHILD BOOST ONLY POINT (children aged 2-15)
	Core	Screening for children aged 2-15	
Addresses	1-10	11-36	1-41
Who is eligible?	Up to 10 adults aged 16+ Up to 2 children aged 0-15	Up to 2 children aged 2-15	Up to 2 children aged 2-15
Nurse visit	All interviewed (aged 0+)	<u>No</u> nurse visit	<u>No</u> nurse visit
ARF	Blue	Yellow	Yellow
Document code	C	CS	B

7.3 Survey Structure

7.3.1 Core points

At core addresses, there are two stages to the survey.

STAGE ONE: The interviewer visit. Interviewer obtains individual interviews with everyone eligible in the households, takes height and weight measurements, and introduces stage two.

STAGE TWO: The nurse visit. Interviewer obtains agreement for the nurse to visit, and leaves a special leaflet about the nurse visit with the respondent. During the stage two, the nurse asks some medical questions and takes some measurements.

Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, the interviewer's job is not complete until they have introduced the second stage, and have attempted to obtain agreement to the nurse visit. The interviewer should also make an appointment for the nurse to visit. Response to date has been good at both stages and we expect this to continue.

The interviewer and nurse assigned to a survey point will work together as a team. An advance letter is sent to each address explaining briefly the survey and its purpose. Other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

The workload of the nurse is entirely dependent on the interviewer getting agreement for the nurse visit from the respondents the interviewer visits. Please communicate regularly with your nurse in order to keep them informed of your progress. Nurses are reliant on you for information and for work.

At **screening addresses within core points**, there is **no second stage** to the survey. The interviewer obtains individual interviews with up to two children aged 2-15, and takes height and weight measurements.

7.3.2 Child boost points

For **child boost** addresses, there is **one stage** to the survey. The interviewer obtains individual interviews with up to two children aged 2-15, and takes height and weight measurements. There is no nurse visit in these points.

7.4 The Interviewer Visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household there is a short **Household Questionnaire**, which establishes who is resident in the household and collects some basic facts about them and the household. The household reference person or spouse should answer this questionnaire. (See Section 19.4).

For each household member eligible for interview there is an **Individual Questionnaire**, which includes a self-completion section for those aged 8 and over. Joint (concurrent) interviews may be conducted simultaneously, where this is practical, with up to four individuals at a time.

Towards the end of the interview, each person's height and weight are measured by the interviewer. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

Estimated Timings

The interview length will vary depending on the individual's age and circumstances. Below is a guide to the approximate length of interview for different circumstances.

- In a core address, individual interviews with two adults (age 16-64) will take around 65 minutes.
- In a core address, individual interviews with two adults (age 65+) will take around 70 minutes.
- In a boost address, individual interviews with two children will take around 70 minutes; and with one child will take around 45 minutes.

7.5 The Nurse Visit

Stage two is carried out by a qualified nurse.

After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent, using the availability that the nurse has given to the interviewer. It is really important that the interviewer contacts the nurse to let her know that a HSE appointment has

been made for her. In the core addresses all interviewed respondents are eligible for a nurse visit. In the screening addresses and child boost addresses there are no nurse visits.

The nurse calls on the respondent in their home in order to ask a few questions about prescribed medicines, vitamins and nicotine replacement therapies and also to carry out some measurements.

Measurements include blood pressure (for all those aged 5+), waist and hip measurements (for all those aged 11+), and infant length measurement (for all those aged over 6 weeks but under 2 years). All respondents aged 4 and over are asked to provide a saliva sample. Adults aged 16+ in core addresses will be asked to provide a sample of their urine, subject to obtaining written permission.

If the respondent wishes to be given the results of the blood pressure, waist and hip and infant length measurements, the nurse enters this information onto their Measurement Record Card. With the respondent's permission, blood pressure readings can be sent to their GP.

7.6 Summary of Data Collected

The questions asked of each respondent vary depending on sample type and age. A summary is presented below:

Two important points are:

- 1) Up to two children are eligible to be included in the survey - regardless of sample type. The computer will produce a random selection if you interview in a household with more than 2 children.
- 2) Nurse visits will only be offered to those interviewed in the core addresses. Children in the screening within core points and child boost points will not have a nurse visit.

7.6.1 Interviewer questions: who is asked what?

A detailed table which lists the modules and relevant the age group which is covered in the CAPI, is in section 21.

Module/Section	Children aged 2-15 (screening within core & boost addresses)	Children aged 0-15 (core only)	Adults aged 16+
Household questionnaire	λ	λ	λ
General Health (age 0+)	λ	λ	λ
Fruit and Vegetables (5+)	λ	λ	λ
Children's eating habits (2-15)	λ	λ	
Children's physical activity (2-15)	λ		
Smoking (18+)			λ
Drinking (18+)			λ
Background Classifications	λ	λ	λ
Self completions (8+)	λ	λ	λ
Parent self-completion	λ		
Measurements (0+)	λ	λ	λ
Consents (0+)		λ	λ

7.6.2 Nurse Visit: measurements and question

Measurements	Respondent
Details of prescribed drugs	All ages
Use of nicotine replacement therapies	16 years upwards
Collection of information on cigarette brand choice	16 years upwards
Vitamin supplements	All ages
Infant length measurement	Over 6 weeks but less than 2 years
Blood pressure	5 years upwards
Demi-span	25-45 and 65 and over
Saliva sample (for cotinine)	4 years upwards
Urine sample	16 years upwards
Waist and hip circumferences	11 years upwards

8 Selecting Your Respondents

8.1 Screening Process

Screening will be carried out at screening addresses 11-36 within core points, and addresses 1-41 in boost points. You will be screening for those aged 2-15.

At screening and boost addresses, you will need to ask a screening question at the doorstep to establish whether there are any people in the household of the required age. An introductory question could be:

"I'm (your name) from the National Centre for Social Research. I'm working on the Health Survey for England, sponsored by the Information Centre for health and social care. We're interested in the health of younger people, can I just check, is there anyone living in this household who is aged between 2 and 15?"

On the doorstep, introduce the survey (as above) and always remind respondents about the advance letter. If they can't remember it, give them another copy. Find out if any of the household residents are willing to be interviewed and check whether the willing respondents fall into the age ranges you required.

8.2 Screening vulnerable groups

At screening and boost addresses, we are looking for children aged 2-15. We are therefore looking for people from what might be seen as a 'vulnerable' group. Interviewers need to think carefully about doorstep approach in these cases and be ready with explanations if questioned by household members.

The main reason we are looking for this age group is to be able to get an accurate picture of health and lifestyles from all different people, including those who are younger.

We need to interview more people of this age to get accurate data about this age group and therefore at certain households we are only interviewing people if they are one of the ages we are interested in.

If respondents are concerned about this, explain that the survey is legitimate and sponsored by the Department of Health. You could also say that it is your job to look for certain age groups in this area. In other areas everyone in the household is being interviewed. Make clear to parents that you can only interview children if the parent or legal guardian is present.

There is freephone number on the advance letter if the respondents want further clarification and members of the purple team and the research team would be happy to speak to respondents and answer any queries they may have.

You could also point out to respondents that you have registered at the local police station before starting to work in this area. If the police station have stamped a copy of the advance letter, you can show this to respondents (see section 15) If you have CRB clearance, this too may help to reassure people.

8.3 Organising screening fieldwork

We have learnt from previous surveys involving screening that is important to establish the size of the assignment at the start of the fieldwork. In 2007, the groups we are screening are more likely to be at home either during the day, or early evening. However, it's important for you to get an idea of your workload, therefore suggest the following when working on screening addresses within core points or boost addresses:

-
- First trip***
- Attempt to locate and contact all addresses in your sample point
 - Concentrate on completing the screening
 - Make appointments, where appropriate, to return to complete the interviews with eligible households
 - However, complete any interviews there and then if you feel you will lose them otherwise.
 - At households where there is no contact, look for signs that there maybe someone from the age group we are interested in living there, e.g. toys in windows/gardens. Make a note of these features and you can target these addresses on your next trip.
-

- Second trip***
- Visit any addresses not covered or contacted on the first trip
 - Concentrate on screening rather than interviewing
 - Try to cover a period up to at least 9pm (or a weekend day)
 - Target households where you feel there maybe someone eligible
-

- Third trip***
- If the majority of screening is complete, combine interviewing with screening
 - Continue to visit any non-contacts
-

- General points***
- You must include at least one visit at the weekend
 - You must try to visit at least once in the evening
 - Keep trying previous non-contacts every time you are in the area.
-

8.4 Screening progress

In the office, we need to check the progress at the screening addresses. We will be able to do this through the new CMS by looking at call status codes. We often need to give this information to our clients at the Information Centre for health & social care, but is also useful for the Health Managers, as they will be able to see what your workload is and offer support if it is too great.

Please complete this information accurately and promptly.

9 Who to Interview & Obtaining Parental Consent

Core points	
Core addresses (1-10)	Screening within core points addresses (11-36)
<p>At each address you should:</p> <ul style="list-style-type: none"> Identify who is in the household and attempt to interview everyone aged 0 and over (up to a maximum of 2 children and 10 adults). Offer all interviewed a nurse visit. 	<p>At each screening address you should:</p> <ul style="list-style-type: none"> Identify anyone in the household aged 2-15. <p>Then, in households where younger people have been identified:</p> <ul style="list-style-type: none"> Carry out a Household interview with the Household Reference Person or spouse Interview up to a maximum of 2 children, aged 2-15
Boost points	
<p>At each boost address (1-41) you should:</p> <ul style="list-style-type: none"> Identify is anyone in the household is aged 2-15. <p>Then, in households where younger people have been identified:</p> <ul style="list-style-type: none"> Carry out a Household interview with the Household Reference Person or spouse Interview up to a maximum of 2 children, aged 2-15 	

9.1 Interviewing Children

For all children under 16 you must get permission from the child's parent(s) **before** you interview the child. If a child is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for that child on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the child up instead of the parents. Such a person should **never** be used as a substitute if the natural or adopted parent is a member of the child's household. Always give preference to the natural/adopted parent and, wherever possible, to the mother.

If the parent(s) are temporarily away from home and will be throughout your fieldwork period (for example, abroad on business or on an extended holiday without the children) and have left them in the care of a close relative, then if that relative feels they can give permission for a child of 13-15 to be interviewed, this is acceptable. This is not practicable in the case of younger children, as the person concerned needs to know a lot about the health history of the child. A non-relative must never be taken as the person *in loco parentis* in this type of situation.

The parent or "guardian" of a 13-15 year old **must** be present at the time you carry out the interview. They need not necessarily be in the same room but they must be at home and be aware that you are carrying out the interview. This protects both the child and yourself. But note, **you should never be left in a room by yourself with a child.**

If there is any disagreement between parents, or between parent and child, regarding willingness to co-operate in the survey, **always** respect the wishes of the non-co-operating person. Obviously, you may not always know if both parents agree or disagree, as you may not see them together. But if the disagreement is brought to your attention, then the above rule applies.

When interviewing children:

0 to 7 year olds	You should interview the parent or guardian about the child. As you will be measuring the height (if aged over 2) and weight of the child, the child has to be present in the home at the time of the interview. Ideally they should be present during the interview, as they may be able to provide information about themselves that their parent either does not know or has forgotten.
8 to 12 year olds	Again interview the parent or guardian. Children of this age are asked to complete a self-completion booklet and have height and weight measurements taken. So make sure that the child is present during the interview and that their parents are happy with the self-completion questionnaire.
13 to 15 year olds	After obtaining parental permission, questions are addressed to the child themselves. These children will also be given a self-completion booklet and have their height and weight taken. It is essential these children are present for the interview.
16 to 17 year olds	It is not necessary to obtain formal parental agreement to interview these young people. It is however courteous to let the parents know that you wish to interview them. This age group is also given a self-completion questionnaire.

Should a parent wish to know the content of the survey, explain briefly the survey coverage.

If a child needs help interpreting some of the questions in the questionnaire, it should be the interviewer who assists them and not the parent.

What should you do if there is a child in the household who is away from home for the whole of your fieldwork period? For example, children away at boarding school (who do not come home at weekends), on an extended visit/holiday away from home, or ill in hospital.

Child aged 13-15	Code as unproductive.
Child aged 0-12	Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.
At HtResp & WtResp	Enter "Height/Weight not attempted". At <i>NoHitM</i> and <i>NoWaitM</i> code "Child away from home during fieldwork period" and enter a note in a remark to say why.
At SComp3 & SComp6	If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At <i>SComp3</i> code "No" and at <i>SComp6</i> code "child away from home during fieldwork period" and enter a note in the notepad to say why.
At SComp6, NoHitM & NoWaitM	Children who are ill at home for the whole of the period should be treated in the same way, except that at <i>SComp6</i> , <i>NoHitM</i> and <i>NoWaitM</i> code "other" and enter a note in the notepad.

These are the only occasions when children might not be present for the interview. Even though you are asking a parent about the health of a child aged between 0-12, you must have the child close-by during the interview so that you do not lose height, weight and self-completions. You must ensure that appointments for interviews are made for times when the child will be available and not at school,

visiting a friend or likely to be in bed. This must be stressed to parents when setting up appointments for your interview and the nurse interview.

It is especially important to obtain heights and weights of children in 2007, due to the focus on obesity in children.

9.2 'Thank You' Presents for Children and Young People

Given the large demand we are making on the household, particularly in 'child' households, we feel it is appropriate to give a small present to each of the children and young people helping with the survey. You will be given a selection of small 'surprise packs' that contain stickers for younger children (NB these are not suitable for children under 3). There are pens for older children.

It is up to you to decide at what point in the interview to give the 'present'; make sure it is clear that all children will be given a 'present', whether or not they agree to all the measurements. In some cases you may also feel you should give a 'present' to a sibling not selected for the survey. This is fine. The pens are intended for older children - not for adults. It will occasionally be tactful to give an older young person (e.g.. someone aged 16/17) a present as well as his/her younger siblings. We have only a limited number of presents, so please do not be over-generous; each child should receive a pen or a surprise pack - not both.

9.3 Proxy Interviews

Apart from interviews with children aged under 13 years you should **not** complete any interviews by proxy. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physical or mental incapable). If the respondent does not speak English you should not complete the interview even if you speak their language.

10 Address Record Forms

10.1 Types of ARFs (Address Record Forms)

You will receive an **ARF A** for each of the addresses in your sample point. These will be different colours depending on the type of address and point you are working on. A summary of the different types and who to interview at each is presented below:

ARF TYPE	Sample type code	Colour	Addresses	Total number of addresses	Who to interview
Core only	C	Blue (ARF B Dark Blue)	1-10	10	All aged 0 +
Screening within core	CS	Yellow (ARF B Orange)	11-36	26	2-15 yr. olds
Boost	B	Yellow (ARF B Orange)	1-41	41	2-15 yr. olds

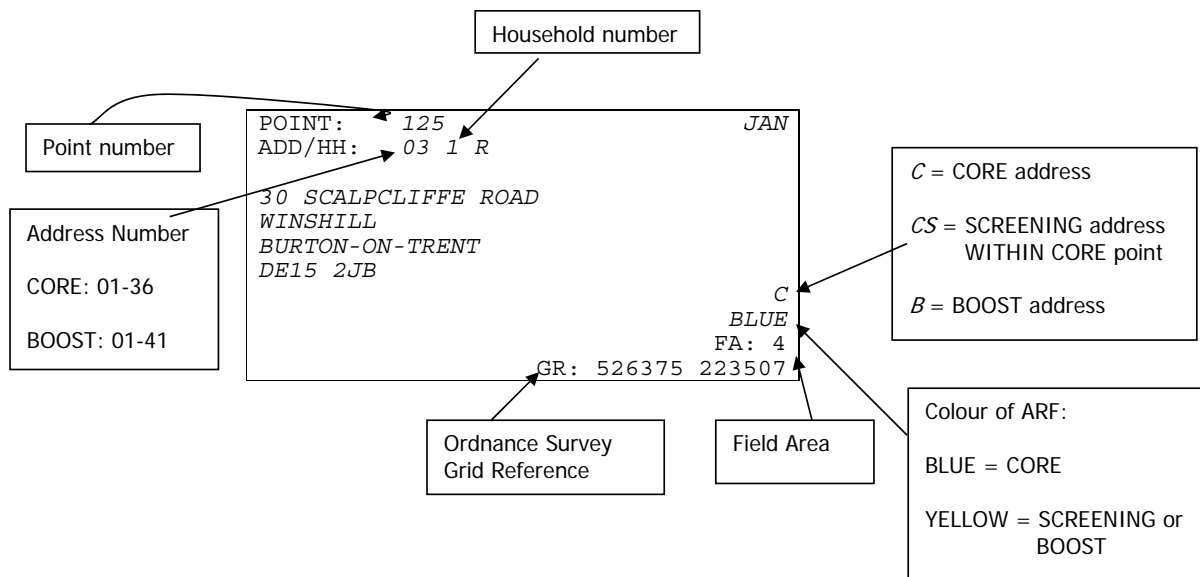
Each of these ARFs should be completed and returned to the office immediately you have finished work at the address to which it relates.

10.2 The Address Label and HSE Serial Number

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

- three digits for the Point number
- two digits for the Address number (01-36 core) (1-41 boost)
- a single digit for the Household (called HHold in the CAPI program)
- a check letter.
- In the example address label below, the HSE serial number is: 125031 R

Each unique ARF address label consists of (see example below).



The serial number is very important. It is the anonymised number assigned to that household. You will be asked to write it on a variety of documents, such as the self-completions. Doing this enables the office to match all the information from one household together.

You also use this serial number to access the interview in the CAPI. Make sure that when you open a CAPI questionnaire you select the address number that corresponds to the address number of the ARF label (i.e. number 01-36 core points OR 01-41 boost points)

The address label also gives the OS grid reference for the address. This is to help those in rural areas locate addresses. All interviewers will also be given a street-map which will have addresses within the point labelled.

Finally, the Sample Type is shown in the bottom right hand corner. Sample type descriptions are given codes C, CS, B as described in the table above.

If there are two or more households at the dwelling unit, you will need to make out a supplementary ARF B for each of the additional households - see section 10.4.

10.3 Completing the ARF

10.3.1 One-Way ARF

From January 2007, HSE will move towards using a 'One-Way ARF'. This is a set of changes in office procedure and systems that will eliminate NatCen's dependence on information written on the ARF by the interviewer. This is possible now that all the information required from the interviewer will be recorded electronically in CMS and accessed through computer systems in the office.

Your use of the ARF, as a source of sample information and as an immediate record of calls made, will continue **unchanged**. It will result in some changes to the admin block, and this is discussed further in section 23. Before returning work to the office, always check carefully that the ARF has been fully and accurately completed, and that all information on the ARF is also recorded in the **CAPI** admin block.

10.3.2 Visits Record

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

Any notes about what happened at each visit should be made in the notes box. Label the notes with the call number. Record the start and end time of every call.

Record any telephone calls made separately from your personal visits in the box provided on page 2 of your ARF.

10.3.3 ARF: PART A

This section only appears on the ARF A. The questions guide you through the process of establishing whether the household is eligible for interview and the number of dwelling units at the address.

Follow the routing instructions carefully.

A1. You first need to establish whether the address is traceable, residential and occupied as a main residence. If the answer is Yes continue to A2 to establish the number of dwelling units at the address. If the answer is unsure, no or not applicable following the routing to Section B to code the reason. You can also code office refusals (410) at this question if told to by the office and also for screening and boost addresses office refusals because no one eligible lives at the address (771).

410	<i>Refusal to office on receipt of advance letter</i> This code is only used when a decision not to participate in the survey is communicated directly to the National Centre before the initial interviewer contact. If the office refusal comes after you have made contact then this should be coded as a refusal at the appropriate point on the ARF.
771	<i>Office informed that no-one aged 2-15 living at this address (screening and boost addresses only)</i> This code is only used when the office has been informed that no-one of the age groups were are looking for lives at that address before initial interviewer contact.
900	<i>To be re-allocated to another interviewer</i> You will be instructed when to use this code by the office.

A2. Establish the number of occupied dwelling units (DUs)

This question and the following questions deal with the number of dwelling units covered by one address.

What is a dwelling unit?

It is a living space with its own front door – this can be either a street door or a door within a house or block of flats. Usually there is only one dwelling unit at an address.

HSE only allows up to **one dwelling unit within an address to be selected**. If there are more than one dwelling unit, a random selection has to be made. Following these questions in the ARF allows interviewers to this.

At A2 you should establish the number of dwelling units at the address using the above classification. You need to enter this information into the Admin block.

A3. This summary sorts addresses into those requiring a dwelling unit selection process (code B) from single dwelling unit addresses (code A) which is eligible for inclusion in the survey. Make sure you always follow the skip instructions carefully. If you are unable to make contact at this point (**code 311**) or obtain a refusal (**code 421**), follow the routing to G2 and record the reason for using this code giving as much information as possible.

A4. If there is more than 1 dwelling unit at your address, list all of them in the grid in the order indicated, and follow selection instructions

How do I know if an address is split into different dwelling units?

1) If you have made contact with some-one at the address you could ask....

“Can I just check, is this (house/bungalow) occupied as a single dwelling, or is it split into flats or bedsits?”

OR,

2) Sometimes it will be clear that the selected address has been *divided* into separate dwelling units. For example, if the selected address on the ARF label is

123 High Street

but the interviewer finds doorbells for these flats: 123a, 123b, 123c, 123d

this is called a '**Divided address**'. The interviewer must first establish whether the extra dwelling units (Flats a, b, c) were **on the PAF or not**. Interviewers should check their address lists that have been given to them for that point.

If the address list looks like this:

Serial Number 101011G 123 High Street, London, SW15 6HY

Prev: 122 High Street, London, SW15 6HY

Next: 124 High Street, London, SW15 6HY

then it is clear that 123a, 123b, 123c and 123d High Street were **not** on PAF, and so did not have a chance of selection for the survey. The interviewer will therefore need to ensure they have this chance, by listing them and making a selection.

A4 cont... Now that you have identified the extra dwelling units and listed them in the grid, a selection needs to be made. Look at your **selection label** on the front of the ARF. (An example of a selection label is shown below). Go along the first row called DU (which represents the number of dwelling units at that address) until you reach the number of dwelling units at your address, and then look below for the selection code (SEL) which indicates which dwelling unit to include. The selection code will correspond to one of the dwelling units you have entered in the grid at A4. Ring this codes in the column headed *DU Code*. This is the dwelling unit selected for you to interview at. Go to A5 and write in the selection code of the dwelling unit that you will interview at.

EXAMPLE OF DWELLING UNIT SELECTION:

A4.

IF 2+ OCCUPIED DUs:
 List all occupied DUs at address (continue on separate sheet if necessary):

- In flat/room number order
- **OR** from bottom to top of building, left to right, front to back

Description	DU Code	Description	DU Code
<i>123a HIGH STREET</i>	01		07
<i>123b HIGH STREET</i>	02		08
<i>123c HIGH STREET</i>	03		09
<i>123d HIGH STREET</i>	04		10
	05		11
	06		12

SELECTION LABEL:

```

Serial no:      601 08 1 D
DU:  2 3 4 5 6 7 8 9 10 11 12
SEL: 1 2 4 3 5 2 7 8  2 10 9
HH:  4 5 6 7 8 9 10 11 12
SEL: 1 3 2 2 1 5 1  1 3
      2 4 3 5 4 6 6  8 6
      4 5 5 7 6 9 9  10 12
  
```

In the above example, it is the 123D High Street that is our selected dwelling unit.

What to do if there are 13 or more dwelling units at an address?

NOTE: It is very unlikely that you will come across an address with 13 or more dwelling units. List the dwelling units on a separate sheet of paper in the order indicated at B3. Then use the look-up chart on the back page of the showcards. For example, if you have 13 dwelling units, the dwelling unit to be included in the survey will be the one with the selection code 12. Pin the sheet on which you have listed these dwelling units to the back of your ARF.

A6. Double check that the address on the ARF label is correct. (If it is not, change the address label to the full address of the selected dwelling unit).

- A7. This is a reminder to complete the observation information in Section H of the ARF **before** you make contact at the address. This is because once you have made contact this may influence your choice of codes at Section H.
- A8. This question checks whether the (selected) DU is residential and occupied as a main residence. It is possible that the address is occupied but that it contains more than one dwelling unit some of which are occupied and some of which are not. It is possible that the DU selection procedure will have selected a DU which is not occupied as a main residence. Question A8 routes you as appropriate. If the DU is residential and occupied as a main residence you should go to Section C to carry out the household selection. If it is not residential or not occupied as a main residence then go to B2 and if you are uncertain go to B1.

10.3.4 ARF: PART B

B1. Unknown eligibility: these are cases where you are unable to ascertain whether the address contains eligible respondents or not, for example where you are unable to locate an address. You should only code an address as unknown eligibility as a last resort. This means you have done everything possible to locate an address, or identify whether it is residential and occupied.

Explanation of unknown eligibility codes:

612	OFFICE APPROVAL ONLY: Issued but not attempted. Only use this if instructed to by the office. This code also applies to re-issues.
620	Inaccessible Include remote areas temporarily inaccessible due to weather conditions or other causes.
630	Unable to locate address Only use this code as a last resort. You must contact the office before using this code. You need to code whether you were unable to locate the address due to an insufficient address or if the address was not traced.
641	Unknown whether address contains residential housing: refusal of information Use this code if you have not been able to establish where the address has residential housing because the information has been refused.
642	Unknown whether address contains residential housing: no contact Use this code if you cannot establish if the address contains any residential housing or not because of no contact with anyone at the address.
643	Unknown whether address contains residential housing: contact made but not with someone who can confirm if residential Use this code if you have made contact with someone at the address but not with anyone who could confirm if the address was residential or not.
651	Residential address – unknown if eligible household(s): refusal of information You know that the address is residential but the existence of resident(s) eligible for the survey is unknown. If you use this code you should record if you were unable to establish this information because the information was refused.
652	Residential address – unknown if eligible household(s): no contact You know that the address is residential but the existence of resident(s) eligible for the survey is unknown. If you use this code you should record if you were unable to establish this information because of non-contact.
654	Residential address – unknown if eligible household(s): Unable to

	confirm due to language barrier For this code, you know that the address is residential, but the existence of residents eligible for the survey is not known due to language difficulties with contact persons
690	Other unknown eligibility Record the full reasons for using this code at G2

B2. Deadwood (Ineligible): Use these codes for addresses which are not eligible for inclusion in the sample for example vacant or empty properties. They also include residential addresses where there are no eligible respondents.

710	Not yet built/under construction The building has not yet been built or completed. If completed but still empty or in the process of conversion, use code 730.
720	Demolished/derelict This includes addresses that "disappear" when 2 addresses are combined into one.
730	Vacant/empty housing unit Housing units known not to contain any resident household on the date of the first contact attempt. This includes second homes which are not occupied at first contact attempt.
740	Non-residential address e.g. business Only residential addresses are eligible for inclusion, so if the address is a business, shop or other type of non-residential address, use this code.
750	Address occupied, but no resident household Address is residential and occupied, but is not the main residence of any of the residents. This is likely to apply to seasonal/vacation /temporary residences, except if not occupied at the time of the contact attempt (code 730).
760	Communal establishment/institution Address is residential and occupied, but does not contain any private household(s), e.g. institutions and group quarters.
790	Other ineligible Record the full reasons for using this code at A4. You must contact the office before using this code.

B3. If routed to this question then record the full reasons for using the deadwood code. Also record this information in the CAPI admin block at question *SAAInf*.

10.3.5 ARF: PART C - Select up to 3 households at (selected) DU

Once a dwelling unit has been selected for interview, it is important to think about the number of different households that dwelling unit may contain.

What is a household?

One person or a group of people living in a dwelling unit, who **either** share a meal a day **or** share living accommodation are a household.

How do I allocate people to households?

If there is only one person for whom the dwelling unit is their only or main residence, then that person constitutes the household. If more than one person lives there as their only or main residence, you will need to establish whether they are all members of the same household or whether there is more than one household at the address.

Many dwellings will be occupied by a single family (eg. a couple or single adult with or without children). A group other than a typical family is classed as one household if they share a dwelling. They must also:

EITHER - **Share at least one meal a day** - this should be a main meal, not just snacks. Breakfast counts as a meal. But the household need not all eat together: if residents have 'common housekeeping' (ie the food is bought and stored or prepared for joint use) then they count as members of the same household.

OR - **Share living accommodation** - persons who share a common living room or sitting room are normally counted as members of one household, even if they cater for themselves. The living room may also serve as a kitchen or bedroom, but it still counts as a living room.

But a group of people should **never** be counted as one household solely on the basis of a shared kitchen that has no other function, and/or shared bathroom. Occasionally an individual or group will have their own living room or bedsit as well as use of a communal living room. Unless they also share a main meal, these people should be counted as **separate** households.

Remember - all the members of a household must live in the same dwelling, so, for example, in sheltered housing where each resident has a self contained flat, but there is also a communal living room and/or communal catering, each flat would constitute a separate household.

How do I find out if there are different households?

You can use the following questions to establish who is resident at the dwelling and to identify households. Start off by asking:

"Who lives here?"

If there could be any doubt whether the people living there are all in the same household, use a probe such as:

"Do you all share a living room?"

"Do you all usually share at least one meal a day?"

These probes should **always** be used when the residents do not consist of just a 'typical family' (a couple or single adult with or without children).

Part C of the ARF guides you through the selection procedure for selecting households. On HSE, we allow a **maximum of 3 households per dwelling unit to be included** in the survey. If there are more than three households, a random selection has to be made. Following these questions in the ARF allows interviewers to this.

C1. At this question you should establish the number of households at the address, you need to enter this information into the Admin block. On the Health survey the definition of a household is: "one person or a group of people who have the accommodation as their **only** or **main** residence and share at least one meal a day or share the living accommodation."

If you are unable to make contact at this point (**code 312**) or obtain a refusal (**code 422**), follow the routing to G2 and record the reason for using this code giving as much information as possible.

C2. This summary sorts addresses into those requiring a household selection process (codes C) from those where all households are eligible for inclusion in the survey (codes A and B). Make sure you always follow the skip instructions carefully.

C3. If there are 4-12 households at your address, list them all in the grid alphabetical order. If any households have more than one member then in each household use the household member with the name closest to the start of the alphabet. On HSE you do **not** need to use the age of respondents. See example below:

EXAMPLE OF HOUSEHOLD SELECTION:

For example assume the selected dwelling contains three households as follows:

1. *A couple Mike and Anne*
2. *Anne's mother Edna who lives in a self-contained granny flat*
3. *Peter a lodger who lives in a self-contained attic flat*
4. *Susan another lodger who also has a small self contained attic flat in the same dwelling unit*

C3.	IF 4+ HOUSEHOLDS: List households in alphabetical order of names (if more than one adult per household, list in alphabetical order within household) . Identify households by the first names or initials of adult members of the household. (Continue on separate sheet if necessary, staple to front of ARF and return to Brentwood)		
	Names/Initials	HH selection code	Names/Initials
	ANNE and MIKE	01	
	EDNA	02	
	PETER	03	
	SUSAN	04	
		05	
		06	
			HH selection code
			07
			08
			09
			10
			11
			12

Now look at your **selection label** on the front of the ARF to select the three households to include in the survey (an example of a selection label is shown below). Go along the row called HH (which represents the number of households at that address) until you reach the number of

households at your address, and then look below for the selection codes of the households to include. These selection codes correspond the households you have entered in the grid at C3. Ring these codes in the column headed *Selection Code*. These are the 3 selected addresses for you to interview at. Note that they might not always include the address listed on the ARF A label. Go to C4 and write the location details of the three selected households.

Serial no:	601 08 1 D
DU:	2 3 4 5 6 7 8 9 10 11 12
SEL:	1 2 4 3 5 2 7 8 2 10 9
HH:	4 5 6 7 8 9 10 11 12
SEL:	1 3 2 2 1 5 1 1 3
	2 4 3 5 4 6 6 8 6
	4 5 5 7 6 9 9 10 12

So, for the example given above, we would have selected the households with the selection codes 1,2,4 (Anne and Mike, Edna, and Susan).

What to do if there are 13 or more households at a dwelling unit?

NOTE - It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your supervisor or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper in the order indicated at C3. Then use the look-up chart of your showcards. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Pin the sheet on which you have listed these households to the back of your ARF.

C4. Enter the *Selection Code* of the household, which comes from the grid you completed at C3. This is used **only** for helping you make a correct household selection. It doesn't matter which order you write in the selection codes. It makes sense to make the household you are talking to and getting information from Household 1.

The 2nd and 3rd selection codes will determine the Household number for the other two households. Having made your selection, you should prepare ARFs for each household. The household listed first at C4 is Household No. 1. Use the ARF A for this household. Write the location of this household in the box provided below the selection label. This is both to remind you of which one it is and to help anyone who subsequently wishes to contact this household.

Make out an ARF B for the second and third households listed at C4. You will need to write in the full address details on to each ARF B and copy across the serial number. (See section 10.4 for further information about this).

IMPORTANT INFORMATION ABOUT SERIAL NUMBERS AND ADDITIONAL HOUSEHOLDS

The point number and address that make up the serial number for an ARF B are the same as the ARF A. However, the household number and the checkletter change.

On an ARF B, the household number will either be 2 or 3, and the checkletter increases by one place in the alphabet from the original printed on the ARF A – excluding I, O, U.

For example,

If the original ARF A serial number was: 100 19 1 C

The serial number for two extra households (entered on an ARF B) would be: 100 19 **2 D**
100 19 **3 E**

You must copy this new serial number onto the ARF B for each additional household.

The CAPI program will also allow you to add new households, and will provide you with an adjusted serial number for each additional household. Note – CAPI does not provide a check letter for new households, you must derive this yourself following the above rules.

Also write the location details of the household in the box provided below the selection label.

10.3.6 ARF: PART D - Screening for children (at screening addressees within core points and boost points only)

DO. This question is only asked at addresses where you are screening. It is the place that you record whether anyone is eligible to take part in the survey. See below:

D0	MAKE CONTACT WITH HOUSEHOLD: ESTABLISH IF ANY CHILDREN AGED 2-15 ARE LIVING IN HOUSEHOLD AND CODE:		
	Are any children aged 2-15 living in household?		
	Yes	1	Go to D1
	No	772	END *
	IF YOU HAVE NOT OBTAINED THIS INFORMATION, CODE THE REASON WHY:		
	Refusal to answer screening questions	661	Go to G2 *
	No contact with anyone in the household	662	
	No information as all household members physically or mentally unable/incompetent	663	
	No information as all household members inadequate English	664	

If at D0, there is no-one in the household who is in one of the age groups we are interested in, then you should ring code **772**. This means that there is no-one eligible for interview at this household and it has been **'screened out'**.

Do not code 'screened out' addresses as refusals.

If you use outcome codes 661-4, you are asked to go to G2 and give a full description of why you were unable to make contact, or reasons for refusal, or reasons why you were unable to obtain any information about the household. You must also enter this information into the CAPI admin block.

D1. For all households where we attempt to interview it is important to record the number of adults, children and infants at that household. This is so we can calculate our response rate correctly. Record this information at D1. If you are unable to get this information code either,

313	No contact with anyone at household
320	Contact made, not with household member
423	Full refusal of information about household
531	No information as all household members physically/mentally unable/incompetent
541	No information as all household members inadequate English

Give full reasons for using these codes at G2, and record this in the admin block.

10.3.7 ARF: PART E – Record household outcome details

E1. Code whether the household questionnaire was completed or not. If you use outcome code 330, 430, 451, 510-542 or 560 you are asked to go to G2. Give a full description of why you were unable to make contact, or reasons for refusal, or reasons why you were unable to obtain any information about the household.

Please avoid using code 560 (other unproductive outcome) by considering whether outcome to the household questionnaire falls into one of the other categories:

330	No contact made with responsible adult(s)
430	Information refused
451	Broken appointment
510	Ill at home
521	Away during fieldwork period
522	In hospital during fieldwork period
532	Physically or mentally unable/incompetent
542	Inadequate English
560	Other reasons why unproductive

E2. This is the outcome code for the **whole** household. It calculated on the whole of the individual interview. It can only be coded when you have completed all your tasks for that household. This code will be given to you at **PrOut** in the Admin block. You need to circle the appropriate code on the ARF. The codes are described below.

110	applies if you obtained an interview with all household members eligible for the survey (i.e. all persons have individual outcome codes 11 or 21 at F1 Grid A).
212	applies if at least one person at F1 has outcome code 11 or 12 in grid A, but other eligible household members have an individual outcome

	code 34 (no contact) in grid B
213	applies if at least one person at F1 has outcome code 11 or 12 in grid A, but other eligible household members have an individual outcome code 43 (refusal) in grid B
214	applies if at least one person at F1 has outcome code 11 or 12 in grid A, but other eligible household members have unproductive individual outcome codes for a variety of reasons in grid B.
440	applies if you were given a refusal (in person or by proxy) by every eligible household member.
452	applies if you had a broken appointment for every eligible household member.
460	is for all other combinations of unproductive individual interviews.

At the bottom of the page is the space for you to record the number of self completions obtained at this household. You will be prompted to fill this in by the CAPI admin.

10.3.7 ARF PART F: Record individual outcome details

F1 Grid A

This is a very important grid. If you fail to complete the details, the ARF will be returned to you and your work will **not** be booked in until it is completed. For each person on the Household Grid who was interviewed, enter their Person Number and age, record their title, their surname and their full initials.

You also need to enter the individual outcome codes for the person(s) you have interviewed. These are recorded and displayed on screens *IOut* and *NIOut* of the Admin block. A list of the Individual outcome codes is given underneath grid B.

F1 GRID A: EXAMPLE - CORE ADDRESSES

PERSON NO.	AGE	TITLE	FULL INITIALS	SURNAME	OUTCOME CODE	AGREED NURSE	
						Yes	No
0 1	7 4	MR	J	DILLON	1 1	1	2

This is the standard example, where you will be asked to code whether a person agreed or refused the nurse visit. In core addresses everyone interviewed is eligible for a nurse visit and the computer will tell you to ring code 1 or 2 depending on their answers.

Other individual outcome codes are:

11	Full CAPI interview
21	Partial CAPI interview
34	No contact with selected individual
43	Refusal before interview
44	Refusal during interview
45	Broken appointment, no re-contact
51	Ill at home during survey period
52	Away/In hospital during survey period
53	Physically mentally unable/incompetent

54	Language difficulties
56	Other reason for no interview

SCREENING AND BOOST ADDRESSES:

In Households where we are screening for children aged 2-15, a nurse visit will NOT be offered. Pre-printed N/A codes have been printed in the ARF. The CAPI will also show the same code.

F1 GRID A: EXAMPLE – SCREENING AND BOOST ADDRESSES

PERSON NO.		AGE	TITLE	FULL INITIALS	SURNAME	OUTCOME CODE	AGREED NURSE
							n/a
0	1	1	4	MISS	A	BELL	2 1
							N/A

For both core and screening addresses:

In the Admin Block you will be asked to enter the title, full initials and surname of all productive respondents into the computer. Make sure you complete the ARF grid correctly, and transfer the details accurately onto the computer, otherwise things like blood pressure readings could be sent to the wrong person.

F1 GRID B

For each person not interviewed, give a full description of why you were unable to obtain an interview. It is very important to us to know as much as possible about why a person was not covered in this survey. You will also need to give each person an individual outcome code which indicates why you were unable to interview them.

At screening and boost addresses you do **not** need to enter the details of the unselected children.

10.3.8 ARF PART G: Information about unproductive outcomes

- G1.** Record here reasons why respondents refused to see the Nurse, if applicable. You only need to complete this for core addresses.
- G2.** Record here full reasons why the household was not contacted/refused. This information is used to decide whether to try again with a reissue. Record as much information as possible e.g. for a refusal what was sex and the approximate age of the person you spoke to, what reasons did they give for refusal.

10.3.9 ARF PART H: Interviewer observation of addresses

You must complete the interviewer observation of the address before making contact.

Complete H1-5 for all addresses, other than those classified as deadwood at B2 or screened out (771 or 772 on screening or boost ARF). **This information does need to be completed for office refusals (410).** Complete from observation of the area in which the address is located. If you are not sure how to code the questions give your best guess. Copy the information to the Admin block when you have finished with the household.

H1 Ring a code to indicate the type of area in which the address is located.

- H2** Ring a code to indicate the predominant type of *buildings* in the immediate area of the address. If the address was on an estate, it would be the main type housing on the estate; if in a street, the type of property in that street.
- H3** Ring a code to indicate the type of *accommodation* lived in by the household. For example, if your address is a whole house, but you find it is occupied by households occupying different flats, then it would be a code O6.
- H4** Ring a code to indicate whether the house/flat/building has any physical barriers to entry.
- H5** Ring a code to indicate the ethnic mix of the immediate area of the address, e.g. the ethnic mix of the street in which the address is located.

10.4 Address Record Form B (ARF B)

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

ARF B should be prepared by writing the address, postcode and serial number into the box on the first page. Copy the address and postcode from the original label but add any details to identify the household, e.g.. 'Flat 2'. The point and address numbers for the 2nd and 3rd households are the same as for the 1st household; make sure you copy them correctly. The household number (HH box) for the 2nd household should be 2, and for the 3rd household, 3.

Additional households should be allocated the next check letter in alphabetical sequence from the first address (although check letters i, o and u should not be used). So for example, in the example label shown above, the check letter for Household 1 is D; Household 2 at this address would have check letter E, and Household 3 would have check letter F. You should also write details of the location of the household in the box provided.

11 Adult Selection Procedure

In the unlikely event that you find a household which contains 11 adults (aged 16+) or more, you will have to follow an adult selection procedure. You use the sheet at the back of these instructions (Appendix C) called the 'Adult List Sheet'. List all the persons aged 16 or over in the household, starting with the eldest and working down to the youngest. Also in Appendix C is an Adult Selection Chart. Find the column which gives the number corresponding to the number of adults in your household (e.g. 12). Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

Using the example of a 12-person household, you would **eliminate** those in rows 3 and 9 on the Adult List Sheet. You would cross them out on the Adult List Sheet, then enter the remaining 10 people in the Household Grid. These (and only these) are the ones you should attempt to interview.

12 Interviewer/ sample cover sheet

This document will accompany your set of ARFs. It will list the serial number and address for all 36 core point addresses, or all 41 boost point addresses, for you to visit that month.

This document has some columns for you to complete as you work through your addresses. It allows you to keep a full record of what you did but also includes space to record appointments made, and interviews in progress. Please remember to complete this document, as your teamleader and health manager will be asking you for these details.

Things to record are:

- If the address 'in scope' i.e. it is a residential, main occupied address, then tick the box OR if the address is either ineligible or deadwood, then put a cross in the box.
- If this is a screening address, tick *screen in* if you have identified that someone is eligible for interview OR enter a cross if you have screened them out. Enter n/a if not applicable.
- Enter details of appointments made, or interviews in progress in the space provided.
- Enter the code to say whether the nurse visit was made by you, agreed but not made or refused. Enter n/a if not applicable.
- Enter the final outcome of the interview and the date transmitted to office.
- There will also be a column for you to enter whether heights and weights were taken. Your team leader/ health manager will ask, so please do record these details (not shown below).

CORE POINT (with screening addresses) SAMPLE COVER SHEET

Project No: P2727/JAN FA:0 Point: 210 Interviewer: Int. No: Total Issued: 36		In scope (4) Dead-wood (7)	SCREENING ADDRESS 11-36 ONLY Screen in (4) Screen out (7)	Work in progress Record if appointment made (appt) If interviews in progress (int prog.)	Core 1-10) Nurse appt made (A) visit agreed (4), refused (7)	Height / weight Enter H + W or X if not taken	Final Outcome	Transmit Date
724011T	100 Brighton Road, South Cro CR2 6AD							
724021E	Flat 5 Bretherton Court, 47 CR2 7AF							

BOOST SAMPLE COVER SHEET

Project No: P2727/JAN FA:0 Point: 850 Interviewer: Int. No: Total Issued: 41		In scope (4) Dead-wood (7)	Screen in (4) Screen out (7)	Work in progress Record if appointment made (appt) If interviews in progress (int prog.)	Height/weight Enter H + W or X if not taken	Final Outcome	Transmit Date
724011T	100 Brighton Road, South Cro CR2 6AD						
724021E	Flat 5 Bretherton Court, 47 CR2 7AF						

13 Address List

In addition to the ARFs, you will be given a paper listing of the sampled addresses in your survey point and a map showing their location. The paper list will also show the previous and next addresses to the sampled address, from the PAF file. This information is for you to use if you have any problems in

locating an address. It will also help you to decide whether you need to interview at multiple households at an address. The basic principle is that if a household has a separate listing on the PAF file, then it has had a chance of being sampled for the survey, and so should not be treated as an additional household.

For example, say the sampled address is:

15 Manor Road

and the listing shows the previous and next addresses as:

13 Manor Road and
17 Manor Road

When you get to 15 Manor Road, you find that it is actually two flats, 15a Manor Road and 15b Manor Road. You can see from the listing that there is only one entry for 15 Manor Road, so you will need to interview at both 15a and 15b.

If, on the other hand, the sampled address had been:

15a Manor Road

and the listing had shown the previous and next addresses as:

13 Manor Road and
15b Manor Road

This would confirm that you only need to interview at 15a (15b was listed separately on PAF and therefore had a chance of being selected in its own right).

If you still have trouble locating addresses it may help to search by postcode on an internet map website such as,

www.streetmap.co.uk	www.upmystreet.co.uk
www.multimap.com	www.easymap.co.uk

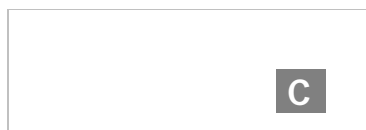
14 Other Survey Documents

14.1 Document codes

In order to make things easier for the interviewer, each document will have a code on it depending on whether it is a document to be used at core addresses, or at screening or boost addresses.

Core address	Screening address within core point	Boost address
C	CS	B

This can be found in the bottom right hand corner of most documents and will look like this:



If there is no code on the document, then you can assume that the document can be given to respondents in either core, screening or boost addresses.

14.2 Advance Letter

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

This outlines the purpose of the study, informs householder that their address has been selected, and has some answers to frequently asked questions.

If a point has been allocated on time, the interviewer name will also be included on the letter. The letter also has contact details if the respondent wishes to talk to the office based staff further about the survey.

You will have a two-sided laminated copy of the advance letter in your workpacks, which you can use on the doorstep to help gain co-operation and to remind householders of the letter they should have received. On one side of the laminated copy is the letter sent to core addresses (code C), and on the reverse side is the letter sent to screening within core addresses and boost addresses (codes CS, and B).

14.3 Broken appointment card

In your work packs you have a broken appointment card. If you have visited the household in order to meet an appointment and no-one was home, complete the broken appointment card, and post it through the letterbox.

14.4 Follow-up letter

In your work packs you have a follow-up letter. This is to be used when you have visited the household but have not made contact. There is a space for you to write your name and you can post it through the letterbox. This reminds respondents that they have been selected and to expect you to call again. This information it gives is similar to the advance letter.

14.4 HSE leaflets

You have also been given red Health Survey leaflets, which briefly explain HSE and also give some of the key findings from the survey. These are for you to use on the doorstep to help obtain co-operation, or to leave behind after the interview, as you feel appropriate. They have all the necessary contact details on, and also the Health and Social Care Information Centre website, where respondents can find further information about HSE.

14.5 Stage 1 survey leaflet

You have also been given a Stage 1 leaflet which gives further details about the survey. This should be given to everyone you interview. It should only be given out on the doorstep if you feel it will help to obtain a particular person's co-operation. Read it carefully. It will help you answer some of the questions people might have.

There are different stage one leaflets for different sample types. Please make sure you give the correct leaflet to the respondent. These are:

Stage 1 leaflet	Colour	Who for?
Core	Pale Green	Adults aged 16+
Screening within core/Boost	Blue	Adults (information for parents)
Core/Screening/Boost	Yellow	Children (info for children taking part in any sample type)

14.6 Stage two leaflet

You also have copies of the Stage 2 leaflet, which you should give to all interviewed respondents in **core addresses** who agree to the nurse visit. You should give these to respondents at the end of the interview.

It is not your job to explain this leaflet to the respondent, as the nurse will go through all of the measurements during her visit. The nurse has spare copies of this leaflet in her workpack.

15 Notifying the Police

You, as the interviewer, are responsible for notifying the police in your area about the work both you and your nurse partner will be undertaking on this survey. You will be given a special police letter for this purpose. You will need to obtain all the relevant details from your nurse partner (e.g. make and registration number of car) so that you can complete this document. Before you start any work hand this document in at the police station in your area together with a copy of the advance letters, Stage 1 leaflet and Stage 2 leaflet. There is a different version of the letter to use in boost points which does not include nurse details.

You will be given three copies of the police letter, leave one at the station, send one to the nurse with the first batch of NRFs/NNVs and keep one yourself. Request more copies of the letter if you need to register at more than one station.

You can find out which police station serves the area in which you are interviewing by checking the web-page: <http://www.upmystreet.co.uk>. Remember to check whether the station is open to the public and the opening hours. If you don't have access to the internet you can ask the Purple team at Brentwood to check for you.

Occasionally, it is not possible to assign a nurse partner to all interviewers before the interviewer registers at the station. In this case let the station know that you will be assigned a nurse partner later and then phone the nurse details through to the same station as soon as you know them.

16 Introducing the different survey stages

16.1 Doorstep Introduction

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

The way the survey is introduced is vital to obtaining co-operation. Before you go out into the field make sure you know about your survey. Keep your explanation as short as possible, saying as little as you can get away with. This is the way in which interviewers who get the highest response tackle their doorstep introductions:

<p style="text-align: center;">Show your identity card</p> <p style="text-align: center;">Say who you are</p> <p style="text-align: center;">Say who you work for</p> <p style="text-align: center;">Say that you are carrying out a 'very important Government survey about health.'</p>

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

Concentrate on obtaining the interview. Do **not** mention measurements and the nurse visit. The letter sent in advance to sampled addresses refers only to an interview. It does not mention measurements or a subsequent nurse visit. We do not want to risk losing an interview because a person is worried about being weighed or measured, or about seeing a nurse. These

are decisions they can make later. The interview itself is very important, and we want this even if we do not get any measurements for a person. Our experience to date has shown that nearly everyone is willing to proceed from stage one of the survey to the next. But they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

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

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

Below is a list of things you might want to mention when introducing the survey.

In your workpack, you will also receive further interviewer guidance on dealing with reluctant respondents and “selling” health.

16.1.1 “What to say to reluctant respondents” – Interviewer guidance

You can use this document as a quick reminder of things to say to reluctant respondents, if you are feeling anxious about selling the survey or just need a prompt. The document covers general concerns a respondent might have, as well as specific concerns about taking part in the Heath Survey.

16.1.2 What you might mention when introducing the survey:

<i>Government Related</i>	<ul style="list-style-type: none"> • It is a national (Government) survey (on behalf of the NHS Information Centre for health and social care). • It was set up as a result of a special recommendation in the Government's White Paper “The Health of the Nation” and is also part of the more recent “Our Healthier Nation” White Paper. • The current White Paper “Choosing Health” covers many health issues which are investigated in HSE and HSE will be important in monitoring progress towards the targets set. • It provides the government with accurate and up-to-date information on the health of the population. • It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Papers “Our Healthier Nation” and “Choosing Health”) are achieved. • The information will be needed by whichever government is in office. • The information is available to all political parties. • It is used to help plan NHS services.
<i>Confidentiality</i>	<ul style="list-style-type: none"> • No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results. • Results are published as aggregate statistics
<i>Signify its importance & status</i>	<ul style="list-style-type: none"> • It is a very important survey. • It is the largest national survey to look at the health of the general population. In 2007, about 16,000 people will take part. • Results are published annually and reported in the national press. • It is carried out annually.

<p><i>Describe population coverage & why certain groups should participate</i></p>	<ul style="list-style-type: none"> • The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them. • Each person selected to take part in the survey is vital to the success of the survey. Their address has been specially selected - not the one next door. No-one else can be substituted for them. • To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not. • Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned. • Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost.
<p><i>What previous respondents have said about the survey</i></p>	<ul style="list-style-type: none"> • "I found the survey enjoyable and interesting!" • "I was happy to do the survey over a cup of coffee!" • "I found the survey quite friendly, sociable and good-natured. There was nothing where I thought mind your own business!" • "I think doing the survey is great!"

16.2 Introducing Height & Weight Measurements

The relationship between general build and health is of great interest to the NHS Information Centre for health and social care, and a new 'obesity taskforce' are using data collected on HSE. Both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population's diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place. Since 1995 the Health Survey has been the main national source of information on children's heights and weights.

Explain that it will only take a very short time to do and that no one will be asked to undress - other than remove shoes (and socks in the case of children). The respondent can have a record of their height and weight measurements but if they would prefer not to have them written down this is okay.

16.3 Introducing the Nurse's Visit

Our target is to interview and measure everyone eligible. Only those in core addresses (all age groups are eligible for a nurse visit). The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

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

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

Try to convince respondents that seeing a nurse is a vital part of the study and that it is non-threatening. If the person is reluctant, use the arguments given in the box below to try to get them to change their mind: -

- Stress that by making an appointment to see the nurse the person is not committing themselves to helping with all, or any, of the measurements
- Explain that the nurse is the best person to describe what (s)he wants to do. The respondent can always change his/her mind after hearing more about it
- The nurse will ask for separate permission to carry out the various measurements
- We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings. If you feel that knowing this will help you get an appointment for the nurse, please explain this. **However, be careful to avoid calling the nurse visit a 'health check' - it is not.** Especially as in 2007, nurses will not be taking blood samples as in previous years. One of the most common reasons given for respondents refusing to see the nurse is 'I don't need a medical check - I have just had one'. Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

REMEMBER – We don't access the medical records of the respondents, so the only way to obtain medical on them is to have a nurse visit.

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

Information you may need to know if the respondent asks you questions about the nurse visit

- it is an integral part of the survey – the information the nurse collects will make the survey even more valuable
- the nurse is highly qualified (high Grade D or above). They all have extensive experience, working in hospitals, health centres etc and have been especially trained for this survey
- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse. If (s)he likes, this information will also be sent to their GP.
- respondents are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one. The nurse has to obtain **written** permission from a respondent before a blood sample can be taken
- the Multi Centre Research Ethics Committee has given approval to the survey.

Some of the things you might say when introducing the nurse visit:

- "(name of nurse) is really lovely lady and is very professional"
- "I'm not a nurse so I can't do the measurements, but the nurse is highly trained, and very experienced, and there is no need to worry about her visiting you"
- "NatCen have a team of professional nurses"
- "the nurse is covered by the Data Protection Act and anything you say will be treated in the strictest confidence"
- "she will answer any questions you have, and you don't have to do anything you don't want to"

16.3.1 Summary of nurse tasks and how to describe them to respondents

The various types of measurements the nurse will ask permission to carry out are listed in the table below. We do not suggest you go through this with respondents; this is for your information.

You have a copy of the Nurse Leaflet (Stage 2) which the nurse usually gives to all the people (s)he visits. This describes the purpose of each measurement. Read it carefully so that you can use the information it contains if necessary.

Measurement	Purpose/explanation
Blood pressure – (all age 5+)	Both systolic and diastolic pressures will be taken, together with a pulse reading.
Waist and hip – (all age 11+)	The waist to hip ratio is a measure of the distribution of fat over the body.
Infant length – (over 6 wks, under 2 yrs)	Together with weight gives a measure of growth in infants.
Saliva sample – (all age 4+)	Children dribble down a straw or into tube. Adults can choose to chew a dental roll. The sample is tested for cotinine which is a derivative of nicotine and shows recent exposure to tobacco either because they are a smoker or due to passive smoking.
Urine sample – (all aged 16+)	Tested for presence of urinary sodium (salt)

17 Liasing with your nurse partner

17.1 Contacting your nurse

It is vital that you and your nurse partner establish a good working relationship. If possible, you should arrange to meet up before you start working. The success of the survey depends on a good working relationship between the interviewer and the nurse. It is the interviewer's task to initiate this. You **must** contact your nurse partner before you start work. Respondents often want more information about the nurse. You may want to describe the nurse, so an elderly or concerned respondent knows who to expect.

You are encouraged to accompany the nurse on an HSE visit if you have not done so before. This will help you find out more about the nurse visit and get to know your nurse partner better. You will be **paid** for this.

Things you need to know about your nurse partner include:

- Make and registration number of her/his vehicle.
- Their name.
- Their job, and former job (this information can be very reassuring for respondents)
- Days and times of availability for the month ahead and preferred work patterns.
- Does (s)he work as a nurse in a hospital/clinic/in the community, as well as being a survey nurse?
- Does (s)he wear a uniform? (the nurse makes her/his own decision about this)
- How well do they know the area you are both working in?

17.2 Making Appointments for the Nurse Visit

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have a NatCen Appointment Diary covering the relevant survey period. You and the nurse both have a one page calendar for each month's fieldwork period. Go through this together over the phone, before you start work. Note **carefully** the days and times on which the nurse is available to make a visit, and fill in the availability pages in your diary. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liase frequently in order to update this information.

It is a good idea to meet up with your nurse before fieldwork starts so that you can set the foundations for a good working relationship. The success of survey depends on good teamwork between the interviewer and the nurse.

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

Try to arrange for everyone in a household to be seen one after the other. Check with your nurse how long she feels she needs to see a respondent. She should have a good picture of times after the nurse briefing.

You will know how much time a nurse will need to get from one address to another if you are making appointments on the same day. Do **not** under-estimate these times.

You should take account of the nurse's preferences and try and plan the appointments accordingly. Nurses will give a spread of availability including daytime, evening and weekend work. However the nurse will probably have a preference:

- Some nurses like to avoid early morning appointments to avoid the rush hour.
- Some nurses like daytime appointments, others prefer evening appointments as they have other commitments during the day.

- Some nurses prefer to fit their work into as few visits to the area as possible. For other nurses it might work better to have one appointment per evening because it is best for them to work after 6.00.

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

Point out to all respondents the notes at the bottom of the Appointment Record. These tell respondents that we would like them not to eat, drink, smoke or take part in vigorous exercise for half an hour before their appointment, and ask them try to wear light clothing. Those aged 11 or over are asked not to wear tight clothing, as the nurse will be taking waist and hip measurements. Light clothing makes it much easier to get accurate measurements. The nurse will also ask respondents for a urine sample, and it may be appropriate to tell respondents this, so that they don't go to the toilet immediately before the nurse visit.

Make sure your nurse is given good warning of all appointments you have made. **Telephone appointments through to your nurse** the same day or immediately the next day. A very important part of your job is keeping the nurse fully informed about the outcomes of your attempts to interview people and to arrange for the follow-up nurse visit.

Send the nurse the completed Nurse Record Form for a household as soon as you have finished work there. Do not wait until you have a few NRFs, send them immediately.

Also contact your nurse by telephone, as the post is not always reliable. If you do this, your nurse should always know what work she has to plan for.

Posting documents to the nurse

If you send a batch of NRFs together (more than 3), split them between envelopes or make sure you weigh them because they become too heavy for standard postal rates and this delays delivery to the nurse. An A5 pre-paid envelope will hold a **maximum of three NRFs, OR two NRFs and one NNV**. If you fill the envelope with more than this then the nurse will have to pay excess postage. This will lead to delays and disruption to the nurse fieldwork. These restrictions on postage are because of the new postage system of price in proportion, whereby the thickness of the envelope matters more than the weight.

If you have set up nurse appointments before you have completed all interviewing in the household, telephone through the interim appointments. You should telephone the nurse regularly to tell her/him what (s)he should be expecting from you. This is especially important if you have made a nurse appointment for someone within the next day or two, to give the nurse time to prepare her work.

It is also important to let the nurse know if you will NOT be using any availability slots s/he as provided, or if you will not be working on HSE for a few days.

17.2.1 Accompanying the Nurse

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

17.3 The Nurse Record Form (NRF) & the No Nurse Visit Sheet (NNV)

The nurse has a list of the core addresses in the point being covered. (S)he needs to know the outcome of your visits to each address (including any at which no interview can be attempted because they are vacant or derelict etc). If there is more than one household at an address (s)he needs to know the number of households and the outcome for each of these. If an appointment has been made, (s)he needs full details.

This information is communicated via the Nurse Record Form (NRF) and the No Nurse Visit Sheet (NNV).

- The **Nurse Record Form (NRF)** is the nurse's equivalent of your ARF, and is used for households where you have made an appointment for the nurse to visit.
- The **No Nurse Visit sheet (NNV)** is for households where there is no work for the nurse to do, either because the address is deadwood, or unproductive to the interviewer, or because it was a productive household but all members refused a nurse visit.
- For screening and boost addresses which are not eligible for nurse visits there is no need to complete an NNV.

It is your responsibility to prepare one of these for each **address/household** in your sample. Your sample pack contains a set of NRFs and NNVs, together with a sheet of address labels which replicate the address labels on your ARF.

As soon as you have finished your work at a productive household where at least one person agreed to see the nurse, make out the NRF and send it to the nurse (even if you have already told him or her by telephone of appointments you have made).

17.3.1 Completing the No Nurse Visit sheet (NNV)

If the address was vacant or other deadwood, or unproductive, or no individual agreed to see the nurse then attach the address label to the No Nurse Visit sheet and ring a code to indicate why. CAPI prompts you to do this in the Household Admin block.

You can fit several address labels onto one NNV, but do not wait until a sheet is complete before sending it to the nurse; you **MUST** send the NNVs to the nurse regularly (at least every week or so) in the pre-paid A5 size envelopes that you are provided with in your workpack. NNVs are now on A5 paper so that you can send them more often without wasting paper.

17.3.2 Completing the Nurse Record Form (NRF)

It is **your responsibility to complete the sections on page 1 and 2 of the NRF**. Pages 3 and 4 are for the nurse to complete.

At the top of the first page, enter the nurse appointment time and date.

Enter your name/number and that of the nurse at the top of the first page. Enter the telephone number and the main contact name, and the alternative phone number and name (if you have it). If there is more than one household at the address, describe the location of the household covered by that NRF.

If the NRF relates to Household 1 at an address, stick on the replicate address label you have in your workpack. If the NRF relates to household 2 or 3, copy the address, postcode and serial number details for the household in the box provided.

Pass onto the nurse any useful tips you can about how to find the address, if this is difficult.

Completing Part A

1. Complete the **Interviewer Outcome Summary** box:
If you have arranged at least one appointment for the nurse, **ring code A**, complete Part A.
2. Enter the date on which you conducted the **household interview**.
3. Copy from ARF Question 13 the **total** number of persons in the household aged 16 or over, 5-15 or 0-4.
4. Complete the grid at Questions 4 and 5 on page 2. The Admin block has a screen called *NRF*. This shows you exactly what to enter here. Complete the NRF from Individual Questionnaire screen as you go along, following the instructions. When you complete the Admin Block check your entries on the NRF. This tells you exactly what to enter into these grids.

At Question 4 complete one row for **every person in the household aged 16+** regardless of whether or not they agreed to be interviewed or agreed to see the nurse. The nurse needs to know who is resident in that household, and who co-operated with the survey and who did not. If there are more than ten adults in a household, list only those selected for the survey (i.e. those recorded in the Household Grid - the only ones the *NRF* screen will give you).

At Question 5 complete one row for each **eligible child under 16** – the children selected for interview by the computer program. The screen *NRF* will only show these.

Make sure you enter household members in the same order as they appear in the screen called *NRF* in the Admin block. It is **vital** that for a particular person the Person Number the nurse uses is **identical** to the Person Number assigned by the computer to that person.

For each person:

- enter their Person Number
- enter their full name and title (e.g. Mr. John Anderson)
- circle a code to indicate their sex (1= male, 2=female)
- their age at the date of the Household interview
- ring code 1 if that person agreed to see the nurse
- ring code 2 if you interviewed that person but they refused to see the nurse
- ring code 3 if that person was not interviewed/nurse visit not applicable
- enter the appointment date and time

For each eligible child age 0-15 you also need to enter the following details at grid 5.

- enter the Person Number of each "parent" living in the household
- for each "parent" ring code 1 if they are the natural or adoptive parent or code 2 if they are someone who has legal parental responsibility for the child (this is based on the questions *Par1/Par2* in the household grid). This again is given on screen *NRF*. It is **VITAL** you enter this information correctly. The nurse will use this information in obtaining consents to measure children and it is only these who legally have the right to give consent.

Examples of completed pages 1 and 2 of the NRF are shown overleaf.

In some instances, you will find that you have to make an appointment for some household members to see the nurse in advance of other household members. In other cases, you will make a nurse appointment for the same day, or the day following, your visit. In both these cases, you are likely to have to tell the nurse about this appointment in advance of sending her/him the NRF. If this is the case, fill in the appropriate details on the NRF and telephone the nurse to inform them of the appointment. Read out the information about the respondent/s from the NRF, and give her/him the date of the household interview.

The nurse has a form called the **Interim Appointment Record**, it is a copy of the page on the NRF with Q4 and Q5. The nurse will fill in the respondent's information onto the Interim

Appointment Record sheet, including the person number/s of the adult/s who claim legal parental responsibility for any children who are to be seen by the nurse. The nurse will use this until s/he receives the NRF from you. Always make sure you get the nurse to read back the **person number and name** to you so that you are both sure the information has been transferred correctly. The nurse will check the details on the NRF against the Interim Appointment Record when it arrives.

Remember – if you have made an appointment for your nurse, call her to let her know, in addition to sending her a completed NRF.

17.4 Transmitting Information to the Nurse

In most cases, the information the nurse needs to carry out the nurse visit, i.e. names, ages etc, will be transmitted to the nurse automatically via modem. You simply connect to the host machine, the necessary information is extracted and made available to the nurse when (s)he connects to the host machine later.

So, once you have made an appointment for the nurse, you should:

1. Connect to the host machine to transmit the details to the nurse
2. Complete a NRF and forward this to the nurse as usual (it is important to have a paper record, both as a back-up and to allow checks later)
3. Telephone the nurse to inform her/him of the appointment date and time.

The system works as long as there is a gap of at least two days between the interviewer transmitting the details and the nurse visit. If the gap is less than two days, the nurse is able to enter the details directly into CAPI, either from the paper NRF or from the Interim Appointment Record which (s)he will have completed with you over the telephone. We wish to avoid this happening wherever possible, because there is far less risk of error if the information is transmitted automatically. If interviewers transmit their work promptly, we ought to be able to use the automatic data transfer system in over 90% of cases.

It is therefore vital that you connect to the host machine as soon as possible after making a nurse appointment. You do **not** need to have completed all work at a household, or to have done the admin block for a household, in order to transmit the nurse details. You simply connect up, transmit, and the host machine will take only the information it needs to pass to the nurse.

Remember, it is still important to make the nurse appointment for as soon as possible after the interview. If the nurse information has not been automatically transferred, the nurse can enter the details manually.

Main Nurse Appointment		Date NRF received by nurse:
Day <i>Wednesday</i>	Date <i>16/02/2007</i>	Date

1.1.1

FOR NURSE USE ONLY

P8727 PURPLE TEAM	Health Survey for England NURSE RECORD FORM (NRF)	SLOT NAME:	
		TRIP NUMBER:	
		FINAL OUTCOME:	

Interviewer name: *John Smith* No: *123 456*

Nurse name: *Joanne Jones* No: *897 654*

ADDRESS LABEL

IF HOUSEHOLD 2 OR 3 WRITE IN:
 ADDRESS:
10 Downing Street
London

POSTCODE: *W13 6PT*

SERIAL NO:

6	0	1	0	2	1	H
---	---	---	---	---	---	---

 POINT ADD HH CKL

HOUSEHOLD LOCATION DETAILS
Near the houses of Parliament.

CONTACT NAME & TELEPHONE NUMBER
Tony Blair (0207 123 4567)

USEFUL TIPS
Entrance heavily guarded.

ALTERNATIVE CONTACT NAME & TELEPHONE NUMBER
Cherie Blair (0207 789 6789)

1. INTERVIEWER OUTCOME SUMMARY At least one nurse appointment made	INTERVIEWER TO DO Complete PART A below and on page 2	NURSE TO DO Complete PART B on pages 3 and 4
--	---	--

PART A: TO BE COMPLETED BY INTERVIEWER

2. DATE HOUSEHOLD INTERVIEW CONDUCTED:

DAY	MONTH	YEAR
<i>2</i> <i>5</i>	<i>0</i> <i>1</i>	<i>2</i> <i>0</i> <i>0</i> <i>7</i>

NUMBER OF PERSONS 16+

<i>2</i>	
----------	--

NUMBER OF PERSONS 5-15

<i>0</i>	
----------	--

NUMBER OF PERSONS 0-4

<i>0</i>	
----------	--

FOR INFANTS AGED 0-1, ARE ANY OVER 6WKS OLD?

Y	N
---	---

4. COMPLETE GRID BELOW FOR ADULTS AGED 16 AND OVER IN HOUSEHOLD

PERSON NUMBER		FULL NAME & TITLE (MR/MRS/MS)	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER-VIEW	APPOINTMENT DATE	APPT. TIME
0	1	Anthony Blair	1	2	5	0	1	2	3	16/02/2007	14.00
0	2	Cherie Blair	1	2			1	2	3	16/02/2007	18.00
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN AGED 0-15 SELECTED FOR SURVEY

CHILD PERSON NUM		FULL NAME	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER- /PARENT	APPOINTMENT DATE	APPT. TIME
			1	2			1	2	3		
PARENT 1 PERSON NUMBER: <input type="text"/>			TYPE: Parent 1 Legal Parental Responsibility 2		PARENT 2 PERSON NUMBER: <input type="text"/>			TYPE: Parent 1 Legal Parental Responsibility 2			
CHILD PERSON NUM		FULL NAME	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER- /PARENT	APPOINTMENT DATE	APPT. TIME
			1	2			1	2	3		
PARENT 1 PERSON NUMBER: <input type="text"/>			TYPE: Parent 1 Legal Parental Responsibility 2		PARENT 2 PERSON NUMBER: <input type="text"/>			TYPE: Parent 1 Legal Parental Responsibility 2			

18 Introduction to the Questionnaires

The survey consists of two CAPI questionnaires.

- Household Questionnaire
- Individual Questionnaire (which is divided equally into CAPI questions and pen and paper self-completion questionnaires)

The Household Questionnaire must be completed before you carry out an individual interview. You cannot open an Individual Questionnaire until there is a **complete** Household Questionnaire.

An Individual Questionnaire should be completed for each adult in the household and for sampled children. The CAPI program allows you to interview up to 4 persons concurrently in one session. If you have more than 4 people in a household, you must interview them in a separate session.

Most of the instructions appear on the screen, but the rest of this section gives further information about some questions. The questions are referred to by question names. These are the names which appear *on the bottom half of the screen* either to the left or above the space where the answer to the question is entered.

You will have two sets of identical showcards to use in the interview. You will receive one set at your briefing and the other set in your workpack.

You also have a set of *National Centre Laptop Instructions*. These are to help you use the laptop and the CAPI program. Please read them. If you have mislaid your copy, request a new set from Brentwood.

19 The Household Questionnaire

19.1 What is the household questionnaire?

This questionnaire consists mainly of a household grid. This grid establishes:

- who lives in the household,
- who are the parents of any children, and
- the relationships of everyone to one another.

The grid is followed by some questions about the household as a whole.

Wherever possible, complete the Household Questionnaire with the household reference person or his/her spouse or partner. It will be useful if other household members are present at the time so you can ensure you obtain correct dates of birth, etc. If neither the household reference person nor spouse/partner is available for the duration of the field work period, you can complete the Household Questionnaire with any responsible adult. However this is not ideal as there are some questions which will only come up if the householder answers the Household Questionnaire.

19.2 Introductory Questions

AdrCheck

This is a very important check to ensure that you have selected the right serial number for that household and to make sure that you are not interviewing at an incorrect address. This check will only work if you check with the respondent that you are at the address that is typed on the ARF address label. When the respondent confirms the address, key in the first 10 digits from the first line of the address from the label on the ARF. If the address and serial number do not match, you will be given a warning. If you have chosen the wrong serial number for that address, exit via Admin. and select the correct serial number. Do **not** continue.

If you have selected the correct serial number, the computer will pass you to *DateOK* which asks you to confirm the date based on the laptop's internal calendar. Every 4 to 6 weeks you should check that the date and time on your laptop is correct. This is done by selecting "D" for "Set /Check date and time" at the Action Menu.

Please note that once you have entered them, the address details are not stored with the questionnaire in the computer, so the respondent does not need to worry about confidentiality.

19.3 The Grid

This part of the Household Questionnaire establishes basic information about the composition and structure of the household. Make every effort to complete the grid correctly from the start.

In particular, check:

- that you have not omitted any household member
- that you have not included anyone who is not really a member of the household
- that you have the correct date of birth/age for everyone, as much of the subsequent filtering (especially in the nurse visit) depends on this.

NB: The age of respondents is based on the age at the time of the screening. If a person aged 15 has a birthday between the completing the screening and carrying out the individual interviews you must contact the office.

The order in which you enter the respondents is not crucial, but you (and the nurse) will find it easier later if they are entered roughly in age order, with the Head of Household first. At the very least, you should try to enter the details of parents before you enter those of children.

Before you leave the grid, make sure that you are happy with the information in it. Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid. What to do if you do find errors later is described in section 19.7.

Person numbers

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

Name

You only need to use first names (the name that they are normally known by) and **not** surnames on the grids. The full names will be written on the ARF. If someone does not want to give you their first name, enter their initials instead (but first names are preferable if possible).

Sex, DoB, AgeOf

The date of birth is an important piece of information. For example, with the respondent's permission, we can use it to link into their national health records. We also use it to check person numbers on documents. We shall be checking this information with each respondent at the start of the interview, but you should nevertheless make every effort to enter the correct date of birth in the household questionnaire. Children less than 1 year should be recorded as 0 years old. If a DoB is not known, enter "don't know". We hope to pick it up in the Individual Questionnaire interview.

Marstat

The aim is obtain legal marital status, irrespective of any *de facto* arrangement. That said, you should not probe the answer "separated". If the respondent queries the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether separation is legal or not). Ignore temporary absences e.g. on an oil rig.

A person whose spouse has been working away from home for over six months, for example on contract work, or in armed forces, should be coded as married and living with spouse if the separation is not permanent. The same is true if one partner is in a care home.

Civil partners may only be on the same sex and must have obtained legal recognition of their partnership. Probe whether the partnership was registered under the new provisions that came into force from December 2005. If Civil Partners are separated but have not been legally dissolved, record the person as in a civil partnership and open a note.

Par1, Par2

This question **must always** be read out. Do not make assumptions. This is a very important question as it helps us to establish the person, or people, who have legal responsibility for the child in the household.

Do not attempt to define *legal parental responsibility*. This is not necessarily the same as acting *in loco parentis*. It is up to the person concerned to say whether or not they have this legal right. If they are doubtful, then encourage them to say "No". The responsibility must be on a **permanent** basis.

If there is no person who is the parent or has legal parental responsibility (e.g. a schoolchild who is boarding with a family or living with their brother or sister), enter code 97 at both Par1 and Par2. If there is only one "parent" in the household, enter code 97 "Not a household member" at Par2.

Nat1par, Nat2par

Note the need to separate natural children from adopted children. This is for two reasons:

- (i) to establish whether the "parent" is a parent (in the legal sense) or someone with legal parental responsibility.

- (ii) to establish blood relationships between household members which are of interest when analysing the data on health conditions

You need to be aware that this may be sensitive information in some households, and that is why we have a showcard for this question. If possible, try to avoid children looking over their parents' shoulders when they answer this question.

Relationships between household members

It is important to always ask this question about every household member, even though the relationships might seem obvious. You should never make assumptions about any relationship.

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple is a same-sex couple. That is, the mother of a partner is coded as 'mother-in-law'. For same-sex cohabiting couples, the mother of a partner should be coded as 'other non-relative'. 'Other relatives' include cousins, nieces, nephews, aunts and uncles. If you have doubts about any relationship, record as much information as possible in a note.

19.4 Head of Household - Household Reference Person

HSE is one of a few surveys that use both Head of Household classification, and Household Reference Person.

Head of Household (HOH) is always the husband in a household containing only husband, wife and dependent children (and boarders). Similarly when a couple are living together (cohabiting) the male partner is the HOH. See below for further information on establishing HOH.

Household Reference Person (HRP) is the person with the highest income in the household. If there is more than one person with the same income, then the HRP is the eldest.

HoHNum

This question establishes who is the head of household. Remember the following rules:

- In a household containing only a couple (married or living together), and children under 16, the male partner (husband) is always the HoH.
- In all situations where there are other relatives in the household, or where some of the household are unrelated you should ask:
 - *"In whose name is the house (flat) owned or rented?"*
- Except that a husband (or male partner) always takes precedence, the person named in reply is the HoH.
- Where more than one person has an equal claim to be HoH the following rules apply:
 - Male takes precedence over female
 - Older takes precedence over younger

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

HiHNum

In addition to the head of household you will also establish the Highest Income Householder, which is then used to determine the Household Reference Person (HRP). If there is more than one Householder and they have equal income, then the Household Reference Person is the eldest. Details about income and employment will now be collected for the Household Reference Person.

If there is only one Householder (established at *HHldr*) they are automatically the HRP.

19.5 The Rest of Household Questionnaire

Eligible

This screen shows you which people in the household are eligible for interview. If there are more than two children in the household this screen will show the two that have been selected for interview.

Tenure1, JobAccom, LandLord, Furn1

Tenure1 is asking for the formal, legal tenure of the household. If, for example, the respondent is a widow living in a house bought by her son (in his name) who is living elsewhere, she should be coded as living rent-free even though she may regard herself as an owner-occupier. Similarly, a household which is paying a contribution to upkeep but not a formal rent should be coded as rent-free. This could arise, for example, if a parent was living in a 'granny flat' as a separate household, but paid a contribution to general household expenses.

Only code people as 'buying with the help of a mortgage or loan' if they have a mortgage for buying their home. Some people who have paid off their mortgage and are effectively outright owners make an arrangement with the lender to continue to pay a small amount of 'mortgage' as payment for the lender for keeping the deeds. They should be coded as outright owners.

People who own their home with a lease are counted as owners. It does not matter that they pay ground rent.

'Shared ownership' means paying partly for a mortgage and partly rent so that, if the person moves, (s)he will get some of the proceeds from the sale of the property, according to how much of the original cost has been paid off. Include people who have paid off the mortgage portion.

People who live rent-free do not always regard themselves as doing so, so particular care is needed in dealing with such cases. The sorts of 'grey areas' you might encounter include:

- Someone living in a 'granny flat' owned in someone else's name. (Code as rent-free, unless a formal rental arrangement exists.)
- Someone living in the property of a deceased partner which is held in trust. (Code as rent-free.)

- A divorced/separated person living in the house owned solely by her/his ex-partner who no longer lives there. (Code as rent-free if owned solely in the ex-partner's name; code as owner if house is owned in the name of both partners.)

Please also note that some people may think they live rent-free when they do not, e.g. people whose total housing costs are met through Housing Benefit. Housing Benefit is paid directly to the landlord by the DSS, and does not go via the tenant.

People in 'tied accommodation' should be coded as renters (code 4) or rent-free (code 5), depending on whether or not they pay any rent. This group includes people whose accommodation goes with their job, e.g. Church employees, caretakers, army personnel, council tenants whose accommodation goes with their job, some farmers. People in tied accommodation who pay rent are classified as private renters, irrespective of who they are renting from.

Unusual schemes/arrangements:

- **Co-ownership.** This is the joint ownership of residential properties (e.g. blocks of flats) by a group of people who have formed a registered co-ownership society. These schemes started in the 1970s but new legislation was passed in the 1980s to stop new societies from being started.
- **Housing co-operatives.** These should be coded as renting from a housing association (code 4 at *Tenure1* and code 2 at *LandLord*)
- **Housing Action Trusts.** These are set up by local authorities and the properties rented are still owned by local authorities; their tenants are renting from a local authority.
- **Rents to Mortgages scheme.** These are schemes available to council tenants whereby a tenant has the right to buy a share of their home for roughly the same price as the rent. These should be coded as 'shared owners' here and 'local authority' at type of landlord.
- **Private sector leasing.** The Council leases private property for several years and lets it out to tenants. The landlord in the is case is the immediate landlord (i.e. the local authority) rather than the ultimate owner of the property.
- **Home Income Plans and Retirement Home Plans.** Where outright owners raise a loan on the security of the house for a regular income. They should be coded as outright owners.
- **Schemes for mortgage defaulters.** In these cases, the property reverts to the lender and a rent is paid instead of a mortgage. Code as renters.

JobAccom should be coded as 'yes' if the accommodation goes with the job of somebody who is currently a household member, or who is *temporarily* not a member of the household. If the accommodation used to go with the job of someone in the household, but this is no longer the case, code 'no'.

 At **LandLord**, the following rules apply:

- If property is let through an agent, the question refers to the owner, not the agent.
 - If the respondent does not know who the landlord is, use code 7 (other private individual) rather than coding 'don't know'
 - Code 1 (local authority) includes people renting from Housing Action Trusts
 - Use code 5 only if the respondent and landlord were friends *before* they were tenant and landlord, not if they have become friendly since then.
-

At **Furn1**, the category 'partly furnished' no longer has any legal significance; any letting which is not explicitly 'furnished' will be classified legally as 'unfurnished'. We retain 'partly furnished' here to ensure that respondents do not mistakenly include lettings with, say, curtains but nothing else provided as 'furnished'. However, do not use 'partly furnished' simply because the respondent thinks that the furniture is inadequate.

Bedrooms

Every dwelling must have at least one bedroom, i.e. a room where a person sleeps. A bedsit will have one bedroom. Count as bedrooms those rooms the respondent considers to be bedrooms.

PasSm, NumSm

These questions refer to exposure to tobacco smoke in the home. They are therefore concerned only with people who smoke **inside** the house or flat. Therefore, if someone only smokes in the garden, they should be excluded. Include anyone who smokes inside the home on most days, even if they are not a household member. Note the question is about **most** days.

Car, NumCars

"Normally available" includes vehicles used solely for driving to and from work and vehicles on long-term hire. It excludes vehicles used solely in the course of work and those hired form time to time.

SrcInc

Code the sources of income for the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER only. Don't include income for other adults in the household.

JntInc

This first income question asks for the income, BEFORE deductions for income tax, NI etc, of the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER.

Don't include any income of other household members at this question.

If the respondent only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI remark (Ctrl M).

HHInc

At this question we want the TOTAL income of the household, i.e.. including any income of other household members, as well as the household reference person and spouse/partner.

19.6 Occupation details of the Household Reference Person

Please note:

- if the HRP has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP's Individual questionnaire
- if another household member (e.g.. spouse) has answered the Household questionnaire and given the job details of the HRP, then the occupation details *will* be asked at the end of the HRP's Individual questionnaire

This set of questions deals with what the Household Reference Person was doing in the seven days ending on the Sunday preceding the interview. If the HRP's occupational status has changed since that date, we are interested in **the reference week only**, even though the temptation is to talk about what the respondent is doing currently.

Order of responses:

Note the order of the responses - if a respondent is doing more than one of these activities at the same time, you should code the one which comes nearest the top of the list. Thus, being a student takes precedence over all other activities, as long as the respondent is a full-time student. People studying part-time should be coded according to their main activity. Those on vacation should be counted as being in full-time education if they are planning to return at the next opportunity (i.e. are not taking a year out). If return depends on exam results, assume that they get the results and code them as 'going to school or college full-time'.

Paid work:

It should be left to the respondent to decide whether or not (s)he is in 'paid work', but it must be paid work to count. 'Paid work' at this question means any work for pay or profit done in the reference week. It is to be included, however little time is spent on it, so long as it is paid.

Temporarily sick or on leave:

Someone who was temporarily sick or on leave from a job in the reference week should still be coded as in paid work. Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as in paid work only if full or partial pay has been received by the worker during the absence, and they expect to return to work for the same employer (i.e. a job is available for them).

Maternity leave:

If the respondent is a mother on maternity leave, with a job to go back to, this should be coded as in paid work (but temporarily away).

Career breaks:

In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a respondent is currently on a career break, (s)he should be coded as being in paid work only if there is an arrangement between the employer and employee that there will be employment for the employee at the end of the break. This is not dependent on his/her receiving payment from the employer during the break. Leave it up to the respondent to define whether or not (s)he has a job to go back to.

Seasonal employment:

In some industries/geographical areas (e.g. agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between 'seasons', respondents in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker's occasional absence, and coded as being in paid work.)

Casual work:

If a respondent works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.

Unpaid work:

Respondents should be coded as 'doing unpaid work for a business that you/a relative owns' if their work contributes directly to a business, firm or professional practice owned by themselves and/or relatives, but who receive no pay or profits. Unpaid voluntary work done for charity etc, should not be included here.

Training schemes:

People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Youth Training and Modern Apprenticeships and National Traineeships.

Looking for paid work or a Government training scheme:

'Looking for paid work or a Government training scheme' may cover a wide range of activities, and you should not try to interpret the phrase for the respondent. Those looking for a place on a government scheme should only be coded as such if the search is active rather than passive. In other words, a respondent who has not approached an agency but who would consider a place if an agency approached her/him, should not be coded as looking for a scheme.

Intending to look for work but prevented by temporary sickness or injury:

'Intending to look for work but prevented by temporary sickness or injury' should only be used if the sickness/injury has lasted for less than 28 days. If it has lasted longer than this, code as 'doing something else'.

Permanently unable to work because of long-term sickness or disability:

'Permanently unable to work because of long-term sickness or disability' should only be used for men under 65 and women under 60. Those older than this should be coded as 'retired', 'looking after the home or family' or 'doing something else', as appropriate.

Retired:

'Retired' should only be used for people who retired from employment at around retirement age, or who were permanently sick prior to reaching retirement age.

At *HFtPtime*, let the respondent decide whether the job is full-time or part-time. Unusually for *National Centre* surveys, we are not defining it for them in terms of the number of hours worked in a week.

At *HNEmployee*, we are interested in the size of the 'local unit of the establishment' at which the respondent works in terms of total number of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which (s)he works.

If a respondent works from a central depot or office (e.g. a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work 'from home' have a base office or depot that they communicate with.

It may even be true of some people who work 'at home' (e.g. telecommuter who retains a desk or some minimal presence in an office). If in doubt, accept the respondent's view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

19.7 Adding and Deleting Household Members

While you are filling in the household grid for the first time, you can make any changes you like. It sometimes happens, however, that you only discover later in the interview that you have been given incorrect information for the grid.

Once you have left the grid and gone into the rest of the Household Questionnaire, there are restrictions on the changes that you can do to the grid.

To change the people in the household grid, go to the question **SizeConf**, which asks you to confirm the number of people in the household. There are 3 codes -

- 1 'Yes' (household grid members are correct);
- 2 'No - more people';
- 3 'No - fewer people'.

* **Adding a household member:** Select code 2 'No - more people' at *SizeConf*. This takes you back to the last *More* question in the household grid. Change this from 'no' to 'yes', and continue by completing details of the person you wish to add to the grid.

* **Deleting a household member from the grid:** Select code 3 'No - fewer people' at *SizeConf*. This takes you to a new screen, which displays the people you have entered in the grid so far. You then select the person who you wish to delete from the grid.

Once you have deleted the person, other household members get 'moved up' the grid to fill the person number originally allocated to the person you have deleted.

Warnings will be displayed if you try to delete someone you have coded as Household Reference Person or as responsible for answering the Household Questionnaire. If you made an error in entering the person you originally coded as Household Reference Person (and you want to delete them from the grid), you will need to go back through the questionnaire and identify the correct Household Reference Person

If you discover that the person answering the Household Questionnaire was not really a member of the household, you will need to go back through the Household Questionnaire asking the questions of a household member (HRP or spouse).

* **PLEASE NOTE: once you have begun allocating household members to Individual Questionnaire sessions, you will not be able to change the household grid in this way.** If you discover errors after this point, use <Ctrl> + <M> to make a note to explain what happened.

* **Changing other information in the grid:** You cannot change the *dates of birth* given in the grids once you have started the rest of the Household Questionnaire. At the start of the Individual Questionnaire, you will be asked to check the date of birth directly with each respondent. You may find at that stage that the date of birth given in the household grid was incorrect. Do **not** go back into the household grid. Leave the information in the grid as it is and make absolutely sure that the information *in the Individual Questionnaire* is correct. Use <Ctrl> + <M> to make a note to explain what happened. The computer will subsequently update the information in the household grid.

Other information in the grid (e.g. marital status) can be changed at any point if you should later discover an error.

20 Setting up interviewing sessions

20.1 Joint or Concurrent Interviewing

This survey differs from many of the surveys that the *National Centre* carries out in that several persons in a household are interviewed. Ideally, we would want you to carry out the interviews with the different people in the household one after the other. However, this can be time consuming, and can put respondents off - they do not want to sit around waiting while the rest of the household are being interviewed. Carrying out a joint or concurrent interview may prove the best way of obtaining co-operation.

Therefore, in order to make the survey as "respondent-friendly" as possible, we feel that, where appropriate, you should carry out joint interviews. The CAPI program allows up to four people to be interviewed at the same time (*in the same session*). You allocate the respondents to sessions at the end of the Household Questionnaire.

Remember you do not **have to** do four people at the same time. The computer allows you to say "no-one else" once you have allocated the required number of people to a session. (Once you have said "no-one else", it will stop asking you for names).

Some concurrent interviews can be very labour intensive on interviewers and respondents, so while there are facilities for up to 4 people to be interviewed concurrently, you need to think about these issues before setting up.

Once you have set up a session in the Household Questionnaire, and Individual Questionnaire is created for that session. You open the Individual Questionnaire by pressing <Ctrl + Enter> and highlighting the session you wish to open. You can open as many individual questionnaires as you like per household questionnaire.

DO NOT go back to the Household Questionnaire and add more people to a previous session. Instead set up a new session.

There are some rules about who you can and cannot interview together. These all relate to children 12 or under.

You can:

- * have a session which only collects information about children aged 0-12 (in which case the parent with legal responsibility will be present answering the questions)

You **cannot**:

- * have a session which includes a child (or children) aged 0-12 without a parent or legal guardian present.

We want you to collect information about children aged 12 or under from their parent or guardian - not from other household members.

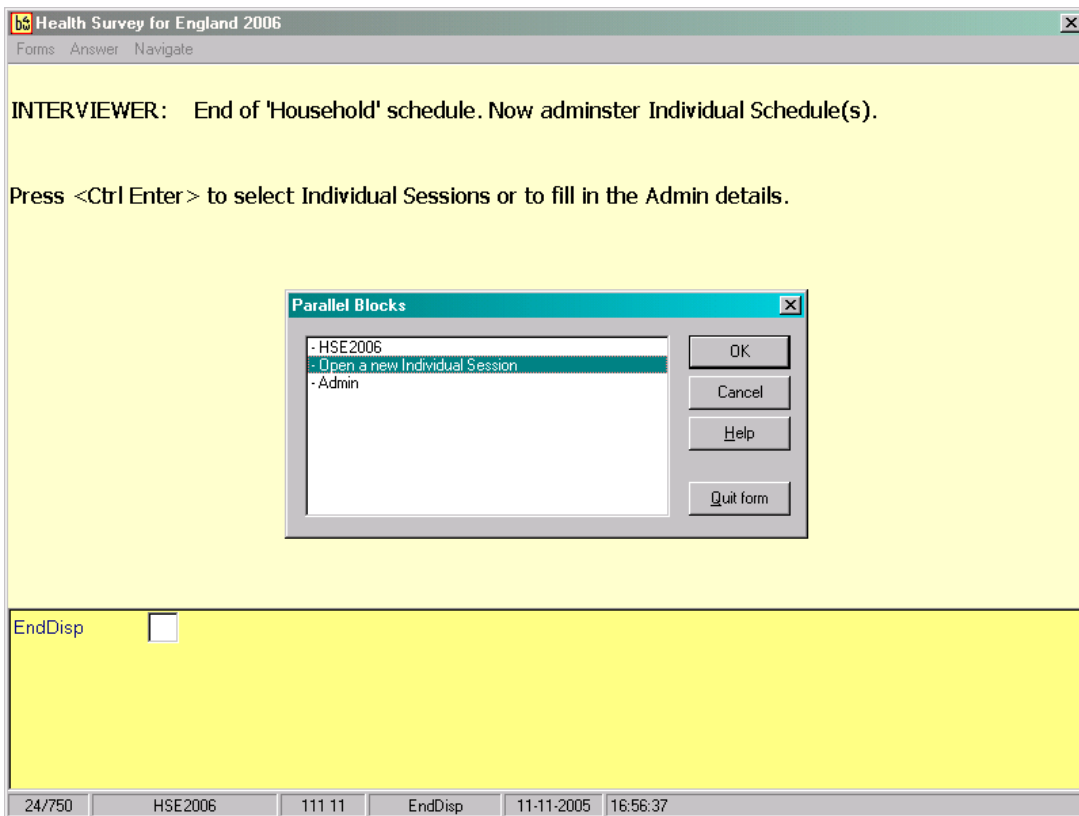
20.2 Multi-generation households

Be sensitive in your choice of people to be interviewed together. Make sure that everyone is happy with the situation. Cross-generation interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose some information about themselves in front of all or some household members. If you are in a situation where there is a mix of generations within a household, think about the best way to organise who to interview. Parents must always be interviewed/present with children under the age of 15, but it may be better to interview any older, teenage, children in another session.

What we do not want is individuals losing interest because they have not been asked any questions for a long time, potentially resulting in a partially productive interview.

20.3 Allocating Individuals to Sessions

At **EndDisp** press <Ctrl> + <Enter> to bring up the parallel block. Select "Individual_Session [1]" from the parallel block. This is an empty session into which you can allocate the people you want to interview.



On the screen it will display the people, with their person numbers, in the household eligible for interview. If there are more than two children in a household it will display the two children

selected to take part in the survey. To allocate the respondents to a session enter their person number at **AllocP**. When you have finished allocating people to a session enter '97'. This indicates that there are no more people to go in that session. You can interview up to 4 people in one session.

At **SessConf** you will be asked to confirm that you have the right people allocated to that session, the names of the selected respondents will be displayed on the screen. It is important that you check it is correct. Once you enter '1' to confirm that the session set up is correct you **cannot** go back and change it. If you have entered the wrong people into a session press '2'. You can then change the people you have allocated to that session.

Once you have confirmed the session set up, you can then go on to carry out the individual interviews.

To set up another session, press <Ctrl> + <Enter> to bring up the parallel blocks. There will be a new empty individual session in the parallel block. Select this and continue with the allocation procedure as above.

21 Individual Questionnaire

Once you have completed the Household Questionnaire try to conduct an individual interview with:

All adults (aged 16+) and up to two children (aged 0-15) for core addresses, or two children (aged 2-15) for screening addresses and boost addresses.

These interviews should be conducted with the respondent in person, except for children aged 0-12 – questions for these children should be addressed to a parent, although the child should be present. If there is no parent in the household, they should be addressed to the person with legal parental responsibility. The rules for seeking permission to interview children are set out in Section 9.1.

21.1 Suspending/aborting the questionnaire

If someone drops out of the Individual Questionnaire before you complete it use the following rules:

- * *they drop out before you complete the general health and fruit and vegetables modules* treat them as unproductive and give them the appropriate outcome code (a refusal normally)
- * *they complete at least the general health and fruit and vegetables modules* code them as partially productive (outcome code 21).

You can abort (or suspend) the interview for a particular individual, this has been put in an actual break point within the questionnaire. If you chose suspend/abort here, the respondent will be asked no more questions. If you are able to go back later and collect the rest of the information from the respondent, go back into that interview session, go to the 'Suspend/abort' question and change to *code 1 continue*. If the respondent drops out after this break point, code all remaining questions in the questionnaire as refusal (CTRL + R) from then on.

21.2 Structure of the Questionnaire

The individual questionnaire is divided into a number of modules. Below, is a detailed summary of the content of the individual interview for various different age groups, and the ordering of modules:

Module/Section	0-1	2-4	5-7	8-10	11-12	13-15	16-29	30+
CAPI interview								
General health, longstanding illness, limiting longstanding illness, acute sickness, fractures, childhood diabetes	•	•	•	•	•	•	•	•
Fruit and vegetables (and salt questions)			•	•	•	•	•	•
Eating Habits (fat & sugar)		•	•	•	•	•		
Smoking				• ^a	• ^a	• ^a	• ^a	•
Drinking (heaviest day in the last week)				• ^a	• ^a	• ^a	• ^a	•
Child physical activity, incl. sitting questions	• ^b	• ^b	• ^b	• ^b	• ^b	• ^b		
Economic status / occupation							•	•
Educational attainment							•	•
Ethnic origin	•	•	•	•	•	•	•	•
Height at age 25								•
Reported birth weight	•	•	•	•	•	•		
Self completion								
Perception of weight				•	•	•		
Strengths and difficulties for children aged 4-15		• ^b	• ^b	• ^b	• ^b	• ^b	• ^b	• ^b
Knowledge of and attitudes towards health					•	•	•	•
Physical measurements								
Height measurement		•	•	•	•	•	•	•
Weight measurement	•	•	•	•	•	•	•	•
Nurse visit								
Everyone in the Core	•	•	•	•	•	•	•	•

^a Smoking and drinking modules administered by self-completion for all aged 8-17 and some aged 18-24.

^b Child physical activity module and strengths and difficulties questionnaire only included in screening and boost addresses.

The content of the questionnaire is covered in detail in the rest of this section. If a question or module is specific to an age group this will be indicated in the text.

21.3 Presentation of the self completion booklets

With the introduction of the new module of attitude questions for 2007, the self-completion booklets have changed from previous years. This does not apply for children aged 8-10, who will not be asked the new attitudinal questions.

The self-completion element of the individual interview for adults and young adults now forms about half of the interview length, and the balance of CAPI to self-completion is 50:50.

There are self-completions for 8-10 year olds, 11-12 year olds, 13-15 year olds, young adults (16-17), adults (18-64) and adults (65+). The booklet for parents of 4-15 year olds will **only** be used in the screening addresses within core points and boost points and **not** in core addresses. This is so that adults in core addresses are not over-burdened with self-completions.

Existing self-completion questions have been cut for all age groups to make way for the new knowledge and attitude questions (except the smoking and drinking questions for 13-15 year olds and young adults).

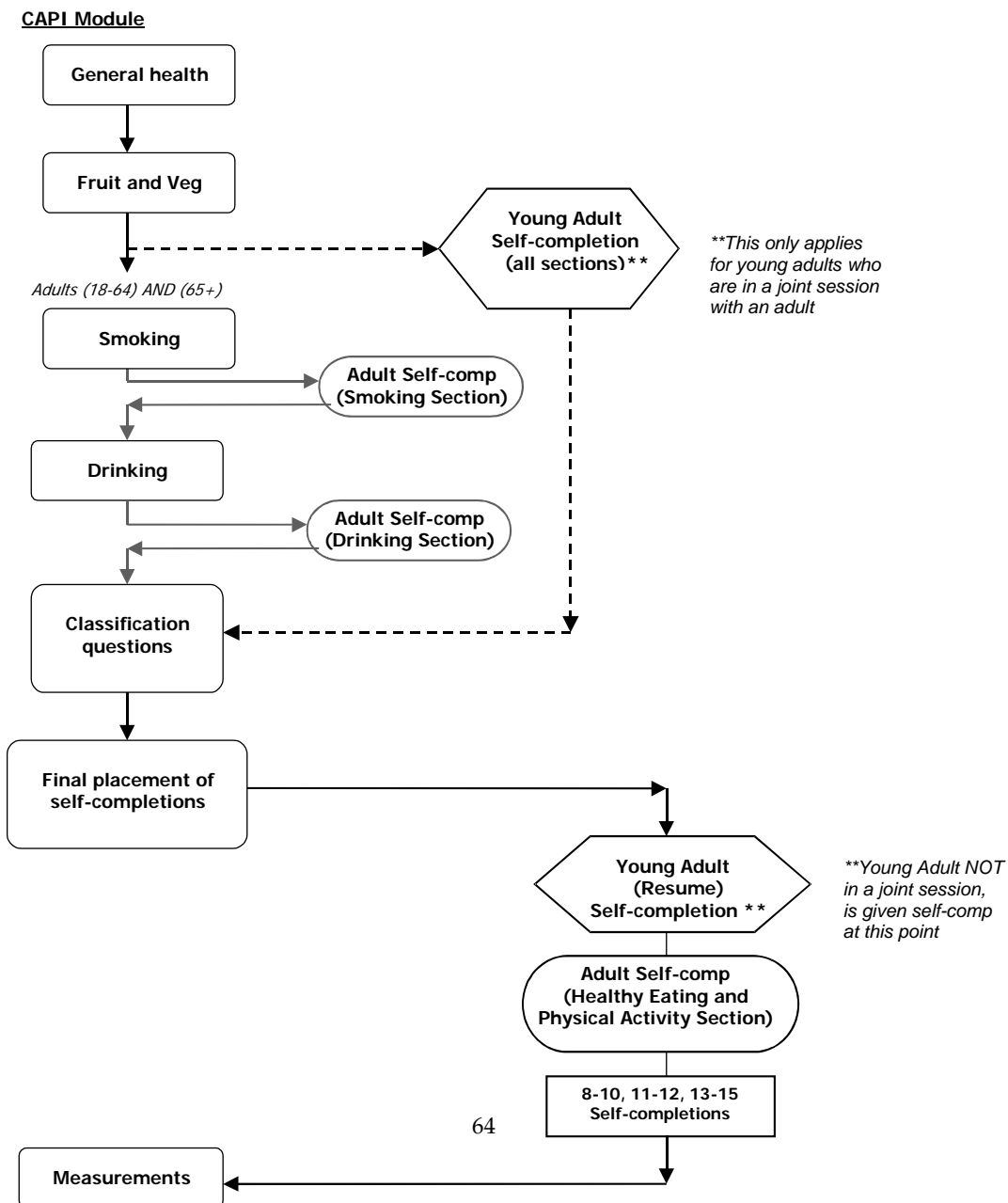
Questionnaire	Colour	Content
8-10 booklet	Yellow	Contains questions relating to smoking and drinking which children may be more likely to answer honestly in a self-completion booklet rather than face to face interview.
11-12 booklet	Green	Attitude questions cover healthy eating and physical activity. <i>All other existing HSE self-comp questions have been removed.</i>
13-15 booklet	Brown	Attitude questions cover healthy eating, physical activity, smoking, drinking. <i>All other existing HSE self-comp questions have been removed.</i>
Young adult booklet	Lilac (v1)* Grey (v2)*	The standard young adult questions about smoking and drinking. Attitude questions on smoking, drinking, physical activity and healthy eating. <i>All other existing HSE self-comp questions have been removed.</i>
Adult booklet (up to 64)	Salmon (v1)* Blue (v2)*	Attitude questions on smoking, drinking, physical activity and healthy eating. <i>All other existing HSE self-comp questions have been removed.</i>
Booklet for adults aged 65+	Orange (v1)* Pink (v2)*	Attitude questions on smoking, drinking, and healthy eating. <i>All other existing HSE self-comp questions have been removed.</i>
Booklet for parents of 4-15 year olds <i>Used for addresses in screening within core points, and boost points only.</i>	Blue	Standard Strengths and Difficulties questionnaire used in 2006.

* See section 21.3 for explanation of v1 and v2.

21.3.1 Placement of the self-completions

Placement of the self-completion booklets for those aged 16 and older is different from in previous years. Placement of the self-completions for those aged 8-10, 11-12, and 13-15 will remain the same as in previous years and will come before the heights and weights module towards the end of the individual interview. As will placement for Young Adults who are NOT in a joint session with an adult. For those completing the Young Adult booklet, the Adult booklet (up to age 64), and the Booklet for those aged 65+ placement of the questionnaire is as follows:

Placement of self-completions for different groups will be explained in more detail within the relevant modules below.



21.4 Introductory Questions

AdResp

If the respondent is aged 0-12 you are asked to say which respondent will be answering on their behalf. This should be a parent or, if there is no parent in the household, the person who has legal parental responsibility.

21.5 General Health Module

The section starts with a question asking for the date of birth, the following questions cover general health, longstanding illness, acute sickness and fractures. For children (aged 0-15) there are additional questions about childhood diabetes.

ODoB-ODoBY, OwnAge

The date of birth of each respondent is a vital piece of information. For example, we are using it to check person numbers on documents. Although you have already entered it in the Household Questionnaire, it may have been provided by someone else. **Always** ask for it again and check their age. Do not copy it from the Household Questionnaire.

If you enter a date of birth that is different to that given in the household grid, you will be given a warning. Make absolutely sure that you now have the right date of birth and suppress the warning. Do not go back to change the household grid - you will not be able to change the date of birth in the household grid. As long as it is correct in the Individual Questionnaire, the computer will update the Household Questionnaire with that date.

If someone does not know their date of birth or refuses to tell you, use the following rules:

- i) if you obtained a DoB in the Household Grid, use this one and enter a note (<Ctrl> + <M>) to this effect.

- iii) if the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself.

What should you do if someone has a birthday between completion of the household grid questionnaire and the Individual Questionnaire?

Once sampled for the survey by the household grid, it is the **age at the time of the Household Questionnaire** that determines the questions and self-completion document that you administer and what measurements the nurse should take. If a child has been sampled and has crossed an age threshold between completion of the Household Questionnaire and the Individual Questionnaire, the Individual Questionnaire routing will treat the child as their age at the time of the Household Questionnaire. You simply follow the routing as directed by the program. If a child aged 12 at the household grid has become 13 by the time you carry out the Individual Questionnaire, you should still ask the parent to answer on behalf of the child, and CAPI will direct you to do this.

IllsM, More, LimitAct

Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, "I had an operation to sort out my feet." This does not tell us what was wrong with "my feet". Probe, "Can you explain a bit more?" etc. Only enter information about one condition at the first *IllsM* then use the "Anything else" probe in order to record any other problems and to ensure that

all long-standing illnesses are recorded. There is a maximum of six *IllsM* slots. When you have finished entering all the conditions, a further question will ask if any illness limits the respondent in any way. This is a yes/no response only.

A list of some of the conditions people may mention at the long standing illness question is given in your showcards/coding frames. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

IntCDia

This is the first question about child diabetes for those aged 0-15. At *IntCDia* you will be asked whether you have already been told that the respondent has diabetes or not. If diabetes is reported as a limiting longstanding illness enter "1. Already told..." and you will go directly into the diabetes questions. If not, you will be asked whether the respondent has diabetes or not at *CDia*. Questions asks whether it was diagnosed by a doctor (*DiabLong*), age at diagnosis (*DiAge*) and treatment used, e.g., insulin, check-ups, other medication.

FracYr and FracEvr

The aim of these questions is to find the prevalence of fractured or broken bones among the population as a whole. The first set of questions ask about the history of fractures in the last 12 months, the second set about lifetime history ("ever") of fractures. Note that if a person has broken a bone in their arm or leg there is a follow up question and showcard to establish the location of the fracture on the bone. If the respondent is unsure of the location then code as "Don't Know".

Fractured or broken bones includes bones that were chipped and all types of fracture (e.g. hairline fractures etc).

OrighT

Is asked of everyone aged 30 and older. The question asks respondents to recall their height when they were aged 25. Height can be recorded in centimetres to the nearest millimetre, or feet and inches to the nearest half inch (record half an inch as 0.5)

The accuracy of a respondent's answer (whether it was a guess, or whether they checked a document, and so on) is also coded. This question is asked before actual height measurements are taken.

21.6 Fruit and Vegetable consumption

These questions are intended to monitor the population's consumption of fruit and vegetables and to allow fruit and vegetable consumption to be expressed in terms of portions eaten per day. They are included in the Health Survey every year and they provide the main national reference for fruit and vegetable consumption.

In order to obtain a measure of daily consumption, the questions ask respondents about how much fruit and vegetables they ate yesterday. The definition of yesterday is 24 hours from midnight to midnight.

This module is asked of all respondents aged 5 and over in core addresses. Although respondents aged 5-12 do not answer of their own behalf, due to the nature of the questions it is particularly important that they should be present during this module and encouraged to contribute information. In particular, this may be necessary if the child has been at school the previous day.

What is a portion?

We have adopted the following definition of a portion:

Food Type	Portion size
Vegetables and pulses	3 tablespoons
Salad	1 cereal bowlful
Medium-sized fruit (e.g. apple)	1 fruit
Small fruit	2 fruits
Very small fruit and berries	1 handful (of an average adult)
Very large fruit (e.g. melon)	1 average slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Fruit salad, stewed fruit etc	3 tablespoons
Fruit juice	1 small glass (150ml)

These definitions are not used in the questions themselves. The questions do not use the term 'portion'. This is deliberate: partly in order to keep the questions as simple as possible and also in case people have an idea about the number of portions of fruit and vegetables they should be eating. For these reasons, please do not use the term 'portion' during the interview.

New for 2007, is a showcard which depicts a tablespoon as a portion. The card shows a life-size picture of a tablespoon, dessert spoon, and teaspoon. It should enable respondents to more easily interpret the portion measure of 'tablespoons' and 'teaspoons'.

Use this card when prompted by CAPI.

What counts as fruit and vegetables?

We know that there are some foods that respondents may not be sure whether to include as fruit and vegetables. Most of the questions state whether or not to include certain foods. However, it is important that interviewers are clear about what should and shouldn't be included. Some of the main **inclusions and exclusions** are detailed below:

Potatoes are **not** included as vegetables for the purposes of this module. This is because they consist mainly of starch and do not have the nutritional content of other vegetables. Yams, cassavas and eddoes should also be excluded for this reason.

Pulses are included. The definition of pulses is all kinds of beans, lentils and peas, including chickpeas and baked beans. Nothing else counts as a pulse. Some respondents may think rice and couscous are pulses but they are not and should not be included.

Nuts are **not** included.

VegSal

This question includes an instruction **not** to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and *VegSalQ*. Salads made **mainly** from beans or other pulses, can **either** be included at this question **or** at *VegPul* –please ensure they are not recorded twice.

VegPul

Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, respondents may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can **either** be included at this question **or** at *VegVeg* – please make sure they are not recorded twice.

*For information, an average size can of baked beans is equivalent to 10 tablespoons.

VegDish

This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the **main ingredient**. Vegetable soups should not be included (even if they are home made).

FrtDrnk

This question states that cordials, fruit-drinks and squashes should not be included. Some of the main brand names that should be excluded are Sunny Delight and JuiceUp.

FrtFrt, FrtQ, FrtMor, FrtOth, FrtNotQ

These questions are about the consumption of **fresh** fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either *FrtFroz* or *FrtDish*. For each different kind of fruit which the respondent ate yesterday, use **coding list A** to code the size of this fruit at *FrtFrt*. The next question *FrtQ* collects information about the amount of each type of fruit the respondent ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at *FrtFrt*. There is capacity to record up to 15 different types of fruit but each should be entered at a separate *FrtFrt*. If the fruit mentioned by the respondent is not on the coding list – record the name of this fruit at *FrtOth* and the amount the respondent ate at *FrtNotQ*. Please note that some fruit, such as rhubarb and quince, are not on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at *FrtDish*.

FrtDry

Don't include small amounts of dried fruit in cereals, cakes etc.

FrtDish

This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where fruit is not the **main ingredient**. Fruit yoghurts should not be included.

VegUsual, FrtUsual

These questions give respondents the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for respondents to be particularly concerned to give a precise answer to these questions.

IT IS VERY IMPORTANT THAT FOODS ARE NOT COUNTED MORE THAN ONCE.

Although, the fruit and vegetable categories in the questions and the question ordering have been designed in order to minimise the risk of this happening, some overlap between categories is unavoidable (e.g. **VegPul** and **VegVeg**). However, there is no need to be particularly concerned about ensuring that each food gets recorded at the 'correct' question. The information will be aggregated to estimate the average number of portions of fruit and vegetables per day. Our main concern is that nothing gets counted twice as this will mean that our estimate will be too high.

Entering amounts:

If a respondent has eaten any fruit or vegetables you will be asked to record the amount eaten (at VegPulQ, VegSalQ, VegVegQ, VegDishQ, FrtDrnkQ, FrtFrtQ1-Q15, FrtDryQ, FrtFrozQ, FrtOthQ). The measures used are tablespoons, cereal bowlfuls, small glasses, slices and handfuls. Some of these questions include further definitions of these measures which can be read out to respondents if they ask for clarification or seem to be having difficulty answering.

We are interested in the amount of food the respondent actually ate – so, for example, if they ate some boiled vegetables we want to know the amount of boiled vegetables they ate – not the amount of raw vegetables.

Half amounts are allowed, so for example, if respondent says they had 2 and a half tablespoons of vegetables, this should be enter as 2.5. Only answers ending in .0 or .5 are permitted.

Eating habits: salt consumption

Additional questions about use of salt will be asked through the CAPI for those aged 5 + This focuses on salt used at the table and the level of salt used in cooking. These have been added at the end of the fruit and vegetable questions. It is very important that respondent understand that these questions refer to all types of food that they consume – not just fruit and vegetables.

21.7 Eating Habits (age 2-15)

These questions follow on from the fruit and vegetable module. They concentrate upon fat consumption in foods such as spreads, milk, meats, fried foods, cakes and pastries etc. Questions are taken from the Dietary Instrument for Nutrition Education (DINE) questionnaire, which was designed by the Imperial Cancer Research Fund's General Practice Research Group. These were last used for children in 2006 and are selected for their relevance in monitoring obesity. The questions will allow us to allocate a 'fat score' to each respondent.

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

In many of the questions in this section we ask about what the respondent *usually* eats. By this we mean the type of food the respondent most often eats.

Milk

Here is a guide to milk in bottles:

Gold top = Channel Islands, Jersey	Code 1
Red or silver top = Whole milk	Code 1
Red and silver striped top = Semi-skimmed	Code 2
Blue and silver striped/hatched top = Skimmed	Code 3

And, here is a guide to milk in plastic containers bought from supermarkets:

Blue = Whole milk	Code 1
Green = Semi-skimmed	Code 2
Red = Skimmed	Code 3

Vegetable-based milks and soya milks should be coded under 'some other kind of milk'.

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

Cheese

All types of cheese should be included, i.e. hard cheese, half-fat cheese, cheese spread. The only exception is cottage cheese.

RedMeat/WhitMeat

Non meat-eaters should be coded 'rarely or never'.

FriedFd

The question concerns food which has been deep- or shallow-fried in fat or oil. This includes food which has been pre-fried and warmed up in the oven, e.g. shop-bought samosas or spring rolls.

Exclude food which has been sautéed or tossed in fat, e.g. mushrooms or buttered vegetables. Also exclude food which involves frying a single ingredient as part of the cooking process (eg frying onions as the basis of a sauce).

Fish

Include all types of fish here, e.g. tinned fish, fresh fish, shellfish. The only exception is fried fish, which is covered at the previous question.

NCakes

Savoury pies, puddings and pastries should be included here, as well as sweet ones.

NSpread

Ask this as an open question, but if the respondent wants clarification or gives an inappropriate answer (e.g. jam), offer him/her the categories given on the screen.

In your Interviewer Coding Cards, you have a card which lists the brand names of many butters and margarines. Use this to code the response if it is not immediately obvious.

If the respondent gives you a brand name which is not on the list, read out the pre-codes and ask which type it is. If it is not obvious which type, use code 3 and enter full details at *OthSprd*.

21.8 Child physical activity

These questions will be asked of respondents aged between 2 and 15 years in screening addresses and boost addresses only. The module aims to get a general picture of the child's level of physical activity.

Note that the time period referred to in the child physical activity module is the LAST WEEK. This means the seven days prior to the interview.

For children who are at school, activities that are done as part of school lessons should NOT be counted at any of these questions. Activities done on school premises, but not as part of school lessons (e.g. after school clubs, things done during lunch break) SHOULD be included.

For pre-school children, activities done at any nursery or playgroup the child attends SHOULD be included.

DWESp/DWEAct/DSitWE

At these questions we are asking for the time spent per day on Saturday/Sunday of the last week. If the child only did an activity on the Saturday or the Sunday (but not both), then the question asks about time spent on the relevant day only.

WkSpor/WkActH/WkSitH

At these questions, enter the amount of time spent doing the activity on EACH weekday. Take an average if the amount of time varied from day to day.

21.9 Smoking

Smoking is an important risk factor in many diseases, and is of particular interest given the forthcoming ban on smoking in all enclosed public places from summer 2007.

The questions are the same as previous years and this will also allow us to monitor over time whether smoking habits change. There are additional questions asked in 2007, which relate to the forthcoming smoking ban.

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

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

8-17 year olds

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format for 8 to 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. The 13-15 olds have a simplified set of questions, and the 8-12 year olds have just a few very simple questions.

18 to 24 year olds

If a respondent is age 18 to 24 and is in a situation where you feel that you would be likely to get more accurate information by their completing the self-completion booklet than by answering questions in front of parents, ask them to complete the Young Adult booklet rather than the Adult Booklet. If you are interviewing an 18-24 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this respondent will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should continue with the interview if you have no reason to suppose that there is pressure on the 18-24 year old to "cover up".

Please be doubly aware of the importance of keeping the self-completion booklets hidden from other household members during and after completion. Try to stop parents from looking at young people's responses by stressing the confidentiality of the exercise and/or keeping them otherwise occupied while the young person is completing the questionnaire.

Placement of Young Adult Self-completion (in an Adult and Young Adult joint session)

A Young Adult is someone aged 16-17, or someone aged 18-24 where the interviewer has decided to administer the self-completion booklet. Where a Young Adult and Adult (18+) are in a joint interview session, the self-completion booklet for the Young Adult is placed immediately before the smoking questions in the CAPI.

Please note: Where a young adult is not in a joint session with an adult, the self-completion is not placed until after the classification questions.

YoungAd.Quaire[3]YAIntro

At this point the interviewer prepares the self-completion booklet for the respondent by writing the serial number onto the Young Adult self-completion.

YoungAd.Quaire[3]YAComp

This introduction to the Young Adult Self-completion is for the interviewer to read out. This will provide the respondent with some information about what they are expected to do next. The Young Adult will answer questions in the booklet until the Classification questions where there is an instruction for the interviewer to interrupt the respondent.

	YAIntro	YAComp
Quaire[1]		
Quaire[2]		
Quaire[3]	1	1
Quaire[4]		

52/84 Individual_Session[1] 5 12 QInd[1].YoungAd.Quaire[3].YAComp 27-11-2006 16:45:15

SmokEver

By ever smoked, we mean even just once in the respondent's life.

QuitReas

This new question comes after *SmokEver*, and is asked of those who have ever smoked cigarettes but don't smoke now. This question asks for the reasons why the respondent gave up smoking, and there is a new show card, which accompanies this question (Card P).

DlySmoke, WkndSmok, RoIDly, RoIWknd

If roll-ups are smoked, ask first if they can estimate the number of cigarettes smoked a day. If they cannot estimate this, enter code 97 at *DlySmoke* and record number of roll-ups smoked at *RoIDly* and *RoIWknd*.

If respondent can only offer a range smoked each day, try to reach an estimate.

SmokWher

This new question is asked of all smokers and comes after CigType. It asks about all of the places the respondent has smoked in the last 7 days. Card Q accompanies this question.

SmokHome

This new question follows on from SmokWher, and is asked of those respondents who said they smoke 'at own home'. This question asks them to elaborate on where they smoke in the home. Card R is a new show card which is needed for this question.

SmokPpl

This new question is asked of all smokers. It asks respondents whether they smoke near a range of different types of people, and card S accompanies this question. We will be interested on feedback about how respondents react to this question and whether you feel they give honest answers.

GvUpReas

This new question is asked of smokers who at *GiveUp*, say that they would like to give up smoking. The new questions ask for the reasons for wanting to stop smoking. Card T is needed for this question.

NumSmok

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

PregRec

"Pregnant in the last 12 months" means any stage of pregnancy at any time in the last year.

FathSm, MothSm

If the respondent did not live with their natural mother or father, ask about the "father" or "mother" figure - i.e. the people who brought them up. In situations where the respondent spent part of their childhood in one family and part in another family (such as after a divorce, etc), treat as having lived with a smoker parent if this occurred in one "family".

ExpSm (number of hours exposed to passive smoking)

Is now asked of everyone, whereas in 2006 it was asked of those over the age of 13. For those aged under 12, it is directed to the parents about the child. For 13-15 year olds and young adults (16-17 year olds and 18-24 year olds doing the self-completion smoking questions) this question has been moved to the self-completion.

Passive

At this multicode question there is a showcard with a list of possible situations, such as home, work, pub, etc. Please probe ("Where else?") until you get a negative answer, and code all that apply.

Bother

Respondents who have been exposed to passive smoke will be asked if it bothers them.

Placement of Adult (18-64) and Adult (65+) Self-completion

The Adult (18-64) and Adult (65+) self-completions are placed with the respondent at *the end of the smoking module and before the drinking module*.

SmkAttQuaire[2].SCIntro

At this point the interviewer prepares the self-completion booklet for the respondent(s) by writing the serial number onto the Adult (18-64) and/or Adult (65+) self-completion.

SmkAttQuaire[2].YAComp

This introduction to the Adult (18-64) and/or Adult (65+) self-completion is for the interviewer to read out. This will provide the respondent(s) with information about what they are expected to do next, and also at which point they should stop filling in the booklet. *Adults aged (18-64) and (65+) should only complete the smoking section of the Attitudes booklet at this point.*

The screenshot shows a software window titled "Health Survey for England 2007" with a menu bar containing "Forms", "Answer", and "Navigate". The main display area has a yellow background and contains the following text:

*** TINA ***

I would now like you to answer some questions by completing the smoking section of this booklet on your own.
The questions cover attitudes to smoking. Please stop at the end of Q16 on page 5.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

Press <1> and <Enter> to continue.

At the bottom of the window is a data table with two columns: "SCIntro" and "SCSmkAtt".

	SCIntro	SCSmkAtt
Quaire[1]	<input type="text" value="1"/>	<input type="text" value="1"/>
Quaire[2]	<input type="text" value="1"/>	<input type="text" value="1"/>
Quaire[3]		
Quaire[4]		

The status bar at the bottom of the window displays: 55/84 Individual_Session[1] 5 12 QInd[1].SmkAtt.Quaire[2].SCSmkAtt 27-11-2006 17:05:00

SmkAtt2.IntDemog

At the end of the smoking section and before the drinking section, the Adult (18-64) and/or Adult (65+) is asked to close the booklet for the time being so that the interviewer can ask them more CAPI questions. The respondent does not need to give the booklet back to the interviewer, rather close it so that the next set of questions do not act as a distraction for them.

Health Survey for England 2007

Forms Answer Navigate

INTERVIEWER: Wait until GEOFF and TINA have completed Q16 on page 5 then read out:

'I would like to ask you some more questions from the laptop, so please could you close the booklet for now.'

Press <1> and <Enter> to continue.

IntDemog 1

1 Jump[?] 1 **Continue**

56/84 Individual_Session[1] 5 12 Q[Ind[1].SmkAtt2.IntDemog 27-11-2006 17:19:35

21.10 Drinking

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

8-17 year olds

As with smoking, 8-17 year olds (and 18-24 year olds at your discretion) are asked about drinking in their self-completion booklet which is presented near the end of the interview.

CAPI questions

After establishing how often respondent typically have an alcoholic drink (*DrinkOft*), questions focus on drinking during the previous 7 days.

WhichDay

If the respondent has drunk that same amount each day they are asked about alcohol consumed the last time they drank. If they have drunk more on one day then they are asked about consumption on the day in which they drank the most.

Drnk.Type[]

As in previous years, we are asking respondents to answer separately about 'normal strength' beer/stout/cider, and 'strong' beer/stout/cider. 'Strong' has been defined as at least 6% alcohol by volume, and some examples are given as part of the question (e.g. Tennants Super, Carlsberg Special Brew, Diamond White cider). Some respondents will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

Separate categories are also used for:

- Spirits of liquers
- Sherry or Martini
- Wine
- Alcopops/premixed alcoholic drinks
- Other alcoholic drinks
- Low alcohol drinks

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

For **beer/stout/cider/shandy**, the amount is coded in half pints, so any answers given in pints will need to be multiplied by two before entering e.g. 3 pints of shandy = 6 half pints. With beer you also have the option to code in small cans, large cans or bottles if the respondent answers in this way. If the respondent tends to drink cans/bottles and halves in a usual drinking occasion, then enter both on the questionnaire.

If a respondent drinks bottled beer CAPI will ask for the brand name. Where possible, try and get specific names and ask for the size of the bottle. For example, 'Carlsberg Special Brew 550ml'.

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

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

There is a separate question about '**alcopops**', e.g. alcoholic lemonade.

For **wine**, you must code whether the respondent gave their answer in glasses, bottles or part of bottle, or both glasses and bottles. This is to allow for the fact that people drink wine from different measures depending on where they are drinking.

If the respondent has drunk wine in bottles or parts of a bottle, then you are asked to code the number of glasses within that bottle. Guidance is provided on the screen about how many glasses there are in a 750ml standard bottle and in a 1 litre bottle. For example, if they say they shared a bottle of wine and drank half of it then you should code 3 glasses.

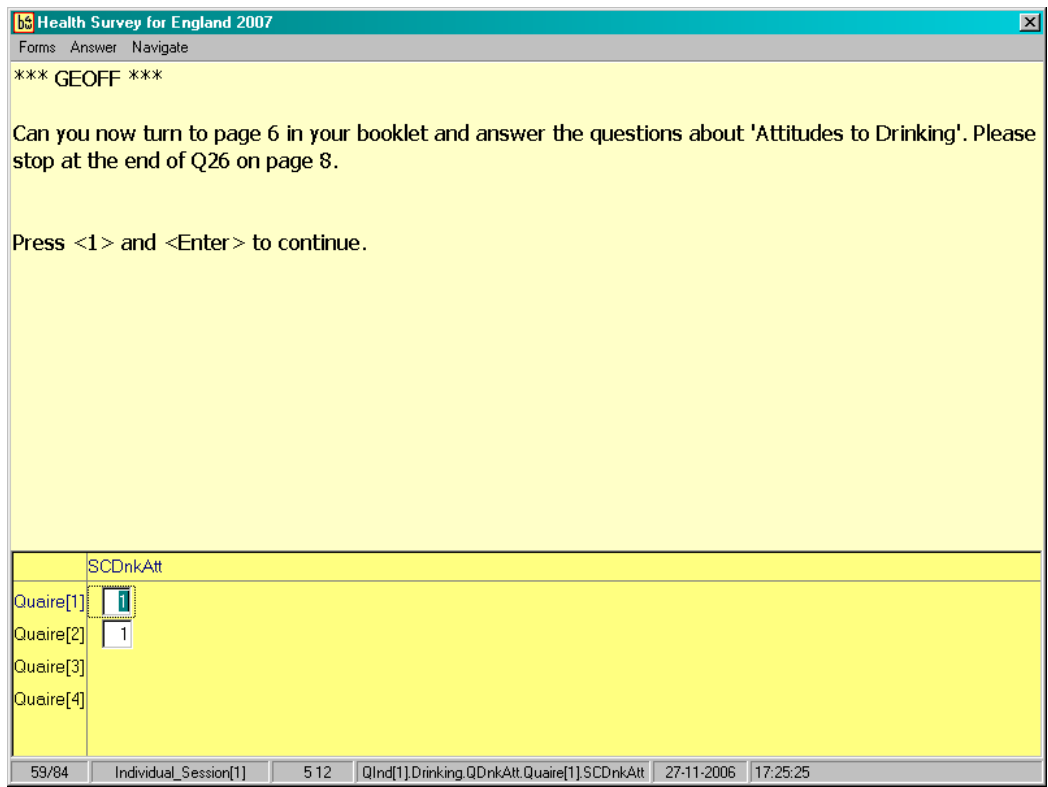
A carafe or 70cl standard bottle	= 6 glasses
Half a bottle	= 3 glasses
1/3 or ¼ bottle	= 2 glasses
Litre bottle	= 8 glasses
Half a litre bottle	= 4 glasses
1/3 of a litre bottle	= 3 glasses
¼ of a litre bottle	= 2 glasses

If the respondent was drinking wine from a glass, then you must code the number of glasses in total and then the size of glass the respondent drank from. This is a multicode question, as respondents may drink from different size glasses on the same day of drinking. The three sizes available on screen are: large (250ml), standard (175ml) and small (125ml). If the respondent drank from two different size wine glasses on the same day you will then ask how many glasses of each size they drank. **Please note:** if a respondent says they drank from a small glass in a pub or wine bar, this is likely to be a standard (175ml) measure and not a 125ml measure.

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

QDrnkAtt.Quaire[1]SCDrnkAtt

The final question in the drinking module is an instruction to the respondent (Adult 18-64 and/or Adult 65+) to return to the booklet and to complete the 'Attitudes to Drinking' section.



DrnkAtt2.IntDemog

As before, at the end of the drinking section and before the classification questions, the Adult (18-64) and/or Adult (65+) is asked to close the booklet for the time being so that the interviewer can ask them more CAPI questions.

QDrnkAtt3.IntDemogYA

Young Adults (in a joint session with an adult) are asked to stop at the question they are on, so that the interviewer can ask them further CAPI questions.

The screenshot shows a software window titled "Health Survey for England 2007" with a menu bar containing "Forms", "Answer", and "Navigate". The main area has a yellow background and contains the following text:

INTERVIEWER: Stop JOANNE at whatever question they are on, and read out:
I would like to ask a few more questions from the laptop, so please stop at the question you are on, and close the booklet for now. You will get a chance to complete the booklet in a few minutes.

Press <1> and <Enter> to continue.

At the bottom, there are two input fields: "IntDemog" with the value "1" and "IntDemogYA" with a vertical bar icon. The status bar at the bottom shows: "60/84", "Individual_Session[1]", "5 12", "Q|Ind[1].Drinking.QDrnkAtt3.IntDemogYA", "27-11-2006", and "17:33:42".

21.11 Employment Classification module

- If the Household Reference Person (HRP) has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP's Individual questionnaire
- If another household member (e.g.. spouse) has answered the Household questionnaire and gave the job details of the HRP, then the occupation details *will* be asked at the end of the HRP's Individual questionnaire

SEE SECTION 19.6 FOR GUIDANCE NOTES ABOUT THESE QUESTIONS.

21.12 Other classification questions

Qual, QualA, OthQual, QualB

Make sure that the respondent has properly looked at the showcard and told you **all** the qualifications they have that are listed on it. Enter all codes for all of these. If in doubt about a qualification record it as "Other Qualification" at *OthQual* and *QualB*. If a respondent has a degree at *QualA*, they will not be asked *QualB*.

NOTE: it is particularly important that respondents over the age of 65 are made aware the school matriculations is included as a specific qualification on this list.

When filling in other educational qualifications at *QualB*, always type in the full name. Please do not use initials and abbreviations, these are often very difficult to interpret.

EthnicI/EurCult/MixCult/BlaCult/IndCult/OthCult

At *EthnicI* code the group to which the respondent considers s/he belongs. Never attempt any judgement of your own, even if the respondent refuses or is unable to answer the question.

EurCult-OthCult are different follow up questions about the respondent's cultural background, depending on the answer given at *EthnicI*. Note you should code all that apply.

21.13 Final presentation of the self completion booklets

SComp1.Quaire[1].SComp1

Adults (18-64) and Adults (65+) are instructed to resume completing the self-completion booklet, by answering questions on healthy eating and physical activity.

SComp1.Quaire[1].SCompYA

Young adults are asked to continue answering questions in the self-completion booklet, by picking up from where they finished before the classification questions.

Placement of children's self-completions

The placement of the children's self-completions (8-10, 11-12, 13-15) is as in previous years, as is the placement of the young adult booklet where the young adult is NOT in a joint session with an adult.

Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at *ScIntro/SCIntCh*.

Explain how to complete the booklet.

SCCheck

Look through all the booklets when returned to see if fully completed. Encourage respondents to complete any missing answers by saying something like "did you miss this one by mistake?"

YAdVers, AdVers, Ad65Vers

There is a new self-completion check in the program for those completing the Young Adult booklet (16-17), Adult booklet (18-64) and the Booklet for adults aged 65+. This check asks which version of the questionnaire (version 1 or 2) was used for each age group.

The reason for having different versions is related to the smoking ban in all enclosed public places in England, which will be introduced in summer 2007 (date yet to be confirmed).

Some of the new knowledge and attitude questions are about the smoking ban, and will be used to gauge opinion before the ban comes into effect. These are in version 1 of the questionnaire. In version 2, these questions will be replaced by questions, which will be used to gauge public opinion post-ban.

This is not something that interviewers need to worry about, as at the time of the changeover, new documents (version 2 booklets) will be sent out with a memo and you will be asked to return the old documents (version 1 booklets).

Throughout 2007 you will need to code at **AdVers** and **YAdVers** which version of the questionnaire you gave to the respondent:

	Up until the ban comes into effect (date to be confirmed in summer 2007)	After the ban comes into effect
<i>Self-comp</i>	<i>Colour</i>	<i>Colour</i>
Young Adult (16-17)	Lilac	Grey
Adult (up to age 64)	Salmon	Blue
Adult (65+)	Orange	Pink

SComp5A

Code who was present in the room while the booklet was completed. Remember to INCLUDE yourself.

General Points about Self-Completions

- Encourage respondents to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- Encourage respondents to answer all the questions.
- Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.
- In some cases it may be appropriate to allow a child to take the self completion to a different room so that they can complete it in private. It is important to make sure that they cannot discuss their answers with anyone else if you are not present in the room. However in 2007 for those aged 11 and over this is to be avoided. The questionnaires include some questions about knowledge of healthy eating and physical activity and if the child or young person goes to a different room they may look the information up on the internet or in a book.

ParSDQ

At this question you should code the person number of the PARENT who is completing the Booklet for Parents of 4-15 year olds. CAPI will prompt you with the person numbers and first names of the child's parents. ***Please note:*** *this will only come up for children at screening addresses.*

PrepSDQ

Remember to write the person number and first name of both the parent completing the Booklet for Parents, and the child to whom the booklet relates in the appropriate boxes on the front of the booklet.

General points about smoking and drinking in the self-completions

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. As explained earlier, this Young Adult booklet should also be given to 18-24 year olds if you feel better quality information would be collected by so doing. 13-15 and 8-12 year olds have simplified smoking and drinking sections.

For the 16-17 year olds and the 13-15 year olds, the section on drinking is probably the most complex part of the self-completion. You can help the respondent out if they are having difficulty, but take care to preserve the anonymity of the respondent's information.

Note that the second part of the grid is slightly different for the two age groups. The 16-17 year olds get asked "How much have you usually drunk on any one day?" AND how much they drank on their heaviest drinking day in the last week - like the CAPI question. The 13-15 year olds get asked "How much did you drink in the last 7 days?".

21.14 Measurements

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

In this section we describe who is eligible, the type of site required to take the measurements and how to complete this section of the questionnaire.

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a

reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at *RelHiteB* and *RelWaitB*. Examples of people who should **not** be measured are:

- Chairbound respondents.
- If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.
- If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- If an elderly respondent is too stooped to obtain a reliable measurement.
- Pregnant women are not eligible for weight as this is clearly affected by their condition.
- Children under the age of 2 years do not have a height measurement taken.

For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights, and the computer will calculate the child's weight.

If the respondent is not willing to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as **Refused** at *RespHts/RespWts* and code the reason for refusal at *ResNHi* or *ResNWt*. DON'T use the 'Not attempted' code for these cases.

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

Read the preamble at the question called *Intro*. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.

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

RelHite and RelWaitB

You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

When you have taken the respondent's height and weight, offer the respondent a record of his/her measurements. Make out a Measurement Record Card and give it to the respondent. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you.

21.14.1 Measurement Record Card (MRC)

There are two different types of measurement record card. An **orange MRC for core** addresses who have a nurse visit, and a **green MRC for screening addresses and boost addresses**, where there is no nurse visit.

This MRC is the same as the one used for core addresses in 2006, with the exception that we have added a small section which provides details on where to look for information on Body Mass Index. The website addresses provided on the MRC, links to a calculator that can work out a respondent's BMI given their height and weight. It also provides details on how to interpret this information. **Do not** try and give any guidance yourself, just point out the website address if a respondent asks you for details about BMI. ***Please note: BMI calculations only apply to adults aged over 16.***

Green MRC (addresses 21-36, Screening No Nurse)

This MRC is identical to the boost MRC used in 2006, and is to be used in the same way. There is no section on BMI, as this is not an applicable measure for children.

21.15 The nurse visit

Nurse

This is the first place that the nurse visit is introduced in the CAPI. Be careful to read out exactly what is on the screen. Only read the section after "IF ASKED FOR MORE DETAILS" if the respondent probes for more details. Information about the nurse visit is covered in the stage two leaflet and you can refer respondents to this section. Remember try not to get into a discussion about the different measurements, it is better to leave nurse to answer these questions.

The **measurement record card** has a nurse appointment record on the back. This allows you to record the nurse's name and the appointment time and also provides some information about preparing for the nurse visit. For example, respondents are asked not to smoke or to exercise for 30 minutes before blood pressure is measured.

If a respondent agrees to see the nurse, then leave a Stage 2 leaflet with them before you leave the household. It is not your responsibility to interpret this leaflet or to provide further information. This nurse will do this.

21.16 NHS consent registers

We will be asking for consent to flag respondents' names on three registers. These are the NHS central register, the Cancer register and the Hospital Episode Statistics register. Full details of these are given in section 22.

21.17 Final questions

TPhone

Collect the telephone number and write on the ARF. You will later need to key it into the Admin block.

FstNm/NewNm

The NHS central register sometimes has trouble locating the records of HSE respondents because in previous years we recorded only their title, initials and surname on the computer. This question has been added to allow us to record the first name also.

If you used an abbreviation or initial or spelled the name incorrectly in the household grid, you should ensure that the name entered here is correct and complete. For example, if you entered 'Jim' at the household grid but the respondent's full name is 'James', code 2 'No' at *FstNm* and enter 'James' at *NewNm*.

The computer will not allow you to accidentally delete a name from this screen. If the name field is left blank, it will instruct you to re-enter what was originally there.

22 The NHS Central Register, Cancer Registry & Hospital Episode Statistics Register

Respondents aged 16 and over are asked if they will consent to have their name flagged on three separate registers: the NHS Central Register, and the Cancer Registry and the Hospital Episode Statistics Register. Ideally we would like permission for all, but respondents may choose to give permission for NHS Central Register and the Cancer Registry but not for the Hospital Episodes Statistics or vice versa. Respondents must give permission jointly for NHS Central Register and Cancer registry together because if they are flagged for one they are flagged for the other.

We would like to flag the names of respondents on these three lists. A marker will be put against the respondent's name to show that they took part in the Health Survey. As the survey is planned to continue for many years, it will be useful to be able to follow up what happens to respondents in the future. For example, if somebody who has taken part in the survey goes into hospital, dies or gets cancer, the reason for their visit, cause of death or type of cancer can be linked with their answers to the survey. Such information could be extremely helpful to future medical researchers.

It is important to understand that the only information that the *National Centre/UCL* give to the NHS Register and the Cancer Registry is the respondent's full name, date of birth and address, and the fact that (s)he has taken part in the survey. The respondent's details are already on the register, they are put there when they receive their NHS number. We could ask for respondent's NHS number but not many people are likely to know this. For this reason we ask for other details which will help us identify them on the register.

The HES consent is slightly different: the names of respondents do not receive a 'flag' against their name on the HES database BUT If a respondent gives permission for their data to be linked to that of the HES database, then their NHS number will be stored in a separate file until a request is made to link HES data to Health Survey data. Prior to requesting information from the Hospital Episode Statistics (HES) register, ethical approval would be required and the application would also have to be reviewed by the Patient Information Advisory Group and the Security and Confidentiality Advisory Group. A separate request for HES data would have to be obtained for each approved study.

Once ethical approval was obtained, the NHS numbers of HSE respondents who have consented to linkage would be sent to the HES database.

No other information is given, not even the serial number used by the interviewer. A totally **different** case number is allocated to ensure anonymity.

If a respondent wishes to cancel this permission at any time in the future, they can do so by writing to us.

Further information on the three separate registers is given below:

NHS Central Register

The National Health Service has a Central Register, which lists all the people in the country and their NHS number. When the respondent dies, the NHS Register provides the Health Survey team with a replica of the respondent's Death Certificate (something that is publicly available). The information on the Death Certificate is then attached to the data file.

Cancer Registry

The national Cancer Registry is run by the Office for National Statistics, and collects details about all types of cancer. If a respondent is diagnosed with cancer, a code indicating which sort of cancer it is will be added to the data file.

Hospital Episode Statistics Register

This register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, nature of illness, type of operation, maternity care and waiting time.

Although the information collected relates to individual patients, patients confidentiality is protected as direct access to the Hospital Episode Statistics is not allowed and any data that might allow individuals to be identified would be removed before the data was released by HES.

The linking of HSE data with the Hospital Episodes Statistics Register will enable us to learn more from our HSE data - for example it will be possible to calculate the average number of hospital visits for respondents who report good or bad general health.

CAPI questions:

NHSCan and NHSSig

Since 2000 we have been required to obtain the respondent's written consent to send their details to the NHS Central Register and Cancer Registry, and the Hospital Episodes Statistics Register. Consent is only to be obtained from adults aged 16 and over (**blue** form with carbon copy for Central Register and Cancer Registry, **purple** form with carbon copy for HES).

Give the forms to the respondent and allow them time to read the forms. Code whether consent is given at *NHSCan*. Make sure that you enter the serial number correctly on the forms. Check the number against the display on screen. Write in the name of the respondent on each form and ask them to sign and date the forms.

At *NHSSig* code which, if any, consents were obtained. If signed consents obtained, remove the "carbon copy" sheets from the back of the forms and give these to the respondent. **Make sure you always return the top copy to the office.**

23 Admin Block

Because of the One Way ARF (OWA) which is being introduced on HSE from January 2007, it is essential that any relevant information on your ARF is transferred to CAPI admin. There are several new questions which allow you space to enter any details relevant to reissues, recontact and recalls. This may be about location, barriers to entry or other hazards, suitable or unsuitable times to call, who in the household you have spoken to etc. Any information not entered into CAPI will be lost as the ARFs will no longer be kept.

MenuNote

This question allows you to make notes that will appear on the Address menu. This question will not be seen by re-issue managers, office staff allocating re-issues and interviewers doing re-issues. Please take care that anything you write here is suitable to be seen by others.

Choice

Until you have finished completely with everyone in the household, you should enter 1 for 'RETURN TO MENU' here.

When you have finished completely with the household, enter 5 for 'COMPLETE ADMIN DETAILS'.

You are asked to complete a few administrative questions and if the household is:

fully productive: you complete the ARF and NRF.

partially productive: you enter the individual outcome codes of the unproductive household members and then complete the ARF and NRF.

fully unproductive: you enter the outcome code for the household and complete the ARF and the No Nurse Visit Sheet

Not all of the following questions will be displayed, they are dependent on whether the household is productive or un-productive. It is important that you follow the instructions on the screen. You will be asked to either record information from the ARF into the CAPI, or information in the CAPI onto the ARF.

****PLEASE NOTE THAT IN 2007 – WE ARE USING STANDARD 3 DIGIT OUTCOMES CODES****

All you need to do is enter what code you have circled on the ARF (for fully unproductive households) otherwise, the computer will tell you what the final outcome for this household is and prompt you to ring the appropriate code on the ARF.

IOut

This screen summarises the outcome codes for all individuals in the household. If an interview was carried out, the individual outcome code will be filled in for you. For unproductive individuals in the household, you should enter an outcome code from the list on the screen.

PrOut

If you have completed all interviewing at the household, the question called *PrOut* will appear and tell you which final outcome code for the household to enter on the ARF.

Unout

If the household is unproductive you should enter the 3 digit code from the ARF. You will be asked to confirm the code is correct at *UnConf*. For refusal outcome codes you will also be asked to code the reason for refusal at *ReasRef*.

AdNum, ChNum, InfNum

If the household is unproductive, record at these questions the **total** number of adults, children and infants in the household (i.e. not just the ones selected for interview).

Letter

Code whether the advance letter was received. Copy this from the front of the ARF.

HHSelec

This question is a prompt to check if you carried out a household selection.

NOFHH

Copy this from the ARF question C1. If you entered "Yes" at *HHSelec* then you must enter a number greater than 1 at this question.

ExHHold

Please note that if there are extra households at a dwelling unit you will need to open these extra households at the **Household menu** before you can code the current household as completed. You will not be able to return the work until this is done.

SelecDig1-3

If there are more than 4 households at the selected dwelling unit, you will have carried out a selection procedure. You are asked to enter the selection numbers i.e. the numbers on the right hand side of the grid at C3 on the ARF.

TNC

Take this number this from the front sheet of the ARF.

AdrConf

This lets us know whether or not we need to amend our records in the office.

SAAInf

This new question asks for all information that may be useful at recontact (this may be for recalls, reissues or follow-up interviews). Please enter all relevant information from the ARF (B3 and G2), also the visits record and any other notes written elsewhere on the ARF. There are 250 characters available here. If you need to write more than this please enter details at AnyOthInf (see below). Please try and be concise and enter the most important information here as this is what will be seen on the screen of the re-issue manager.

ConfAll

This question asks that all information requested at preceding questions as been entered. It is crucial that all information from the ARF is entered into the admin block, as the ARF document itself will not be used by the office for reissuing. All information will be draw from the imputed admin block.

AnyOthInf

This question asks interviewers to enter any other information that has not been entered into the Admin block already. Include any relevant notes written on the ARF which have not been recorded

and any text which you were not able to enter earlier, for example if you ran out of space at SAAdInf.

NRF

Use this question to fill in and check on the NRF the Interviewer Outcome Summary code on page 1 and the grid on page 2.

It is important that for children (0-15 years) that you record the parent number and parent type on the NRF.

Use this information if you have to telephone through an appointment to your nurse and to complete the NRF.

NRFInf

For respondents under the age of two, you should also code if they are aged under 6 weeks or not. The nurse needs this information so that she knows which measurements she will be taking and so the equipment she needs to carry.

NoNurse

If there is no work for the nurse to do at this household, you will be instructed to at the address label to the No Nurse Visit Sheet. This only applies to core households. At screening and boost addresses where there are no nurse visits at all in 2007, there is no need to complete an NNV – they will be automatically coded out for the nurse.

AskName

Type in the full name of the main contact person for the household, from the front of the ARF.

ConfName

Once you have coded 1 to indicate that the name is correct, the answer to *AskName* will be hidden to ensure confidentiality.

Ttl/OthTitle/Initl/Surname

For all productive individuals in the household enter the title, full initials and surname, from ARF. This information will be used for generating GP and respondent letters, and for any flagging on the NHS Central Register, Cancer registry and Hospital Episodes Statistics Register. Please be sure to type names correctly. Initials should be entered in capitals; surname should have a leading capital.

ConfGrid

Check that you have typed in all names accurately, and that you have typed in the correct name for each person number. Once you enter code 1 (Names correct), the names will be hidden to ensure confidentiality.

AreaType - EthMix

Copy this from the appropriate questions on the ARF.

NIOut

NIOut allows you to check that you have completed all the individual outcomes at F1 of the ARF. Remember to complete the details of productive and unproductive individuals at Grids A and B at F1.

IntDone

Do not say 'yes' until you have finished completely with **all** persons in the household.

24 Returning Work to the Office

Transmit CAPI work immediately at the end of each day's work. You must not wait until a household is complete before returning your work, as the nurse needs to be able to pick up her/his work daily, and (s)he cannot do that unless you have returned yours. You do not need to have completed the admin for a household before transmitting - it is more important to transmit promptly.

Paper work and ARFs must also be returned promptly, and you should aim to send those in at least twice a week. Paper work and ARFs should not be sent back until a household is completed.

Even if your nurse's appointments are not imminent, it is very important that work is returned promptly, for two reasons. Firstly, it gives plenty of time for the information to be transmitted to the nurse, and there will be time to sort out any problems. Secondly, we need information from your work to help us deal with any abnormalities detected by the nurse tests. Occasionally, we find something potentially life-threatening. Delays in getting in touch with the GP/respondent could be very serious.

Before returning work for a household, check all paper documents for correct serial numbering and completion - the ARF, the Self-Completion questionnaires and the consent forms. Bring your Interviewer Sample Sheet up-to-date. Collate documents in person number order.

Don't forget to back-up work regularly.

Before returning work:

- Make sure you have a Backup copy of your most recent work.
- Connect up your modem
- Select 'T' for Transmit/Return data to HQ **from the Action menu**, and follow the instructions on the screen.

CAPI questionnaire data will be transferred back to the office via the modem. Remember you still need to return the paper documents.

Return work in two separate envelopes:

- ARFs and consent forms
- Self-completions (to be posted at same time as the ARF)

THIS IS IMPORTANT. THE PROCESSING OF PAY CLAIMS MAY BE DELAYED IF THIS PROCEDURE IS NOT FOLLOWED.

At the end of your assignment, check that you have accounted for all your addresses on the Interviewer Sample Sheet.

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

- From the main menu system select **Working at Home/Support < Alt + S > / Technical Support Details** to display Support menu screen.
- Select '**End of Assignment clear out**' and follow on screen instructions. For further help, consult page 73 of the CMS User Guide.
- Return to Brentwood in **two** separate envelopes, posted at the same time:
 - (a) the last batch of ARFs
the last batch of consent forms
 - (b) the last batch of Self-Completion Questionnaires

YOUR ASSIGNMENT IS NOT COMPLETE UNTIL THIS PROCEDURE HAS BEEN CARRIED OUT. THE ADMIN FEE WILL NOT BE PAID UNTIL THE BACKUP DISK HAS BEEN RECEIVED.

25 Any Problems

If you have any problems with the survey itself, or with the questionnaires, you can either contact Lesley Mullender or Sue Roche in Brentwood on 01277 200600 or any of the research team at the *National Centre*. If you have a problem with your equipment or supplies, talk to your Area Manager/Health Manager.

You are provided with incident report forms. Please complete one of these if anything untoward occurs while you are in a respondent's home, or there is anything which you would like to be recorded.

APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A. THE EQUIPMENT

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

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

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

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

If you have any problems with your stadiometer, report these to Brentwood immediately. Do not attempt measurements with a stadiometer that is broken or damaged.

The rods

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

The base plate

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

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

The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

Assembling the stadiometer

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

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

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

4. Take the remaining rod and put it onto rod 3.

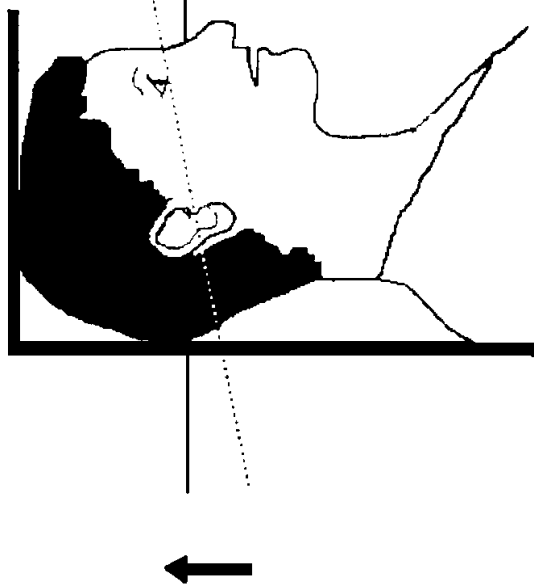
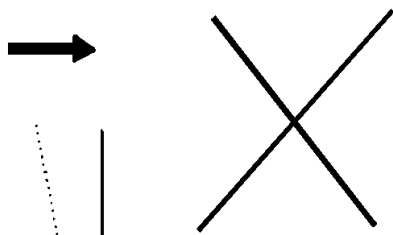
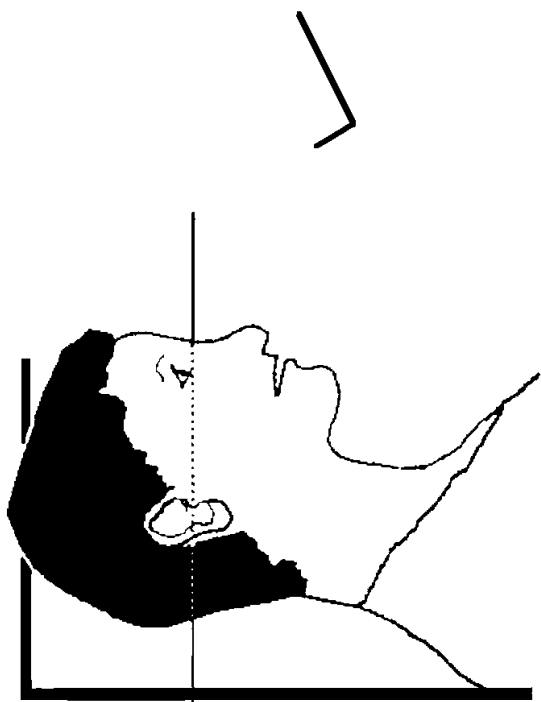
Dismantling the stadiometer

Follow these rules:-

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

B. THE PROTOCOL - ADULTS (16+)

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.
2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.



6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.
7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123.4, at the question *Height*. You may at this time record the respondent's height onto their Measurement Record Card and at the question *MbookHt* you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At *RelHiteB* you will be asked to code whether the measurement you obtained was reliable or unreliable.
8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two **millimetres**, it should be recorded to the **nearest even millimetre**. E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

C. THE PROTOCOL - CHILDREN (2-15)

The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check that you have entered the child's height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.
11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

REMEMBER YOU ARE NOT TAKING A HEIGHT MEASUREMENT FOR CHILDREN UNDER 2 YEARS OLD

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

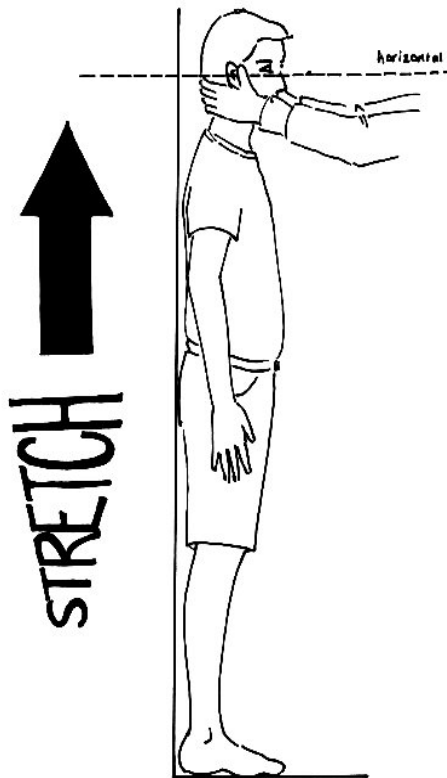
At *HtResp* you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (*ResNHi*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

E. ADDITIONAL POINTS - ALL RESPONDENTS

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite*. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.
3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

PLEASE NOTE: the child head stretch on HSE is different to that used on Child of the New Century. Please use the HSE stretch when measuring children for HSE interviews.



PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

APPENDIX B: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

A. THE EQUIPMENT

There are several different types of scales used on the Health Survey. They differ in the type of power supply they use, where the weight is displayed and the way the scales are turned on. Before starting any interviewing check which scales you have been given and that you know how they operate. The most common types are:

Soehnle Scales

- These scales display the weight in a window on the scales.
- The Soehnle scales are turned on by pressing the top of the scale (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 1 x 9v rectangular MN1604 6LR61 batteries.

Seca 850

- These scales display the weight in a window on the scales.
- The Seca 850 is switched on by pressing the top of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 4 x 1.5v AA batteries/1 x 9v rectangular MN1604 6LR61.

Seca 870

- These scales display the weight in a window on the scales.
- The Seca 870 is switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. **NB** You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.
- The scales have an fixed battery which cannot be removed.

Tanita THD-305

- These scales display the weight in a window on the scales.
- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.
- The scales take 4 x 1.5v AA batteries.

**When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on.
(This does not apply to the Seca 870 scales)**

Batteries (Soehnle, Seca 850 and Tanita)

It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

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

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

WARNING

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

- a) You have to have a second or subsequent attempt at measuring the same person
- b) Two respondents appear to be of a very similar weight
- c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

If you have any problems with your scales, report these to Brentwood immediately. Do not attempt measurements with scales that are broken or damaged.

B. THE PROTOCOL

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the *National Centre* at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.
4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

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

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.
6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check that you have entered the respondent's weight onto their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

WARNING

The maximum weight registering accurately on the scales is 130kg (20½ stone). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

Additional Points

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing. If you have a respondent aged under 16 who is obviously pregnant, code as "Weight not attempted" at *RespWts* and "Other - specify" at *NoWaitM*.

Weighing Children

You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

Children wearing nappies should be wearing a dry disposable. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue." For very young children who are

unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

- a) Code as "Weight obtained (child held by adult)" at *RespWts*
- b) Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult*.
- c) Weigh the adult and child together and enter this into the computer at *WtChAd*.

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's Measurement Record Card at *MBookWt*. Again the computer will give the weight in both kilos and in stones and pounds.

Weight refused, not attempted or attempted but not obtained

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

APPENDIX C: ADULT LIST SHEET

Use when there are more than ten adults in the household and you need to make a selection

LIST ALL ADULTS AGED 16+ IN HOUSEHOLD IN DESCENDING ORDER OF AGE.

	NAME	AGE
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____

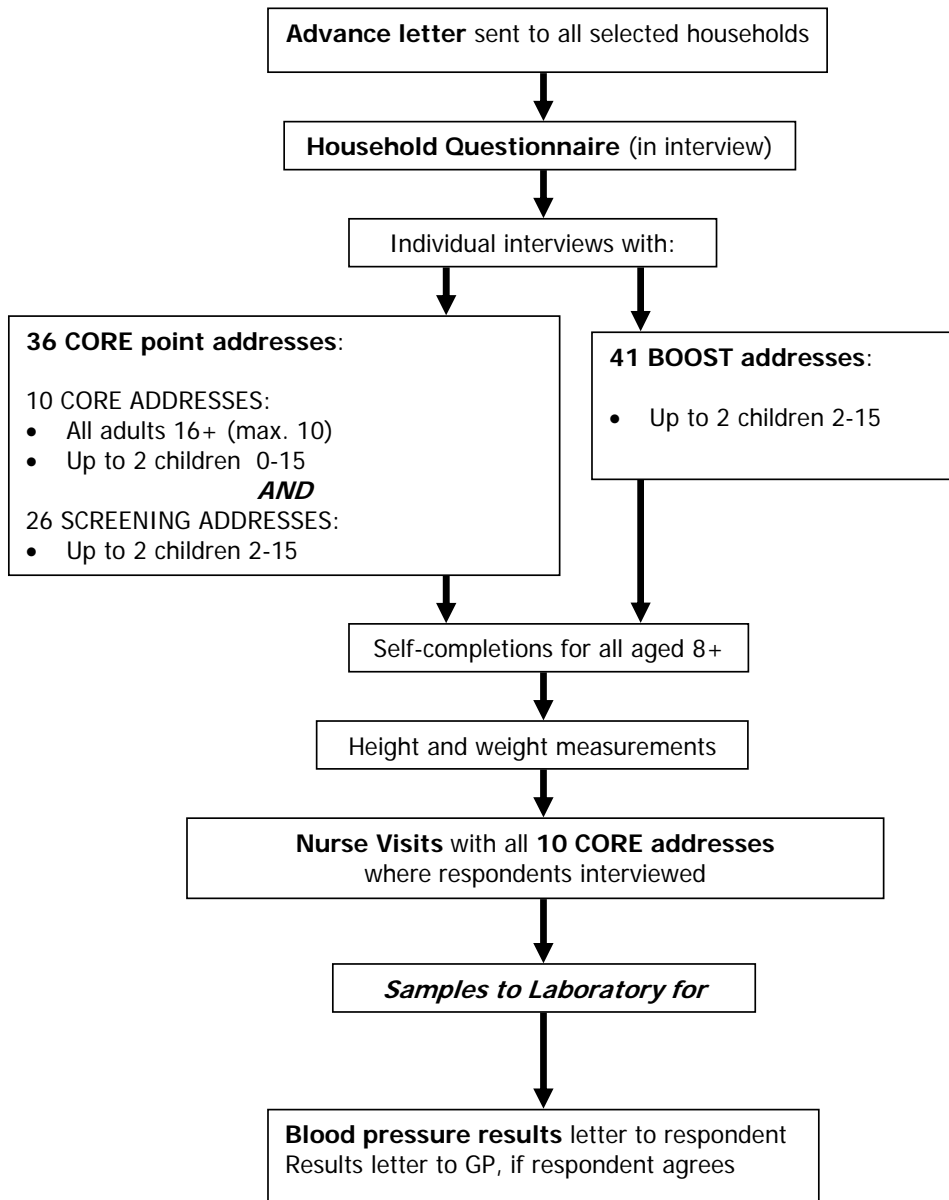
ADULT SELECTION CHART

	Number of adults in household									
IF →	11	12	13	14	15	16	17	18	19	
↓ ELIMINATE THOSE WITH SELECTION CODES →	4	3 9	2 7 12	1 4 7 11	3 6 9 12 15	2 7 8 10 13 16	1 3 6 8 10 13 15	2 4 6 10 12 14 16 18	1 4 6 8 10 12 15 17	1 4 6 8 10 12 15 17 19

APPENDIX D: PRACTICE SERIAL NUMBERS

Serial	Sample Type
100011	Core address
100021	Core address
100031	Screening address within core point
100041	Boost address
100051	Core address
100061	Screening address within core point
100071	Boost address
100081	Core address
100091	Screening address within core point
100101	Boost address
100111	Core address
100121	Screening address within core point
100131	Boost address

APPENDIX E: SURVEY STRUCTURE



APPENDIX F: Interviewer Documents

Name of Document	Doc. Code	2007 colour	Use
Sample cover sheet		White	The list of addresses in an interviewers sample point.
Police letter		HSE Headed paper	A letter about the survey which should be passed to the local police station to inform them that the survey is taking place.
Special report sheet		White	To be filled in should any incident occur during an interview that you feel the office should know about.
ARF A (Core)	C	Blue	Address record form for recording details about interviewer calls made to the address and the outcome codes for those addresses.
ARF B (Core)	C	Dark blue	As above but for extra households found within the selected addresses.
ARF A (Screening within Core points and Child Boost)	CS B	Yellow	Address record form to record information about the household and the outcome code. For the boost sample this will include information relating to whether the household was screened in or screened out.
ARF B (Screening within Core points and Child Boost)	CS B	Orange	As above but for extra households found within the selected address.
Advance letter - core	-	HSE headed paper	Letter sent to respondents before the interviewer calls to inform them of the survey.
Advance letter – screening and boost	-	HSE headed paper	Letter sent to respondents before the interviewer calls to inform them of the survey.
Advance letter laminate (2 sided core & boost)	C CS B	HSE headed paper	A copy of the advance letter to produce on the doorstep when calling on respondents.
Follow-up letter	-	HSE headed paper	A letter to be left by the interviewer to inform respondent that they have called at their address and that they will call back.

Name of Document	Doc. Code	2007 colour	Use
Broken Appointment Card		Red and white	You can use this instead of a follow-up letter, at addresses where there are broken appointments. Write your name in the space provided on the card.
Reissue letter	-	HSE headed paper	An advance letter sent to an address when it has been re-issued.
Showcards (inc. coding info, Frankfort Plane)	-	White with coding cards on yellow	To be used alongside the questionnaire. Contain answer options to certain questions which may be of a sensitive nature or for which there may be a large number of options.
"General Concerns" Laminate for interviewers		Yellow	This leaflet is for interviewer use. You may find it useful when thinking of things to say to reluctant respondents.
Nurse Appointment Diary (for interviewers)		Green	
RESPONDENT LEAFLETS:			
HSE Red leaflet			A leaflet which provides some key information about the survey including some of the key findings from the survey, for you to use on the doorstep.
Stage 1 leaflet - core	C	Green	To be given to core respondents. Explains the survey in more detail. Includes details on what is covered in the survey and information respondents may want to know about such as confidentiality issues.
Stage 1 leaflet - info for children	C CS B	Yellow	To be given to children in all sample types. Explains what the survey is about to children and what is involved, such as the height and weight measurements
Stage 1 leaflet – info for parents	CS B	Blue	A leaflet to be given to parents at screening and boost addresses providing them with more information about what will be involved if their child participates in the survey.

Name of Document	Doc. Code	2007 colour	Use
Stage 2 leaflet - core		Lilac	To be given to respondents once the interview has been completed. Provides information about the nurse visit such as what measurements will be taken and option to send results to GP's
SELF-COMPLETIONS:			
Children aged 8-10	C CS B	Yellow	Contains questions relating to smoking and drinking which children may be more likely to answer honestly in a self-completion booklet rather than face to face interview.
Children aged 11-12	C CS B	Green	Contains questions relating to smoking/drinking. Attitude questions cover healthy eating and physical activity.
Children aged 13-15	C CS B	Brown	Contains questions relating to smoking/drinking. Attitude questions cover healthy eating, physical activity, smoking, drinking.
Young adults (16-17)	C	Version 1 – Lilac (Pre-smoking ban) Version 2 – Grey (Post-smoking ban)	Contains questions relating to smoking/drinking. Attitude questions on smoking, drinking, physical activity and healthy eating.
Adults (up to 64)	C	Version 1 – Salmon (Pre-smoking ban) Version 2 – Blue (Post-smoking ban)	Attitude questions on smoking, drinking, physical activity and healthy eating.
Adults (65+)	C	Version 1 – Orange (Pre-smoking ban) Version 2 – Pink (Post-smoking ban)	Attitude questions on smoking, drinking, and healthy eating.

Name of Document	Doc. Code	2007 colour	Use
Booklet for parents for children aged 4-15	CS B	Blue	Booklet for parents which asks a number of questions about their child's behaviour, as used in previous years.
MEASUREMENTS:			
CORE Measurement Record Card (MRC)	C	Orange	Card with which to record height and weight measurements and additionally for the nurse to record the measurements.
SCREENING and BOOST Measurement Record Card (MRC)	CS B	Green	A card to record the child's height and weight measurements.
CONSENTS:			
NHSCR consent form	C	Pale blue (with carbon copy)	Consent form to be signed by respondents if they give permission for their information to be added to the NHS central register and cancer register.
HES consent form	C	Purple (with carbon copy)	Consent form to be signed by respondents if they give permission for their information to be added to the Hospital Episodes Statistics register.
NURSE DOCUMENTS:			
NRF (work for nurse)	C	Pink	To pass information to nurse about who they have to conduct visits with.
NNV (no work for nurse)	C	Blue	No Nurse Visit sheet. For interviewers to record information about who will not take part.
OTHER:			

Name of Document	Doc. Code	2007 colour	Use
Surprise packs	-	-	Can be given to children participating in the survey.
Pens	-	Various	Can be given to children participating in the survey.
Bookmarks			You may receive bookmarks at the beginning of 2007. These can be given to children participating in the survey. Once stocks have run out, we will not be re-ordering the bookmarks.

APPENDIX G: Principles of best practice

HEALTH SURVEY FOR ENGLAND

PRINCIPLES OF BEST PRACTICE

Making a start...

- Start work on the first of the month
- Plan your route
- Give HSE a couple of days attention when you start your point
- Know your diary
- Tell your team-leader when you're planning on starting
- Check your equipment before you go out
- Contact your nurse before you go out

In field...

- Always follow exact height and weight protocols
- Do your very best to get height and weight measurements
- Introduce the nurse visit by reading the script on the CAPI.
- DO NOT apologise for introducing the nurse visit
- Record full details of refusals, who you spoke to etc on ARF
- Make sure you record phone number correctly
- Make a start in the household – you don't have to wait until everyone is together
- Have variety of call patterns, week days, evenings, weekends

Your nurse...

- Register the nurse at the police station
- Keep them up to date with when you are working
- Post nurse documents immediately
- Go out with your nurse (at least once)
- Find out personal details about your nurse (i.e. job, name, type of car, etc) to make them seem human to the respondent!

1.1.1 Monitoring progress...

- Contact your teamleader regularly to let them know about your progress
- Keep your sample cover sheet up to date
- Have your progress information ready when contacting team leader
- Discuss refusals with teamleaders first (before sending them back to the office)

And lastly...

- Pass equipment on quickly (if not working in the next month)
- Stick to deadlines
- Transmit regularly

The Importance of the Health Survey

The Health Survey for England is an annual survey designed to measure health and health related behaviours in adults and children living in private households in England. Each year the Health Survey for England focuses on a different demographic group or disease condition and its risk factors and also looks at health indicators such as eating habits and levels of physical activity. The information provided by the Health Survey has numerous uses and is important for a number of reasons.

The survey can be used by the Government to monitor the progress of targets that have been set to improve the health of the population. For instance, the 2002 survey provided figures relating to the prevalence of obesity in children aged between 2 and 10 years. One of the Public Service Agreement (PSA) targets is to halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole. The Health Survey for England will be the primary data source for measuring the progress of this target.

Another Government Target highlighted in the 1998 White Paper 'Smoking Kills' is to reduce the levels of smoking within the general population to 24% by 2010. The Health Survey has been able to show levels of smoking among the general population and additionally highlight the differences in levels of smoking among ethnic minority groups. Such information is therefore significant as there would be no other way of obtaining this information without the survey.

The survey is also able to look at how people's health related behaviours compare to recommended suggestions about lifestyle, such as eating healthy amounts of fruit and vegetables, meeting the required guidelines for levels of physical activity and drinking sensible amounts of alcohol.



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Health Survey for England 2007

Nurse Instructions



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1. Quick Reference & Contacts Page

Project Number

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HSE respondent website

www.healthsurveyforengland.org

1. Background & Aims

The Health Survey for England...

- **is the title of a series of annual surveys**
- **is commissioned by The Information Centre for health & social care which is part of the NHS**
- **is carried out to monitor trends in the nation's health and health related behaviour**

The Government's health strategy for improving life quality involves a variety of approaches, designed not only to reduce the amount of ill health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate its effects.

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

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vital for formulating health policies aimed not only at curing ill health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. A major health survey carried out on a continuous basis to monitor the country's state of health provides that information so that trends over time can be noted and appropriate policies planned.

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

In summary, the survey aims to:

- **obtain good population estimates of particular health conditions and associated risk factors**
- **monitor change overall and among certain groups**
- **monitor indicators of progress towards the goals of the Government's health strategy**
- **inform policy on preventive and curative health**

It is expected that the series will continue indefinitely.

2. Key Findings

Below is a summary of some of the latest findings from the HSE 2004.

- A lower percentage of people in the general population smoked cigarettes in 2004 than in 1999. The same pattern was seen for Black Caribbean and Irish men, and Irish women.
- Body Mass Index (BMI), Waist Hip Ratio (WHR) and raised waist circumference, are measures of overweight and obesity. For most groups, the levels of overweight and obesity have increased between 1999 and 2004.
- Mean total cholesterol was higher among men in the general population (5.5 mmol/l) and among Irish men (5.4 mmol/l). Mean total cholesterol was lower in Black Caribbean, Black African and Chinese men (5.1 mmol/l).
- Indian and Black Caribbean women had the lowest mean fat scores (17.3 and 17.9).
- Anaemia was much more common among women than men. It was lower among Chinese and Irish women and higher among Indian women.
- Prevalence of high blood pressure was lower among Bangladeshi men than in the general population.
- The average Body Mass Index (BMI) of Chinese, Bangladeshi, Indian and Pakistani men, and also Chinese women, was lower than that of the general population. Indian and Irish women had an average BMI which was similar to women in the general population, whereas Black African and Black Caribbean women had a higher BMI than women in the general population.
- Women were more likely than men to eat the recommended 5 or more portions of fruit or vegetables a day.
- Chinese and Indian women were the most likely to eat 5 or more portions of fruit and veg a day. Children in most minority ethnic groups were more likely than the general population to eat the recommended five or more portions of fruit and vegetables a day.

3. The Survey in 2007

The Health Survey is a large survey with fieldwork carried out continuously throughout the year. The Health survey is a survey of people living in private residential accommodation in England. The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

Every year there is a different focus to the survey. In HSE 2007, there will be a dual focus to the survey. There will be a focus on knowledge of and attitudes to health which is a new topic for HSE. This will be part of a paper self completion in the interview. The child boost looking at the health of those aged 2-15 will continue in 2007 but will not include a nurse visit.

There will be a half size general population sample to monitor trends set by the Department of Health in key areas such smoking and drinking and fruit and vegetable consumption.

Information about the survey, its objectives and design have been submitted to a Multi-Centre Research Ethics Committee (MREC), which approves the ethical aspects of medical research. Committee members

represent medical, professional and patient interests. They have approved the 2007 Health Survey for England.

3.1 What's new in 2007?

Sample (see section 6)

- Half sized CORE general population sample (with child boost sample).
- Two types of sample point:
 - Core and screening combined:
 - 10 core addresses (up to ten adults and two children 0-15)
 - 26 screening addresses (two children 2-15 only)
 - Boost
 - 41 addresses (two children 2-15 only)
- Nurse visit for only those interviewed (aged 0+) as part of the **CORE addresses** (01-10).
- **No nurse visits** for those interviewed as part of the screening addressees (11-36) AND children interviewed as part of the child boost addresses.

Nurse visit content (page 13)

- Cigarette brand coding (see section 17.6.3)
- Demi-span measurements in 25 to 45 year olds (see section 17.6.4)
- Saliva samples from adults (16+) and children (4-15) (see section 17.6.5)
- No bloods to be taken in 2007

Nurse documents (Appendix A)

- Cigarette brand coding booklet (see section 17.6.3)
- Respondent copies of consent forms – separate one for adults and children (see section 16)
- Nurse appointment calendars (see section 9.2)
- Nurse recontact letters (see section 11.3)
- Nurse broken appointment cards (see section 11.4)

MUST read sections:

- Section 6 – The Sample
- Section 17 – The Nurse Schedule
- Section 19 – Blood pressure (section 19.9 – error readings)
- Section 21 - Saliva sample – use of dental rolls and straws
- Section 24 - Demi-span measurements

4. The National Centre & UCL Team

4.1 The Research Team

In 1993 the *National Centre for Social Research* and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

4.2 The Survey Doctor

Dr. Jenny Mindell of UCL is the 'Survey Doctor'. Dr Mindell is responsible for providing nurses with medical support and for liaising with GPs in relation to blood pressure abnormalities that are detected as a result of this survey.

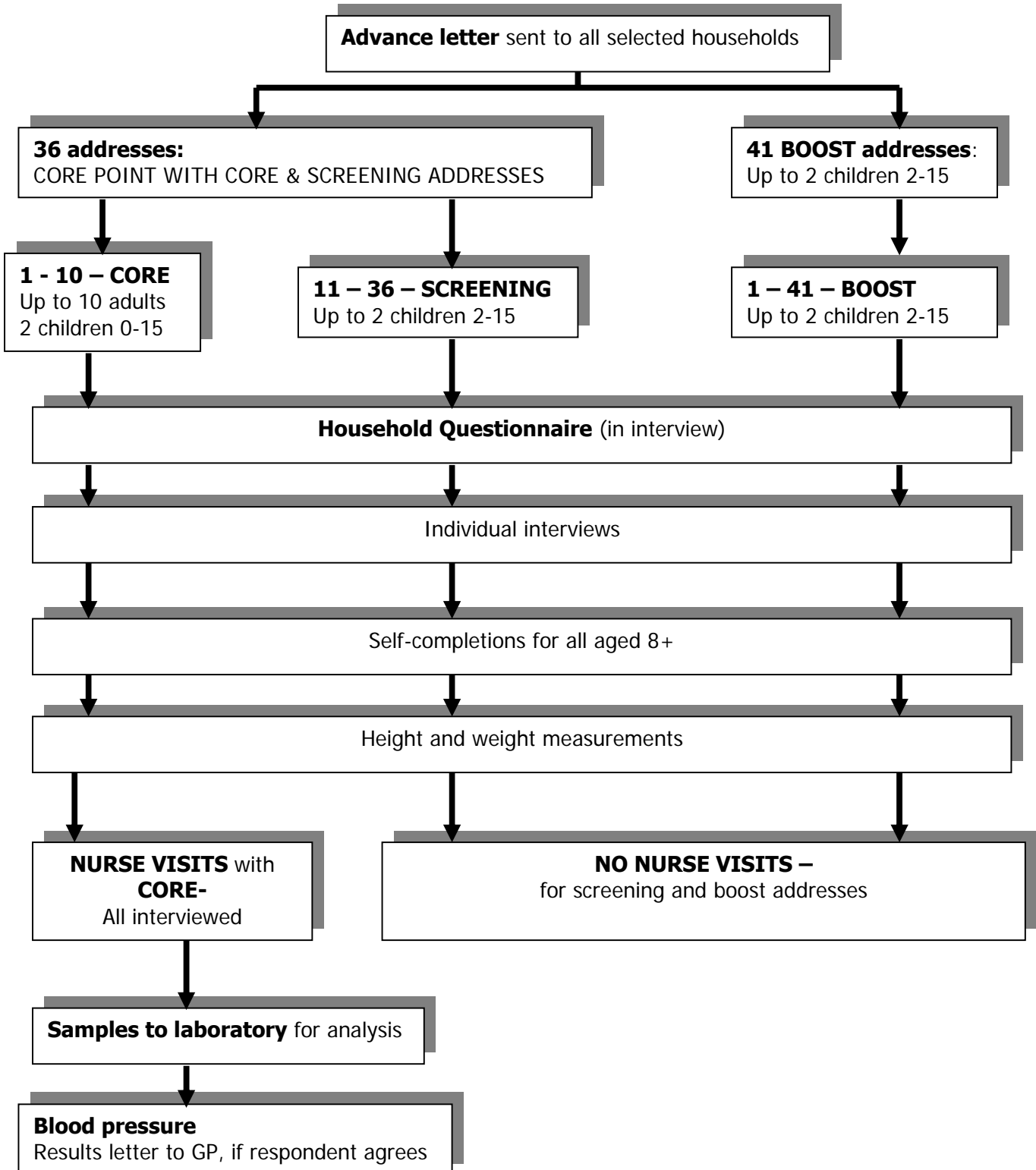
The survey doctor is available most of the time (apart from between 10.30pm and 8.00am). If you leave a message the doctor will get back to you in good time.

4.3 The Fieldwork Team

Each nurse will be supported in her/his area by a local fieldwork team consisting of the Area Manager, a nurse supervisor and a Health Survey manager. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will from time to time accompany you in the field. The Health Survey manager manages interview work on the Health Survey within each field area (including allocation of work to interviewers, fieldwork progress), and will work with the nurse supervisor to oversee nurse progress. The supervisors are there to help you do your job to the best of your ability - please consult them whenever you feel you need help. The names of your supervisors are listed in the separate Project Administration notes.

5. Summary of Survey Structure

5.1 Summary Flow Chart



The interviewer and nurse assigned to a survey point will work together as a team. An advance letter is sent to each address explaining briefly the survey and its purpose. Two other information leaflets given

out by the interviewer and the nurse provide the respondent with greater detail. Fuller details of the sample and associated documents are given in Section 6.

The sample consists of three sample types – of which only 1 involves a nurse visit.

Each month, interviewers will be issued with either combined core and screening points or boost only points. Interviewers will either work on:

- combined core and screening sample of 36 addresses:
 - addresses 1 to 10 will be core (up to 10 adults and 2 children aged 0-15 are eligible)
 - addresses 11 to 36 will be screening (only children aged 2 to 15 will be eligible).
- separate boost sample of 41 addresses (only children aged 2 to 15 will be eligible)

Nurse visits will only take place for those interviewed at **core addresses 1-10**. Children interviewed at screening addresses or boost addresses will not be eligible for a nurse visit. Workload will vary from point to point, but it is expected that one month's work for a nurse will be approximately 7 to 8 core households.

5.1 The interviewer visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household member eligible for interview there is an **Individual Questionnaire**, a list of topics covered is on the next page.

Towards the end of the interview, each person's height and weight are measured. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card. These height and weight measurements are the national reference for height and weight, and therefore body mass index and obesity.

At the end of the interview, the second stage of the survey is introduced and the interviewer arranges an appointment for the nurse to visit a few days later.

5.2 The nurse visit

The second stage of the survey is carried out by a qualified nurse. After carrying out the interview, either the interviewer makes an appointment for the nurse or the nurse will make her appointment to visit the respondent. All respondents in core households will be eligible for a nurse visit.

A list of nurse measurements is on the next page, or you can use the contents page as a quick reference.

Measurements include blood pressure (age 5+), waist and hip measurements (11+), a length measurement (age 6 weeks to 2 years), and demi-span measurement (65+ and adults aged 25 to 45 with a valid height measurement at interview). These results can be written on the Measurement Record Card, which was started by the interviewer for each person. With the respondent's permission, blood pressure readings will be sent to their GP.

Respondents aged 4 years and over are asked to provide a saliva sample. Respondents aged 16 and over are asked to provide a spot urine sample.

5.3 Summary of data collected

Some items of information are limited to particular age groups. The tables below summarise the data to be collected during the interview and the data and measurements included in the nurse visit.

Interviewer Content Summary

Module/Section	Children (boost 2-15)	Children (core & screening)	Adults (16+)
Household questionnaire	λ	λ	λ
General Health (age 0+)	λ	λ	λ
Fruit and Vegetables (5+)	λ	λ	λ
Children's eating habits (2-15)	λ	λ	
Children's physical activity (2-15)	λ		
Smoking (18+)			λ
Drinking (18+)			λ
Background Classifications	λ	λ	λ
Self completions (8+)		λ	λ
Measurements (0+)	λ	λ	λ
Consents (0+)		λ (core only)	λ

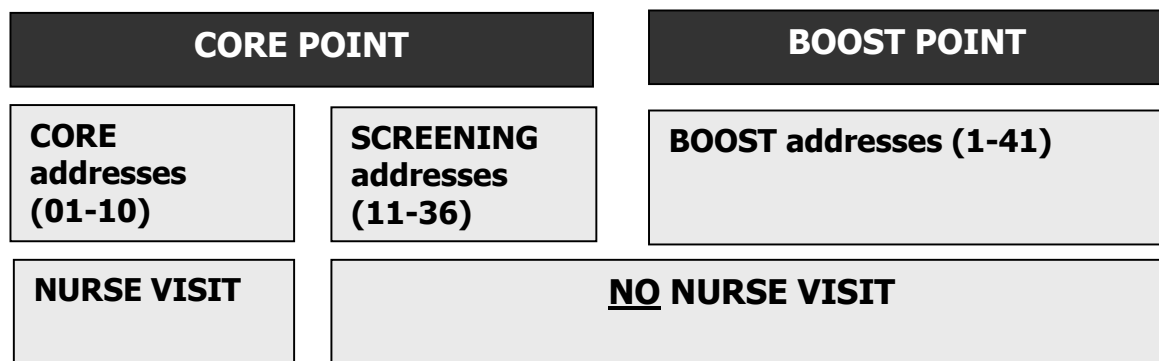
Nurse Content Summary

Nurse Measurements & Questionnaire	Respondent Ages
Immunisations	Over 6 weeks but less than 2 years
Infant length measurement	Over 6 weeks but less than 2 years
Prescribed medications	All ages
Vitamin supplements	All ages
Current cigarette brand	16 years upwards (current cigarette smokers only)
Nicotine replacement therapies	16 years upwards
Blood Pressure	5 years upwards
Demi-span measurements	65 years upwards
	25 to 45 years (with valid height measurement at interview)
Saliva sample (for cotinine)	4 years upwards
Urine	16 years upwards
Waist and hip circumference	11 years upwards

6. The Sample

6.1 Sample design

In 2007 the sample design includes:



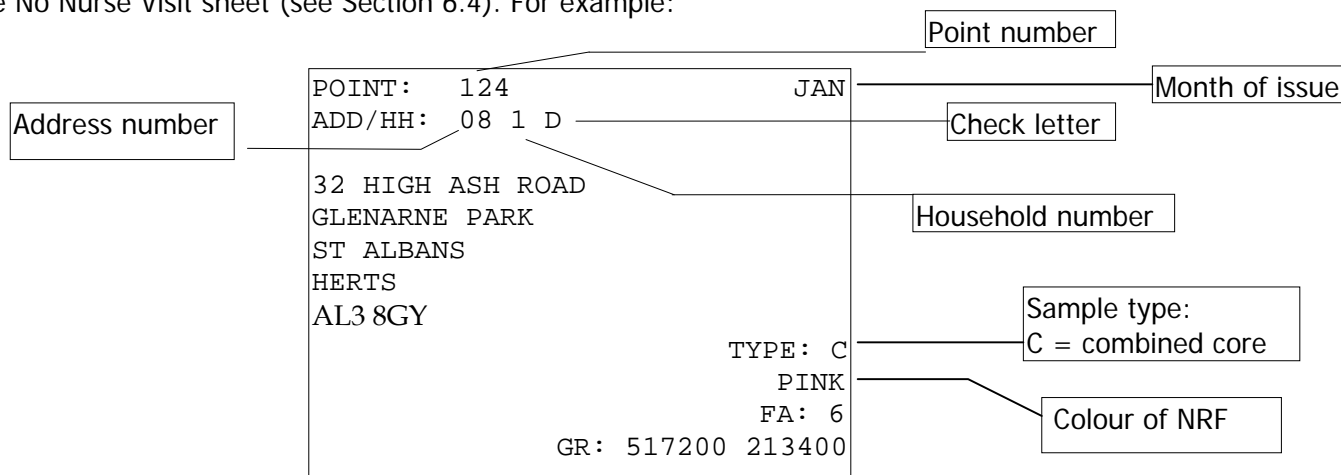
The interviewer will provide you with full details of the appointments made, as well as informing you about households at which no one co-operated or households where no one was eligible. If you come across someone who originally refused to take part in the interview stage but has subsequently changed his or her mind, try and persuade him/her to see the interviewer in person. Explain that without the information obtained at the interview stage, the measurements obtained by the nurse will have little meaning. Do not take measurements from a respondent until they have been interviewed in person by the interviewer.

6.2 Serial Numbers

Each address/household/person in the survey has been assigned a unique identity number. This number is called the Serial Number. It allows us to distinguish which documents relate to which person. It is made up of different components:

Point number	A three-digit number for the sampling point (postcode sector). All addresses you will have in a month will have the same point number.
Address number	A two digit number for the address sampled from the postcode file (in 2007 there are 36 addresses within the combined core and screening point. Only core addresses will be eligible for a nurse visit (addresses 01 to 10).
Household number	One-digit number for each sampled household at the address. Usually this will be a 1, for the first sampled address, but may be a 2 or 3 if the interviewer has found extra households at that address.
Check letter (CKL)	A letter of the alphabet which allows the computer to check that a correct serial number has been entered

The Point number, Address number and Household Number plus the check letter, are all found on the address label at the top of the Nurse Record Form which the interviewer sends you, or on the label on the No Nurse Visit sheet (see Section 6.4). For example:



GR is the Ordnance Survey grid reference for the address. This is to help those in rural areas to locate addresses.

The label also shows the sample type. In the example above it is a sample type 1: core address. The colour on the label indicates the ARF colour for that sample type. It is for office use and need not concern nurses.

You will be sent a map with all the addresses selected for the assignment you are working in marked on it. If this is not clear, the postcode can also be used to locate addresses and to obtain a map using one of the following web pages:

- <http://www.upmystreet.co.uk>
- <http://www.streetmap.co.uk>
- <http://www.easymap.co.uk>

Also, your interviewers may be able to provide some household location details on the first page of the Nurse Record Form (NRF).

Person number	A two-digit number assigned by the computer to each person in a household. Each person in a household is given a person number, whether or not they are interviewed. There is no particular order in which they are assigned by the computer to people within a household.
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The Person Number is the number beside the name on page 2 of the Nurse Record Form (NRF). An example of pages 1 and 2 of the NRF is provided in Appendix C. In that example Mr David Beckham is person number 01. His full serial number is: **101 01 1 S 01**.

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

In the few cases where the interviewer finds more than one household at an address, address details for the second and third households will be hand-written onto the NRF by the interviewer, rather than on a printed label.

6.3 Nurse Sample Cover Sheet (NSS)

At the start of each month's fieldwork you will be given a list of the issued addresses in the point you and your interviewer are covering. You will also be given a Nurse Sample Sheet (NSS). This tells you the postcode sector or area in which you will be working and its point number. There is room on the sample cover sheet to record your own progress. This is useful for when your nurse supervisor calls, so that you have in one place the details of your workload and planned appointments.

The NSS is divided into 10 rows; one for each core address sampled. The purpose of this sheet is to let you keep account of the work you receive from the interviewer. At the end of the interviewer's fieldwork period you should be able to account for all addresses on your NSS. Keep your NSS for a couple of months after you finish your month's fieldwork, as they are sometimes useful when sorting out a query from the office.

6.4 Nurse Record Form (NRF) & No Nurse Visit sheet (NNV)

You will receive these documents from your interviewer. At the end of your assignment, you should have received information about **all** issued addresses from the interviewer. Check that the interviewer-nurse team has dealt with all addresses, and that none has been missed by either of you.

6.4.1 No nurse visit sheet (NNV)

Where there is no work for you to do at an address (for example, it was a business address and therefore 'deadwood'), the interviewer will affix the address label to a **No Nurse Visit Sheet (NNV)**, and code the reason. The interviewer should send these sheets to you on a regular basis. **You do not need to complete any admin for these addresses;** they will automatically be coded 93 when you connect to the host machine to pick up your work. However, it is important that you keep a track of which addresses are deadwood etc., so that you can account for every issued address in your assignment and are aware of which ones require a nurse visit. Each time you receive details of an address on a No Nurse Visit sheet, enter the date of receipt and code the outcome on your Nurse Sample Cover Sheet. Send the NNV back to the office once you have done this.

You will not receive NNVs for screening addresses in combined core a screening points (11-36) or in boost sample points.

6.4.2 Nurse Record Form (NRF)

You will receive a **Nurse Record Form (NRF)** for each household where there is work for you to do. The key information about the respondents in that household, their names and ages, and whether or not they are to have a nurse visit, is transmitted by the interviewer to the office. Within a day or two this information is available to load onto your machine, so that when you log onto the host machine, this information is automatically picked up by your laptop.

The Nurse Record Form has two functions:

1. It tells you the outcome at the household of the interviewer's attempts to arrange appointments for you.
2. It is also the form on which you report to the office how successful you have been at those households.

The NRF will arrive with pages 1 and 2 completed by the interviewer. At the top of page 1 you will find the address, the household serial number, the location of the household within the address (if there is more than one household living there), any tips about the household location or the occupants that the

interviewer feels you might find useful, the household's telephone number, if known, and the name of the main contact person.

In the box labelled **Interviewer Outcome Summary** the interviewer will have ringed code A to show that there is something for you to do at that household, and filled in pages 1 and 2 of the NRF. (S)he will have:

- Date** on which (s)he conducted the household interview at that household.
- No. of people** living in that household - regardless of whether or not they were interviewed and whether or not they agreed, or are eligible, to see you. This provides you with some background information on the size of the household.
- Question 4 & 5** completed the grids at Questions 4 and 5 on page 2. At CORE addresses everyone interviewed is eligible for a nurse visit.

Each respondent at section 4 and 5 is ringed code 1, 2, or 3. **Carry out a nurse visit only with those persons for whom code 1 has been ringed** - these are the household members who agreed both to be interviewed and to see you. Code 2 will be ringed if the person was interviewed but refused to see you, if this person then changes their mind while you are in the household, you can carry out a visit with them. Code 3 will be ringed if the person could not be interviewed (they were mentally incapable, refused, etc). **Do not carry out a nurse visit with people who have not (yet) had an interview.** In the column to the left of each person's name is their **Person Number**. Whenever you enter a serial number for that person you must use this and only this Person Number.

- Question 5** In the grid at section 5 there will be details of children in the household selected for the survey. If they are less than 2 years old, then the interviewer will code whether they are also under 6 weeks. This will inform whether or not you need to bring the Rollameter Baby Measure Mat. The person number of each selected child's parent(s) will also be recorded, alongside whether they are an actual parent or whether they have legal parental responsibility. If you see a code 97 in the box for person number for parent 2 this means there is only one parent in the household. Note that if the parent of the child is not one of the selected eligible respondents they will not appear in grid four so their name is written in the child grid.

Occasionally you will find that someone in the household with code 2 (Refused nurse) or code 3 (No interview) ringed decides they want to co-operate after all. If they are code 2 (i.e. refused nurse visit) you **can** take the measurements, as these people have already completed a full interview. Make a note on the NRF explaining what has happened. If they are code 3 (i.e. not interviewed) you **cannot** take any measurements. Under no circumstances must you ever measure an individual before an interviewer has completed a full interview on CAPI (though you may be able to arrange for the interviewer to come back and interview the person so that you can take measurements later).

You complete **PART B** of the NRF. (See Appendix C for a marked up version of the NRF).

6.5 The 'nurse link'

Information recorded by the interviewer on the Nurse Record Form (NRF) is transmitted back to the office by the interviewer. Within a day or two this information is available to load onto your machine, so

that when you log onto the host machine, this information is automatically picked up by your laptop. This process is called the nurse link, and it is very useful for ensuring that both interviewer and nurse use the correct names and person numbers, so that all the information regarding one person is matched up. Before you go to a household, you should check that the nurse link information is on your laptop, by entering that household. If the nurse link has not worked, it's best to enter in the information directly from your NRF (see section 17.4) or interim appointment form. You will have to do this during a live nurse visit with the household.

6.6 Interim Appointment Record Form

This two-sided form is for you to keep by the telephone. Complete a form when your interviewer telephones through an appointment. It will ensure that you remember to collect all the information you need. Take it with you when you keep the appointment.

Please fill in every section of the interim appointment form, as it is all important. If there is not enough time for the nurse link to work, then you will need to put this information into the laptop accurately. The serial numbers and person numbers are particularly important, read them back to the interviewer if you are not sure.

You will, of course, eventually receive a NRF from the interviewer. The NRF replaces the Interim Appointment Record Form. Check it against the NRF and query any discrepancies with the interviewer - is it you or the interviewer who is wrong? Sort it out. The important thing to remember is that the Person number assigned to someone **by the interviewer** is the number that **must be used on every document and every urine/saliva tube for that person**. If you discover you have done something wrong and you cannot sort it out before work is posted (for example, if you have already sent saliva to the laboratory), telephone Lesley Mullender on 01277 200600 immediately and explain the problem, so that she can arrange for it to be corrected.

WHAT DO I DO IF A RESPONDENT HAS A BIRTHDAY BETWEEN THE INTERVIEWER AND NURSE VISIT ?

The age of the respondent is 'frozen' at the time the interviewer has made her/his visit and administered the household questionnaire. The age that has been **entered on the NRF** by the interviewer is the age you must use.

This means that even if an individual has had a birthday which moves them into a category where they would have had a particular measurement you **do not do that particular test**. For example, if a respondent was 5 weeks old at interview but becomes 7 weeks by your visit, do not take infant length measurement even though (s)he is over 6 weeks and under 2 years old when you see him/her. If respondents query this or ask you to perform the measurement/test you must explain to them that you are not able to because the age of the individual is based on the **age at interview**. The computer will automatically calculate which measurements you should take in this situation.

7. Survey Materials

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies. (See Appendix A for full description of nurse documents).

Document	Colour
Nurse identity card	
Nurse sample cover sheet	
Police letter	
Nurse record form (NRF)	Pink
No nurse visit sheet (NNV)	Blue
Interim appointment form	Green
Stage 2 leaflet	Lilac
Consent information leaflet – child	Aquamarine
Consent booklet – office copy	Green
Consent form respondent– adult copy	Amethyst
Consent form respondent– child copy	Rose
Measurement record card – core (spares)	Orange
Cigarette brand coding list	Blue
Coding list for prescribed medications	Yellow
Eating habits self completion booklet	Orange
Nurse showcards	White – laminated
Urine instructions leaflet	White
Set of labels for urine and saliva tubes	Red (for 2007)
Nurse recontact letter	HSE letter headed paper
Broken appointment card	Pale blue
Nurse appointment diaries	Green
Nurse instructions	
Surprise packs	

Nurse equipment

Pilot bag checklist
 British National Formulary (BNF 52), September 2006 version
 Omron HEM-907
 Thermometer and probe
 Insertion tape
 Demi-span tape
 Skin marker pen (with Alcohol gel spray- used to remove pen marks)
 Rollameter baby measure mat
 Frankfort plane card
 Saliva collection materials - plain 5ml tube and wide bore straw, and dental rolls

Urine sample equipment - beaker, syringe
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The equipment is described in more detail later in the sections on the measurement protocols.

8. Notifying the Police

The interviewer with whom you will be working with will notify the police about the survey and inform them that the two of you will be working in the area. Your interviewer partner will need to collect some details about your car so that (s)he can fill in the necessary details on the letter to be left with the police. Your interviewer partner has an extra copy of the police letter, which they should forward to you with the first batch of NRFs/NNVs. This should tell you the name of the station at which they have registered.

If you are assigned an interviewer partner after the fieldwork has started in that area, you will still need to be registered at the same police station as the interviewer. Please let the interviewer know your details as soon as possible, so that they can phone the appropriate station and register you. You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey worker before agreeing to see you.

9. Liasing with your Interviewer Partner

9.1 Liasing with interview partner

Experience has shown that we get the highest number of productive nurse visits when the interviewer makes the appointment. This is because it is much easier to say no to someone on the phone than it is in person. If at all possible, this is the way your appointments should be made. You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. If possible, you should arrange to **meet up before** you start work. The interviewer has been told to make contact with you to set this up. Contact your Area Manager if you do not know who your interviewer partner is. In addition, there is an arrangement which allows you to accompany your interviewer to see their side of the work, and vice versa. You will receive a payment for this. Please contact your Nurse Supervisor or Area Manager if you are interested in organising this.

The formal lines of communication between you and your interviewer are described in Section 6 (the NRF and the nurse link). The informal lines are equally important. An important part of the interviewer's job is to keep you fully informed about the outcomes of all his/her attempts to interview people, whether or not they are productive. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

9.2 Nurse appointments & availability

You and your interviewer would have been given an **Nurse appointment calendar** to record dates and times of your availability. For the interviewer this forms part of a diary where they can record appointments made which they will then inform you about. You will have a calendar diary to help you keep track of your availability to work on HSE. Fill this in with the days and times you are available. Your interviewer should be sent a copy of this so they can make appointments and you should keep a copy for yourself as a reminder of the availability you have given. On the back of the calendar is a page where you can inform interviewers of your preferences for appointment such as whether you

prefer evening or day time work, weekday or weekend work, appointment close together for spaced out. Obviously the times of appointments will depend on the availability of respondents but the system works best when the interviewer is aware of what suits you best. You should go through the calendar and your preferences together before you start work. See Appendix D for an example appointment calendar

9.2.1 How much availability to give?

Nurses should provide availability for four week period from the second week of fieldwork to the sixth. Any appointments required out of this 4-week period can be arranged by you, and not the interviewer. If availability is given in this way, problems of giving availability for consecutive assignments can be reduced.

Here is an example of how much availability you should give the interviewer, within the 6-week assignment period and based on the suggested calendar below.

	January				February				March	
	Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10
			1st NURSE ASSIGNMENT							
Interviewer fieldwork										
Nurse fieldwork										
							2nd NURSE ASSIGNMENT			
Interviewer fieldwork										
Nurse fieldwork										

- Week 3 – about 1 morning, 1 afternoon and 1 evening
- Week 4 – about 1 morning, 1 afternoon and 1 evening (preferably different days of the week from those in week 3)
- Week 5 – 2 evenings and some weekend time
- Week 6 – 2 evenings and some weekend time

For nurses working on 2 or more assignments in one month or with more than 1 interviewer – you can change the pattern of availability for each assignment or interviewer. Here is an example of availability you could give if you are working with more than 1 interviewer.

AVAILABILITY GIVEN TO ASSIGNMENT/INTERVIEWER 1	AVAILABILITY GIVEN TO ASSIGNMENT/INTERVIEWER 2
<ul style="list-style-type: none"> ▪ Week 3 – about 1 morning, 1 afternoon and 1 evening ▪ Week 4 – about 1 morning, 1 afternoon and 1 evening ▪ Week 5 – 2 evenings, and some weekend time ▪ Week 6 – 2 evenings, and some weekend time 	<ul style="list-style-type: none"> ▪ Week 3 – 2 evenings and some weekend time ▪ Week 4 – 2 evenings and some weekend time ▪ Week 5 – about 1 morning, 1 afternoon and 1 evening ▪ Week 6 – about 1 morning , 1 afternoon and 1 evening

Make sure you keep a careful note of the times you give her/him. You will need to liase frequently in order to update this information. **Never** put the interviewer in the situation where (s)he makes an appointment for you in good faith, only to discover you have a prior commitment. If you are working on

HSE for the first time you must contact your nurse supervisor before agreeing early dates of the month with your interviewer partner because your supervisor will be assisting you on your first visit.

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

The interviewer will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work. Some interviewers and nurses may prefer to start making appointments earlier in the month than the second week if the interviewer will be doing a lot of work during the first two weeks of the month.

When the interviewer has made the appointment for you there is no need for you to ring the respondent in advance of your visit. Speaking to the respondent on the phone just offers them an opportunity to refuse or cancel the appointment. If you are unsure of the time or how to find the place speak to your interviewer. We have instructed interviewers to ask respondents not to visit the toilet just before your visit so there is no need to ring to tell respondents this (this is mentioned on the Stage 2 Leaflet).

9.3 How long will the nurse visit take?

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. The table below shows the estimated average time required to carry out the nurse visit with individuals of different ages. The interviewers have also been given the same information. You will of course also need some time to introduce yourself to the household and generally set up equipment. These estimates are likely to vary slightly from nurse to nurse and with different respondents of the same age. If you find your interviewer is not generally allowing you enough time for visits let him/ her know.

Age of respondent	Approx. length of nurse visit (mins)	Covers	
Children	5 - 15 minutes (dependent on age)	0-3 years	Infant length measurement, Immunisations, Prescribed Medicines, Vitamin Supplements,
		4-15 years	Prescribed Medicines, Vitamin Supplements, Blood pressure (5-15), Saliva, Waist & Hip (11-15)
16+	30 minutes	Prescribed Medicines, Vitamin Supplements, Cigarette brand choice, Nicotine replacement therapies, Blood Pressure, Urine, Saliva, Waist & Hip, Demi-span (25-45 years with valid height and 65 years and over regardless of valid height)	

The above times are the length of the CAPI, you should expect to be in a household at least 15 minutes longer than this. We have taken account of this fact when calculating the fees.

E.g. for one 16 year old in a household, estimate 45 minutes.

Information about each household and details of appointments that have been made will be passed to you by the interviewer by telephone and on a Nurse Record Form (see Section 6.4.2). The interviewer has been asked to give you good warning of all appointments made for you. Use the Interim Appointment Record Form to help you collect, over the telephone, all the information you need.

Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days notice, tell the interviewer so that she/he can phone through other appointments too.

10. What the interviewer has told respondents about your visit

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

We would like you to help us with the second stage of this study. This is a visit by a qualified nurse to collect some medical information and, if you agree, carry out some measurements. The nurse will call and be able to explain about what is involved and answer any questions you have. Can I collect some dates and times of when you are free?

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

Information you may need to know if the respondent asks you questions about the nurse visit

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- the nurse is highly qualified. They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey
- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse, including the results of any blood pressure (age 5 years and over). If (s)he likes, this information will also be sent to their GP.
- Respondents are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one.
- the Multi-Centre Research Ethics Committee has approved this study.

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

At the end of the interview each respondent is given a Stage 2 Survey Leaflet by the interviewer. The leaflet briefly describes the purpose of your visit. A copy of the Stage 2 Survey Leaflet is in your supplies for information. When you arrive for your appointment, make sure that the respondent has the Stage 2 Leaflet (if necessary provide another copy) and explain in greater detail the measurements and samples involved in the nurse visit (see section 13.2 for further details).

Appointment Record Form

The Appointment Record Card is on the reverse of the Measurement Record Card. This confirms respondents' appointment time and reminds them that we would like them to avoid eating, smoking, drinking alcohol or doing any vigorous exercise for 30 minutes before you arrive. Respondents are

warned that they may be asked to give a urine sample and so not to go to the toilet just before your visit. It also advises them to wear light, non-restrictive clothing and to find their medicine containers. If you will be visiting a respondent of less than 2 years old, the parent will be reminded to have the relevant Child Health Record Book available for reference.

11. What do you do on the initial contact?

11.1 Keep your introduction short

While you will need to answer queries that respondents may have, you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off. The general rule is to keep your initial introduction short, simple, clear and to the immediate point. An example of how to introduce yourself on the doorstep is given below.

- Show your identity card
- Say who you are:
"I am a nurse called"
- Say who you work for:
"I work for The National Centre for Social Research"
- Remind respondents about your appointment :
"A few days ago you saw an interviewer about the Health Survey for England and (s)he made an appointment for me to see you today."

For most people this will be enough. They will invite you in and all you will have to do is explain what your visit will cover and what you want them to do. Others will be reluctant and need further persuading. Build on what has gone before. Be prepared to answer questions about the survey. Some respondents may have forgotten what the interviewer told them about the survey's purpose or about what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example, about how the household was sampled. Some points you might need to cover are shown in the following box.

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

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

- **who you are working for** – the *National Centre for Social Research* and UCL
- **who the survey is for** - for the government (it has been commissioned by The Information Centre for health , on behalf of the Department of Health)
- **why the survey is being carried out** (see Sections 1 and 2)
- **what you are going to do** (see section 5.2)
- **how the respondent was selected** - it was the address that was selected. Addresses in this area were selected from the Postcode Address File. This is a publicly available list of addresses to which the Post Office delivers mail. The addresses have been picked at random from areas across the country in order to get a good representation of the groups in which we are interested. Once an address is selected, we cannot replace it with another address. Otherwise we would no longer have a proper sample of the population.
- **Is the survey confidential?** – individual information is not released to anyone outside the research team.
- **how much time you need** - this varies a bit but it is best to allow around 30 minutes for each person aged 16-64, 40 minutes for each older adults (65+), 5-15 minutes for children depending on age plus another 15 minutes per household (to put equipment away and so on).

11.2 Being persuasive

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

You will need to tailor your arguments to the particular household, meeting their objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to your Nurse Supervisor (or your Area Manager). There are some points you might make in the box below. The most important thing is to find out what the respondent's concern, or reason is for changing their mind about the nurse visit (is it the time taken? the content of the visit? the purpose of the study?), and then answer this question only.

What you might mention when persuading someone to take part in the survey:

How long it will take?

- Can you make a start now, and come back later if it takes too long?

If the respondent is unsure about the measurements:

- You will ask before taking each measurement and sample.
- The respondent does not have to do anything - perhaps you could just ask the questions about medicines, and take the blood pressure?

(once inside, you may find that the respondent then agrees to more measurements)

Why the Health Survey is important (and a good use of government money):

- It is a national (Government) survey (on behalf of the NHS).
- It is a very important survey.
- It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation", and is also part of the current government's "Choosing Health" White Paper.
- It is the largest national survey to look at the health of the general population. About 16,000 people

will take part this year.

- It is carried out annually.
- It provides the government with accurate and up-to-date information on the health of the population.
- It gives the Government information on health trends and monitors how well the health targets set by the Government (in the White Paper "Choosing Health") are achieved.
- It is used to help plan NHS services. (However, the cost of this survey is part of the civil service budget, it is not taking money from hospitals or GPs)
- The information is available to all political parties.
- The information will be needed by whichever government is in office.
- Results are published annually and reported in the national press.

Why we want to include everyone:

- The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.
- To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.
- Even people who have private healthcare rely on the NHS, for GP referrals, or in an emergency. The government also tries to improve health in other ways, such as smoking cessation help, and free fruit in schools.
- Young people might think that health services are not for them now – but they will want them in the future and it is the future that is now being planned.
- Older people might think that changes will not affect them - but health services for older adults are very important and without their help in this survey valuable information for planning these will be lost.
- Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected – not the one next door. No one else can be substituted for them.

If they have concerns about confidentiality

- No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.
- The government only gets a statistical summary of everyone's answers.

11.3 Nurse recontact letter

If you are having trouble contacting your address the Purple Team can send the household a nurse recontact letter as a last resort, which reiterates the purpose of the survey and importance of the nurse visit. This will be sent out by the Purple team upon request by the individual nurse.

The Purple team will also doctor a letter to confirm a definite appointment to see the nurse. Respondents will be sent a return envelope to confirm whether or not they are able to keep the appointment. Once responses are received the individual nurse will be contacted of the appointment.

11.4 Broken appointments

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

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card (pale blue)** at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Add a personal note to the card. Try telephoning them and find out what the problem is. Only telephone respondents if you are confident that you can deal with the situation on the telephone, as it is easier for respondents to refuse or try to put you off re-visiting on the telephone than it is face-to-face. Allay any misconceptions and fears. Make

them feel they are important to the success of the survey. **A chat with your interviewer partner might help.** (S)he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

11.5 The number of calls you must make

You are asked to keep a full account of each call you make at a household on page 3 of the **Nurse Record Form** (see Section 6.2). Complete a column for each call you make, include telephone calls to the household as well as personal visits. Note the exact time (using the 24-hour clock) you made the call, and the date on which you made it. In the notes section keep a record of the outcome of each call - label your notes with the call number.

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

12. Achieving high response rates

In most cases the respondents will be looking forward to your visit. Having completed the interview they have already invested time in our survey, and most will be willing to complete the second stage. However, some may need persuading

12.1 The importance of a high response rate

The response rate to the nurse to date has been very good and we want keep this up. Past experience shows that this requires continuous hard effort. A high response rate at both stages of the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey is therefore vital to its success.

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

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

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

12.3 Health is interesting and important

People are interested in health and are concerned about it. This is a high profile survey on topical issues, such as diet, salt intake, obesity, smoking, drinking, and high blood pressure. Survey reports receive wide press coverage. In any case, your respondents have already co-operated with the first part of the survey, and have agreed to see you.

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

12.4 Respondents are not patients

Your previous contact with the public, as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional. Your contacts with people in the course of this survey will be quite different. Instead of being patients, they will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.

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

12.5 Specific concerns

Sometimes a respondent may want the nurse visit carried out in a particular way. For example, an older person may want a family member to be present during the nurse visit, or they may prefer a male or female nurse to take their measurements. The interviewer will usually have collected this information when introducing the nurse visit, and informed you of the special requirement. We want our respondents to take part in the nurse visit, so as far as possible please try to meet the requests of the respondent. Usually a bit of reassurance from you is all that is needed, but if there is something else you need, for example a chaperone, please call your supervisor.

13. Introducing your Measurement Task

13.1 The introduction

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

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

If the respondent wishes, GPs will be sent the respondent's blood pressure results by letter.

13.2 The Stage 2 Leaflet

A copy of the Stage 2 leaflet will be given by the interviewer at the interview stage. This will enable respondents to be informed about the nurse visit and content prior to you calling. The stage 2 leaflet now reminds respondents not go to the toilet just before the nurse visit. After you have explained what you are going to do and the order in which you wish to see the respondents, nurses should ask respondents to find their copy of the Stage 2 Leaflet and read it before you start doing any measurements. It describes what you will be doing and sets out the insurance implications of allowing

the information to be passed to GPs. If respondents do not have a copy to hand, you **must** give them another copy to read. This will give them something to do, allow them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

There is a **child information sheet** for use with younger respondents who may find the Stage 2 leaflet difficult to understand. It also explains in simpler language the agreements in the consent booklet, which their parent is asked to sign. Each time you ask for a child's verbal consent to a measure, you should point out the relevant part of the information sheet, so that the child can give informed consent.

14. Obtaining Consent to Interview Minors

The rules to follow depend on whether the minor is aged 16/17 years or is between 0-15 years of age. **Never break any of these rules.**

16/17 year olds:

Apart from gaining consent from the respondent, you do not need parental consent to interview someone of this age. If the respondent lives with their parent(s), out of courtesy, advise the parents what you will be doing.

0-15 year olds:

For children aged 15 and under, the interviewer will have obtained information on which of the people living in the household are their parents, or have legal parental responsibility on a permanent basis, for them. This information is recorded on the Nurse Record Form (NRF) in order that you know in advance of your visit who to speak to, to obtain permission to interview and measure a child.

The term 'parent' means the child's natural or adoptive parent. All other people who claim parental status have been classified on the NRF as having legal parental responsibility.

Verbal consent to interview and measure someone aged 0-15 has to be obtained from someone with legal parental responsibility. If this is not forthcoming, then you cannot interview/measure that child. The agreement of the child should of course also be sought. Written consent is also required from the parent to send results to the GP, and for saliva samples.

Always give priority to someone defined as a parent when obtaining permission. If possible, when seeking consent obtain it from the mother.

If disagreement arises between parents and/or parent and child about whether or not to co-operate, always respect the wishes of the non co-operator.

15. Carrying out the Interview

15.1 Who to interview

You can only interview and measure respondents who have completed a full individual core interview with the interviewer. Respondents must have completed this interview **before** you see them.

15.2 Interviewing children

The rules for obtaining consent to interview and measure children are given above.

For children of all ages (0-15) you should always ensure that a parent is present during your interview. This is both to protect the child and yourself. You will also require their presence in order to obtain written consents during the interview.

Children **aged 13-15** were interviewed personally by the interviewer. Treat them in the same way whilst referring to their parent(s) as appropriate. Information about younger children was collected direct from the parent at the interview stage, although the child was present and children aged 8 upwards were asked to complete a self-completion questionnaire.

15.3 The interview documents

The Nurse Schedule is on computer (CAPI). As well as the computer schedule, you will use two to six other documents during the interview itself: the cigarette brands coding list; the office copy of the consent booklet; the respondent copies (adult and child); the child information sheet; and the measurement record card; the eating habits self completion booklet. The CAPI will prompt you when to use these.

15.4 General tips on how to use the documents/computer program

Read out the questions in the Nurse Schedule **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Enter the code number beside the response appropriate to that respondent indicating the answers received or the action you took.

Some questions take the form of a 'CHECK'. This is an instruction to you to enter something without needing to ask the respondent a question. The convention is that, if a question appears in capital letters, you do not read it out.

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

15.5 Preparing the documents/computer

Before you leave home, you should connect your computer to the modem (separate instructions about this are provided) and pick up any work which is ready for you. To ensure that the information from the interviewer has been transferred onto your computer, you should view the household schedule(s) for the household(s) that you intend to visit on that trip.

Check that the information from the interviewer is on your laptop before you leave home for the appointment: if the interviewer's information has been successfully transferred, the computer will show you the information about the members of that household, and you can go ahead with that household. **If the information is not there on the day of the appointment, enter it manually from the NRF or interim appointment form**, this takes a few minutes so it is best to do it at home.

When you arrive at the household, you should enter the household schedule and check that it is the right one by looking at the serial number and/or viewing the information about the household members.

Immediately before you start to carry out measurements on a respondent, complete the first half of page 1 of both Consent Booklets/forms. **Never do this in advance of the visit to the household.**

16. The Consent Booklet/Forms

Complete a consent booklet for all individuals, aged 4 and over, who have a nurse visit: do not fill in a consent booklet for those aged 0 to 3.

The Consent Booklets contain the forms the respondent/parent of respondent has to sign to give written consent for:

- blood pressure readings to be sent to their GP (child (5+) or adult)
- a sample of saliva to be taken (age 4 upwards)
- a sample of urine to be taken (age 16 upwards)

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

Each respondent must sign a consent form and this should be left behind with every respondent aged 4 and over, who has nurse visit. We would like you to always ask respondents to sign this – however, if a respondent is unwilling to sign their copy, they can just have a blank one to keep (it is the signatures in the office Consent Booklet that are important – without these there is no consent). There are two versions of the respondent consent form: one for adults 16+ and one for children.

The Office Consent Booklet must be filled out for **every** respondent AGED 4+, regardless of whether measurements requiring consents are to be taken – this is because it provides an important check in the office. Every piece of information on the front is important: it will form the basis of the BP results letters which are sent to GPs. You are asked to record the date of birth again, this is an important identity check, along with your nurse number and the date of interview.

Complete Items 3 to 5 before you start using the computer to collect the information from the respondent. Items 6 to 9 are completed during the course of your interview, and you will be prompted by the CAPI.

Fill in the full name and address of the GP on every Consent Booklet for a household, even when all members have the same GP. Each individual is treated separately once they reach the office.

Item 9 is very important. Throughout the visit you record here the outcome of your requests for permission for:

9.	SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
	a) Blood pressure to GP	01	02

b) Saliva sample to be collected	11	12
c) Urine sample to be collected	13	14

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

(Note that cotinine test results from the saliva sample, and sodium results from the urine sample will not be sent to the GP or the respondent.)

The last 2 pages of this booklet are despatch notes for urine and saliva samples to be sent to the laboratory and details for the office. The lab copy is a tear-off sheet to go with the urine and saliva samples and the office copy is to be completed and returned to the office with the rest of the booklet. Again, it is essential that the information on these despatch notes is accurate.

Returning the Consent Booklet

Make sure that you return the Office Consent booklet with your work, and leave the Respondent Consent forms with the respondents.

16.2 The child information leaflet

This is designed to be used with the consent booklet. It explains the procedures and consents in a language that is easier to understand for children.

17. The Nurse Schedule

17.1 Organising the interview

Before setting out to carry out any interviews, you must check to make sure that you have either received the household information via electronic transfer or through manual input (see Section 15.5). You will not be able to conduct the interview without having done this.

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

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

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

You may also want to ask respondents who will be giving a urine sample if they have been to the toilet recently, and ask them to drink some water if necessary.

Make sure you fully understand the differences in the protocols for children and adults.

17.2 Is anyone pregnant?

When you are at a household where you will be interviewing a girl aged 10-15, start off by making a general statement to everyone of all ages: "Before I start, can I check if anyone is pregnant? I need to know as some measurements do not apply to pregnant women." This will give a pregnant girl the opportunity to tell you, if she wishes to. We have not put a formal question into the Schedule as we do not wish to embarrass girls of this age group in front of their parents. In the unlikely event you encounter a pregnant girl aged below 16 years, question *UPreg* will prompt you to enter this fact once you have asked the questions which apply to all respondents. The computer will then terminate the interview at the appropriate point.

17.3 Getting into the Nurse Schedule

Once you have logged on to CMS, the first menu displayed is the **MAIN MENU** screen from which all subsequent menus and screens are selected. The **MAIN MENU** allows you to select several options on the work you want to commence. To access HSE nurse work, you will need to select **VIEW AMEND LOADED WORK**. This displays the projects/slots by survey month that have been loaded on to your laptop.

To get into the nurse schedule, select **P8727** and the relevant survey month you are working on. This will then display a screen with all serial numbers of all the addresses in your sample (plus related information). Use the arrow keys to select the household you would like to work on, then press <Enter>.

You are now in the nurse schedule and ready to start entering data.

If you want to practice at home before 'going live', at the **MAIN MENU** you can select working at home **_PRACTICE INTERVIEW_** select project. The screen displays all the address serial numbers for practice interviewing (calls will not be made/entered when practicing). **Do not** use a practice interview slot for a visit to a respondent's home.

17.4 Household information

The household information should be checked or completed before making the visit.

ScrOut

This screen will be displayed only if the information has not yet been received electronically from the interviewer. If you need to enter the information manually, you should enter code '1'. If there is no work for you to do at that household (i.e. because no-one was eligible for a nurse visit or no one was interviewed or no-one agreed to the nurse visit), you should enter code '3'. If you are able to wait until the information does arrive electronically, you should enter code '2'.

HHDate

This is necessary to allow the computer to calculate the respondent's age at the time of the interviewer visit, as this is the age that dictates which sections of the schedule apply. You will find this date at Q.2 on the NRF or the Interim Appointment Record.

Intro - OC

This set of questions only appears when you have elected to enter the household information manually. It asks you to enter the data found on page 2 of the NRF, i.e. person number, name, sex, age and outcome of interviewer visit and (for children) details of parents in household. From this information, the

computer will work out how many individual schedules are required, and which questions should be asked of each individual.

It is important that you enter the individuals in ascending order of person number. Otherwise, you will find it very confusing to find your way around the computer program.

More

If you are entering the household information manually, at the end of the information for each individual, the computer will ask you if there is anyone else who was seen by the interviewer. If you enter 'yes', another row on the household grid will be created for you to complete. If you enter 'no', that signifies that you have entered details of all eligible persons in that household.

If, after entering 'no' at *More*, you realise that there are other household member(s) to be added, you can do this by pressing <End> then the Up Arrow key, and changing *More* from 'no' to 'yes'.

OpenDisp

If the household information has been electronically transferred, this will be one of the first things you see. If you have entered the household information manually, it will summarise the information that you have entered, so that you can check it is correct before proceeding. Note that it will only display information about individuals who were interviewed by the interviewer (as these are the only individuals who *you* can interview) or adults who were unselected (as you may need to obtain parental consent from them). Other household members may be listed on the paper documents, but they will not be listed on the computer.

For all individuals who were seen by the interviewer, *OpenDisp* shows the person number, name, sex, age, and whether or not a nurse visit was agreed (for unselected adults, 'N/E' – not eligible – is shown in this column). For those aged 0-15, it will also show the person numbers of the parents (under the columns headed Par1 and Par2) and their status i.e. natural/adoptive parent ("parent") or person with legal parental responsibility ("guardian"). The parental status is shown under the columns headed *NatPs1* and *NatPs2* for Parent 1 and Parent 2 respectively.

Once you have checked the grid at *OpenDisp*, press <Ctrl+Enter> to bring up the Parallel Blocks screen from which you can either exit the household (by pressing <Alt+Q>), or select an individual schedule (by highlighting the schedule and pressing <Enter>), or go into the admin block.

17.5 Parallel blocks

The computerised nurse schedule consists of four main components:

1. The household information
2. The individual schedule
3. The drug coding block
4. The admin block

Each component is known as a 'parallel block'. This means that you can enter any component at any time, no matter where you are in the schedule (after you have reached *opendisp*). For example, you can enter the drug-coding block at any convenient moment in the individual schedule.

The way to move between parallel blocks is by pressing <Ctrl+Enter>, which brings up a screen called 'Parallel Blocks'. This screen is the 'gateway' to the other components of the schedule. It lists all the possible blocks you could go into, and looks like this:

Parallel blocks
+ NHSE2007 + Nurse_Schedule[1] Frank + Nurse_Schedule[2] Mary - Nurse_Schedule[3] Robert + Drugcode[1] Frank - Admin

The list of blocks will vary depending on the number of people in the household and the extent to which you have completed the drug coding. There will always be a 'NHSE2006' and an 'Admin' for each household. In addition, there will be a 'Nurse_Schedule' for each eligible individual in the household (in the above example, there are three eligible individuals). As soon as you tell the computer that an individual has some prescribed drugs, it will create a 'Drugcode' block for that individual. Thus, you may have fewer 'Drugcode' blocks than 'Nurse_Schedule' blocks, since a 'Drugcode' block will not be created for individuals who have no prescribed drugs.

Each nurse schedule has the person's name listed after it. The drug-coding block also lists the person's name, so that you can be sure you are interviewing the correct person, and coding their drugs correctly.

The final thing to note about the parallel blocks screen is the '+' or '-' which precedes each block. All blocks will have a '-' to start with, and this will turn into a '+' when the computer is satisfied that that block has been fully completed. In the above example, the nurse has completed the household grid, the schedule for the first two people in the grid, and the drug coding for the first person. (The fact that (s)he has completed the schedule for the second person and there is no 'Drugcode[2]' on the list means that the second person had no prescribed drugs.)

17.6 Individual information

The individual information should be collected when you are in the household. This section includes the protocols for measurements, as well as some background and CAPI information on each measurement. This section aims to deal only with CAPI questions which are particularly problematic or important. If you have another problem you can usually solve it in one of these ways:

- 1, If someone does not understand the question, repeat it, before trying to rephrase
- 2, If you are given an answer we have not provided for, open a note by pressing <ctrl+M>, to write in the nature of the query.

17.6.1 Prescribed medicines (All respondents)

This is about prescribed medicines currently used only, ignore anything else. Medicines should be being taken now, or be current prescriptions for use "as required". Make sure you get details of all medicines, by checking "Are you taking any other medicines, pills, ointments or injections prescribed for you by a doctor?". Try to see the containers for the medicines. Respondents should be prepared for this, but if they are not ask early on in your visit for the containers to be fetched. Check the name of the medicine very carefully and type it in accurately. Record the brand name or generic name so that you can code it.

Do not probe for contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. Pills for hormone replacement therapy should also be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

One of your tasks is to enter a six-digit code for the drug. You do not have to do this as soon as you enter the names of the drugs, but the computer will not let you leave the schedule until it is done, as it will give you the chance to query any hard-to-find drugs and to ask a respondent what a drug is used for if it has several uses. There are also one or two follow-up questions to ask if the drug is one commonly prescribed for CVD conditions, to find out whether or not it has been prescribed for one or more of these conditions.

You can do the drug coding whenever you wish, by pressing <Ctrl+Enter> and selecting 'DrugCode'. If you are doing more than one interview in a household, you will be given the choice of several drug-coding blocks. You should choose the one which matches the individual schedule, e.g. if you are completing 'Nurse_Schedule [Frank]' that person's drug coding block will be called 'DrugCode[Frank]'. If you go into the wrong drug-coding block by mistake, just press <Ctrl+Enter>, then select the right one.

To get out of the drug-coding block, press <Ctrl+Enter> and select whichever 'Nurse_Schedule' you are currently completing. This will take you back to the start of that individual schedule, so you will have to press <End> to get back to where you were before.

The ideal time to code the drugs is while the respondent is resting with the cuff on prior to the blood pressure measurement. With practice, you will get to know the more common drugs and will be able to code them quickly.

Drugs are to be coded using their British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate. You have a copy of the BNF (make sure it is the September 2006 edition), in your nurse bag. You also have a Drug Coding Booklet, which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* tablets as an example, the alphabetic listing gives the entry 06 04 01. Enter this as a continuous string of numbers, i.e. 060401 (no spaces or dashes). Alternatively, if you had looked up *Premarin* (tablets) in the BNF itself, you would have found it listed in section 6.4.1.1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6.4.1. With leading zeros, this becomes 06 04 01.

If you are unable to find the correct code, enter '999999'.

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

If the respondent takes aspirin record the dosage, as this can vary.

17.6.2 Immunisations (under 2 years)

For this section you will need the immunisation showcard. The best way to get accurate information is if you can see the Child Health Record book, sometimes known as 'the red book'.

We are not interested in immunisations received only for travel and holidays, but immunisations received while abroad for other reasons should be included.

ImWhic

At this question there are separate precodes on screen for Mumps, Measles and Rubella as separate immunisations. Do not use the MMR code unless the immunisation was received in a single jab. Please also note that there is a new 5 in 1 injection, which covers Diphtheria, Tetanus, Pertussis, Polio, and Hib. This has been available since Autumn 2004. A few older infants may have had the old method, which was Diphtheria, Tetanus and Pertussis as one injection, Hib as a separate injection, and Polio as a drop

on the tongue. If you are not sure which method was used, please write this in a note. There is also a new immunisation called Pneumococcal conjugate vaccine (PCV) at which children are offered two months, four months and 13 months. This has only been available since September 2006 so many children will not have had it.

17.6.3 Cigarette brand choice (current cigarette smokers 16+)

This information will be collected to provide evidence and 'real' data for the EU product directive. The EU authorises maximum tar (10mg), nicotine (1mg) and CO (10mg) yields for different cigarette brands smoked. However, it has been argued that the method by which the EU derives these yields is misguided. They use a method where tar and nicotine levels are determined by cigarettes 'smoked' by machines. It's been argued that tar and nicotine levels from machine-smoked cigarettes do not resemble those obtained by a smoker. The tobacco industry has known about this for years and so have designed cigarettes that give low machine readings but high yield when smoked by people.

It is therefore important that we ask about cigarette brand choice in HSE 2007. Since saliva cotinine samples will also be available, it will enable nicotine intakes (and indirectly, tar exposure) to be assessed in relation to machine-smoked brand yields. This will be an important test of for the EU product directive.

This section collects information about the usual brand of cigarettes smoked by current cigarette smokers (filter tipped, plain or untipped cigarettes only). If the respondent smokes roll ups you will not collect information about brand, nicotine and tar levels.

Cigbrand

Collect name of usual brand of cigarettes smoked (only include filter tipped, plain or untipped cigarettes) and assign a four-digit code from the 'Cigarette Brands Coding List'. If respondent smokes more than one brand of cigarette, you will need to ascertain the brand that they smoke most frequently.

BrandTxt

If a brand is not listed in the coding booklet, code a 9997 and ask the respondent if you can see the packet to record the full details of the brand smoked (including brand name and type). If there is no packet available then ask the respondent to recall details.

Nicotine

You will need to code the tar level in mg of the usual brand of cigarettes smoked. This is usually found on the side of the packet. If no packet is available you will need to ask the respondent to estimate the nicotine level.

Tar

You will need to code the tar level in mg (and not the nicotine content) of the usual brand of cigarettes smoked. This is usually found on the side of the packet. If no packet is available you will need to ask the respondent to estimate tar level.

17.6.4 Demi-span measurements in 2007

In 2007, demi-span measurements will be taken from all adults aged 65 years and over (regardless of whether they have had a valid height measurement). Demi-span measurements will also be taken from 500 men and 500 women aged between 25 and 45 years who have had a valid height measurement at the time of the interviewer visit (*DHeight*). Measured height at the interview will appear on the nurse CAPI and you will be routed to the demi-span module. Respondents aged 25-45 with no valid height measurement at interview will not be routed to the demi-span module.

Once the target quota has been achieved the demi-span module for the 25-45 age group will be routed off (a program update will be issued to all nurses).

Why are we measuring demi-span in younger adults?

Height is measured every year on HSE. Its main use is to determine body mass index (BMI) to assess changes in the prevalence of underweight, overweight, obesity and morbid obesity. Height cannot be measured in a small proportion of adults due to deformity or ill health – this proportion increases with age. Height is also known to decrease with age, due to the thinning of the disks in the spinal column. However, the length of the long bones does not change with age. Therefore, HSE has measured demi-span from those aged 65+. From this demi-span equivalent height can be calculated using the following formulae:

$$\text{Females height in cm} = (1.35 \times \text{demi-span (cm)}) + 60.1$$

$$\text{Males height in cm} = (1.40 \times \text{demi-span (cm)}) + 57.8$$

It has been suggested that the equations used to estimate demi-span equivalent height only apply to white populations and are based on a study of only 125 men and women aged 25-45. The collection of demi-span measurements in 1000 men and women aged 25-45 will enable the research team to generate new equations based on a larger sample size and are therefore likely to be more accurate. These new equations can be used to calculate demi-span equivalent height in older people in future HSE years.

It has also been suggested that asking older people about their height when they were a young adult could be an alternative to calculating demi-span equivalent height. Therefore, interviewers will be asking all adults aged 30 and over to estimate their height at the age of 25, before height is measured by the interviewer.

The research team will then be able to look at the 3 sources of height information in older people 1) demi-span height, 2) estimated height as a young adult, and 3) height measured by the interviewer to determine whether demi-span measurements are a valid measure of height.

17.6.5 Saliva samples in adults aged 16+

In 2007, nurses will be asked to take saliva samples from all children aged **4 and 15 years** and also adults aged **16 years and over**. On HSE, saliva samples are collected to measure exposure to passive smoking and also nicotine levels. The collection of saliva samples in 2007 will be particularly important in 2007 because of the total ban on smoking in public places such as bars and restaurants (to come into effect on the 1st July 2007). Monitoring levels of cotinine in saliva before and after the ban will be very important for monitoring the effect of the ban on passive smoking.

17.6.6 Eating habits self-completion (16+)

You will be directed to ask adult respondents to complete a self-completion questionnaire about eating habits. The first question asks: "What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals?". This question includes only dairy milk such as cow, goat and sheep milk. Respondents who use only milk substitutes such as soya, rice or oat should code this as do not drink milk. Respondents who use two or three different types of dairy milk in equal quantities should code that they do not have a usual milk.

MEASUREMENT PROTOCOLS

18. INFANT LENGTH MEASUREMENT

The Health Survey for England is the only national reference for the nation's height and weight (from which Body Mass Index can be calculated). Having this measurement for those aged under 2 means that the growth of infants can also be monitored. The interviewer measures all respondents' weight, but only the height of those aged 2 and over. Because special equipment is required for measuring supine infant length, the nurse does this measurement.

18.1 Eligibility

This measurement is for infants aged under 2 years but at least 6 weeks old. This is based on age at the original interview.

18.2 Equipment

Rollameter Baby Measure Mat
Frankfort Plane Card
Kitchen roll

18.3 Procedure

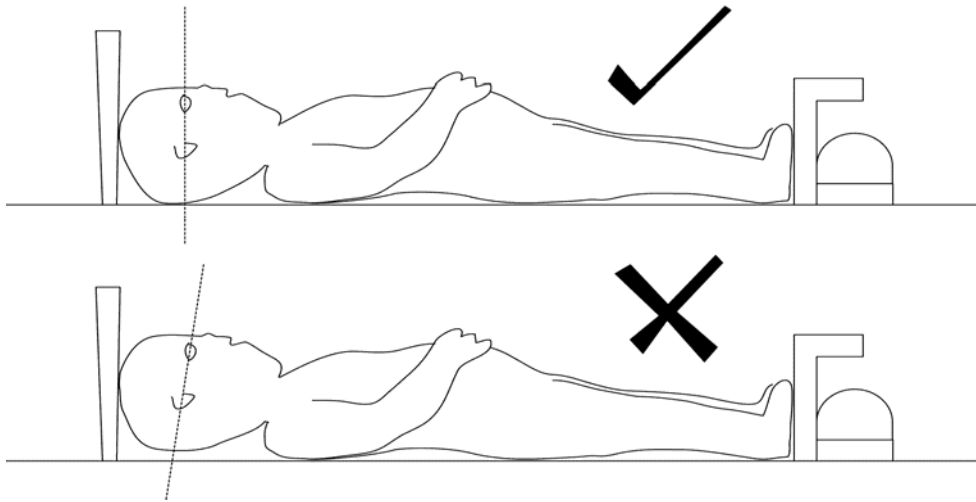
Infants (children under the age of 2) should be measured lying down (supinely). Two people are required for the task, yourself and the child's parent.

1. Ask the parent to remove any bulky clothing or shoes that the infant is wearing. It is not necessary for them to remove the infant's nappy.
2. Unroll the Rollameter and lay it flat on any suitable flat, firm surface (e.g. table, floor). It is essential that the Rollameter is fully unrolled and as flat as possible, therefore doing the measurement on a deep pile carpet or rug would not be appropriate. Lay one layer of kitchen roll on the mat (just in case there are any accidents!!)

If taking the measurement on a table, take extra care and ensure that somebody is with the infant at all times to prevent them rolling/falling off the table.

3. Place the child on the foam bed with his/her head touching the headpiece on which the name Rollameter is printed.
4. Move the child's head so that Frankfort Plane is in a position at right angles to the floor/table (see diagram below). Ask the parent to hold the child in this position and make sure their head is in contact with the headpiece.

INFANT FRANKFORT PLANE CARD



5. Straighten the child's legs by holding the legs by the ankles with one hand and applying a gentle downward pressure.
6. With your free hand, move the footrest on which the measuring tape is mounted to touch the child's heels by depressing the **red button** on the tape measure.
7. The measurement is read from the red cursor in the tape window. The measurement is recorded in centimetres and millimetres to the nearest millimetre. If the measurement lies between two millimetres then you should round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, then round up to 68.4. If the measurement is halfway between 68.8 and 68.9 then round down to 68.8.

18.4 CAPI entry and Feedback

Record the infant's length on the MRC in the space provided. If necessary, use the chart on the back of the drug-coding booklet to convert the measurement into inches (NB the conversion chart only goes down to 51cm).

If the measurement is refused or not obtained for other reasons code this at *LghtInt* and code the reason why at *NoAttL*.

If you attempt the measurement but it is not obtained code 999.9 at *Length* and enter the reason *YNoLgth*.

19. BLOOD PRESSURE

19.1 Recording Ambient Air Temperature

19.1.1 The thermometer

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

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

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

Please note that you must enter the temperature to one decimal place - do not round it to the nearest degree. For example, enter '21.2', not just '21'. If you do not enter a decimal point, the computer will give you a warning. If the temperature is exactly, say, 21 degrees, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, it will also ask you to confirm that a temperature ending in '.0' is correct.

19.1.2 Instructions for using the thermometer

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

19.2 Blood Pressure (Aged 5+)

High blood pressure is an important risk factor for cardiovascular disease. It is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure targets set in the Health of the Nation.

Timing- Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply at *ConSubX*

19.3 Eligibility

The only people not eligible for blood pressure measurement are those who are pregnant or aged less than 5 years old. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the computer.

19.4 Protocol For Blood Pressure Recording: Omron Hem-907

This section describes the protocol for measuring blood pressure using the Omron HEM 907. More detailed information may be obtained from the instructions booklet inside the box. If you have any further questions or problems then please contact Dr Jenny Mindell on 020 7679 1269.

Protocol

Equipment

Omron HEM 907 blood pressure monitor
Child/ small adult cuff (17-22 cm)
Standard adult cuff (22-32 cm)
Large adult cuff (32-42 cm)
AC adapter

The Omron HEM-907 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure and pulse rate automatically at pre-selected time intervals. On this study three readings are collected at one-minute intervals.

The Omron 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged. To recharge the battery, connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approx. 12 hours. When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately. The Omron 907 is **NOT** designed to work off the mains adaptor; it should be run off the battery power pack. The mains adaptor should **ONLY** be used to charge the battery pack.

PLEASE REMEMBER TO CHARGE THE BATTERY !!

The picture on page 43 shows the main features of the Omron HEM-907.

19.5 Preparing the respondent

The respondent should not have eaten, smoked, drunk alcohol or taken vigorous exercise in the 30 minutes preceding the blood pressure measurement as blood pressure can be higher than normal immediately after any of these activities. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply.

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

19.6 Selecting the correct cuff

Adults aged 16 and over: Do **not** measure the upper arm circumference. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

Children aged 5 to 15: It is important to select the correct cuff size. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

Adults and Children: The appropriate cuff should be connected via the grey air tube to right end side of the monitor.

19.7 Procedure

Wrap the correct sized cuff round the upper **right** arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the schedule. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).

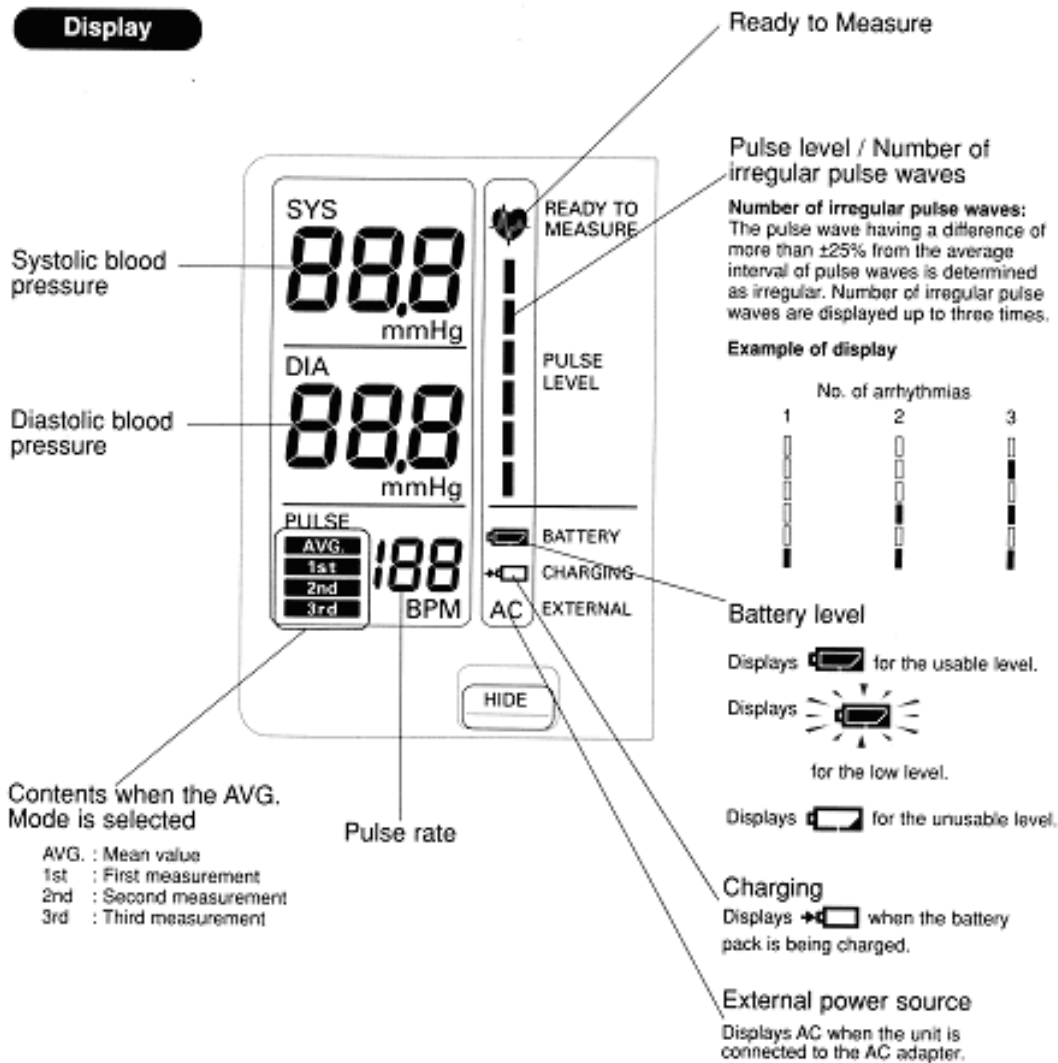
Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However, the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

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

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

It is important that children as well as adults rest for five minutes before the measurement is taken. However, making children sit still for five minutes can be unrealistic. They may move around a little, but they should not be running or taking vigorous exercise. As with adults, they should not eat or drink during this time.

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



19.8 How to operate the monitor

See Picture of Omron HEM-907 monitor above.

1. Switch the monitor on by pushing the **ON/OFF** button. Wait for the **READY TO MEASURE** symbol to light, indicating the machine is ready to start the measurement (approx 2 sec).
2. Check that the **MODE** Selector is set to **AVG** and the **P-SET** (pressure setting) Volume is set to **AUTO**.
3. Press the **START** button to start the measurement. The cuff will now start to inflate and take the first measurement. When the first measurement is complete the LCD displays show systolic pressure, diastolic pressure, and pulse rate. Record the readings on the interview schedule.
4. Blood pressure will then be recorded at one-minute intervals thereafter. After each interval record the reading from the LCD displays on the interview schedule.

5. After the three measurements are complete press the **ON/OFF** button to turn off the power and remove the cuff.

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

19.9 Error readings

They appear on the LCD display:

Er1, Er2. Check that the tube connecting the cuff to the monitor is properly inserted and it is not bent. Check that the cuff is properly wrapped around the arm. Repeat the measurement.

Er3. Check that the tube connecting the cuff to the monitor is not bent. Repeat the measurement.

Er4. This could be because of a motion artefact. Ask the respondent to sit as still as possible and take the measurement again. If you still get another Er4 error reading, it could be because the respondent has a very high blood pressure. Set the P-SET Volume to 260 and repeat the measurement.

Er5, Er6. Check that the cuff is properly wrapped around the arm. Repeat the measurement.

If any of these errors readings persist, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens. Then contact Brentwood and inform them that there is a problem with the monitor.

Er7, Er8. Check that the respondent does not move, ask the respondent to sit as still as possible and take the measurement again. If you still get an error reading the pulse may be irregular. Do NOT palpate the pulse. Record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Er9. Technical fault. Contact Brentwood immediately and inform them that there is a problem with the monitor.

CAPI:

Readings - Record the blood pressure readings in the order shown on the screen. Double check each entry as you make it to ensure you have correctly entered the reading. If you have got to this point and then become aware that you are not going to be able to get a reading after all, you should enter '996' then press <End>. This will automatically enter '999' in each box, to save you having to type it in 12 times. Blood pressure readings given by the Omron are systolic blood pressure, diastolic blood pressure and pulse: the Omron does not give MAP.

NAttBP - If you failed to get a reading, or you only managed to obtain one or two readings, enter a code to show what the problem was. If necessary, write in full details at *OthNBP*.

19.10 Feedback to respondents

Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the Measurement Record Card (MRC). If an adult respondent has a raised blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC. The interviewer should have given them a MRC with the height and weight recorded on it. If the respondent has lost it, or claims never to have had one, make out a new one, ensuring the name is on the front of the card.

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

a) Child respondents (age 5 to 15)

We do not wish you to comment on the child's blood pressure readings to the parents. If they seek comment, reiterate what you have already said about not being able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be abnormal, the Survey Doctor will get in touch and advise them as to what steps they should take. This rule applies for **all** readings you obtain.

b) Adult respondents (aged 16+)

In answering queries about an adults blood pressure it is very IMPORTANT to remember that it is not the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say in each situation has been agreed with the Department of Health, and you have been given a sheet with these comments to read out. It is very important that **you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading**. Read the instructions below very carefully and make sure you always follow these guidelines.

Your comments should be based on the last two of the first three readings you take from the **Omron HEM-907**. Base your advice on the **higher** of the last two readings. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken. The computer will guide you as to which readings you should base your advice on. This will be based on the highest systolic and highest diastolic reading from the last two readings. This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading.

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

ADULTS ONLY			
SURVEY DEFINITION OF BLOOD PRESSURE RATINGS			
For men and women aged 16+			
<u>Rating</u>	<u>Systolic</u>		<u>Diastolic</u>
Normal	<140	and	<85
Mildly raised	140 - 159	or	85 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal'

Mildly raised:

'Your blood pressure is a bit high today.'

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

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

Raised:

'Your blood pressure is a bit high today.'

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

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

Considerably raised:

'Your blood pressure is high today.'

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

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

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

19.11 Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, do not do this from the respondent's home - you will cause unnecessary distress.

a) Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

b) Adults

The chart on the next page summarises what action you should take as a result of the knowledge you have gained from taking an adult's blood pressure readings. For this purpose you should only take into account **the last two of the three readings** you take. We do not want you to use the first reading as it is prone to error for the reason stated above.

19.12 Survey Doctor contact details

The Survey Doctor is **Dr. Jenny Mindell** of the Department of Epidemiology and Public Health, at UCL. She is available on **020 7679 1269** during working hours. Out of office hours, Dr. Mindell has a mobile phone (on which you can leave a message, if necessary), phone no. **07770 537238**.

If you need to leave a message, leave the following details:

- Your name
- Contact telephone number
- The survey
- Briefly, the type of problem
- If you want the Survey Doctor to ring you back at a specific time etc, leave those details as well.

Do not hesitate to contact Dr Mindell whenever you feel you need advice about what to do after seeing a respondent. If you need to speak with the Survey Doctor in the evening please try to do so before 10 pm.

If you cannot make contact with Dr. Mindell, speak to Barbara Carter-Szatynska on 020 7679 5646 (during office hours), who will contact her on your behalf.

When Dr Mindell will be unavailable for more than a couple of hours (e.g. annual leave), she will divert her calls to Dr Mary Pierce (another doctor in the same department). Just dial Dr Mindell's mobile phone number as usual but do not be surprised if Dr Pierce answers on occasion.

BLOOD PRESSURE	ACTION
Normal/mildly raised/raised BP Systolic less than 180 mmHg and Diastolic less than 115 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.**
Considerably raised BP Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP.** If the respondent has any symptoms of a hypertensive crisis* contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.*

- * A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.
- ** You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

All high or unusual readings will be looked at by the Survey Doctor when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly.

In all instances, follow the protocol.



21. SALIVA SAMPLE (age 4+)

We wish to obtain a measure of exposure to passive smoking. This can be detected by measuring the level of cotinine in saliva. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke. Note that respondents' cotinine analysis results will **not** be sent to them or their GP. This means that respondents will only be offered a GP letter if they have had their blood pressure measured.

21.1 Eligibility

A saliva sample should be obtained from all core sample respondents aged 4 years and over. A sample will not be requested from pregnant girls; as mentioned earlier, you should not ask for this information if it has not been volunteered. Respondents who are HIV positive or have Hep B or Hep C should not give a saliva sample. You should not ask this information but if the respondent volunteers the information code as unable to give a sample and write a note.

21.2 Equipment

For all respondents:

Plain 5 ml tube
Short wide bore straw.
Kitchen paper

Alternative equipment for adults:

Plain 5 ml tube
Dental roll
Kitchen paper

The straw makes it easier for people to direct their saliva sample into the tube. Its use will also minimise the amount of other items that are included in saliva, such as crumbs, which might enter the tube.

If adult or child respondents prefer to dribble directly into the tube, then this method should be used. The dental roll is available for adults, should they prefer this.

Obtaining consents

There is a separate consent form for the saliva sample **Saliva Sample Consent Form – S**. This is to obtain consent to take the sample and should be signed by the respondent or the parent or person with legal parental responsibility in the case of children.

Before taking the sample, check that you have the written consent and that you have circled the correct code on the front of the booklet (office copy). If the respondent agrees to the saliva sample, you should circle code 11 on the front of the consent booklet. If the respondent refused the saliva sample or you were unable to obtain the sample you would code 12.

Once you have obtained the sample, write the respondent's date of birth and serial number on a urine/saliva tube label in blue biro and attach it to the saliva tube.

21.3 Procedure

The aim is to get as much saliva as possible into the tube.

The protocol:

1. Remove the cap from the plain tube.
2. Give the straw to the respondent. Explain that you want him/her to gather up their saliva (spit) in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is just intended to direct the saliva into the tube. Make sure that you are not getting sputum i.e. that the respondent is not clearing their chest for the spit.
3. Allow the respondent about three minutes to do this. Collect as much as you can in this time. The saliva will be frothy, so it is easy to think you have collected more than you actually have, so do not give up too soon. You should have at least 0.5 cm depth in the tube (not including froth).
4. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.
5. If the respondent's mouth is excessively dry and they can not produce saliva allow them to have a drink of plain water. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.
6. Record on the computer that you have taken the sample along with any problems you may have encountered.

SalObt1 Code if saliva has been obtained, even if it is only a small amount.

SalNObt If no saliva is obtained, please code reasons and give fuller explanations as appropriate.

NB. If an adult respondent has a problem with dribbling into the tube then you can follow the protocol for using the dental roll (see below).

Using the dental roll:

The procedure is very simple, but it is crucial to make sure that an adequate amount of saliva is collected.

1. Instruct the respondent to take the dental roll from the tube, insert it in his/her mouth and leave it there until soaked. The aim is to get the dental roll *saturated* with saliva.
2. Moving the dental roll about the mouth, without chewing, helps to ensure thorough wetting. For most people, 3 minutes will be ample to ensure thorough wetting.
3. If the respondent complains of a dry mouth, and you think you will have difficulties in filling the roll, you can ask them to drink some water before starting the procedure. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.

4. When the respondent has finished, ask her/him to remove the dental roll from her/his mouth and place it in the plain tube.
5. Check that the roll is well soaked. The tube should feel noticeably heavier than an unused one. If the dental roll rattles around in the tube like a pea, it is not sufficiently wet, and you should ask the respondent to put it back in her/his mouth for a further period.
6. Record on the computer that you have taken the sample, and mention any problems you might have encountered.

21.4 Packaging the saliva sample

1. Make sure that the lid of the salivary tube is secure.
2. Label the tube (using the RED labels provided for samples). Enter the respondent's serial number and date of birth on the label.
3. Insert the tube in the packaging. The choice of the appropriate size of packaging will depend on the total number of samples obtained by each respondent as explained in Section 23.2.

Continue to pack as instructed in Section 23.2 'Packaging the saliva and urine samples'.

22. Urine Sample (age 16+)

22.1 Introduction

Dietary sodium (salt) consumption has been shown to relate to high blood pressure and cardiovascular disease. Sodium consumption can be assessed by measuring its levels in urine.

22.2 Eligibility

All informants aged 16 years and over will be eligible. Women who have their periods are still eligible to give a urine sample. Respondents with a catheter are eligible. If the sample is taken from the catheter bag this should be recorded in the questionnaire. It does not matter if the urine has been in the bag for some time. Women who are pregnant will not be asked to give a urine sample. Respondents who are HIV positive or have Hep B or Hep C should not give a urine sample. You should not ask this information but if the respondent volunteers the information code as unable to give a sample and write a note.

22.3 Feedback to respondents

We will not be sending the results of individual urine tests to respondents or their GPs. If asked, use the information below to explain to respondents why this is the case.

The level of salt in an individual's urine is heavily influenced by their dietary salt intake during that day. If we were able to measure an individual's salt levels over a three or four day period and take an average from all the measurements, we would obtain an accurate estimate of their salt levels. However, if for example an individual has had a Chinese take away on the day we take our sample, his/her levels will be higher than normal on that occasion and the individual measurement (spot sample) will not be an accurate reflection of the individual's salt levels.

The spot sample is therefore an inadequate indicator of dietary sodium on an individual basis, and individual results will not be useful or meaningful to individuals or their GPs. However, at a population level the peaks and troughs will even out, providing us with useful information for analysis.

22.4 Equipment

- A 100ml Polypropylene disposable beaker for urine collection
- A 10ml Sarstedt urine collection syringe containing a small amount of a preservative
- An instructions leaflet on how to use and fill the Sarstedt syringe
- Red labels

Obtaining consents

There is a separate consent form for the urine sample the **Urine Sample Consent Form – U(A)**. Before taking the sample, check that you have the written consent and that you have circled the correct code on the front of the booklet. If the respondent agrees to the urine sample, you should circle code 13 on the front of the consent booklet. If the respondent refused the urine sample or you were unable to obtain the sample you would code 14.

22.5 Procedure

Nurses will explain the procedure to respondents and show them how to fill the Sarstedt syringe from the urine collection beaker. A demonstration consisting of a syringe and a beaker which can be filled with water can be used for this purpose. The instruction leaflet (see next page) can be left with the respondent for easy reference while performing the urine collection in private, if required.

Informants will be asked to wash their hands with soap and water prior to voiding. The syringe should be filled immediately following voiding. The idea is to minimise specimen exposure to air. It is important that the inside of the urine collection container is not touched or allowed to come into contact with any part of the informant's body or clothing or any external surfaces.

Please ask respondents to collect a mid-flow sample of their urine. The urine will be passed in the disposable collection beaker. The syringe has a removable extension tube for withdrawing the urine from the beaker. After the syringe has been filled, the extension tube is removed, the end of syringe sealed with a plastic cap, and the syringe plunger stalk snapped. The instruction card shows the steps for the urine sample collection. Ask the informants to wash the outside of the filled and sealed syringe and dry it using toilet roll when the sample collection is complete.

If the respondent is unable to fill the syringe themselves, or would rather not do so, you can offer to do this for them. Ask the respondent to give you the urine collection container immediately after voiding, and fill the syringe yourself.

22.6 Packaging, labelling and despatching the urine sample

1. Make sure that the plastic cap is securely sealed, and the syringe plunger stalk snapped.
2. Label the urine sample tube (using the RED labels provided for samples). Enter the respondent's serial number and date of birth on the label using a blue biro.
3. Insert the tube in the despatch container (see Section 23.2).

Continue to pack as instructed in Section 23.2 'Packaging the saliva and urine samples'.

Urine Sample Syringe Instructions

P8727

1. Collect your sample in the disposable pot

2. Remove the small push cap.



3. Push the extension tube on the syringe nozzle.



4. Put the end of the tube into the urine in the beaker, otherwise the syringe will fill with air!



5. Remove the extension tube.



Pull back the syringe plunger to fill the syringe



6. Replace the cap.



**7. Pull the syringe plunger until it clicks...
...and break off the stalk.**

23. SENDING SALIVA AND URINE SAMPLES TO THE LABORATORY

The samples are sent to the Royal Victoria Infirmary Laboratory in Newcastle-upon-Tyne. It is important that all samples are sent properly labelled and safely packaged and that they are despatched immediately after they have been taken.

23.1 Labelling the Tubes

Label the tubes as you take the saliva and urine samples. It is **vital** that you do not confuse sample tubes within a household.

Use the set of serial number and date of birth labels (RED) to label the tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very **clearly** on each label. Make sure you use **blue biro** - it will not run if it gets damp. Check the Date of Birth with the respondent again verbally.

Stick RED label over the label already on the tube.

We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the sample was obtained. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

23.2 Packaging the saliva and urine samples

Pack the tubes for each respondent separately from those of other members of the household. All tubes from one person should be packed together in one despatch container. You have been provided with two different types of despatch containers, a small one and a large one. Depending on the total number of samples each respondent provides, you will need to use the appropriate packaging:

In the past, when only one sample type (eg saliva) has been collected from a household, the samples have been sent together. We are no longer doing this. Our colleagues at the RVI laboratory in Newcastle have asked us that **each despatch box should contain samples from only one person**. This is because in the past, they have received wrongly labelled samples, then all the samples in that box may need to be discarded and not measured, if they cannot reliably be identified.

You should therefore **not** mix samples from different respondents. **Each household member must have their samples dispatched separately.**

In 2007 you will not need to use the large despatchers since you will be enclosing a maximum of two tubes per despatcher. If you only have a large despatcher available you can use that but usually you will use small despatchers.

Which type of despatcher to use:	Large despatcher	Small despatcher
Each adult: Saliva plus urine		✓
Each adult: Saliva only		✓
Each adult: Urine only		✓
Core children only: One saliva sample		✓

23.3 The packaging

The packaging comprises:

Small Packaging

- Absorbent insert
- Plastic container
- Cardboard mailing box with foam

Using the small packaging

1. Insert the sample tubes in the pockets of the absorbent insert.
2. Roll the insert with the folded despatch note*.
3. Place the rolled insert in the plastic container and close.
4. Push the plastic container into the foam and put in the cardboard box.

* If you find it difficult to insert the despatch note in the plastic tube, fold it and put in the cardboard box.

Please note:

- **Use a separate package for each respondent.**
- Do not seal the mailing box with tape.
- Check there is a label firmly attached and addressed to the RVI lab in Newcastle

Large packaging

- Sealable bubble wrap pouch
- Plastic container
- Cardboard mailing box
- A moisture absorbent sachet (stays at the bottom of the plastic container)

Using the large packaging:

1. Insert the sample tubes in the bubble wrap pouch.
2. Remove the red tape and seal the bubble wrap pouch
3. Place the pouch in the plastic container with the folded despatch note* and close.
4. Put the large plastic container in the cardboard box.

* If you find it difficult to insert the despatch note in the plastic tube, fold it and put in the cardboard box.

Remember to check that the serial number and dates of birth correspond on the despatch notes and tubes

23.4 Posting the saliva and urine samples

The size of the packaging means you will not be able to post samples in a letter box. The samples will have to be taken to the post office for posting.

The samples should ideally be posted within 24 hours of the sample been taken. However, because we are not taking blood samples this year it does not matter if on some occasions the samples are not posted for 2-3 days. For example, over Easter or other bank holiday weekends you will be able to take saliva and urine samples even if you cannot get to the post office the next day. At other times you should still post samples the same or next day.

Weekend posting

If you miss the Saturday post collection, the sample must be posted on the following Monday morning.

23.5 Completing the Despatch Note

The Consent Booklet contains one lab Despatch Note. **This lab Despatch Note should be filled in with a black pen and sent to the laboratory with the saliva and/ or urine samples.**

- * Enter the respondent's serial number very carefully. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial numbers you have recorded on the tubes.
- * Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with entry on nurse schedule and tube label. Do not forget to code which age group category the respondent belongs to.
- * Complete item 5 (date sample was taken).

On the DESPATCH NOTE:

- * At Item 7 enter your Nurse Number.

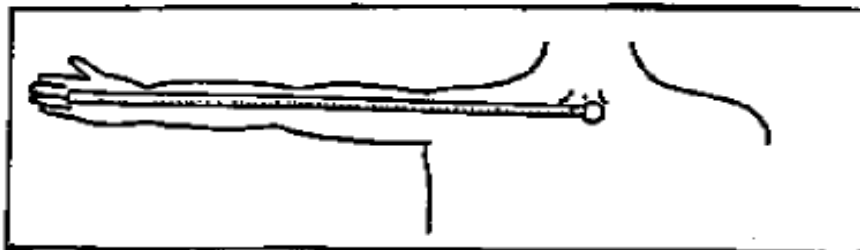
Tear off the despatch note and send with the samples to the laboratory.

On the last page of the consent booklet complete the **Office DESPATCH note** the saliva and urine samples. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

24. Measurement of Demispan (age 65+ & age 25-45 years)

24.1 Purpose:

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



adults. Therefore an alternative measure of skeletal size, the demi-span, was developed which can be measured easily and does not cause unnecessary discomfort or distress to older adults.

The demi-span measurement is the distance between the sternal notch and the finger roots with arm out-stretched laterally. Two readings are taken. Explain to the respondent that this is to improve accuracy.

24.1.2 Eligibility:

Those aged 65 and over, and aged 25-45 *with a valid height measurement*, are eligible for the demi-span measurement. Respondents aged 65 and over who cannot straighten either arm, should not have this measurement taken. **Demi-span measurements will also be taken from 500 men and 500 women aged between 25 and 45 years who have had a valid height measurement at the time of the interviewer visit.**

Record any reasons why demi-span measurement was refused, not attempted or only one was obtained.

24.1.3 Equipment:

A thin retractable demi-span tape calibrated in cm and mm and a skin marker pencil. A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch. Note that the tape is easily damaged if it is bent.

24.1.4 Preparing the respondent:

The measurement is made on the right arm unless this arm cannot be fully stretched in which case the left arm may be used.

SpnM --Record which arm was used and whether the respondent was standing, or sitting. Although the measurement requires minimal undressing, certain items that might distort the measurement will need to be removed. These include:

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

Shirts should be unbuttoned at the neck. If the respondent does not wish to remove any item that you think might affect the measurement, you should record that the measurement was not reliable (code 2) when prompted by the computer.

24.2 PROCEDURE

1. Locate a wall where there is room for the respondent to stretch his/her arm. They should stand with their back to the wall but not support themselves on it. Ask the respondent to stand about 3 inches (7cm) away from it.
2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.
3. Ask the respondent to raise their right arm until it is horizontal. The right wrist should be in neutral rotation and neutral flexion. Rest your left arm against the wall allowing the respondent's right wrist to rest on your left wrist.
4. When the respondent is standing in the correct position **mark the skin at the centre of the sternal notch** using the skin marker pencil. (Explain to the respondent that this mark will wash off afterwards – the alcohol gel spray can be used). It is important to mark the sternal notch while the respondent is standing in the correct position.

If the sternal notch is obscured by clothing or jewellery, use a piece of micropore tape on the clothing or jewellery. If the respondent will not allow use of either the marker pen or the tape, proceed with the measurement but record the measurement as unreliable and explain why in a notepad.

5. Ask the respondent to relax while you get the demi-span tape.
6. Place the hook between the middle and ring fingers so that the tape runs smoothly along the arm.
7. Ask the respondent to raise their arm. Check they are in the correct position, the arm horizontal, The wrist in neutral flexion and rotation.
8. Extend the tape to the sternal notch. If no mark was made, feel the correct position and extend the tape to this position.
9. When ready to record the measurement ask the respondent to **stretch** his/her arm. Check that: -
 - **the respondent is in the right position;**
 - **there is no extension or flexion at the wrist or at the shoulders;**
 - **the hook has not slipped forward and the zero remains anchored at the finger roots;**
 - **the respondent is not leaning against the wall or bending at the waist.**
10. Record the measurement in cms and to the nearest mm when prompted by the computer. If the length lies half-way between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Always record the response to one decimal point (e.g. 55.4). The computer will not allow you to enter a response without a decimal point, so even if the measurement comes to exactly 56cm, you must enter 56.0. If you do enter a measurement ending in 0, the computer will ask you to confirm this.
11. Ask the respondent to relax and loosen up the right arm by shaking it.
12. Repeat the measurement from steps 4-11. Explain to the respondent that this is to improve accuracy. You must go back to step 4 and relocate and mark the sternal notch before you take your second reading. If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement. **Amend a previous response if** you have made a mistake when entering the measurement, e.g.. entered 65.2 instead of 75.2. **Take a third measurement if** there is another reason for the measurements being different. If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use.
13. Offer to write the measurements onto the respondent's Measurement Record Card. If the respondent would like the measurement in inches, there is a conversion chart on the back of your drug coding booklet.

24.3 Using the tape

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

tape, hold the tape case rather than the tape itself as this puts less strain on the hook and tape. When hooking the tape to the sternal notch, do not press into the sternal notch so much that the tape kinks.

24.4 Seated measurements

If the respondent is unable to stand in the correct position, or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. Still try to support the arm if possible. You may need to sit or kneel to take the reading. If the respondent is much taller than you, take the measurement with the respondent sitting. If the respondent's arm is much longer than yours, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder, as this will not provide sufficient support. Record at *SpnM* how the measurement was taken (i.e.. with respondent standing, sitting, etc.)

25. Waist and hip circumferences (Aged 11+)

25.1 Purpose

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist-to-hip ratio is a measure of distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that this ratio is a predictor of health risk like the body mass index (weight relative to height).

25.2 Equipment

Insertion tape calibrated in mm (with a metal buckle at one end – if used).

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

25.3 Eligibility

Waist and hip measurements will only be carried out on respondents **aged 11 and over**.

The respondent is ineligible for the waist and hip measurement if:

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

If (a) and/or (b) apply, record this on the computer (question *WHPNABM*). If there are any other reasons why the measurement was not taken, record this on the computer and type in the reason.

25.4 Preparing the respondent

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

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

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- shoes with heels

- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

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

Pockets should be emptied.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such things.

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at questions *WJReI* and/or *HJReI*. Some respondents may be wearing articles of clothing which cannot be removed and will affect the measurement (e.g.: saris) – this should also be recorded.

If possible, ask the respondent to empty their bladder before taking the measurement. If the person is over 16 they will be eligible to provide a urine sample – this may be collected earlier in the interview if the person needs to empty their bladder.

25.5 Using the insertion tape

All measurements should be taken to the nearest millimetre. If the length lies half-way between two millimetres, then round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter '78.2', not just '78'. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 78cm, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, the computer will also ask you to confirm that a measurement ending in '.0' is correct.

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

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

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

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

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

25.6 Measuring waist circumference

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above

the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.

2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.
3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.
4. Repeat this measurement again.
5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

25.7 Measuring hip circumference

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.
2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, e.g. 95.3. If the length lies half-way between two millimetres, then round to the nearest even millimetre.
3. If clothing is significantly affecting the measurement, record this on the schedule.
4. Repeat this measurement again.

25.8 General points

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

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

If your second waist or hip measurement differs by 3cm or more from the first, the computer will give you a warning. If you have made a mistake when entering the figures (e.g. typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger. If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance

the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

25.9 Recording problems

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

At *WJReI* and *HJReI*, record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered (e.g.. clothing the respondent was wearing), this should be counted as unreliable.

25.10 Respondent feedback

Offer to write the measurements on the Measurement Record Card.

The measurements will be given in inches as well as centimetres by the computer. You can record the measurements on the MRC using centimetres, inches or both.

APPENDIX A: Nurse Documents

Name of Document	2007 colour	Use
Sample cover sheet	White	The list of addresses in an nurses sample point.
Police letter	HSE Headed paper	A letter about the survey which should be passed to the local police station to inform them that the survey is taking place.
Incident report sheet	White	To be filled in should any serious incident occur during a nurse visit.
Stage 2 leaflet	Lilac	Interviewers will leave a copy of the stage 2 leaflet with respondents. Provides information about the nurse visit such as what measurements will be taken and option to send results to GP's. Nurses will ensure that respondents have a copy of the leaflet and will explain in more detail.
Consent leaflet for children	Aquamarine	Provides information for children about the nurse measurements in simplified terms.
Consent booklet (office copy)	Green	Before saliva and urine samples are taken; nurses <u>must</u> obtain written consent in the office and respondent copies of the consent booklets. Also included in the office consent booklet are the despatch note for the lab and despatch note for the office. This needs to be returned to the purple team.
Consent form for respondent - adult - child	Amethyst Rose	Written consent should also be obtained on the respondent copies (adult and child) of the consent forms. This should be left with the respondent.
Nurse Record Form (NRF)	Pink	Nurse Record Form for the nurse to record details of visits made to an address and the outcome of the visits.
No Nurse Visit Sheet (NNV)	Blue	No Nurse Visit sheet. For interviewers to record information about respondents who have refused a nurse visit.
Interim appointment form	Green	Interim appointment form to be completed if interviewer telephones through respondent appointment details.
Measurement record card (MRC) – spares	Orange	You will get spare MRCs to write in nurse measurements.
Eating habits booklet (16+)	Orange	Self-completion booklet aimed at adults aged 16 and over.
Coding prescribed medicines booklet	Yellow	Used for the coding of prescribed medicines. Nurses will be asked to enter a drug code.
Cigarette brand coding list	Blue	Used for coding usual brand of cigarette smoked by respondent – 4-digit code used to determine tar levels.

Urine instructions leaflet	White	Demonstrates the correct procedures of obtaining urine samples from the collection beaker.
----------------------------	-------	--

Name of Document	2007 colour	Use
Nurse Show card	White	To be used alongside the questionnaire where there may be a large number of options.
Saliva/urine tube labels	RED (HSE 2007)	To be used to label urine and saliva samples. Ensure that correct serial numbers and date of births are recorded for each respondent.
Broken appointment card	Pale blue	Used for missed appointments – can write message and time of next visit.
Nurse recontact letter	HSE letter headed paper	Available upon request from the Purple team. Used
Nurse appointment calendar	Green	Used to keep a record of appointments made by the interviewer. A duplicate copy of your availability can be passed on to your interviewer.
Surprise packs	-	Can be given to children participating in the nurse visit.

Appendix B: The Importance of the Health Survey

The Health Survey for England is an annual survey designed to measure health and health related behaviours in adults and children living in private households in England. Each year the Health Survey for England focuses on a different demographic group or disease condition and its risk factors and also looks at health indicators such as eating habits and levels of physical activity. The information provided by the Health Survey has numerous uses and is important for a number of reasons.

The survey can be used by the Government to monitor the progress of targets that have been set to improve the health of the population. For instance, the 2002 survey provided figures relating to the prevalence of obesity in children aged between 2 and 10 years. One of the Public Service Agreement (PSA) targets is to halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole. The Health Survey for England will be the primary data source for measuring the progress of this target.

Another Government Target highlighted in the 1998 White Paper 'Smoking Kills' is to reduce the levels of smoking within the general population to 24% by 2010. The Health Survey has been able to show levels of smoking among the general population and additionally highlight the differences in levels of smoking among ethnic minority groups. Such information is therefore significant, as there would be no other way of obtaining this data without the survey.

The survey is also able to look at how people's health related behaviours compare to recommended suggestions about lifestyle, such as eating healthy amounts of fruit and vegetables, meeting the required guidelines for levels of physical activity and drinking sensible amounts of alcohol.

Appendix C: NRF

Main Nurse Appointment		Date NRF received by nurse:
Day <i>Wednesday</i>	Date <i>16/02/2007</i>	Date

1.1.1 N

FOR NURSE USE ONLY

P8727 PURPLE TEAM	Health Survey for England NURSE RECORD FORM (NRF)	SLOT NAME:	
		TRIP NUMBER:	
		FINAL OUTCOME:	

Interviewer name: *John Smith*

No: *123 456*

Nurse name: *Joanne Jones*

No: *897 654*

ADDRESS LABEL

IF HOUSEHOLD 2 OR 3 WRITE IN:
 ADDRESS:
10 Downing Street
London

POSTCODE: *W13 6PT*

SERIAL NO:

6	0	1	0	2	1	H
POINT			ADD		HH	CKL

HOUSEHOLD LOCATION DETAILS
Near the houses of Parliament.

CONTACT NAME & TELEPHONE NUMBER
Tony Blair (0207 123 4567)

USEFUL TIPS
Entrance heavily guarded.

ALTERNATIVE CONTACT NAME & TELEPHONE NUMBER
Cherie Blair (0207 789 6789)

1. **INTERVIEWER OUTCOME SUMMARY**
 At least one nurse appointment made

A

INTERVIEWER TO DO
 Complete PART A below and on page 2

NURSE TO DO
 Complete PART B on pages 3 and 4

PART A: TO BE COMPLETED BY INTERVIEWER

2. **DATE HOUSEHOLD INTERVIEW CONDUCTED:**

DAY		MONTH		YEAR			
<i>2</i>	<i>5</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>7</i>

NUMBER OF PERSONS 16+ *2*

NUMBER OF PERSONS 5-15 *0*

NUMBER OF PERSONS 0-4 *0*

FOR INFANTS AGED 0-1, ARE ANY OVER 6WKS OLD?

<i>Y</i>	<i>N</i>
----------	----------

4. COMPLETE GRID BELOW FOR ADULTS AGED 16 AND OVER IN HOUSEHOLD

PERSON NUMBER		FULL NAME & TITLE (MR/MRS/MS)	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER-VIEW	APPOINTMENT DATE	APPT. TIME
0	1	Anthony Blair	1	2	5	0	1	2	3	16/02/2007	14.00
0	2	Cherie Blair	1	2			1	2	3	16/02/2007	18.00
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		
			1	2			1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN AGED 0-15 SELECTED FOR SURVEY

CHILD PERSON NUM	FULL NAME	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER- /PARENT	APPOINTMENT DATE	APPT. TIME
		1	2			1	2	3		
PARENT 1 PERSON NUMBER: <input type="text"/>		TYPE: Parent 1 Legal Parental Responsibility 2		PARENT 2: PERSON NUMBER: <input type="text"/>		TYPE: Parent 1 Legal Parental Responsibility 2				
CHILD PERSON NUM	FULL NAME	SEX 1=m, 2=f		AGE		AGREED NURSE	REFUSED NURSE	NO INTER- /PARENT	APPOINTMENT DATE	APPT. TIME
		1	2			1	2	3		
PARENT 1 PERSON NUMBER: <input type="text"/>		TYPE: Parent 1 Legal Parental Responsibility 2		PARENT 2: PERSON NUMBER: <input type="text"/>		TYPE: Parent 1 Legal Parental Responsibility 2				

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Health Survey for England

'07

Coding & Editing Instructions
Jan 07

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1. Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2007. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual session and nurse schedule. The majority of questions which need to be coded are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.
2. All soft checks that were triggered by the interviewer/nurse and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks, they should be cancelled by the editor.
3. All "Other (Specify)" questions in the self-completion booklets that have not been recoded should be listed with serial number.
4. "Other" answers in CAPI will be backcoded to the original question where possible. Other answers can be transferred electronically and so don't require listing.

Where problems arise that do not appear in these editing instructions, please contact the research team for advice.

2. Factsheet Definition for CAPI editing

The tables below show the variables that will appear on the factsheet for editing. Variables which are just a simple backcode into a previous variable are not shaded. Variables for which there is more detail in these instructions about how to code are shaded.

Household Qure

NHActivO	Backcode to NHActiv	What HRP was doing in last week
HrpSOC2		Occupational coding
HrpSIC02		Industry type coding

Admin

TypDwOth	Back code into TypDwell	Other type of household dwelling
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Indiv Qure

IllsTxt1-6		Longstanding illness codes
WhatDsp	Back code to OtherDi	Treatment or advice received for diabetes
FyrWho	Back code to FYrWh	Bones broken in last year
FEOth	Back code to FEvWh	Bones broken ever
FrtOth	Back code to FrtC	Type of fruit eaten
FrtNotQ	Back code to FrtQ	Amount of fruit eaten
NbotL7	Code to L7NCodEq	Brand of bottled lager (7days)
SbotL7	Code to L7SCodEq	Brand of bottled lager (7days)
OthL7TA,B,C		Other alcoholic drinks (7days)
NactivO	Back code into NActiv	Activity last week
SOC2000		Occupational coding
SIC2003		Industry type coding
QualB	Back code into QualA	Educational qualifications
CulturO	Backcode to appropriate one of EurCult, MixCult, BlaCult, IndCult, or OthCult	Cultural background
SComp6O	Back code into SComp6	Why self-completion not completed
OHiNRel	Back code into HiNRel	Unreliable height measurement
NoHitCO		Reasons for refusing height
NoWatCO		Reasons for refusing weight
NrsRefO	Back code into NurseRef	Reasons refusing nurse

Nurse Qure

MedBi		Drug coding
ImOthWh	Back code to ImWhic	Name of immunisation
OthNLth	Back code to NoAttL	Reason for no infant length measurement
OthNic	Back code to BNicPats	Other nicotine patches used
OthWH	Back code to WHPNABM	Other reasons for not attempting waist-hip measurements
OthNBP	Back code to NAttBPD	Other reason not obtained blood pressure
OthDifBP	Back code to DifBPC	Other reason difficulty obtaining BP
OthRefC	Back code to GPreFC	Other reasons refusing to allow BP measurements to be sent to GP
OthNObt	Back code to SalNObt	Other reasons why saliva sample not taken
UotNObt	Back code to UriNObt	Other reasons why urine sample not taken
NSComp6O	Back to NSComp6	Other reason why nurse self completion not completed
SDQCompO	Back code to SDQComp	Other reason why SDQ self completion not completed

3. Additional CAPI Edits

3.1 Proxy interviews

- Aged 13+ **NoHitCO** and **NoWatCO** should be checked to see whether the respondent was present at the time that height and weight were measured. If the respondent was not present for height/weight measurements, then the interview should be treated as a proxy interview, removed from the data and **IndOut** set to code 561 and 562 'Other reason for no interview'. The only exception to this is if there is an interviewer note explaining that the respondent was interviewed, but that they had to leave before the height and weight measurements were taken.
- Aged 2-12 Proxy interviews are allowed for children aged 2-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWtBC**.
- Aged 0-2 Proxy interviews are carried out for infants aged 0-2. See length & weight measurements section for more details of edits for **NoAttL** and **NoWtBC**.

3.2 Age/Date of birth

Children aged less than one year are recorded as '0'.

If Age/Date of birth missing in household grid, check whether it was collected in the nurse visit. Add DoB and age at Individual Questionnaire Interview Date to the Household Grid if available from Nurse Schedule.

Date of birth in nurse visit should be checked against the consent booklet and any discrepancies resolved.

All "age" nurse checks will be flagged in the edit if they do not make sense according to the respondent's date of birth as at the interview. Any discrepancies will need to be resolved. Send a list of all cases where this happens to the researchers, please note age and 'consent status' of other individuals in the household. A decision will be taken by the researcher on a case by case basis.

3.3 Household/Individual SOC/SIC coding

- HrpSOC2/** Household Reference Persons who have **NHActiv** in [Job,GovSch] (Codes 2 or 3) or where
HrpSIC03 **HEverJob** = Yes (code 1) or where **HOthPaid** = Yes (code 1) need to have their occupation coded using *SOC 2000* (edit program variable name **HrpSOC2**) and their industry coded using *SIC 2003* (edit program variable name **HrpSIC03**). Where **HrpSOC2** is not adequately defined, code as HrpSOC2 = 997 Where **HrpSIC03** is not adequately defined, code as HrpSIC03 = 87.
- SOC2000/** Same process as for HrpSOC2/HrpSIC03, except that edit programs are called SOC2000 and
SIC2003 SIC2003.

3.4 Longstanding Illnesses

IllsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1-IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 5, into the variables **IllsM1-IllsM6** (appearing immediately after each instance of **IllsTxt**).

If there are two separate illnesses listed under the same **IllsTxt** variable, then these should be split as follows. Code first mentioned illness in the **IllsM** code linked to the **IllsTxt** code, remove the text of the second illness and put it into the first blank **IllsTxt** variable, and code the appropriate **IllsM** variable accordingly. In addition change the **More** variable (before the **IllsTxt** that the second illness has been moved to) from No to Yes.

Rules for coding long-standing illness

Code 41 Unclassifiable (no other codable complaint)

Exclusive code - this should only be used when the whole response is too vague to be coded into one of codes 01-40. This includes unspecific conditions like old age, war wounds etc (see codeframe for examples). This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 41 is used in any of the other columns.

Code 42 Complaint no longer present

Exclusive code - again it should be used only when the response given is **only** about a condition (or conditions) that no longer affects the respondent. This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 42 is used in any of the other columns.

Codes 01-40 can be used more than once if two different conditions are mentioned which both fall into the same category.

An exception to this is 'arthritis and rheumatism'. This is **not** two conditions, and so should **not** be given two separate codes; instead, code only one occurrence of code 34. (If two *specific* conditions were mentioned - eg osteoarthritis and rheumatoid arthritis - this *should* be coded as two occurrences.)

If more than 6 illnesses have been typed in by the interviewer, the first 6 mentioned should be coded.

Illnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to UCL for coding using the Coding Queries Response Form.

3.5 Fractures

FYrWhO Where possible this should be backcoded to FyrWh. If following backcoding it routes to FArm (location of fractures on the arm) or FLeg (location of fractures on the leg) then code these as "Don't know" (Ctrl + K).

FE0th Where possible this should be backcoded to FevWh. Note the number at FeGenNo. If able to back code then the number at FeGenNo will have to be moved to the appropriate variable. If following backcoding it routes to FEArm (location of fractures on the arm) or FELeg (location of fractures on the leg) then code these as "Don't know" (Ctrl + K).

3.6 Other fruit

If possible, responses to **FrtOth** should be backcoded into **FrtC** and responses to **FrtNotQ** should be backcoded into **FrtQ** using the fruit codeframe (section 3.8) and the portion guide (section 3.9) below. If the fruit isn't on the list, first check that it can be eaten raw. If it can only be eaten cooked then recode at FrtDish. For other fruit not on the list and eaten raw or if the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis.

3.7 Fresh fruit size codeframe

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Lychee	Very small
Apricot	Small	Mandarin orange	Medium
Apple banana	Small	Mango	Large
Avocado	Large	Medlar	Medium
Banana	Medium	Melon (all types)	Very large
Banana, apple	Small	Mineola	Large
Banana, nino	Small	Nectarine	Medium
Berry (other)	Very small	Olive	Very small
Bilberry	Very small	Orange	Medium
Blackcurrant	Very small	Passion fruit	Small
Blackberry	Very small	Papaya	Large
Blueberry	Very small	Paw Paw	Large
Cactus pear	Medium	Peach	Medium
Cape gooseberry	Very small	Pear	Medium
Carambola	Medium	Persimmon	Medium
Cherry	Very small	Pitaya	Medium
Cherry Tomato	Very small	Pineapple	Very large
Chinese gooseberry	Small	Physalis	Very small
Chinese lantern	Very small	Plantain	Medium
Chirimoya/Cherimoya	Medium	Plum	Small
Clementine	Medium	Pomegranate	Medium
Custard Apple	Medium	Pomelo/ Pummelo	Large
Damson	Very small	Prickly pear	Medium
Date (fresh)	Small	Rambutans	Very small
Dragon Fruit	Large	Raspberry	Very small
Elderberry	Very small	Redcurrants	Very small
Figs (fresh)	Small	Satsuma	Medium
Gooseberry	Very small	Shaddock	Large
Granadilla/Passion fruit	Very small	Sharon fruit	Medium
Grapes (all types)	Very small	Starfruit	Medium
Grapefruit	Large	Strawberry	Very small
Greengage	Small	Stonefruit	Very small
Grenadillo	Very small	Tamarillo/Tree tomato	Small
Guava	Medium	Tangerine	Medium
Horned melon/Kiwano	Large	Tomato	Small
Kiwi	Small	Tomato, cherry	Very small
Kubo	Very small	Tomato, beef	Large
Kumquat	Very small	Ugli Fruit/unique fruit	Large
Lemon	Medium		
Lime	Medium		
Loquat	Very small		

3.8 Fresh fruit portion guide

Food Type	Portion size
Vegetables,	3 tablespoons
Vegetables in composites	3 tablespoons
Pulses	3 tablespoons
Salad	1 cereal bowlful
Small fruit (e.g. plum)	2 fruits
Medium-sized fruit (e.g apple)	1 fruit
Very small fruit and berries	2 average handfuls
Very large fruit (e.g melon)	1 slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Fruit salad, stewed fruit etc	3 tablespoons
Frozen/canned fruit	3 tablespoons
Fruit juice	1 small glass (150ml)

NB: For calculating portion sizes only one portion or less of pulses, dried fruit or fruit juice was included in the total amount consumed.

3.9 Other butters or spreads

Where possible code **OthSprd** back to **Nspread** using the code frame below. All brands of butter and hard/block margarine code as 1

Anchor Half-Fat Spread	2	Golden Vale	1
Anchor Lighter	2	Granose	1
Anchor Lighter Spreadable	2	Half Fat butters (own brand).....	2
Anchor New Zealand Butter	1	Hard margarine (own brand).....	1
Anchor Low Fat Spread	2	I Can't Believe it's not Butter.....	1
Anchor Spreadable	1	I Can't Believe it's not Butter Light	2
Argento Spread	1	I Can't Believe it's not Butter Light + calcium.	2
Asda Cholesterol Reducing Spread.....	2	I Can't Believe it's not Butter Vegetable Fat	1
Asda Country Blend	1	Kerrygold Light.....	2
Asda Golden Soft.....	2	Kerrygold Lighter Softer Butter	2
Asda Good For You Sunflower Spread	2	Kerrygold Pure Irish butter	2
Asda Hi-Life	2	Kerrygold Softer Butter	1
Asda Natural Sunflower Spread.....	2	Kraft Special Soft.....	1
Asda Olive Gold Spread	2	Krona Gold	1
Asda Smartprice Reduced Fat Soft Spread.....	2	Krona Spreadable	1
Asda Soft Margarine	1	Latta	2
Asda Sunflower Spread	2	Lurpak Butter Slightly Salted	1
Asda Sunflower low fat spread	2	Lurpak Spreadable Lighter.....	2
Asda You'd Butter Believe It.....	1	Lurpak Spreadable Slightly Salted	1
Banquet soft margarine	1	Lurpak Spreadable	1
Benecol Buttery Taste Spread.....	1	Lurpak Spreadable Unsalted.....	1
Benecol Light Spread	2	Lurpak.....	1
Benecol Olive Spread	2	Marks and Spencer	
Bertolli Olive Spread	2	English Churn	1
Blue Band soft margarine	1	Sunglow	2
Blue Leaf soft margarine.....	1	Sunflower Lite.....	2
Bridel Beurre Moule Organic Butter	1	Meadowcup.....	1
Bridel Beurre Butter with salt crystals	1	Mello.....	1
Butter (any variety).....	1	Meggie Alpine Butter unsalted	1
Butterlicious (Sainsbury's).....	1	Mono (St Ivel).....	1
Clover	1	Olivite.....	2
Clover, lightly salted	1	Outline.....	2
Clover Extra Lite / Diet	2	President Slightly Salted Butter	1
Co-op Good Life low fat sunflower spread.....	2	President Slightly Salted Butter Light.....	2
Co-op Red Seal Soft Spread.....	1	President Slightly Salted Butter Softer	1
Country Life English Butter Spreadable.....	1	President Unsalted Butter.....	1
Country Life English Butter Spreadable Unsalted	1	Pure Dairy Free Soya Spread	1
Country Life Lightly Salted Spreadable	1	Pure Dairy Free Sunflower Spread.....	1
Country Life Unspreadable.....	1	Pure Organic Spread	2
Country Life Unsalted Butter	1	Sainsbury	
County Light	2	Butterlicious	1
Dairy Crest Willow	1	County Light	2
Dairy Crest Clover Spread	1	County Spread	1
Dalesby's.....	1	Half Fat Spread	2
Delight.....	2	Luxury Soft Margarine.....	1
Delight Extra Low / Diet.....	2	Olive Gold	1
Echo hard margarine.....	1	Olive Gold Light	2
Encore Sol	1	Olive Gold Reduced Fat Spread	2
Encore Sol Light	2	Soft Spread.....	1
Encore Supersoft Luxury Margarine.....	1	Sunflower Spread	2
Flora / Flora Buttery / Flora Reduced Salt	1	Sunflower Low Fat Spread	2
Flora Diet	2	Sunflower Very Low Fat Spread.....	2
Flora Light	2	Shape Sunflower Spread.....	2
Flora No Salt Spread.....	2	Slimmers Gold Sunflower Low Fat Spread	2
Flora Omega 3 Plus Spread	2	Somerfield Low Fat Sunflower	2
Flora Pro Activ	2	Somerfield Supersoft	1
Flora Pro Activ Extra Light.....	2	Soya Margarine (own brands).....	1
Flora Pro Activ Light Spread.....	2	St Helen's Farm Goats Butter	1
Flora Pro Activ Olive Spread	2	St Ivel Gold	2
The Food Doctor Omega Seed Butter.....	1	St Ivel Gold Lightest	2
Gold Top Jersey Butter Lightly Salted	1	St Ivel Gold Light Spread	2
Golden Crown (Kraft) (Golden Churn)	1	St Ivel Gold Low Fat.....	2
Golden Crown Light	1	St Ivel Gold Lowest	2
Golden Olive	2	St Ivel Gold Omega 3	2

St Ivel English unsalted	1
St Ivel Mono	1
Stork / Stork SB	1
Stork Vegetable Fat Spread.....	1
Summer County	1
Sunflower margarine (own brands)	1
Sunflower low fat spreads (own brands)	2
Sunflower very low fat spreads (own brands).....	2
Tesco	
Butter Me Up.....	1
English Slightly Salted Butter	1
Enriched Sunflower Spread	2
Finest Cornish Butter	1
Golden Blend.....	1
Healthy Eating ½ Fat Sunflower Spread	2
Healthy Eating Very Low Fat Spread	2
Healthy Eating Lowest Ever Soft Spread	2
Healthy Living Enriched Sunflower Spread	2
Healthy Living Olive Light Spread	2
Olive Spread.....	2
Soft Spread	1
Spreadable	1
Value Sunflower Spread	2
Tomor hard margarine.....	1
Utterly Butterly	2
Vitalite	2
Vitalite Light.....	2
Vitaquelle	2
Waitrose	
Dairy Butter Salted	1
English Butter	1
Olive Spread	2
Sunflower Spread	1
Somerset Butter.....	1
Weight Watchers.....	2
Willow (Dairy Crest)	1
Yeo Valley Butter Slightly Salted.....	1
Yeo Valley Organic British Butter.....	1
Yeo Valley Organic Spreadable Butter.....	1
Yeo Valley Organic Unsalted Butter.	1

3.10 Other alcoholic drinks

Exclude all low/non-alcoholic drinks. Home made drinks should be coded into the appropriate category.

Normal beer (NBrL7):

Include: Export, Heavy, Black & Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pomagne, Stout, Scrumpy

Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber, Bottles/cans of shandy. Beer with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits)

Strong beer (SBrL7):

Include: Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Super

Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits (SpirL7):

Include: Angostura Bitter, Cocktails, Egg Flip, Snowball, Bacardi, Bailey's, Pernod, Sloe Gin, Pimms, Bourbon, Whisky Mac, Schnapps, Liqueurs, Bluemoon, Vodka, Rum, Southern Comfort, Grappa, Tia Maria, Ouzo/Aniseed, Strega, Cherry Brandy, Arak, Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila, Amagnac, Clan Dew, Campari, Malibu, Taboo, Pochene (Irish Moonshine), Jello shots/shooters, Vodka Jelly.

Sherry (ShryL7):

Include: Vermouth, Port, Cinzano, Dubonnet, Bianco, Rocardo, Noilly Prat, Stones Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon, Madeira.

Wine (WineL7):

Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.

Exclude: Non alcoholic wines such as Eisberg

Alcopsops/pre mixed alcoholic drinks (PopsL7):

Include: Bacardi Breezer, Metz, Smirnoff Ice, Archers Aqua, Baileys Glide, Red Square, Vodka Reef, Two Dogs, Alcola, Shotts, WKD ('Wicked'), Alcoholic Irn Bru, Thickhead, Cola Lips, Mrs Pucker's Alcoholic Lemonade, Woody's, any mention of 'alcoholic lemonade, cola, orangeade, cream soda' etc

Coding "other" alcoholic drinks variables:

All "other" alcoholic drinks should be recoded back into one of the six drink categories noted above (**OthL7TA**, **OthL7TB**, **OthL7TC** to question **DrnkTyp**).

If the appropriate drinks category is **not already** coded, then information on frequency and amount should be edited into that category's variables and data in the "other drinks" category deleted.

If the appropriate drinks category **is already** coded, then the highest frequency and the associated amount should be coded. For example, if frequency of "Spirits" is coded as 2 and Campari, with a frequency of 1, is to be recoded into the "Spirits" category, then the frequency should be changed to 1 and the amount should be recoded to the amount of Campari drunk.

If the frequency of the "other" alcoholic drink is less than that contained in the drinks category into which it is to be recoded, then the information in that "other" alcoholic drink should be ignored.

If the frequency in the other alcoholic drink and the category into which it is being coded are the same, then the **amounts** drunk should be added together.

If the frequency of **both** the "other" alcoholic drink and the appropriate drinks category exceed once or twice a week, contact research group for advice.

After recoding "other" alcoholic drinks the variables **OthL7TA**, **OthL7TB**, and **OthL7TC** should be set to No=2. Details of coding decisions should be recorded on the FACTSHEET.

Responses recorded at variables **OthL7QA**, **OthL7QB** and **OthL7QC** should be recoded to the relevant variables: **NBrL7**, **NBrL7Q[1-4]**, **SBrL7**, **SBrL7Q[1-4]**, **SpirL7**, **ShryL7**, **WineL7**, **PopsL7**, **PopsL7Q[1-2]**.

3.11 Coding of beer bottle sizes

The variables **NBotL7** and **SBotL7** (the brand of beer/lager/stout/cider drunk in bottles), need to be coded into **L7NcodEq** and **L7SCodEq** using the bottled lager/cider/beer codeframe.

Bottled beers for which an amount cannot be identified should be coded to 0.00 of a pint, so that these brands can be listed electronically. The exceptions to this are

- 'French beer' which should be coded 0.44 (250ml)
- Interviewer has indicated that the bottle is "large" code to 0.77 of a pint (440ml)
- If no brand name given, or no usual type code to 0.58 of a pint (330ml)
- Where two or more bottle sizes are shown in the codeframe, code as 0.58 unless bottle size is specifically stated (either as small or large, or in ml)
- Where more than one type of bottle is drunk, code to the volume of the first mentioned bottle.

3.12 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Kirin	0.58 or 0.88
Amstel	0.58	Kronenbourg (1664)	0.44 or 0.58
Asahi	0.58	Labatts	0.58
Banks (Mild only)	0.97	Labatt's Ice	0.58
Banks Old Ale (nips)	0.32	Leffe	0.58 or 0.77
Bass (pint bottle)	1.00	Lowenbrau	0.58
Becks	0.48 or 0.58	Mackeson	0.88
Bishops Finger	0.88	Marston's Pedigree	0.88
Black Sheep Ale	0.88	McEwans 80 or 90 shilling	0.97
Boddingtons (Export draught only)	0.58	Merrydowns	0.58
Bombardier	0.88	Michelob	0.58
Brahma	0.58	Miller (Draught not Pils)	0.58
Brandenburg	0.58	Molson	0.58
Budvar	0.88	Murphys	0.88
Budweiser/ Bud Ice	0.58	Newcastle Brown Ale	0.97
Bulmers	0.88	Olde English	0.88
Carling	0.48	Old Speckled Hen	0.88
Carlsberg	0.58	Oranjeboom	0.58
Castle	0.58	Peroni lager (Nastro Azzuri)	0.58
Cobra	0.58	Pils (unspecified)	0.58
Coors	0.58	Pivovar Czech Lager	0.88
Corona	0.58	Red Rock	0.58
Crest Lager (Export)	0.44	Red Stripe	0.58
Diamond (Blush, White or Zest)	0.48	Rolling Rock	0.58
Dragon (Stout)	0.50	Royal Dutch	0.58
Elephant (Lager)	0.48 or 0.58	Ruddles	0.58
ESB (Fuller's ESB)	0.88	Sam Smiths (Old Brewery Strong Ale)	0.97
Export 33	0.44	San Miguel	0.58
Foster's (Unspecified)	0.77	Scrumpy Jack	0.58
Foster's Export	0.77	Singha beer	0.58
Foster's Ice	0.58	Skol	0.58
Fuller's (London Pride)	0.97	Sol	0.58
Grolsch	0.58 or 0.77	Spitfire	0.88
Guinness Extra Stout	0.58	Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Guinness Original	0.58 or 0.88	Stinger	0.58
Heineken (Export)	0.58	Strongbow (Blackthorn)	0.48 or 0.58
Hoegaarden (bier blonde)	0.58	Thatchers cider	0.88
Holsten Pils (bottle)	0.58	Theakstons	0.97
Home made	0.58	Tiger beer	0.58
Ice Dragon	0.48	Tsingtao	0.58
John Smiths	0.77	Vault	0.58
K. Cider	0.48	Victoria Bitter	0.58
Kanterbrau	0.58	Wadworth Export	0.88
Kingfisher	0.58	Woodpecker	0.48

Conversion Table

mls	pints	mls	pints	mls	pints
180	0.32	284	0.50	550	0.97
200	0.35	330	0.58	568	1.00
250	0.44	440	0.77		
275	0.48	500	0.88		

3.13 Educational Qualifications

QualB "Other qualifications" should be coded into **CQualA** where applicable. Up to 3 answers at **QualB** can be back-coded to **CQualA**.

Rules for coding qualifications:

- If Qual=1 and OthQual=1 – try to recode to CQualA. If able to recode, change OthQual to 2.
- If Qual=2 and OthQual=1 – try to recode to CQualA. If able to recode, change OthQual to 2. Leave Qual as 2.
- If the qualification at QualB is a listed exclusion, change OthQual to 2.
- If the qualification at QualB cannot be recoded but is believed to be a valid qualification, leave OthQual as 1. Note this coding decision next to **QualB** on FACTSHEET.

Frame for **CQualA**:

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

Where applicable use the following additional codes:

- 30 Qualifications outside of UK
- 31 Other **vocational** qualifications, not otherwise codable
- 32 NVQ level not specified
- 33 Nursery Nurse Examination Board Qualification
- 34 Qualifications obtained during military service
- 35 Other **academic** qualifications, not otherwise codable
- 36 Other **professional** qualifications, not otherwise codable

If the level of qualification is unspecified (eg just City and Guilds) then code to the lowest level of the appropriate qualification.

Inclusions/Exclusions for CQualA

1. Degree **Include:** CNAA degrees (granted by the Council for National Academic Awards for degrees in colleges other than universities), Bachelor of Education (B.Ed) - not code 2
2. Teaching **Include:** College of Preceptors
3. Nursing **Include:** State Enrolled Auxiliary Midwife
Exclude: Dental Nurses/Hygienists qualifications - code to other

GCSE/GCE/CSE: Clerical or commercial subjects obtained in these types of qualifications should be coded to the relevant GCSE/GCE/CSE codes.

- 29 Clerical **Include:** RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;
Include: Pitmans - except for their school certificate, code as other = 30;
Include: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)
- 30 Foreign **Exclude:** Qualifications which are described as equivalent to an existing qualification in the codeframe - such as degrees obtained abroad.
If highest qualification was obtained abroad, make sure that **WherQu** is coded 2
- 31 Vocation **Include:** Banking Exams (unless Institute of Banking mentioned = 36)
Include: Certificate of Prevocational Education/Training (CPVE/T)
Include: Youth Training Scheme certificates
Include: Retail/commercial/industrial certificates
Include: RSA vocational subject certificates (not academic=35 or clerical=29)
Include: Management certificates
Include: CLAIT - ICT skills training
Include: Health & Safety Training certificate (incl. NVQ, IEHO, CIEH)
- 34 Military **Include:** Army/navy/air force certificates/qualifications; 1st/2nd/3rd class
- 35 Academic **Include:** 16+ exam certificate; Local, regional and RSA school certificates; Arts foundation courses
- 36 Other professional: This covers qualifications awarded by a recognised professional body only. (eg. Social Work Diploma, Chartered/Management/Certified accountant)

The following should not be treated as qualifications for the purpose of this code-frame:

Civil Service Examinations for entrance, promotion, establishment, typing etc.	Local Authority Examinations for entrance, promotion etc
Dancing Awards (including ballet qualifications)	Music Grade Examinations and Certificates for learners (eg Associated Board of the Royal School of Music)
Drawing Certificates (eg. awarded by Royal Drawing Society)	Ordination/Lay Preachers Qualifications
Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.	Play Group Leader's Qualifications
Fire Brigade Examinations	Police Force Examinations
First Aid Certificates (including <u>all</u> Red Cross/St John's Ambulance qualifications)	Pre HNC/HND bridging or conversion courses
Forces Preliminary Examinations (to gain admission to university)	Prison/Borstal Training Qualifications
GPO telecommunications, telegraphy etc	Scholarships other than for GCE 'A' Level
Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13	Swimming Certificates including life saving and instructors' certificates
Internal school examinations	Sports Coaching and Refereeing Qualifications
	Union Membership e.g. Equity, National Association of Head Teachers, IPCS (Institute of Professional Civil Servants)

Partial qualifications (such as part way through degree, solicitor's training etc) should be excluded.

3.14 Self-Completion booklet placement

SComp6 For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. **SComp6** should be coded 0 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used.

****Note** that code 0 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not around to complete the self-completion document (eg child got bored and went outside to play). These should be left as "Other".

3.15 Height/length and weight measurements

Checks for height/length and weight in the edit program reject extremely unusual heights/lengths and weights as a safeguard against very unlikely results. Contact research staff if the height or weight check is activated.

NoHitCO Backcode "Other" reasons for no height measurement where possible.

OthNLth Backcode "Other" reasons for no length measurement where possible.

NoWatCO Backcode "Other" reasons for no weight measurement where possible.

For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHtBC/NoWtBC** should be coded 1 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 1 has been used in the above variables.

****Note** that code 1 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not available at the time measurements are conducted (eg child got bored and went outside to play). These should be left as "Other". If child is "ill", recode to Code 8 'ill or in pain'.

Veiled refusals at **NoHitCO/NoWatCO** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **ResPHts/Respwts**, and the reason for refusal coded at **ResNHi/ResNWt**.

3.16 Drug Coding

MEDBI

All drugs are to be coded to the six digit BNF using the Coding Prescribed Medicine booklet or the BNF (Number 52 - Sept 2006).. The nurse should have completed this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries but if drug is not found, send a coding query form to UCL. If no decision can be made after querying with UCL use code 999996.

Any drugs coded 14.**.** or 15.**.** by the nurse should fail the first edit for manual checking. The only possible codes under 14 are 14.04.00 and 14.05.00; these are uncommon. Check that they are correctly used. It is unlikely that anything is prescribed under 15 but just possible. Note that there are a number of fairly common drugs listed in this section which are also listed under other sections. They are almost certainly being used for the purposes for which they are listed in other sections and should be recoded unless the nurse has indicated as anaesthetic use. For example, Diazepam is prescribed as a sleeping drug (04.01.02) but it is also used as an anaesthetic. Unless the nurse has recorded this as being used as an anaesthetic, recode to 04.01.02. If in doubt, query with researchers.

Drugs which cannot be coded using the BNF need to be sent to UCL for coding using the Coding Queries Response Form.

4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables which need a more complex method of checking are detailed in this section.

4.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q7) and **DWkndSmo** (Q8).

If range given, take midpoint

Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
 12.5 grams tobacco = 18 cigarettes
 25 grams tobacco = 36 cigarettes

Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

4.2 Other alcoholic drinks

In both the 13-15s booklet and the Young Adults Booklet there are other alcoholic drinks listed for drinking in the last week. All other alcoholic drinks should be recoded to the listed drinks as detailed in section 3.10

5. Longstanding illness codeframe

01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts

Acoustic neuroma
After effect of cancer (nes)
All tumours, growths, masses, lumps and cysts
 whether malignant or benign eg. tumour on brain,
 growth in bowel, growth on spinal cord, lump in
 breast
Cancers sited in any part of the body or system eg.
 Lung, breast, stomach
Colostomy caused by cancer
Cyst on eye, cyst in kidney.
General arthroma
Hereditary cancer
Hodgkin's disease
Hysterectomy for cancer of womb
Inch. leukaemia (cancer of the blood)
Lymphoma
Mastectomy (nes)
Neurofibromatosis
Part of intestines removed (cancer)
Pituitary gland removed (cancer)
Rodent ulcers
Sarcomas, carcinomas
Skin cancer, bone cancer
Wilms tumour

Endocrine/nutritional/metabolic diseases

02 Diabetes

Incl. Hyperglycaemia

03 Other endocrine/metabolic

Addison's disease
Beckwith - Wiedemann syndrome
Coeliac disease
Cushing's syndrome
Cystic fibrosis
Gilbert's syndrome
Hormone deficiency, deficiency of growth hormone,
 dwarfism
Hypercalcemia
Hypopotassaemia, lack of potassium
Malacia
Myxoedema (nes)
Obesity/overweight
Phenylketonuria
Rickets
Too much cholesterol in blood
Underactive/overactive thyroid, goitre
Water/fluid retention
Wilson's disease

Thyroid trouble and tiredness - code 03 only
Overactive thyroid and swelling in neck - code 03 only.

Mental, behavioural and personality disorders

04 Mental illness/anxiety/depression/nerves (nes)

Alcoholism, recovered not cured alcoholic
Angelman Syndrome
Anorexia nervosa
Anxiety, panic attacks
Asperger Syndrome
Autism/Autistic
Bipolar Affective Disorder
Catalepsy
Concussion syndrome
Depression
Drug addict
Dyslexia
Hyperactive child.
Nerves (nes)
Nervous breakdown, neurasthenia, nervous trouble
Phobias
Schizophrenia, manic depressive
Senile dementia, forgetfulness, gets confused
Speech impediment, stammer
Stress

Alzheimer's disease, degenerative brain disease = code 08

05 Mental handicap

Incl. Down's syndrome, Mongol
Mentally retarded, subnormal

Nervous system (central and peripheral including brain) - Not mental illness

06 Epilepsy/fits/convulsions

Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
blackouts
febrile convulsions
fit (nes)

07 Migraine/headaches

08 Other problems of nervous system

Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs)
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Removal of nerve in arm
Restless legs
Sciatica
Shingles
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia
Teraplegia

Eye complaints

09 Cataract/poor eye sight/blindness

Incl. operation for cataracts, now need glasses
Bad eyesight, restricted vision, partially sighted
Bad eyesight/nearly blind because of cataracts
Blind in one eye, loss of one eye
Blindness caused by diabetes
Blurred vision
Detached/scarred retina
Hardening of lens
Lens implants in both eyes
Short sighted, long sighted, myopia
Trouble with eyes (nes), eyes not good (nes)
Tunnel vision

10 Other eye complaints

Astigmatism
Buphthalmos
Colour blind
Double vision
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Night blindness
Retinitis pigmentosa
Scarred cornea, corneal ulcers
Squint, lazy eye
Sty on eye

Ear complaints

11 Poor hearing/deafness

Conductive/nerve/noise induced deafness
Deaf mute/deaf and dumb
Heard of hearing, slightly deaf
Otosclerosis
Poor hearing after mastoid operation

12 Tinnitus/noises in the ear

Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems

Labrynthitis,
loss of balance - inner ear
Vertigo

14 Other ear complaints

Incl. otitis media - glue ear
Disorders of Eustachian tube
Perforated ear drum (nes)
Middle/inner ear problems
Mastoiditis
Ear trouble (nes),
Ear problem (wax)
Ear aches and discharges
Ear infection

Complaints of heart, blood vessels and circulatory system

15 Stroke/cerebral haemorrhage/cerebral thrombosis

Incl. stroke victim - partially paralysed and speech difficulty
Hemiplegia, apoplexy, cerebral embolism,
Cerebro - vascular accident

16 Heart attack/angina

Incl. coronary thrombosis, myocardial infarction

17 Hypertension/high blood pressure/blood pressure (nes)

18 Other heart problems

Aortic/mitral valve stenosis,
Aortic/mitral valve regurgitation
Aorta replacement
Atrial Septal Defect (ASD)
Cardiac asthma
Cardiac diffusion
Cardiac problems, heart trouble (nes)
Dizziness, giddiness, balance problems (nes)
Hardening of arteries in heart
Heart disease, heart complaint
Heart failure
Heart murmur, palpitations
Hole in the heart
Ischaemic heart disease
Pacemaker
Pains in chest (nes)
Pericarditis
St Vitus dance
Tachycardia, sick sinus syndrome
Tired heart
Valvular heart disease
Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

19 Piles/haemorrhoids incl. Varicose Veins in anus.

20 Varicose veins/phlebitis in lower extremities

Incl. various ulcers, varicose eczema

21 Other blood vessels/embolic

Arteriosclerosis, hardening of arteries (nes)
Arterial thrombosis
Artificial arteries (nes)
Blocked arteries in leg
Blood clots (nes)
Hand Arm Vibration Syndrome (White Finger)
Hypersensitive to the cold
Intermittent claudication
Low blood pressure/hypertension
Poor circulation
Pulmonary embolism
Raynaud's disease
Swollen legs and feet
Telangiectasia (nes)
Thrombosis (nes)
Varicose veins in Oesophagus
Wright's syndrome

NB Haemorrhage behind eye = code 10

Complaints of respiratory system

22 Bronchitis/emphysema

Bronchiectasis
Chronic bronchitis

23 Asthma

Bronchial asthma, allergic asthma
Asthma - allergy to house dust/grass/cat fur

NB Exclude cardiac asthma - code 18

24 Hayfever

Allergic rhinitis

25 Other respiratory complaints

Abscess on larynx
Adenoid problems, nasal polyps
Allergy to dust/cat fur
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds
Churg-Strauss syndrome
Chronic Obstructive Pulmonary Disease (COPD)
Coughing fits
Croup
Damaged lung (nes), lost lower lobe of left lung
Fibrosis of lung
Furred up airways, collapsed lung
Lung complaint (nes), lung problems (nes)
Lung damage by viral pneumonia
Paralysis of vocal cords
Pigeon fancier's lung
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
Recurrent pleurisy
Rhinitis (nes)
Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

TB (pulmonary tuberculosis) - code 37

Cystic fibrosis - code 03

Skin allergy - code 39

Food allergy - code 27

Allergy (nes) - code 41

Pilonidal sinus - code 39

Sick sinus syndrome - code 18

Whooping cough - code 37

If complaint is breathlessness with the cause also stated, code the cause:

breathlessness as a result of anaemia (code 38)

breathlessness due to hole in heart (code 18)

breathlessness due to angina (code 16)

Complaints of the digestive system

26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

Double/inguinal/diaphragm/hiatus/umbilical hernia
Gastric/duodenal/peptic ulcer
Hernia (nes), rupture (nes)
Ulcer (nes)

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)

Cirrhosis of the liver, liver problems
Food allergies
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Liver disease, biliary arteria
Nervous stomach, acid stomach
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat trouble - difficulty in swallowing
Weakness in intestines

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)

Colitis, colon trouble, ulcerative colitis
Celiac
Colostomy (nes)
Crohn's disease
Diverticulitis
Enteritis
Faecal incontinence/encopresis.
Frequent diarrhoea, constipation
Grumbling appendix
Hirschsprung's disease
Irritable bowel, inflammation of bowel
Polyp on bowel
Spastic colon

Exclude piles - code 19

Cancer of stomach/bowel - code 01

29 Complaints of teeth/mouth/tongue

Cleft palate, hare lip
Impacted wisdom tooth, gingivitis
No sense of taste
Ulcers on tongue, mouth ulcers

Complaints of genito-urinary system

30 Kidney complaints

Chronic renal failure
Horseshoe kidney, cystic kidney
Kidney trouble, tube damage, stone in the kidney
Nephritis, pyelonephritis
Nephrotic syndrome
Only one kidney, double kidney on right side
Renal TB
Uraemia

31 Urinary tract infection

Cystitis, urine infection

32 Other bladder problems/incontinence

Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

Prostate trouble - code 33

33 Reproductive system disorders

Abscess on breast, mastitis, cracked nipple
Amenorrhea
Damaged testicles
Endometriosis
Gynaecological problems
Hysterectomy (nes)
Impotence, infertility
Menopause
Pelvic inflammatory disease/PID (female)
Period problems, flooding, pre-menstrual tension/syndrome
Prolapse (nes) if female
Prolapsed womb
Prostrate gland trouble
Turner's syndrome
Vaginitis, vulvitis, dysmenorrhoea

Musculo-skeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis

Arthritis as result of broken limb
Arthritis/rheumatism in any part of the body
Gout (*previously code 03*)
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica
Polyarteritis Nodosa (*previously code 21*)
Psoriasis arthritis (also code psoriasis)
Rheumatic symptoms
Still's disease

35 Back problems/slipped disc/spine/neck

Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed intervertebral discs
Schuermann's disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

*Exclude if damage/injury to spine results in paralysis - code 08
Sciatica or trapped nerve in spine - code 08*

36 Other problems of bones/joints/muscles

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Pulmonary tuberculosis (TB)
Ringworm
Schistosomiasis
Tetanus
Thrush, candida
Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

After effect of Poliomyelitis, meningitis, encephalitis - code to site/system

Ear/throat infections etc - code to site

38 Disorders of blood and blood forming organs and immunity disorders

Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombocytopenic Purpura (ITP)
Immunodeficiencies
Polycythaemia (blood thickening), blood too thick
Purpura (nes)
Removal of spleen
Sarcoidosis (*previously code 37*)
Sickle cell anaemia/disease
Thalassaemia
Thrombocythemia

Leukaemia - code 01

39 Skin complaints

abscess in groin
acne
birth mark
burned arm (nes)
carbuncles, boils, warts, verruca
cellulitis (nes)
chilblains
corns, calluses
dermatitis
Eczema
epidermolysis, bulosa
impetigo
ingrown toenails
pilonidal sinusitis
Psoriasis, psoriasis arthritis (also code arthritis)
skin allergies, leaf rash, angio-oedema
skin rashes and irritations
skin ulcer, ulcer on limb (nes)

Rodent ulcer - code 01

Varicose ulcer, varicose eczema - code 20

40 Other complaints

adhesions
dumb, no speech
fainting
hair falling out, alopecia
insomnia
no sense of smell
nose bleeds
sleepwalking
travel sickness

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

after affects of meningitis (nes)
allergy (nes), allergic reaction to some drugs (nes)
electrical treatment on cheek (nes)
embarrassing itch (nes)
Forester's disease (nes)
general infirmity
generally run down (nes)
glass in head - too near temple to be removed (nes)
had meningitis - left me susceptible to other things
(nes)
internal bleeding (nes)
ipinotalgia
old age/ weak with old age
swollen glands (nes)
tiredness (nes)
war wound (nes), road accident injury (nes)
weight loss (nes)

42 Complaint no longer present

Only use this code if it is actually stated that the complaint no longer affects the informant.

Exclude if complaint kept under control by medication - code to site/system.

99 Not Answered/Refusal