# CONTENTS

1. QUICK REFERENCE & CONTACTS PAGE ................................................................................................................. 1

2. INTRODUCTION ..................................................................................................................................................... 1

3. THE SCOTTISH HEALTH SURVEY TEAM .................................................................................................................. 1

   The Research Team ............................................................................................................................................... 1
   The Fieldwork Team ........................................................................................................................................... 1
   The Yellow Team (Operations) ............................................................................................................................ 1

4. SUMMARY OF SURVEY DESIGN .............................................................................................................................. 2

   Sample overview .................................................................................................................................................. 2
   Stages to the survey ............................................................................................................................................ 3
   Stage 1 - The interviewer visit ........................................................................................................................... 3
   Stage 2 - The nurse visit .................................................................................................................................... 4
   Summary of data collection process .................................................................................................................. 5

5. SELECTION PROCEDURES ....................................................................................................................................... 5

   Tracing addresses ................................................................................................................................................ 5
   Child boost screening addresses ......................................................................................................................... 6

6. WHO TO INTERVIEW & OBTAINING PARENTAL CONSENT ................................................................................... 7

7. ADDRESS RECORD FORMS (ARFS) ........................................................................................................................... 9

   Types of ARFs ..................................................................................................................................................... 9
   The serial number .............................................................................................................................................. 9
   The address label ............................................................................................................................................... 10
   Completing the ARF ......................................................................................................................................... 10
   Address record form (ARF B) ........................................................................................................................... 23
   The importance of a high response rate ........................................................................................................... 23

8. ADULT SELECTION PROCEDURE .......................................................................................................................... 23

9. KEY SURVEY DOCUMENTS .................................................................................................................................... 24

10. NOTIFYING THE POLICE ...................................................................................................................................... 25

11. INTRODUCING THE SURVEY ................................................................................................................................ 25

   Doorstep introduction ....................................................................................................................................... 25
   ‘Thank you’ presents for children ........................................................................................................................ 27
   Introducing height and weight measurements .................................................................................................. 27
   Introducing the nurse’s visit ............................................................................................................................... 27

12. LIAISING WITH YOUR NURSE PARTNER .............................................................................................................. 29

   Contacting your nurse ....................................................................................................................................... 29
   Making appointments for the nurse visit ........................................................................................................... 29
   Posting documents to the nurse ........................................................................................................................ 30
   Accompanying the nurse ................................................................................................................................ 31
   The nurse record form (NRF) & the no nurse visit sheet (NNV) ....................................................................... 31
   Completing the no nurse visit sheet (NNV) ....................................................................................................... 31
   Completing the nurse record form (NRF) ......................................................................................................... 32
   Transmitting information to the nurse ............................................................................................................... 33

13. INTRODUCTION TO THE QUESTIONNAIRES ......................................................................................................... 34

14. HOUSEHOLD QUESTIONNAIRE ............................................................................................................................ 35
## 1. Quick Reference & Contacts Page

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project number</strong></td>
<td></td>
<td>P7032/8032</td>
</tr>
<tr>
<td><strong>Yellow team contacts</strong></td>
<td>Karen Hawkes</td>
<td>01277 690055</td>
</tr>
<tr>
<td></td>
<td>Laura Common</td>
<td>01277 690054</td>
</tr>
<tr>
<td></td>
<td>Audrey Hale</td>
<td>01277 690050</td>
</tr>
<tr>
<td><strong>Equipment contact</strong></td>
<td>John Lightfoot</td>
<td>01277 690183</td>
</tr>
<tr>
<td><strong>Area manager</strong></td>
<td>Jean Vallance</td>
<td>0141 762 2852</td>
</tr>
<tr>
<td><strong>Research contacts</strong></td>
<td>Lisa Given</td>
<td>0131 221 2555</td>
</tr>
<tr>
<td></td>
<td>Clare Sharp</td>
<td>0131 221 2566</td>
</tr>
<tr>
<td></td>
<td>Andy MacGregor</td>
<td>0131 221 2551</td>
</tr>
<tr>
<td></td>
<td>Catherine Bromley</td>
<td>0131 221 2563</td>
</tr>
<tr>
<td></td>
<td>Catriona Webster</td>
<td>0131 221 2570</td>
</tr>
<tr>
<td><strong>Fieldwork period</strong></td>
<td>28th January 2008 - December 2008</td>
<td></td>
</tr>
</tbody>
</table>
2. Introduction

The 2008 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect people’s health. It will then run every year until the end of 2011 and each year the study content will be very similar. Previous rounds of the Scottish Health Survey were carried out in 1995, 1998 and 2003. This study is the only way the Scottish Government and NHS Health Scotland can gain this valuable information. They use it to:

- help plan health services (for example, by using the data to help estimate the impact of certain conditions and health statuses on NHS services)
- look at ways of improving people’s health
- look at changes in the nation's health over time

The study has two stages. The first stage is an interviewer visit covering general health, cardiovascular disease and a number of lifestyle areas that impact on people’s health (e.g. physical activity, diet, smoking, and drinking). Some people who take part in the first stage are also invited to take part in the second: a follow-up nurse visit. It would be very expensive to ask everyone to see a nurse so a random sub-sample of addresses has been selected and all adults in those addresses are invited to the see a nurse.

These instructions should contain everything you need to know about: why the study is being done, what it involves at each stage, the purpose of the measurements being collected and the protocols for conducting them, the questions in the nurse interview, the documents supporting the study, how to approach and reassure respondents, how to liaise with the nurses you will be working with and who to contact if you encounter any problems with the study.

3. The Scottish Health Survey Team

The Research Team

The project manager for the study is Lisa Given, supported by Catriona Webster, Clare Sharp, Catherine Bromley and Andy MacGregor. They are all based in ScotCen’s office in Edinburgh.

The Fieldwork Team

The area manager (Jean Vallance) and deputy area manger (Joan MacKiey) will be your contacts in the field.

The Yellow Team (Operations)

SHeS is overseen by the Yellow Team. They are responsible for issuing materials and equipment to interviewers and nurses, organising briefings, handling queries about the sample, and issuing results letters to respondents and GPs. They also look after the respondent helpline so they will contact you if someone has called to cancel or reschedule their visit. The computer support helpdesk, pay unit and quality control unit are also based in the Operations Department.

Phone numbers for members of the team can be found in section 1 of these instructions.
4. Summary of Survey Design

Sample overview

The 2008 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The total sample is comprised of three parts:

- Core and child boost assignments
- Nurse visits
- Health Board boost assignments

Core and child boost assignments

The core and child boost addresses have been grouped into 492 assignments, with around 45 assignments being issued to interviewers each month between February and December. The number of addresses in each interviewer assignment varies (from a minimum of 9 to a maximum of 25) but the most common size is 15. Nurse visits will only be offered to some respondents in the core sample. There will be no stage 2 nurse visit at child boost or Health Board boost addresses.

The total number of addresses in the core sample that will be eligible for the nurse visit is 1859 – the “nurse sample”. This includes addresses that you may identify as being ineligible to take part, for example, because they are deadwood or refusals. The number of nurse sample addresses in each monthly assignment also varies each month. The minimum is 2 and the maximum is 6, with the most common number being 6. Nurses will generally be assigned at least 2 assignments to work on each month, and will work in a team with two interviewers.

The study design is slightly different for each sample type. In the core sample all adults and up to two children (aged 0-15) will be interviewed (with some also invited to have a nurse visit). In the child boost sample only children take part. In some areas there are no child boost addresses in an assignment.

Health Board boost assignments

Three of the 14 Health Boards in Scotland have opted to boost the number of adults interviewed in their area so they can have more detailed data about the health of the people that live there. For Fife, Grampian and Borders, in addition to the standard ‘core and child boost’ assignments, there will also be separate Health Board boost assignments. Over the course of the year, 33 Health Board Boost assignments (3 per month) will be issued. Each assignment will have 20 addresses. Children will not be eligible to take part in these interviews and there will be no stage 2 nurse visits either.

If you have been asked to work on a Health Board boost assignment, the yellow team will send you an additional workpack that will include separate Health Board Boost ARFs along with a separate stage 1 leaflet. Most of the materials, however, will be the same as those used in a core and child boost assignment e.g. self-completions, consents, survey leaflet etc. Given that the majority of assignments in 2008 are core and child boost assignments, this set of instructions focuses mainly on these sample types. You will also receive a sheet of instructions on Health Board boosts which should be read in conjunction with these instructions.
**Stages to the survey**

Your first task is to send an advance letter and a survey leaflet, introducing the survey, to each of the addresses in your assignment. You then need to visit each address and establish which ones are eligible, i.e. residential and occupied, as some might be businesses or empty properties. Make contact with the householders and introduce the survey to them and once you have established who is eligible to take part you will then carry out the interview (if the selected respondents agree to this).

Co-operation is entirely voluntary at each stage of the study. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

**Stage 1 - The interviewer visit**

For each household there is a short **Household Questionnaire** that establishes who is resident and collects some basic facts about them and the household. For each selected individual respondent there is an **Individual Questionnaire**. Respondents aged 13 years and over are interviewed in person. Information about children aged 0 to 12 years is obtained by proxy from the child’s parent or legal guardian. The interview also includes a short paper self-completion section for those aged 13 years and over. Towards the end of the interview, each person aged 2 years and over has their height measured and everyone has their weight measured. If the respondent would like a record of these measurements, you can enter this on the appropriate Stage 1 leaflet. The interview topics in 2008 are outlined below. There are 2 versions of the interview, some households go through version A and some through version B (no one does both). Some topics are asked in all households.

<table>
<thead>
<tr>
<th>Stage 1 interview outline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version A</strong></td>
</tr>
<tr>
<td>Household composition (head of household)</td>
</tr>
<tr>
<td>General health including caring (0+)</td>
</tr>
<tr>
<td>Respiratory &amp; CVD symptoms (16+)</td>
</tr>
<tr>
<td>General CVD (16+) and use of services (0+)</td>
</tr>
<tr>
<td>Asthma (0+)</td>
</tr>
<tr>
<td>Physical activity adults (16+) and children (2-15)</td>
</tr>
<tr>
<td>TV viewing &amp; outdoor physical activity adults</td>
</tr>
<tr>
<td>Eating habits children (2-15)</td>
</tr>
<tr>
<td>Eating habits adults (16+)</td>
</tr>
<tr>
<td>Fruit and veg consumption (2+)</td>
</tr>
<tr>
<td>Smoking and Drinking (16+) [16-19 in a self completion]</td>
</tr>
<tr>
<td>Dental health (16+)</td>
</tr>
<tr>
<td>Economic activity and education (16+)</td>
</tr>
<tr>
<td>Physical activity at work (16+)</td>
</tr>
<tr>
<td>Ethnicity, religion and family health background (16+)</td>
</tr>
<tr>
<td>Self-completions (13+ &amp; parents of 4-12 yr olds)</td>
</tr>
<tr>
<td>Height (2+) and Weight (0+)</td>
</tr>
<tr>
<td>Data linkage and follow-up research consents (0+)</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>-</td>
</tr>
</tbody>
</table>
At core addresses, the second stage of the survey is introduced (if applicable) and the interviewer
arranges an appointment for the nurse to visit at a time that suits.

**Stage 2 - The nurse visit**

In addresses selected for the nurse sample all interviewed respondents aged 16 years and over
are eligible for a nurse visit. Unlike the interview, there is just one version of the nurse visit with one
exception: respondents aged 65 and over are also asked to have their arm length measured.

As described above, nurses will generally be working with two interviewers. Once you have booked
a nurse appointment for a respondent you should phone the nurse as soon as possible so that
diaries can be updated. A good working relationship between the nurse and interviewers is
essential to the success of the second stage of the study.

The nurse calls on the respondent in their home at the time arranged by the interviewer. The nurse
visit also uses CAPI to guide them through the questions that respondents need to be asked and
the measurements that need to be introduced. The next section outlines the nurse visit contents in
more detail.

With the respondent's permission, results of some their measurements and sample tests will be
sent to their GP. This information will also be given to the respondent if they so wish.

<table>
<thead>
<tr>
<th>Stage 2 nurse visit outline – and history of the contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed medicines and vitamin supplements</td>
</tr>
<tr>
<td>Nicotine replacement therapy use</td>
</tr>
<tr>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td>Depression, anxiety and self-harm</td>
</tr>
<tr>
<td>Food poisoning</td>
</tr>
<tr>
<td>Waist and hip circumference measurement</td>
</tr>
<tr>
<td>Arm length (demi-span) measurement (65+)</td>
</tr>
<tr>
<td>Lung function measurement</td>
</tr>
<tr>
<td>Blood sample</td>
</tr>
<tr>
<td>Saliva sample</td>
</tr>
<tr>
<td>Urine sample</td>
</tr>
</tbody>
</table>
Summary of data collection process

To summarise, the survey process is as follows:

5. Selection procedures

The sample has been drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers and which receive 50 or fewer letters per day.

Tracing addresses

You must attempt to make contact at every address in your assignment except those notified to you as office refusals. You must call on at least 4 occasions, at different times of day and spread across the fieldwork period before you classify the address as unproductive. At least one of these calls should be in the evening and one at the weekend.

If you have trouble locating an address, and have access to the internet, the following web-sites may be of use: www.streetmap.co.uk or www.multimap.co.uk. If you cannot search these yourself, please contact the Yellow team in Brentwood who will be happy to investigate on your behalf. (If you use Multimap the advanced search facility can be helpful as you can put in the address and postcode and the location will be pinpointed, for rural addresses the scale 1:25,000 is best).

As always, it is very important to achieve a high response rate in this survey. Please keep trying to contact all the issued addresses until the end of the fieldwork period and call back as often as you can while you are still in the area. Only by interviewing as many as possible of those selected for the sample can we be confident that the answers and measurements are truly representative of the Scottish population.

Your first task at each sampled address and identify the number of dwelling units (DUs) are at the address. In most cases there will be only one, but occasionally an address will contain two or more DUs (e.g. a house may be split into flats which are not separately identified by the address file). If there is more than one DU, the interviewer will use the selection procedures laid out in the ARF to identify the dwelling unit to take part.
Your second task to make contact at the selected dwelling unit and identify how many households reside there. In most cases there will only be one household at a DU in which case you interview at that household. For the health survey you will also be required to interview at additional households within the DU. If there are two households, both are selected for interview. If there are three, all three are selected for interview. For dwelling units with more than 3 households follow the selection procedures laid down in ARF A to identify the three households selected to take part. You have been supplied with ARF Bs which must be completed for any additional households.

At **core addresses**, the target is to interview all adults (max 10), and up to two children aged between 0 and 15 at the selected household. The ARF for this sample type is clearly labelled as the ‘Core Address Record Form’ on the front cover.

**Child boost screening addresses**

The child boost addresses receive a version of the advance letter which explains that we are seeking to interview at households containing young people and children. However, you still need to be careful when asking the question so as not to arouse suspicion.

At child boost addresses, a doorstep screening exercise must be carried out to check whether any children are present (i.e. aged 15 years and under). If not, no interviews will be carried out at that address. If there are children present then the address is eligible for interview, and the aim is to carry out interviews with up to two children. If any of the selected children are 12 or younger the interview will be carried out by proxy. The ARF for this sample type is clearly labelled as a ‘Child Boost Address Record Form’ on the front cover.

The screening questions start at Section D on the Child Boost ARF (see Section 8 for more information on ARFs). Explain the purpose of the survey and that you are looking for people in a particular age group. Then ask the screening question “(Can I just check) are there any children aged 0-15 living in the household?”

It is difficult to estimate the number of child boost addresses which will be eligible for interview because this number will vary between the sample points. **Some assignments will have no child boost addresses.** If you do have child boost addresses in your assignment, please avoid the temptation to concentrate on these first before moving on to your core addresses. We need you to attempt to make contact with all of the addresses in your assignment as early as possible, regardless of whether they are screening address or not.

**General points**

- You must visit addresses at different times of the day and different days of the week, including Saturday’s and Sunday’s.
- Keep calling at non-contacts in your assignment until the fieldwork deadline for that month.

There is a separate Address Record Form for addresses in Health Board boost assignments.
# 6. Who to Interview & Obtaining Parental Consent

## Core addresses

At each address you should:

- Identify who is in the household and attempt to interview everyone aged 0 and over (All adults and up to a maximum of 2 children).
- If identified as a Nurse address on ARF label, offer all adults (16+) interviewed, a stage 2 nurse visit.

## Child boost addresses

At each child boost address you should:  

*Identify is anyone in the household is aged 0-15.*

Then, in households where children have been identified:

- Carry out a Household interview with the Household Reference Person or spouse/partner
- Interview up to a maximum of 2 children, aged 0-15

## Health Board Boost addresses

At each Health Board boost address you should:

- Identify who is in the household and and attempt to interview all adults (16+).

---

### 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 – in ear shot - and be aware that you are carrying out the interview. This protects both the child and yourself.

If there is any disagreement between parents, or between parent and child, in respect of willingness to co-operate in the survey, you should 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.

0 to 12 year olds You should interview the parent or guardian about the child. As you will be measuring the height 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. Parents of children aged 4-12 are asked to complete a self-completion booklet about the child. So make sure that the child is present during the interview and that their parents are happy with the self-completion questionnaire.

13-15 year olds  Interview in their own right (after obtaining parental permission). These children will also be given a self-completion booklet.

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 (see section 4).

**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 and WtResp enter “Height/Weight not attempted”. At NoHitM and NoWaitM code “Child away from home during fieldwork period” and enter a note to say why.

Children who are ill at home for the whole of the period should be treated in the same way, except that at NoHitM and NoWaitM code “other” and enter a note in the notepad.

**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 (eg language difficulties, physical or mental incapable).

**What do I do if the respondent does not speak English?**
If the respondent does not speak English you should try to establish what language they do speak and whether they would like an interpreter. Record the details of the language spoken on the ARF and take the person’s phone number. Contact the yellow team with this information as soon as possible and they will instruct you on what to do next.
7. Address Record Forms (ARFs)

One-Way ARF
From January 2008, SHeS will be using the ‘One-Way ARF’. This is a set of changes in office procedure and systems that will eliminate the operation’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. You should hold onto ARFs and return them to the yellow team at the end of your assignment.

Types of ARFs
You will receive an ARF A for each of the addresses in your assignment. 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:

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>Colour</th>
<th>Who to interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>ARF A- Lilac</td>
<td>Up to 10 adults (16+) and up to 2 children (0-15)</td>
</tr>
<tr>
<td></td>
<td>(ARF B Yellow)</td>
<td></td>
</tr>
<tr>
<td>Child Boost</td>
<td>ARF A- Green</td>
<td>Up to 2 children aged 0-15</td>
</tr>
<tr>
<td></td>
<td>(ARF B Blue)</td>
<td></td>
</tr>
<tr>
<td>Health Board Boost</td>
<td>ARF A – Pink</td>
<td>Up to 10 adults (16+)</td>
</tr>
<tr>
<td></td>
<td>(ARF B – Grey)</td>
<td></td>
</tr>
</tbody>
</table>

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 the end of this section for further discussion about when to use ARF B.

The Serial Number
Each address in your assignment has a six digit serial number plus a check letter. Below is an example of a serial number. This is the serial number for Household No. 1. It is made up of

\[
\text{SN: } 101121 S
\]

In the example address label below, the SHeS serial number is: 101121 S

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 on the ARF address label.

The Address Label

Every ARF A in your assignment will have an address label merged on to it. Each unique ARF address label consists of:

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. If you have any difficulties tracing an address contact the yellow team. There are also some useful websites that may be of help, for example, www.streetmap.co.uk, www.multimap.co.uk.

COMPLETING THE ARF

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.

SECTION A – Establishing Dwelling Units (DUs) at selected address

This section only appears on the ARF A. It does not appear in ARF B’s which are only used for additional households at a selected dwelling unit. The questions in this section guide you through the process of establishing how many dwelling units are at the selected address, and, where there is more than one dwelling unit, takes you through the steps to select one dwelling unit.

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 is not applicable follow the routing to Section B to code the reason. Office refusals (410) are coded here at A1. At child boost
addresses only, there is also a code (771) if you have been told by the office that there are no children (0-15) living at this address.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>410</td>
<td>Refusal to office on receipt of advance letter</td>
<td>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.</td>
</tr>
<tr>
<td>771</td>
<td>Office informed that no-one aged 0-15 living at this address (screening and boost addresses only)</td>
<td>This code is only used when the office has been informed that no-one of the age groups we are looking for lives at that address before initial interviewer contact.</td>
</tr>
<tr>
<td>900</td>
<td>To be re-allocated to another interviewer</td>
<td>You will be instructed when to use this code by the office.</td>
</tr>
</tbody>
</table>

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

**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.

SHeS only allows **one dwelling unit within an address to be selected.** If there is more than one dwelling unit, a random selection has to be made. Following the questions in Section A of the ARF to do this.

At A2 you should establish the number of dwelling units at the address using the below standard classification. Note from the ARF that you asked to include both occupied and unoccupied dwelling units here. You will also be asked 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 Section G, question 2 and record the reason for using this code giving as much information as possible.
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 you find doorbells for these flats: 123a, 123b, 123c, 123d this is called a ‘Divided address’. You will need to ensure all four flats have a chance of selection in the survey, by listing them and making a selection.

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 a dwelling unit selection:**

<table>
<thead>
<tr>
<th>Description</th>
<th>DU Code</th>
<th>Description</th>
<th>DU Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>123a HIGH STREET</td>
<td>01</td>
<td>07</td>
<td></td>
</tr>
<tr>
<td>123b HIGH STREET</td>
<td>02</td>
<td>08</td>
<td></td>
</tr>
<tr>
<td>123c HIGH STREET</td>
<td>03</td>
<td>09</td>
<td></td>
</tr>
<tr>
<td>123d HIGH STREET</td>
<td>04</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**Example selection label:**

```
Serial no: 101011 G  Point:101
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 dwelling unit number 04, 123D High Street, that is the selected dwelling unit for this serial number.

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 A4. Then use the look-up chart on the back page of the Interviewer coding booklet. 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 and enter the correct address into the admin block when prompted to do so.

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. You will be asked to collect interviewer observation details for office refusals.

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.

SECTION B – Ineligible/Uncertain eligibility outcome codes

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>612</td>
<td>OFFICE APPROVAL ONLY: Issued but not attempted.</td>
</tr>
<tr>
<td>620</td>
<td>OFFICE APPROVAL ONLY: Inaccessible</td>
</tr>
<tr>
<td>630</td>
<td>Unable to locate address</td>
</tr>
<tr>
<td>640</td>
<td>Unknown whether address is residential: no contact</td>
</tr>
<tr>
<td>650</td>
<td>Residential address, unknown whether occupied by hhold: no contact</td>
</tr>
<tr>
<td>810</td>
<td>Unknown whether address is residential: info refused</td>
</tr>
</tbody>
</table>

- 13 -
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>820</td>
<td>Unknown whether address is residential: contact made but not with someone who can confirm whether residential</td>
<td>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.</td>
</tr>
<tr>
<td>830</td>
<td>Residential address – unknown whether occupied by household(s): info refused</td>
<td>You know that the address is residential but the existence of resident(s) eligible for the survey is unknown because the information was refused.</td>
</tr>
<tr>
<td>850</td>
<td>Residential address – unknown whether occupied by eligible household(s): Unable to confirm due to language barrier</td>
<td>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 person/s.</td>
</tr>
<tr>
<td>690</td>
<td>Other unknown eligibility</td>
<td>Record the full reasons for using this code at G2</td>
</tr>
</tbody>
</table>

**B2.** Deadwood (Ineligible): Use these codes for addresses which are not eligible for inclusion in the sample for one of the reasons highlighted below e.g. vacant or empty properties. They also include residential addresses where there are no eligible respondents.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>710</td>
<td>Not yet built/under construction</td>
<td>The building has not yet been built or completed. If completed but still empty or in the process of conversion, use code 730.</td>
</tr>
<tr>
<td>720</td>
<td>Demolished/derelict</td>
<td>This includes addresses that “disappear” when 2 addresses are combined into one.</td>
</tr>
<tr>
<td>730</td>
<td>Vacant/empty housing unit</td>
<td>Housing units known not to contain any resident dwelling units on the date of the first contact attempt. This includes second homes which are not occupied at first contact attempt.</td>
</tr>
<tr>
<td>740</td>
<td>Non-residential address (e.g. business, school, office, factory etc)</td>
<td>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.</td>
</tr>
<tr>
<td>750</td>
<td>Address occupied, but no resident household (e.g. occupied holiday home)</td>
<td>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, the exception is if it is not occupied at the time of the contact attempt (code 730).</td>
</tr>
<tr>
<td>760</td>
<td>Communal establishment/institution – no private dwellings</td>
<td>Address is residential and occupied, but does not contain any private household(s), e.g. it is an institution or group quarters.</td>
</tr>
<tr>
<td>790</td>
<td>Other ineligible</td>
<td>Record the full reasons for using this code at B3. You must contact the office before using this code.</td>
</tr>
</tbody>
</table>
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.

SECTION 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).
Section C of the ARF guides you through the selection procedure for selecting households. On SHeS, 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 you to identify the selected households.

**C1.** At this question you should establish the number of households at the address. You will also be asked to enter this information into the Admin block.

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 (code 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 in 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 SHeS you do not need to use the age of respondents to help identify selected households.

**Example of household selection:**
The selected dwelling contains the following households:

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

<table>
<thead>
<tr>
<th>Names/Initials</th>
<th>HH selection code</th>
<th>Names/Initials</th>
<th>HH selection code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNE and MIKE</td>
<td>01 07</td>
<td>EDNA</td>
<td>02 08</td>
</tr>
<tr>
<td>PETER</td>
<td>03 09</td>
<td>SUSAN</td>
<td>04 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 DU/HH (which represents the number of households at that dwelling unit) until you reach the number of households at the DU, and then look below for the selection codes of the households to include. These selection codes correspond with the households you have entered in the grid at C3. Ring
these codes in the column headed **Selection Code**. These are the 3 selected households and you must attempt to carry out interviews at all 3 households. Go to C4 and write the location details of the 3 selected households.

**Example selection label**

```
SERIAL: 122021 G POINT: 122
DU/HH: 2 3 4 5 6 7 8 9 10 11 12
SEL:  1 3 2 4 2 1 6 5 7 9 4
   2 1 3 2 5 3 8 6 3 2 11
   2 1 4 6 5 2 8 5 3 9
```

So, for the example given above, we would have selected the households with the selection codes 2,3 and 1 (Edna, Peter and Anne and Mike,).

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

**NOTE** - It is very unlikely that you will come across a dwelling unit 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 in your interviewer coding booklet. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Attach 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 an ARF 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 later in Section 8 for further information about this). Make sure you use the correct type and colour of ARF B – there is an ARF B for core addresses and a separate ARF B for child boost addresses.
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: 100191 C
The serial number for two extra households (entered on an ARF B) would be: 100192 D 100193 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.

Section D – Establish number of people in household/ Screening for children

D0. **(Child boost ARF only)** This question is only asked at child boost screening addresses. It is here that you establish and record whether anyone is eligible (children aged 0-15) to take part in the survey. See below:

<table>
<thead>
<tr>
<th>D0</th>
<th>MAKE CONTACT WITH HOUSEHOLD: ESTABLISH IF ANY CHILDREN AGED 0-15 ARE LIVING IN HOUSEHOLD AND CODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are any children aged 0-15 living in household?</td>
</tr>
<tr>
<td>Yes</td>
<td>1 Go to D1</td>
</tr>
<tr>
<td>No</td>
<td>772 END</td>
</tr>
</tbody>
</table>

IF YOU HAVE NOT OBTAINED THIS INFORMATION, CODE THE REASON WHY:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal to answer screening questions</td>
<td>860</td>
</tr>
<tr>
<td>No contact with anyone in the household</td>
<td>660</td>
</tr>
<tr>
<td>No information as all household members physically or mentally unable/incompetent</td>
<td>871</td>
</tr>
<tr>
<td>No information as all household members inadequate English</td>
<td>872</td>
</tr>
</tbody>
</table>

Go to G2
If you establish at D0. that there is no children (0-15) eligible in the household, 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 860, 660, 871 or 872 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. (Core and child boost ARFs)** For all households where we attempt to interview it is important to record the number of adults and children 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,

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>313</td>
<td>No contact with anyone at household</td>
</tr>
<tr>
<td>320</td>
<td>Contact made, not with household member</td>
</tr>
<tr>
<td>423</td>
<td>Full refusal of information about household</td>
</tr>
<tr>
<td>531</td>
<td>No information as all household members physically/mentally unable/incompetent</td>
</tr>
<tr>
<td>541</td>
<td>No information as all household members inadequate English</td>
</tr>
</tbody>
</table>

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

**D2. (Core ARF)** If there are 3 or more children in a household in your core sample you will be routed to D3 to select 2 children for interview.

**D2. Child Boost ARF and D3 - Core ARF**

This is the child selection grid. At core addresses (D3) you will only use this when there are 3 or more children present in the household and you need to select 2 for interview. At child boost addresses (D2) all eligible children will be recorded here even if no selection is necessary. If there are 3 or more children, follow the instructions and use the child selection label on the front of the ARF to select up to 2 children for interview.
SECTION 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 590 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 590 (other unproductive outcome) by considering whether outcome to the household questionnaire falls into one of the other categories:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>330</td>
<td>No contact made with responsible adult(s)</td>
</tr>
<tr>
<td>430</td>
<td>Information refused</td>
</tr>
<tr>
<td>451</td>
<td>Broken appointment</td>
</tr>
<tr>
<td>510</td>
<td>Ill at home</td>
</tr>
<tr>
<td>521</td>
<td>Away during fieldwork period</td>
</tr>
<tr>
<td>522</td>
<td>In hospital during fieldwork period</td>
</tr>
<tr>
<td>532</td>
<td>Physically or mentally unable/incompetent</td>
</tr>
<tr>
<td>542</td>
<td>Inadequate English</td>
</tr>
<tr>
<td>590</td>
<td>Other reasons why unproductive</td>
</tr>
</tbody>
</table>

E2. This is the outcome code for the whole household. It is calculated on the basis of the outcome for all the individual interviews. 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>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).</td>
</tr>
<tr>
<td>212</td>
<td>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</td>
</tr>
<tr>
<td>213</td>
<td>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</td>
</tr>
<tr>
<td>214</td>
<td>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.</td>
</tr>
<tr>
<td>440</td>
<td>applies if you were given a refusal (in person or by proxy) by every eligible household member.</td>
</tr>
<tr>
<td>452</td>
<td>applies if you had a broken appointment for every eligible household member.</td>
</tr>
<tr>
<td>599</td>
<td>is for all other combinations of unproductive individual interviews.</td>
</tr>
</tbody>
</table>
SECTION 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.

EXAMPLE of F1 Grid A - CORE ADDRESS

<table>
<thead>
<tr>
<th>PERSON NO.</th>
<th>AGE</th>
<th>TITLE</th>
<th>FULL INITIALS</th>
<th>SURNAME</th>
<th>OUTCOME CODE</th>
<th>IF ADULT AGED 16+ AGREED NURSE VISIT</th>
<th>NOT ELIG FOR NURSE VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>74</td>
<td>MR</td>
<td>J</td>
<td>DILLON</td>
<td>111</td>
<td>Yes</td>
<td>12</td>
</tr>
</tbody>
</table>

This is the standard example, where you will be asked to code whether a person agreed or refused the nurse visit. In those core addresses that have been flagged as nurse addresses (identified as ‘NURSE’ on the address label) to take part in stage 2 all adults (16+) interviewed are eligible for a nurse visit and the computer will tell you to ring code 1 or 2 depending on their answers. Code 3 is circled for individuals at core addresses that have not been flagged as nurse addresses on the address label.

Individual outcome codes are:

<table>
<thead>
<tr>
<th>Outcome Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Full CAPI interview</td>
</tr>
<tr>
<td>21</td>
<td>Partial CAPI interview</td>
</tr>
<tr>
<td>34</td>
<td>No contact with selected individual</td>
</tr>
<tr>
<td>43</td>
<td>Refusal before interview</td>
</tr>
<tr>
<td>44</td>
<td>Refusal during interview</td>
</tr>
<tr>
<td>45</td>
<td>Broken appointment, no re-contact</td>
</tr>
<tr>
<td>51</td>
<td>Ill at home during survey period</td>
</tr>
<tr>
<td>52</td>
<td>Away/In hospital during survey period</td>
</tr>
<tr>
<td>53</td>
<td>Physically mentally unable/incompetent</td>
</tr>
<tr>
<td>54</td>
<td>Language difficulties</td>
</tr>
<tr>
<td>59</td>
<td>Other reason for no interview</td>
</tr>
</tbody>
</table>

In child boost screening addresses for children aged 0-15, a nurse visit will NOT be offered, therefore the column for nurse visits has been removed from Grid A at F1 on ‘Child Boost’ ARFs.

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 included 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 child boost addresses you do not need to enter the details of the unselected children.

SECTION 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 that have been flagged as NURSE addresses on the address label.

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.

SECTION H: Interviewer observation of addresses

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

Complete H1-4 for all addresses, other than those classified as deadwood at B2 or screened out (771 or 772 on boost ARF). This information also needs 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 whether the house/flat/building has any physical barriers to entry.

H2 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 05.

H3 Ring a code to indicate the condition of residential properties in the area

H4 Ring a code to indicate the external condition of the selected flat or house relative to other residential properties in the area

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.
**ADDRESS RECORD FORM (ARF B)**

If there is more than one household at an address, an **ARF B** should be prepared for each additional selected 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, if 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.

There is an ARF B for each of the three sample types: the core sample (golden yellow); the child boost sample (blue) and Health Board Boost (grey).

**The importance of a high response rate**

The response rate to the three previous Scottish Health Surveys has been very good and we must keep this up. Past experience shows that this requires continuous hard effort. A high response rate at the first stage 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.

**8. Adult Selection Procedure**

In the unlikely event that you find a household which contains 11 or more adults (16+) you will have to follow a selection procedure. You use the sheet at the back of these instructions (Appendix C) called the ‘Adult/Child List Sheet’. List all the persons aged 16 or over in the household, starting with the oldest 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 the household (eg 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.

If you come across a household with 13 or more children (0-15) use the adult/child selection sheet in Appendix C to the children and then consult the to see which 2 children are selected for interview. For example, if there is 13 children in a household, you would attempt the 10th and the 13th children on the list.
9. Key Survey Documents

Appendix F has a full list of all of the documents you need along with a brief explanation of their purpose. Please ensure you are familiar with all of the documents before you start your assignment. Some of the key documents you will be using are:

**Advance Letters**
A letter describing the purpose of your visit has been sent to all sampled addresses in your assignment. There are two types of advance letter: one to be sent to core addresses (and Health Board boost addresses) and another for ‘child boost’ addresses. The child boost differs very slightly from that sent to ‘core’ and ‘Health Board boost’ addresses. (There is an extra sentence at the end of the first paragraph in the child boost letter which explains that there is a focus on the health of children aged 0-15).

On the back of both letters are the answers to some frequently asked questions people may have. You have also been provided with a laminate copy of both letters in your pack which you can use on the doorstep to help gain co-operation and to remind householders of the letter they should have received. Be sure to use the correct letter on the doorstep. On the laminate, the core advance letter can be identified by the ‘C’ on the top right of the letter, while the child boost letter is identified by ‘CB’ on the top right of the letter.

You are responsible for sending out the advance letters for your assignment. You need to write your name in the space provided before sending out the letters. You must also include a copy of the Scottish Health Survey leaflet in with the letter.

**Scottish Health Survey Leaflet**
You have been provided with copies of the SHeS leaflet to include with the advance letters in your assignment. It explains more about the survey and why it is important and it is hoped that it will help obtain co-operation. You have also been provided with some spare copies of this leaflet should you need them.

**Stage 1 Survey Leaflets**
This leaflet gives further details about the survey and should be given to everyone you interview. It should be used on the doorstep if you feel it would help 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 and different people. Please make sure you give the correct leaflet to the respondent. These are:

<table>
<thead>
<tr>
<th>Stage 1 leaflet</th>
<th>Colour</th>
<th>Sample type</th>
<th>Who for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with a nurse visit</td>
<td>Yellow</td>
<td>Core</td>
<td>Adults aged 16+ in core addresses that are eligible for a nurse visit</td>
</tr>
<tr>
<td>Adults (no nurse visit)</td>
<td>Lilac</td>
<td>Core</td>
<td>Adults aged 16+ at core addresses that have not been identified as nurse addresses</td>
</tr>
<tr>
<td>Parents</td>
<td>Mint</td>
<td>Child boost only</td>
<td>Parents of children at core and boost addresses</td>
</tr>
<tr>
<td>Children</td>
<td>Mint</td>
<td>Core and child boost</td>
<td>Children in core and child boost addresses</td>
</tr>
<tr>
<td>Health Board</td>
<td>Salmon Pink</td>
<td>Health Board boost only</td>
<td>Adults 16+ at Health Board boost addresses. Only 3 interviewers per month will be working on a Health Board boost assignment.</td>
</tr>
</tbody>
</table>
10. Notifying the Police

We have informed Chief Constables across Scotland that SHeS is happening but 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 should use the Scottish Health Survey police letter included in your pack 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 form. Before you start any work hand this form in at the police station in your area together with a copy of the advance letters, SHeS survey leaflet and Stage 1 leaflet.

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.

11. Introducing the Survey

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.

<table>
<thead>
<tr>
<th>Show your identity card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say who you are</td>
</tr>
<tr>
<td>Say who you work for</td>
</tr>
<tr>
<td>Say that you are carrying out a ‘very important Scottish Government survey about health.’</td>
</tr>
</tbody>
</table>

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

Concentrate on obtaining the interview. Do not mention measurements or the nurse visit on the doorstep. These haven’t been mentioned in the advance letter, this only refers to an interview. 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 one stage 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 elements of the project at the beginning.

Introduce the height and weight measurements when prompted to do so by CAPI. 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.

You will want to interview as many people as possible on the same visit to a household. If it is not possible to see them at the same time, then you will need to arrange separate appointments. Try to see everyone in a household within the shortest possible period of time. As well as being easier for you, this will be a big help to your nurse partner at those core addresses that have been flagged as NURSE addresses.

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

<table>
<thead>
<tr>
<th>What you might mention when introducing the survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It is a national (Scotland wide) survey (on behalf of the Scottish Government Health and Wellbeing Directorate and NHS Health Scotland).</td>
</tr>
<tr>
<td>• It is a very important survey.</td>
</tr>
<tr>
<td>• It is the largest Scottish survey to look at the health of the general population. In the 2008 mainstage about 6,500 adults and 1,500 children will take part.</td>
</tr>
<tr>
<td>• It provides the Scottish Government with accurate and up-to-date information on the health of the population.</td>
</tr>
<tr>
<td>• It gives the Scottish Government information on health trends, and monitors how well the health targets set by them are achieved.</td>
</tr>
<tr>
<td>• It is used to help plan NHS services.</td>
</tr>
<tr>
<td>• The information is available to all political parties.</td>
</tr>
<tr>
<td>• The information will be needed by whichever government is in office.</td>
</tr>
<tr>
<td>• Results are published annually and reported in the national press.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• To get an accurate picture, we <strong>must</strong> 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Each person selected to take part in the survey is <strong>vital</strong> to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them.</td>
</tr>
<tr>
<td>• No-one outside the research team will know who has been interviewed, or will be able to identify an individual's responses or results.</td>
</tr>
</tbody>
</table>
‘Thank You’ Presents for Children

Given the large demand we are making on the household, particularly in households with children, 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 ‘make a scene’ sticker pack for younger children, and you will have pens for older children. As a rough guideline, you may find it appropriate to use the sticker pack with 3 to 8 year olds and the Scottish Health Survey pens with 9-15 year olds. 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. We have a limited number of presents so please do not be too generous!

Introducing Height and Weight Measurements

The relationship between general build and health is of great interest to the Scottish Government Health and Wellbeing Directorate. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population’s diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place. SHeS is the main national source of information on children’s heights and weights.

Our target is to interview and measure everyone. Explain that it will only take a very short time to do and that no one will be asked to undress. The respondent can have a record of their measurements (record these on the appropriate Stage 1 Survey Leaflet for each person) but if they would prefer not to have them written down, then this is okay too.

Introducing the Nurse’s Visit

The first thing to point out is that the number of core addresses flagged as NURSE address varies across points and if you are working over a number of months you may also find that the number of NURSE addresses in your assignment varies from month to month. Some points may have no nurse visits at all in a month.

At NURSE addresses, all adults (16+) interviewed by you in stage 1 will be invited to take part in the stage 2 nurse visit. The measurements carried out by the nurse on adults aged 16+ 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 eligible adults 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 she 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, lung function and blood sample test results. 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. A very common reason given by 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.

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

<table>
<thead>
<tr>
<th align="left">Information you may need to know if the respondent asks you questions about the nurse visit</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">it is an integral part of the survey - the information the nurse collects will make the survey even more valuable</td>
</tr>
<tr>
<td align="left">the nurse is highly qualified. They have all had extensive experience, working in hospitals, health centres etc and have also been specially trained for this survey</td>
</tr>
<tr>
<td align="left">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.</td>
</tr>
<tr>
<td align="left">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.</td>
</tr>
<tr>
<td align="left">an NHS research ethics committee has given approval to the survey.</td>
</tr>
</tbody>
</table>

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

The various types of measurements the nurse will ask permission to carry out are listed below. When describing the nurse visit to respondents do not go through all of these.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Purpose/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure - (age 16+)</td>
<td>Both systolic and diastolic pressures will be taken, together with a pulse reading.</td>
</tr>
<tr>
<td>Waist and hip - (age 16+)</td>
<td>The waist to hip ratio is a measure of the distribution of fat over the body.</td>
</tr>
<tr>
<td>Demi-span (arm length) –</td>
<td>Arm length is a good indicator of size in adults who</td>
</tr>
</tbody>
</table>
**Measurement** | **Purpose/explanation**
--- | ---
(age 65+) | cannot stand.
Lung function – (age 16+) | Involves blowing into a special piece of equipment which gives a measure of respiratory health.
Blood sample – (age 16+) | The analysis of the blood samples will tell us a lot about the health of the population.
Saliva sample – (age 16+) | The sample will be analysed for cotinine which is related to the intake of cigarette smoke.
Urine sample – (age 16+) | Analysis of urine samples will tell us how much sodium (salt) there is in people’s diets.

12. **Liaising with your nurse partner**

**Contacting your nurse**

It is vital that you and your nurse partner establish a good working relationship. The success of the survey depends on a good working relationship between the interviewer and the nurse. It is your 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.

Things you need to know about your nurse partner include:
- Make and registration number of his/her vehicle.
- Their name.
- Their job, and former job (this information can be very reassuring for respondents)
- Days and times of availability for survey period 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 his/her own decision about this)?
- How well do they know the area you are both working in?

**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 pale blue **nurse appointment diary** covering the relevant nurse fieldwork month/period. The nurse has a one page calendar for each nurse fieldwork month/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 liaise frequently in order to update this information.

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

Try to arrange for the adults in the household who agree, to be seen one after the other. Check with your nurse how long s/he 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.

**REMEMBER – NURSES WILL BE WORKING WITH MORE THAN ONE INTERVIEWER IN A GIVEN MONTH. THEY HAVE BEEN TOLD TO SPLIT THEIR AVAILABILITY EVENLY. IT IS THEREFORE VITAL THAT YOU KEEP IN REGULAR CONTACT WITH YOUR NURSE PARTNER AND LET THEM KNOW IF THEY WILL NOT NEED TO USE ANY OF THE AVAILABILITY THEY GAVE YOU. THEY CAN THEN EITHER ALLOCATE THIS TIME TO ANOTHER INTERVIEWER OR USE IT FOR OTHER COMMITMENTS (Most of our nurses have other jobs as well as working for ScotCen).**

When you have made an appointment for a household, complete the Appointment Record section on the respondent's copy of the yellow stage 1 leaflet. 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 more than one individual, remember to fill out the Appointment Record section on each respondent's leaflet.

Point out to all respondents the notes at the bottom of the Appointment Record box. 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 to wear light clothing. Respondents 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.

Make sure to record the names, dates and times of each person's nurse appointment in your Appointment Diary and be sure to pass this information on to the nurse as soon as possible.

**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 s/he 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 No Nurse visit sheet**. If you fill the envelope with more than this then the nurse will have to pay excess postage. This will leads 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. Contact the nurse as soon as possible if you have made a nurse appointment for someone within the next day or two, to give the nurse time to prepare her work.

**Accompanying the Nurse**

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

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

The nurse has a list of the core addresses in your assignment that are eligible for a nurse visit. (S)he needs to know the outcome of your visits to each of these addresses 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) or 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.
- You do not need to complete a NNV for those addresses that have NOT been flagged as NURSE addresses on the address label of ARF A.

It is your responsibility to prepare either a NRF or a NNV for each address in your assignment. Your work pack contains a set of NRFs and NNVs, together with a sheet of duplicate address labels which replicate the address labels on your ARF.

As soon as you have finished your work at an address, stick a duplicate label either on a NRF or NNV sheet for the address. If at least one person in the household has agreed to a nurse visit complete Section A of the NRF and send it to the nurse (even if you have already told him or her by telephone of appointments you have made).

More than but be sure to let the nurse know that they so they can plan their workload.

**Completing the No Nurse Visit sheet (NNV)**

For every core address that is eligible for a nurse visit but for whatever reason (e.g. deadwood, non-contact or refusal) the nurse no longer needs to visit the address, you let the nurse know by sticking a duplicate address label (supplied in your pack) onto the NNV and ring a code to indicate why. CAPI prompts you to do this in the Household Admin block. The NNV helps the nurse can keep track of all the addresses in their assignment. You should also telephone the nurse to let them know if they aren't required to visit an address.

You can fit several address labels onto one NNV, but do not wait until a full NNV sheet is complete before sending it to the nurse; you MUST send the NNVs to the nurse regularly in the pre-paid A5 size envelopes that you are provided with in your workpack.
There is no need to complete an NNV for those addresses in the sample that have not been selected for a nurse visit.

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 there is more than one household at a core NURSE address, only household number 1 is eligible for a nurse visit. Nurses will not be visiting households 2 or 3.

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

Completing Part A

Q1. Complete the Interviewer Outcome Summary box. If you have arranged at least one appointment for the nurse, ring code A and complete the rest of the questions in Part A.

Q2. Enter the date on which you conducted the household interview.

Q3. Copy from ARF the total number of persons in the household aged 16 or over (i.e. those eligible for a nurse visit).

Q4. Complete the grid 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 the grid.

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).

Make sure you enter household members in the same order as they appear in the screen called NRF in the Admin block. It is critical 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)
- enter 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
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 an **Interim Appointment Record**, it is a copy of the page on the NRF with Q4. When you telephone her/him, they will use this form to fill in the respondent's information. 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.

**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.
13. Introduction to the Questionnaires

Stage 1 of the survey consists of two CAPI questionnaires:

- Household Questionnaire
- Individual Questionnaire (which is divided into CAPI questions, pen and paper self-completion questionnaires and on version B, CASI questions).

The Household Questionnaire must be completed before you carry out any individual interviews. 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 the selected 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 following sections give 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 showcards to use in the interview.

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.
14. Household questionnaire

This part of the Household Questionnaire establishes basic information about the composition and structure of the household. 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.

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

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. Always enter the details about children in the household after adults.

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 on page 40.

**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.

**Marital**

The aim is to obtain the legal marital status, irrespective of any de facto arrangement such as a couple living together (this is established in another question called Couple). The only qualification to this aim is that you should not probe the answer "separated". Should a respondent query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not).
A person whose spouse has been working away from home for over six months, for example on a contract overseas or in the armed forces, should still be coded as ‘married and living with husband/wife’ if the separation is not permanent. The same is true if one partner is in a care home.

Civil partners may only be of 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.

**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.

Note that a distinction is made on the card between natural, adoptive, and foster children / siblings. This is because it is important 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.

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.

**The rest of the household questionnaire**

The remaining questions in the household questionnaire should be completed by the household reference person or their spouse or partner.

Who is the Household Reference Person?
The 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.

**HiHNum**

This question establishes 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 HHIdr) they are automatically the HRP.

**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.
**PasSm**
This question refers 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.

**EatTog**
This question asks how often in the last seven days, members of the household have eaten a main meal together. Note that this question asks about the number of **times** they have eaten together, not the number of **days** so if they ate more than one meal together in a day you will need to probe and code 6 (more often than 7 times) if appropriate. We are not offering any definition of a meal here; if queried it is the respondent’s definition that counts. Respondents are asked NOT to count breakfast as a main meal.

**SrcInc**
Code the sources of income for the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER only. Do **not** 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, ie. including any income of other household members, as well as the household reference person and spouse/partner.

**Occupation details of Household Reference Person (HRP)**
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 (eg. 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 (ie are not taking a year out). If return depends on exam results, assume that they get the results and code them as ‘going to school or college full-time’.
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 (ie 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 (eg 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 Training for Work (used to be called Employment Training or Employment Action).

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 *HFtP* time, 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 *HNEmple*, 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 (eg 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’ (eg 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.

**Adding or 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.

### 15. Setting up interviewing sessions

**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, an 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.

**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 12, 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.
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.
16. 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 0-15) for 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/guardian, 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 7.

General Health (all strands)

The section starts by checking the individual’s date of birth that was collected in the household grid. You only need to enter it again if it was incorrect in the grid.

DBCheck, OwnAge

The date of birth of each respondent is a vital piece of information and it is essential that we get it right. For example, we are using it to check person numbers on documents, and with the respondents’ consent, it might be passed to the Scottish Government to link their survey data to some of their health records. Although you have already entered it in the Household Questionnaire, it may have been provided by someone else. These questions provide a check to ensure that these details are correct for each individual interviewed. Always read out the date of birth displayed on screen, even if you entered it very recently. If someone’s date of birth is not correct code 2 at DBCheck and enter it in the questions that follow – the original date entered will be displayed there and you can write over it. If you did not collect a date of birth in the household grid then code 3 here and collect it.

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 available on screen if you press F9. This is to help you with the spelling. It should not be used as a prompt for respondents. It might be worth looking at the list before you start typing your answer. Sometimes a respondent might be able to help with the spelling, but if not just write it in how it sounds and the coders will work it out from that.

**RG15, RG16a, RG16b, RG17**

These questions ask about respondents’ caring commitments, either within the household or outside it. Exclude care provided in the course of someone’s job (e.g. a home help). The questions allow you to code up to two people who care is provided for. RG16a allows you to code whether care is provided to someone in the household, or to someone outside it (code 97). RG17 codes how much time in total the respondent spends per week providing care – so if they told you about two different people they should add the time spent with both people together here. There is a lot of interest in the health of people who provide unpaid care so these questions will provide very valuable data.

**CVD**

Version A has more CVD questions than Version B. Apart from the questions about seeing a GP and visits to hospital, the CVD section is only for adults (16+).

**Chest pain (Version A):**

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

If serious doubt arises about the correct interpretation of a particular answer, it should be recorded in such a way as to exclude the suspected condition, e.g.

Q “Do you get it when you walk uphill or in a hurry?”
A “Well maybe, but I can’t really remember”

This answer should be coded as ‘no’. However, please note that the question named Chest is an exception to this.

**Chest**

Record any instance of pain. For example, an answer such as “No, except for indigestion” should be coded ‘yes’. The questions that follow are designed to filter out any chest pains that are not related to cardiovascular disease.

**Uphill**

The answer must be interpreted strictly. We only want to know about pain when walking uphill or hurrying - not when doing any other activity. Pain experienced only when going up stairs should be recorded as ‘no’.

**WalkDo**

If the respondent says (s)he takes a tablet (eg GTN, nitroglycerin, trinitrin) or mouthspray (for the heart and not for the wheeze), code ‘1’ (ie (s)he stops walking).
**PainAway**
If the pain goes away after taking a tablet or mouthspray then code ‘1’ (ie the pain goes away after stopping and taking medicines)

**ShowPain**
Please be as precise as possible, using the diagram as a guide. Be careful about which side is left and which is right. The numbers on the diagram match the numbers that need to be coded at ShowPain. The card is designed to be used by you and the respondent together. The respondent should indicate the area of the pain on his/her own body, and between you, you should work out which part of the diagram corresponds.

**SevPain**
A severe pain across the front of the chest lasting for half an hour or more could indicate that the respondent has had a heart attack. Do not give the respondent any guidance about what is meant by a severe pain across the front of the chest.

**DocWhat**
If the doctor said the pain was “nothing to worry about”, then code ‘4’.

**ECGEver**
An ECG measures the electric current generated by the heart muscle. Electrodes are connected to the left side of the front of the chest, and to the wrists and ankles. The subject does not feel any sensations during the test, and is asked to relax and lie still.

The electrodes are attached to an ECG machine, which is the size of a video recorder, usually on a trolley. This records the rhythm of the heart. The test takes about 20 minutes. It is important to distinguish this test from the 24-hour ‘Ambulatory Holter-Monitor’ test which is used to investigate transient types of heart rhythm abnormalities.

**Phlegm, breathlessness and wheezing (Version A):**
These questions come from the ‘Respiratory Questionnaire’ which was designed by the Medical Research Council and is used throughout the world for detecting respiratory symptoms. Some respiratory symptoms are related to cardiovascular conditions.

**Flegm**
If the respondent does not know what phlegm is, give the following description:

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

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

Stress the word ‘usually’, and note that the reference period is in winter. ‘Usually’ refers to most mornings in most winters.

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

**SoBUp, SoBAg, SoLev**
If the respondent answers ‘sometimes’ to any of the breathlessness questions, code ‘yes’.

**Wheeze**
If the respondent does not know what wheezing is, you may give a vocal demonstration. The wheezing must occur when breathing out to qualify as a ‘yes’. Do not mention asthma.
Blood pressure and blood cholesterol measurement (Version A)

**BPMeas**
There are a few questions about having blood pressure measured. Blood pressure is the force needed to keep the blood moving through the body every time the heart beats.

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

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

**CHMeas**
This asks about cholesterol, in a similar way to blood pressure. Cholesterol is a type of fat in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease.

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

**CVD1-PastYr7**
This set of questions records various heart conditions.

In the coding section of your showcards is a card which gives some of the common names for some of these illnesses. It is very important that you use this card if someone describes a condition in words other than those used in questions CVD1-CVD8. For example, if someone says (s)he does not have an abnormal heart rhythm at CVD5, but at CVD6 says (s)he gets palpitations, you should go back to CVD5 and change the response to ‘yes’. This is because there are several follow-up questions which would otherwise be missed.

**CVD6**
‘Other heart trouble’ must be described in detail, so that it can be coded later in the office by the survey doctor. In particular, we would like any cases of ischaemic and transient stroke to be coded under this. This is a condition where someone suffers a mini-stroke which can lead to temporary black-outs. Please get as much information as you can.

**COPD**
This is a new question on COPD. If asked for clarification, you can tell the respondent that this stands for Chronic Obstructive Pulmonary disease and includes chronic bronchitis and emphysema. We are not interested in a one-off bout of bronchitis after a bad cold that a respondent may have had.

**DocTold2-7**
We are trying to find out whether the condition was medically diagnosed. If the respondent had the condition diagnosed when still a small child, then it might be the respondent’s parents who were informed of the diagnosis rather than the actual respondent. This should still be coded ‘yes’.

**PastYr2-7**
Refers to the actual condition or event, not to after-effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.
**OthTrt, OtherAdv, OthDi, OthMur**
Other treatment can include a wide variety of things. The most common seems to be going for regular check-ups, and changing diet. Keep the definition fairly wide, and if the respondent mentions anything that (s)he thinks is 'other treatment', note it down.

**DocBP**
Medical diagnosis of high blood pressure is important to prevent incorrect self-diagnosis. We are interested in diagnosis by proper medical personnel - this will include nurses as well as doctors.

**PregBP, OthBP**
It is quite common for women to have high blood pressure (HBP) only when they are pregnant, and in this case HBP would not be seen as a condition related to CVD. Therefore, such women are not asked the follow-up questions. This is also true for diabetes and heart murmur.

**StopMed**
If the respondent has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the responded should stop (a medical adviser or the respondent), and then code why.

**Use of services (0+ all versions):**
This section is to find out about the use of various health services, by those with CVD complaints and those without. People who have a CVD condition have slightly different questions here. It is not designed to investigate need for services.

**Activity And Exercise – Adults (all versions)**
The questions in this section all relate to the **four weeks** prior to the interview, so you need to focus the respondent’s attention on this.

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

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

**Garden/ManWork**
Exclude any work done as part of a job e.g. as a gardener or builder.

**Wlk5Int**
This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term **any**, including walking to the shops, or home from the bus stop. Do not include walking about while at work.

**Wlk15M**
We then ask about longer walks of at least 10 minutes. This can include most things – rambles, hill walking, walking to work etc, but exclude:
- Walking as part of a sport (e.g. golf)
- Walking in the course of one's main job
- Just being on your feet for 10 minutes
**ActPhy**
The next few questions look at recreational sport or exercise. We do not want to double-count anything here. If someone is a professional sportsperson in their main job, their activities as part of that job should not be recorded here. However, if they do sport as part of their second job, which has not been included in the previous questions, then this should be recorded here.

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

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

**OthAct**
Include any other sports mentioned here, e.g. golf.

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

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

**TVWeek, TVWkEnd (Version A)**
These questions were added in 2003 because we are interested in measuring physical in-activity as well as activity. The question asks how much time respondents spend “sitting watching television” so they should not count time spent watching an exercise video (providing they are actually exercising too!), and they should not include time spent watching TV while ironing or doing other light housework.

Do not include intermittent use of a PDA, Blackberry or something like an iPhone unless they are spending long periods of time sitting using these on their own. If someone uses a laptop with wireless internet connection at the same time as they are sitting watching the television only record the actual time once, do not double count it.

**Activity And Exercise – Children (all versions)**

This 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 apart from the specific question at the end that asks about activity during school lessons. Activities done on school premises, but not as part of school lessons (eg. after school clubs, things done during lunch break) SHOULD be included in the main questions about activity and not in the question about lessons.
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.

**TVWeek, TVWkEnd (Version A)**
See instruction above in relation to adults.

**Eating Habits (Adults – version A only; children 2+ all versions)**
Children aged 2-15 in all versions, and adults (16+) in version A, are asked all of the eating habits questions.

**Eating Habits:**
The eating habits questions are taken from the Eating Habits modules used in 1995 and 2003. They are based on the Dietary Instrument for Nutrition Education (DINE) questionnaire, which was designed by the Imperial Cancer Research Fund’s General Practice Research Group.

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

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

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

The question distinguishes between white, brown and wholemeal bread.

Use code 4 if the respondent mentions white breads that have been enhanced to make them high in fibre (e.g. “best of both”).

For respondents who eat different kinds of bread (nans, pittas, parathas, chapattis etc), find out what kind of flour is used (white, brown or wholemeal) to make the bread and code 1, 2 or 3 as appropriate.

Generally, you should use code 7 only as a last resort, and if you do please record the type of bread at the next question.
**Milk**

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

- Gold top = Channel Island, Jersey Code 1
- Blue or silver top = Whole milk Code 1
- Green top = Semi-skimmed Code 2
- Red top = Skimmed Code 3

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

There are spontaneous (i.e. not to be read out) codes on screen for other types of milk such as goat, soya, oat and infant formula (for young respondents!) Only use code 4 (other type) if you cannot use one of the other options on the screen.

**Cereal**

This question establishes which type of breakfast cereal the respondent normally eats. You will need to ask them for the name of the cereal (including brand name if possible) and then use the cereal coding cards in your coding booklet to establish which type of cereal it is e.g. high fibre, low sugar. The cereals are ordered by brand name in the coding book but in some cases the respondent may not know who makes the cereal. If possible, ask them to bring you the cereal box to ensure you code it correctly. If you can’t find the cereal on the list just code 5 and type in the full brand and name.

**Meat**

Note that this question does not cover meat products such as pies, sausages etc (these are covered in the next question), but it should include ham, bacon, mince etc.

**Cheese**

This should include cheese in other dishes, such as cheese on toast, on a pizza or in a lasagne.

**ConFec**

This includes chocolate bars, not just chocolates that come in a box.

**IceCream**

This will depend on the time of year, but the survey covers the whole year so seasonal variations will be picked up. Respondents should therefore answer with reference to how much ice cream they eat at the moment, around about the time you are interviewing them.

**Fruit and vegetable consumption (2+ all versions)**

This question module was developed by the National Centre for inclusion in the Health Survey for England 2001, and was used in the 2003 SHES. The 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. The information collected through this module is the main national reference for fruit and vegetable consumption in Scotland.

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 2 and over. Although respondents aged 2-12 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:

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Portion size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables and pulses</td>
<td>2 tablespoons</td>
</tr>
<tr>
<td>Salad</td>
<td>1 cereal bowelful</td>
</tr>
<tr>
<td>Medium-sized fruit (e.g apple)</td>
<td>1 fruit</td>
</tr>
<tr>
<td>Small fruit</td>
<td>2 fruits</td>
</tr>
<tr>
<td>Very small fruit and berries</td>
<td>1 average handful</td>
</tr>
<tr>
<td>Very large fruit (e.g melon)</td>
<td>1 average slice</td>
</tr>
<tr>
<td>Large fruit (e.g. grapefruit)</td>
<td>½ fruit</td>
</tr>
<tr>
<td>Dried fruit</td>
<td>1 tablespoon</td>
</tr>
<tr>
<td>Fruit salad, stewed fruit etc</td>
<td>2 tablespoons</td>
</tr>
<tr>
<td>Fruit juice</td>
<td>1 small glass (150ml)</td>
</tr>
</tbody>
</table>

These definitions are 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. To avoid confusion about how big a tablespoon is there is a showcard with spoon sizes to help respondents.

**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 make sure 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 sized 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 diluting juice, squashes, cordials and fruit-drinks should not be included. In some parts of Scotland these types of drinks are called ‘ginger’ – if asked you can confirm that ginger should not be counted as fruit juice. Some of the main brand names that should also 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 fruits, 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 vegetables or pulses are 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. The spoons card will also help here.

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.

**Smoking and Drinking (all versions)**

**16-17 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 16 and 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. There are no questions about smoking and drinking for respondents aged under 16.

**18 and 19 year olds**
If a respondent is aged 18 or 19 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 (light blue) rather than the Adult Booklet. If you are interviewing an 18 or 19 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 or 19 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.

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

It will also allow us to monitor over time whether smoking habits change. Avoid reminding respondents of the health risks of smoking in case it biases their replies.

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

**SmokEv08**
By ever smoked, we mean even just once in their life.

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

**NumSmok**
If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.
**Passive**
Even though smoking in enclosed public places was outlawed in 2006 we are using the same question that was asked in 2003 so we can compare responses. If anyone queries why we are asking about exposure to smoke in places in which it is illegal to smoke you can say that although it is illegal it is not impossible for someone to be exposed to smoke in such a place.

**Drinking (all versions)**

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.

If a respondent aged 18 and over does not drink at all, the programme will instruct you at PagEx to cross out the drinking experiences questions in his/her self-completion booklet before you hand it over.

**16-17 year olds**
As with smoking, 16-17 year olds (and 18-19 year-olds at your discretion) are asked about drinking. The information collected here will be used to look at the relationship between drinking habits and health.

**NBeer, NBeerQ etc**
This is the first of a series of questions, each set asking about a different group of drinks, and how often they are drunk. You will ask first how much normal strength beer, lager, stout, cider or shandy is drunk in the last 12 months and then how much was drunk on a drinking day. These questions are repeated for each type of drink. Then, for each type of drink, you will also ask the respondent about their drinking in the previous seven days.

The reason for the addition of these questions is the revised Government advice on safe drinking levels. The advice used to be based on a maximum number of units of alcohol in a week. However, this ‘safe’ limit was supposed to be spread over the week rather than all consumed in one or two sessions, so the advice was changed to recommended maximum daily consumption. We therefore need to ask respondents about their heaviest drinking day in the last week to get an idea of the frequency with which these ‘safe’ daily levels are exceeded. We need to keep the old questions as well, both for trend data and for an estimate of usual drinking behaviour.

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 (eg Tennent’s Super, Carlsberg Special Brew, White Lightning). Some respondents will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

For each group of drinks read out the full description. We are interested in the frequency of drinking all types of drink in a category - so if someone says that they drink gin once a month and vodka three or four times a week, ask them to tell you how often they drink any kind of spirit. If the respondent says that the amount they drink on any one day varies greatly, ask them to think of the amount they would drink most often.

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

For 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 eg 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 the respondent drinks large 2 litre bottles, instruct him/her to convert the amounts into half pints.
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, eg "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. Of course, all these measures should be 'pub measures' not a different size of 'single' measure the respondent may pour for him/herself.

**SherryQ**

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. The label “sherry” is now only used to cover sherry which is made in Jerez. Similarly, the term “port” can only be used to cover port which comes from Oporto. Ports and sherries made elsewhere are now called “fortified wines”. If a respondent has drunk a particular brand of sherry or port for many years, which is now labelled as a fortified wine, it is very likely that they will still think of it as sherry / port and will include it at the question about sherry. But if anyone queries this, then these fortified wines should be recorded at the question called ‘Sherry’.

Buckfast is included in the question called “Sherry”. Sanatogen and other Tonic Wines can be also included in the question called “Sherry”. Otherwise you can record it as an “other answer” at the question about any other type of alcohol they have drunk.

**WineQ**

For wine the answer is recorded in glasses or as parts of bottles, or both.

If the respondent answer is bottles or parts of bottles (code 1) you will have to use the information on the screen to code the equivalent number of glasses.

<table>
<thead>
<tr>
<th>Bottles/Parts</th>
<th>Glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 750ml</td>
<td>6</td>
</tr>
<tr>
<td>Half a bottle</td>
<td>3</td>
</tr>
<tr>
<td>1/3 bottle</td>
<td>2</td>
</tr>
<tr>
<td>¼ bottle</td>
<td>1.5</td>
</tr>
<tr>
<td>One litre</td>
<td>8</td>
</tr>
<tr>
<td>Half a litre</td>
<td>4</td>
</tr>
<tr>
<td>1/3 of a litre</td>
<td>2.5</td>
</tr>
<tr>
<td>¼ of a litre</td>
<td>2</td>
</tr>
</tbody>
</table>

If you record it in numbers of glasses (code 2) you will be asked to record the size of the glass (250ml, 175ml or 125ml) note that small glasses in pubs/restaurants are 175ml.

If you record it as ‘Both bottles or parts of bottles, and glasses’ you are asked to record both bottles or parts of bottles (translated into glasses) then the number of glasses they drunk and the size of the glass. An example of when this might occur is where someone drinks a third of a bottle at home before going out and then 2 glasses when they are out.

Later in the year we will be introducing a showcard with pictures of wine glasses on (similar to the spoons card in the fruit and vegetable module). This should be used by respondents to help gauge the volume of wine they have drunk.

**WhichDay**

If a drinking session continued beyond midnight, code the day on which it started.
DrWher1, DrWher2, DrWith1, DrWith2
These questions have been revised for the 2008 survey. They are designed to find out where people drink the most alcohol and who they are with when they drink the most alcohol.

Dental health (Adults - all versions)
Note that these questions are only asked of adults.

NatTeeth
Respondents who have say they have ‘no natural teeth’ at this question will get filtered out of most of the remaining questions.

Classification (all versions)

Employment
- 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

Note that we are only asking adults about their religion.

Along with the usual questions about ethnicity, religion and education, there are some additional questions about what the respondent's parents did for a living when they were aged 14, whether their natural parents are still alive, and if not, what the cause of death was.

Presentation of Self-Completion Booklets (all versions)
In 2008 we are using the following self-completion booklets. These are:

Parents of Mint Green Strength and difficulties questionnaire. This will be given to the 4-12 yr olds parents at the end of the child’s questionnaire

13-15 yr olds Pink General health

Young adults Lilac Smoking, drinking, general health, contraception and sexual orientation and transgender status.

Adults Pale Blue Drinking, general health, contraception and sexual orientation.

There are new questions in the young adults and adults questionnaires about sexual orientation. If asked, do not give any definitions of the terms.

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.

ParSDQ
At this question you should code the person number of the PARENT who is completing the green Booklet for Parents of 4-12 year olds. CAPI will prompt you with the person numbers and first names of the child’s parents.
**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.

**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?”

**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.

**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 18-19 year olds if you feel better quality information would be collected by so doing. There are no questions about smoking and drinking for anyone aged under 16.

For the 16-17 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.

**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. If they would like a record, write their measurements in the space provided in the Stage 1 Leaflet and give it to the respondent. There is a separate stage 1 leaflet for children. There is room to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you.

The nurse visit (Adults only, Core NURSE sample addresses only)

Nurse
This will only apply at addresses in the nurse sample – the ARF label will say “NURSE” on the front. 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 yellow stage 1 leaflet and you can refer respondents to the relevant sections. Remember try not to get into a discussion about the different measurements, it is better to leave nurse to answer these questions.

The yellow version of the stage 1 leaflet for adults has space for you to note details of a nurse appointment. 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.
It is not your responsibility to provide detailed information about the nurse visit, for example what the measurements might entail. The nurse will do this.

**Consent**

**NHSCan – ReIntSig**
We will be asking for consent to link respondents details with Scottish Health Records and consent to pass on their details to the Scottish Government or a research agency acting on their behalf for future follow-up research. Full details of these are given in the next section.

### 17. Consents

**A. Scottish Health Records**

As in 2003, we will be seeking respondents permission to send their names to the Information Services Division (ISD) of NHSScotland. ISD collects information on patient care delivered by the NHS in Scotland, such as in-patient and out-patient visits to hospital, length of stay and waiting times. It includes information about medical diagnoses including cancer or heart disease and may be linked with other information e.g. about registration with a general practitioner or mortality. By linking this information with the interview data the research is more useful as we can look at how people’s lifestyle and circumstances can have an impact on their future health and use of hospital services.

There is a consent form for adults (pale green) and a separate one for children (lemon) to be signed by their parent/guardian. Respondents must sign the top copy of the consent form – they will keep the top copy and you will keep the white copy.

We have tried to make this part of the interview more streamlined by combining the introductions for adults, children aged 13-15 and those aged 0-12.

**NHSCanA, NHSCanY, NHSCanC**

You will only need to read out the information about the NHS records once to all the adults [NHSCanA] in the session, you will see all their names displayed at the top of the screen. If there are any children aged 13-15 in the session a similar, but shorter, version of the question will appear [NHSCanY]. The same applies to children aged 0-12 [NHSCanC]. You will be prompted by the programme to present the Scottish Health Records consent form to the respondents (the correct colours for each age group will appear on the screen). If a respondent wishes to cancel this permission at any time in the future, they can do so by writing to us.

**NHSCon**

You will then be asked to code for each person in the session whether or not they gave their verbal consent. This lets the computer know which people you need to ask for written consent.

**NHSSig**

You then need to get written consent for each person. Children aged 13-15 are asked to give their consent at the first question, but only their parent/guardian can provide the written consent. If a respondent wishes to cancel this permission at any time in the future, they can do so by writing to us.
B. Scottish Government follow-up research

We are also asking for permission to pass on the respondents’ details (including their name, address and answers to the survey) to the Scottish Government in case they want to contact them in future to take part in another study about their health. If asked you can say that there are no plans to do any further studies at present and that they would always be contacted beforehand to ask if they still willing to take part. Respondents are free to decline to take part in any future studies, even if they agree to have their details passed on.

There is a consent form for adults (pale blue) and a separate one for children (pink) to be signed by their parent/guardian. Respondents must sign the top copy of the consent form – they will keep the top copy and you will keep the white copy.

The format of these consent questions follow the one used for the NHS Records consents.

RelInterA, RelInterY, RelInterC
You will be prompted by the programme to present the Scottish Government Follow-Up Research consent form to the respondents. Different versions of the introductory questions will appear once for each group of adult, 13-15 and 0-12 yr old respondents.

RelIntCon
You will then be asked to code for each person in the session whether or not they gave their verbal consent. This lets the computer know which people you need to ask for written consent.

RelIntSig
You then need to get written consent for each person. Children aged 13-15 are asked to give their consent at the first question, but only their parent/guardian can provide the written consent. If a respondent wishes to cancel this permission at any time in the future, they can do so by writing to us.

18. Attitudes to health module

Version B includes a new module of questions covering attitudes to health and knowledge of health messages. This section is new to the Scottish Health Survey but has been developed from a long-standing study called the Health Education Population Survey.

This section will only be asked of one adult (16+) in each household after completion of the main interview. You will not have to make a selection - the computer will select which adult will answer these questions for you. The name of the selected person will be displayed at the point when you set up individual sessions.

AttIntr
This question introduces the attitudes section. If there were other people in the session the previous question (ThankC) will have thanked them for their time and told them that their interview has finished. Try and make this section flow naturally from the rest of the interview and do not make it too easy for respondents to refuse to continue. If you think it necessary you can offer to do it at another visit, but the preference is for the interview to be done in one go.
What to do if someone wants to do the attitudes to health section at another time

Try and present this section as an integral part of the study and do not explicitly give them the option of not doing it straight away. It’s only a short section and the questions are very different to what’s in the rest of the questionnaire. Stress that this is a very important part of the study.

It is better to do the section at another time than not at all so if it is necessary to do it at another time:

- Code 2 at AttIntr
- Finish the session
- Do not transmit the interview
- When you back to the household, enter that session and press END
- You will only need to arrow back a few questions to get to AttIntr again
- Now code 1 at AttIntr and finish the interview

Attitudes to Health CAPI questions

AttIntr (code 1) takes you into the module.
In the CAPI section there are questions to find out if people know what current government/expert advice is about fruit and vegetable consumption and alcohol consumption. We do not want respondents to feel like they’re being quizzed so don’t give them the answers afterwards (if you know them). If respondents have questions about their health or are worried about their drinking then their GP or a practice nurse at their GP surgery is the best person to advise them. The Stage 1 leaflet for respondents has the phone number for the Scottish Governments healthy living helpline.

QoAsso/QoAssc
These questions ask the respondent to describe their weight and that of their children that have taken part in the interview. Letters have been added to the showcards so they don’t have to read out their answers. This is particularly important if the children are in the room at the time.

QAIvl
This question asks the respondent to describe the amount they drink. Letters have been added to the showcard so respondents don’t have to read out their answer.

Attitudes to health computer assisted self-completion (CASI) questions

This section also has a self-completion element which will be administered by CASI, with the respondent keying their answers directly into the computer. These questions have detailed on screen instructions to guide the respondent through the module. As, the questions in this section of the interview cover some sensitive items about sexual health you must not look at the respondents’ answers (or allow anyone else in the household to see them). The only exception is if the respondent explicitly asks you for help with keying in their answers. Once the questions have been completed the computer will lock this section so that no one can look at the respondent’s answers. Remind respondents of this if they need reassurance during this section.

CasInt
Before you hand over the computer you must read out exactly what is written on the screen. It is very important that the respondent knows that you will not be looking at their answers (unlike for the self-completion they completed earlier) and that their answers will be locked on completion of the module. If a respondent does not want to complete the CASI module accept their wishes and do not spend any further time trying to persuade them to do so.
19. **Admin Block**

Because of the One Way ARF 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.

**AdmNote**
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, if appropriate).

**partially productive:** you enter the individual outcome codes of the unproductive household members and then complete the ARF (and NRF, if appropriate).

**fully unproductive:** you enter the outcome code for the household and complete the ARF (and the No Nurse Visit Sheet, if appropriate).

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 WE ARE 3 DIGIT OUTCOMES CODES FOR HOUSEHOLDS AND TWO DIGIT OUTCOME CODES FOR INDIVIDUALS**

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

**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.

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

**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 SAAAdInf.

**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.

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

**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 identified as nurse addresses on the address label on the ARF. At boost addresses where there are no nurse visits and those core addresses that are not eligible for a nurse visit, there is no need to complete an NNV – they will be automatically coded out for the nurse.

**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.

**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.
20. 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.

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.

Before returning work:
- Connect up your modem
- Select “RECEIVE & TRANSMIT” from the ‘working at home’ menu

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 (return these regularly, do not hold on to them until the end of the assignment)

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.

REMEMBER: YOU MUST NEVER RETURN COMPLETED SELF-COMPLETIONS AND THE ARF FOR AN ADDRESS IN THE SAME ENVELOPE.
21. Any problems?

If you have any problems with the survey itself, or with the questionnaires, you can either contact Karen Hawkes, Laura Common or Audrey in the Yellow Team in Brentwood on 01277 200600 or any of the research team at ScotCen. All of the relevant phone numbers are in quick reference section (section 1) at the start of these instructions.

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.

Your workpack includes suggestions/problems sheet. Please record any problems/suggestions you have about any element of the project on one of these sheets and return it to the yellow team.
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 (see diagram below).

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 as this helps people to ‘be at their highest’. 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.
FRANKFORT PLANE – ADULTS
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 'stage 1 leaflet' 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 cooperation 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 'stage 1 leaflet for children'. 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.

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 religious head dress), bring the headplate down until it touches the hair/head dress. 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.

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

4. You may need to tip the stadiometer to read the height of tall respondents

5. If the respondent has long hair then you may need to tuck it behind their ear in order to position the head correctly. Always ask the respondent to tuck their hair behind their ears.

PLEASE NOTE:
The child stretch on the Scottish Health Survey is different to that used on Child of the new century. Please use the SHeS stretch when measuring children for SHeS 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 & 880**
- 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 a 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/Team leader or directly to John Lightfoot 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. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.

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 ‘Stage 1 leaflet’. 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 ‘Stage 1 leaflet for children’ 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/CHILD LIST SHEET

Use when there are more than ten adults (16+) or children (age 0-15) in the household and you need to make a selection.

LIST ALL ADULTS/CHILDREN IN HOUSEHOLD IN DESCENDING ORDER OF AGE.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ADULT SELECTION CHART

<table>
<thead>
<tr>
<th>Number of adults in household</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>19</td>
</tr>
</tbody>
</table>

IF...

ELIMINATE THOSE WITH SELECTION CODES...
<table>
<thead>
<tr>
<th>IF THERE ARE:</th>
<th>SELECT CHILDREN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>10 &amp; 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>6 &amp; 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>9 &amp; 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>2 &amp; 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>16 &amp; 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>7 &amp; 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>16 &amp; 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>2 &amp; 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>12 &amp; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>14 &amp; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>15 &amp; 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>5 &amp; 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>19 &amp; 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>6 &amp; 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>5 &amp; 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>12 &amp; 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>19 &amp; 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>13 &amp; 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>29 &amp; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>7 &amp; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>2 &amp; 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>9 &amp; 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>9 &amp; 20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D  Practice serial numbers

We have given you 12 practice serial numbers (plus 5 for those working on the separate Health Board boost assignments). As well as familiarising yourself with the two main strands of the questionnaire, you will also be able to practice interviews at core addresses, child boost addresses, those addresses eligible for a nurse visit and those that are not.

If you want to do more practice interviews, open second and third household questionnaires for any of the practice serial numbers. Extra households at an address are given the next check letter in alphabetical sequence (remembering that i, o, and u are not used). So for address 01, the checkletter for Household 1 is H, the checkletter for household 2 will be J and for Household 3 will be K). At core NURSE addresses, it is only household number 1 that is eligible for a nurse visit, subsequent households are not.

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Sample Type</th>
<th>Strand</th>
<th>Eligible for a nurse visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>100011</td>
<td>Core A</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>100021</td>
<td>Core B</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>100031</td>
<td>Core A</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>100041</td>
<td>Core B</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>100051</td>
<td>Core A</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>100061</td>
<td>Core B</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>100071</td>
<td>Core A</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>100081</td>
<td>Core B</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>100091</td>
<td>Child boost A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100101</td>
<td>Child boost B</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100111</td>
<td>Child boost A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100121</td>
<td>Child boost B</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100131</td>
<td>Health Board boost N/A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100141</td>
<td>Health Board boost N/A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100151</td>
<td>Health Board boost N/A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100161</td>
<td>Health Board boost N/A</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>100171</td>
<td>Health Board boost N/A</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

The last five serial numbers are for interviewers working on a separate Health Board boost assignment. Do not use these if you are working on a core and child boost assignment as the interview is not the same, for example, there are no child interviews or nurse visits at Health Board boost addresses.
APPENDIX E: SURVEY STRUCTURE

CORE ADDRESSES (Not eligible for Nurse Visit)

CORE ADDRESSES (Eligible for Nurse Visit)
**Child Boost addresses**

- Contact sampled address
- Household questionnaire
- Individual interviews with: up to 2 children
  - Self-completions
  - Height & weight measurements
  - Consents
- END

**Health Board boost addresses**

- Contact sampled address
- Household questionnaire
- Individual interviews with: all adults (max 10) aged 16+
  - Self-completions
  - Height & weight measurements
  - Consents
- END
## APPENDIX F: Interviewer Documents

You will need the following documents and equipment for the survey period. These will be provided in your work pack or given to you at the briefing.

<table>
<thead>
<tr>
<th>Name of Document</th>
<th>Colour</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample cover sheet</td>
<td>Lemon</td>
<td>The list of addresses in an interviewers sample point.</td>
</tr>
<tr>
<td>Police letter</td>
<td>SHeS Headed paper</td>
<td>A letter about the survey which should be passed to the local police station to inform them that the survey is taking place.</td>
</tr>
<tr>
<td>ARF A (Core)</td>
<td>Lilac</td>
<td>Address record form for recording details about interviewer calls made to the core address and the outcome codes for those addresses.</td>
</tr>
<tr>
<td>ARF B (Core)</td>
<td>Golden Yellow</td>
<td>As above but for extra households found within the selected core addresses.</td>
</tr>
<tr>
<td>ARF A (Child Boost)</td>
<td>Mint Green</td>
<td>Address record form to record information about the household and the outcome code. For the child boost sample this will include information relating to whether the household was screened in or screened out.</td>
</tr>
<tr>
<td>ARF B (Boost)</td>
<td>Blue</td>
<td>As above but for extra households found within the selected child boost address.</td>
</tr>
<tr>
<td>Advance letter - Core</td>
<td>SHeS headed paper</td>
<td>Letter sent to respondents before the interviewer calls to inform them of the survey. You will have some spares in you pack.</td>
</tr>
<tr>
<td>Advance letter - Child Boost</td>
<td>SHeS headed paper</td>
<td>Letter sent to respondents before the interviewer calls to inform them of the survey. It mentions particular interest in 0-15 year olds. You will have some spares in you pack.</td>
</tr>
<tr>
<td>Advance Letter Laminate</td>
<td>SHeS headed paper</td>
<td>Laminated letter that can be used as a reminder on the doorstep. It has the core advance letter text on one side (identified by a large ‘C’ on the top right of the letter) and the child boost letter text on the reverse (identified by a large ‘CB’ on the top right.</td>
</tr>
<tr>
<td>Advance Letter Envelopes</td>
<td>White, pre paid with logos</td>
<td>Special pre paid survey envelopes for posting advance letters. You will also have some</td>
</tr>
<tr>
<td>Name of Document</td>
<td>Colour</td>
<td>Use</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>spare blank envelopes in your pack.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showcards</td>
<td>Lilac Cover</td>
<td>To be used alongside the questionnaire. Contains answer options to certain questions which may be of a sensitive nature or for which there may be a large number of options. You have a spare set of cards to use if you are interviewing at a large household.</td>
</tr>
<tr>
<td>Frankfort plane</td>
<td>White</td>
<td>Laminated card to help with measuring height accurately.</td>
</tr>
<tr>
<td>Coding booklet</td>
<td>Pale blue cover</td>
<td>Contains coding details for cereal and fresh fruit sizes coding list. It also contains height and weight conversion charts and look-up charts for 13+ dwelling unit/people.</td>
</tr>
<tr>
<td><strong>RESPONDENT LEAFLETS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHeS survey leaflet</td>
<td>Blue and White</td>
<td>A leaflet which provides some key information about the survey including some of the main findings from previous years. You must include a copy of this with the advance letter. You will also have some spare copies in your pack.</td>
</tr>
<tr>
<td>Stage 1 leaflet – Adults (at Core addresses eligible for nurse visits)</td>
<td>Golden Yellow</td>
<td>To be given to adult 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. It also contains information on the nurse visit.</td>
</tr>
<tr>
<td>Stage 1 leaflet – adults (at core addresses not eligible for a nurse visit)</td>
<td>Lilac</td>
<td>To be given to adult 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.</td>
</tr>
<tr>
<td>Stage 1 leaflet - info for children</td>
<td>Mint Green</td>
<td>To be given to children at both Core and Child Boost addresses. Explains what the survey is about to children and what is involved, such as the height and weight measurements. It also has an email address they can contact if they have any questions.</td>
</tr>
<tr>
<td>Stage 1 leaflet - info for parents (only to be used at child boost addresses)</td>
<td>Mint Green</td>
<td>A leaflet to be given to parents at child boost addresses providing them with more information about what will be involved if their child participates in the survey.</td>
</tr>
<tr>
<td>Name of Document</td>
<td>Colour</td>
<td>Use</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>SELF-COMPLETIONS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents of children aged 4-12</td>
<td>Mint Green</td>
<td>Given to parents at the end of the child's questionnaire. Contains questions on strengths and difficulties.</td>
</tr>
<tr>
<td>Children aged 13-15</td>
<td>Pink</td>
<td>To be completed by the 13-15 year-old themselves. Contains questions on general health.</td>
</tr>
<tr>
<td>Young adults (16-17) and 18 &amp; 19 year olds at your discretion</td>
<td>Lilac</td>
<td>This is for all 16-17 year olds and 18 &amp; 19 year olds at your discretion. Contains questions on smoking, drinking, general health, contraception and sexual orientation.</td>
</tr>
<tr>
<td>Adults (18+)</td>
<td>Pale Blue</td>
<td>This is for all adults 18+. The exception is on those occasions when you have already decided that an 18-19 year old should get the young adult questionnaire instead (in which case they do not complete this one as well). Contains questions on drinking General health, contraception and sexual orientation.</td>
</tr>
<tr>
<td><strong>CONSENTS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish Health Records consent form (adults 16+)</td>
<td>Pale green, carbonised</td>
<td>To be signed by respondents if they give permission for their information to be linked with Scottish Health Records. The respondent keeps the green copy and you keep the white copy and return it to the office.</td>
</tr>
<tr>
<td>Scottish Health Records consent form (0-15 year olds)</td>
<td>Lemon, carbonised</td>
<td>To be signed by parent/guardian of children aged 0-15 if they give permission for the child’s information to be linked with Scottish Health Records. The respondent keeps the lemon copy and you keep the white copy and return it to the office.</td>
</tr>
<tr>
<td>Scottish Government Follow-up research (Adults 16+)</td>
<td>Pale blue, carbonised</td>
<td>To be signed by respondents if they give permission for details to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the blue copy and you keep the white copy and return it to the office.</td>
</tr>
<tr>
<td>Scottish Government Follow-up research (0-15 year olds)</td>
<td>Pink blue, carbonised</td>
<td>To be signed by parent/guardian if they give permission for details of child (aged 0-15 years) to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the pink copy and you keep the white copy and return it to the office.</td>
</tr>
<tr>
<td>Name of Document</td>
<td>Colour</td>
<td>Use</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>NURSE DOCUMENTS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Appointment Diary (for interviewers)</td>
<td>Pale Blue (A5 booklet)</td>
<td>Used to keep a record of nurse availability and set up nurse appointments.</td>
</tr>
<tr>
<td>NRF (work for nurse)</td>
<td>Pale Blue</td>
<td>To pass information to nurse about who they have to conduct visits with. You complete section A and the nurse completes section B.</td>
</tr>
<tr>
<td>No Nurse Visit (NNV) form (no work for nurse)</td>
<td>Pale Blue</td>
<td>For you to record information about addresses that are flagged as NURSE addresses on the address label but that do not require a nurse visit i.e. deadwood, non-contact, refusals. This is only used for addresses identified as ’NURSE addresses’ on the core ARF label.</td>
</tr>
<tr>
<td><strong>OTHER:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken Appointment Card</td>
<td>White</td>
<td>To be left as a reminder at addresses where respondents have broken an appointment.</td>
</tr>
<tr>
<td>No Translations Card</td>
<td>Black and White</td>
<td>A card in 11 languages explaining the survey and that an interpreter can be arranged to help conduct it.</td>
</tr>
<tr>
<td>Duplicate Address Labels</td>
<td>White</td>
<td>Duplicate labels to be used for NRFs and NNVs</td>
</tr>
<tr>
<td>A5 Envelopes for nurse docs</td>
<td></td>
<td>For sending NRFs and NNVs to nurses.</td>
</tr>
<tr>
<td>Sticker packs/Pens</td>
<td></td>
<td>Can be given to children participating in the survey. Sticker packs are for younger children and the pens are for older children.</td>
</tr>
<tr>
<td>ScotCen leaflet for respondents</td>
<td></td>
<td>To be left at households who have taken part in the survey.</td>
</tr>
<tr>
<td>Suggestion/Problem sheet</td>
<td>Pale Grey</td>
<td>To record any suggestions you have or problems you have encountered.</td>
</tr>
<tr>
<td>Special Report sheet</td>
<td>White</td>
<td>To be filled in should any incident occur during an interview that you feel the office should know about.</td>
</tr>
</tbody>
</table>
THE SCOTTISH HEALTH SURVEY: 2008

NURSE INSTRUCTIONS
CONTENTS

CONTENTS ................................................................................................................................. 2

1. QUICK REFERENCE & CONTACTS PAGE ...................................................................... 4

2. THE SCOTTISH HEALTH SURVEY 2008 .................................................................... 5

3. THE RESEARCHERS, DOCTORS, FIELDWORKERS AND OPERATIONS TEAM .................. 5
   3.1 The Research Team ........................................................................................................... 5
   3.2 The Survey Doctors ........................................................................................................ 5
   3.3 The Fieldwork Team ....................................................................................................... 5
   3.4 The Yellow Team (Operations) ....................................................................................... 6

4. SURVEY DESIGN AND CONTENT ..................................................................................... 6
   4.1 Sample overview ................................................................................................................ 6
   4.2 Stage 1 - The interviewer visit ....................................................................................... 7
   4.3 Stage 2 - The nurse visit .................................................................................................. 8
   4.4 Summary of data collection process ............................................................................... 8

5. THE 2008 NURSE VISIT – IN MORE DETAIL ................................................................ 9
   5.1 Nurse visit contents ........................................................................................................ 9
   5.2 Sample tests .................................................................................................................... 10

6. SUMMARY OF SURVEY DOCUMENTS AND EQUIPMENT ............................................. 11
   6.1 Nurse Record Form (NRF) and No Nurse Visit sheet .................................................. 11
   6.2 Interim Appointment Record Form ................................................................................ 12
   6.3 Stage 2 Leaflet .................................................................................................................. 12
   6.4 Measurement Record Card (MRC) .................................................................................. 12
   6.5 Consent Booklets (office and respondent copies) ......................................................... 12
   6.6 Coding prescribed medications booklet ....................................................................... 12
   6.7 Suggestion/Problem Sheet ............................................................................................. 12
   6.8 Equipment ....................................................................................................................... 13

7. THE SAMPLE ..................................................................................................................... 14
   7.1 Sample design ................................................................................................................ 14
   7.2 Serial Numbers ............................................................................................................... 15
   7.3 Nurse Sample Sheet (NSS) .......................................................................................... 15
   7.4 Nurse Record Form (NRF) and No Nurse Visit sheet ................................................ 16
   7.5 Interim Appointment Record Form ................................................................................ 17

8. NOTIFYING THE POLICE ............................................................................................... 18

9. LIAISING WITH YOUR INTERVIEWER PARTNERS ......................................................... 18
   9.1 Keeping touch and making appointments .................................................................... 18
   9.2 The ‘nurse link’ ............................................................................................................... 19

10. WHAT THE INTERVIEWER HAS TOLD RESPONDENTS ABOUT YOUR VISIT ................. 19

11. ACHIEVING A HIGH RESPONSE RATE ...................................................................... 20
   11.1 The importance of a high response rate ...................................................................... 20
   11.2 “You won’t want to test me . . .” ............................................................................... 21
   11.3 Health is interesting and important ............................................................................ 21
   11.4 Respondents are not patients ..................................................................................... 21

12. WHAT TO DO ON INITIAL CONTACT .................................................................... 21
   12.1 Keep your introduction short ..................................................................................... 21
   12.2 Being persuasive .......................................................................................................... 22
   12.3 Broken appointments ................................................................................................... 22
   12.4 The number of calls you must make ......................................................................... 23
1. Quick Reference & Contacts Page

Project number  

P7032 / 8032

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Back-up  Professor Aziz Sheikh –  07792 781826 (m)  
0131 664 8730 (h)
2. The Scottish Health Survey 2008

2.1 Introduction

The 2008 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect people’s health. It will then run every year until the end of 2011 and each year the study content will be very similar. Previous rounds of the Scottish Health Survey were carried out in 1995, 1998 and 2003. This study is the only way the Scottish Government and NHS Health Scotland can gain this valuable information. They use it to:

- help plan health services (for example, by using the data to help estimate the impact of certain conditions and health statuses on NHS services)
- look at ways of improving people’s health
- look at changes in the nation’s health over time

The study has two stages. The first stage is an interviewer visit covering general health, cardiovascular disease and a number of lifestyle areas that impact on people’s health (e.g. physical activity, diet, smoking, and drinking). Some people who take part in the first stage are also invited to take part in the second: a follow-up nurse visit. It would be very expensive to ask everyone to see a nurse so a random sub-sample of addresses has been selected and all adults in those addresses are invited to see a nurse.

These instructions should contain everything you need to know about: why the study is being done, what it involves at each stage, the purpose of the measurements being collected and the protocols for conducting them, the questions in the nurse interview, the documents supporting the study, how to approach and reassure respondents, how to liaise with the interviewers you will be working with, what to do if you have concerns about a respondent’s health, and who to contact if you encounter any problems with the study.

3. The Researchers, Doctors, Fieldworkers and Operations Team

3.1 The Research Team

The project manager for the study is Lisa Given, supported by Catriona Webster, Clare Sharp, Catherine Bromley and Andy MacGegor. They are all based in ScotCen’s office in Edinburgh. The study is being conducted in collaboration with the Department of Epidemiology and Public Health at University College London and the MRC Social and Public Health Sciences Unit, Glasgow University. The collaborators are involved in the questionnaire design and final reporting.

3.2 The Survey Doctors

The role of the survey doctor for the 2008-11 surveys will be carried out jointly between Dr Sangeeta Dhami and Professor Aziz Sheikh. They will be responsible for providing nurses with medical support and for liaising with GPs in respect of measurement abnormalities which are detected as a result of this survey. Dr Dhami is the first contact point for all nurse queries, followed by Prof Sheikh if she is unavailable. Further details about what to do when contacting them are in section 19 of these instructions.

3.3 The Fieldwork Team

Each nurse will be supported by a fieldwork team consisting of Jean Vallance, Area Manager
and Sue Nash, nurse supervisor. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will, from time to time, accompany nurses in the field. The Area Manager manages interview work on the survey (including allocation of work to interviewers, fieldwork progress), and will work with the nurse supervisor to oversee nurse progress. The Area Manager and nurse supervisor are there to help you do your job to the best of your ability - please consult them whenever you feel you need help.

3.4 The Yellow Team (Operations)

The Scottish Health Survey project is overseen by an Operations Team - the “Yellow Team” - based in NatCen’s office in Brentwood, Essex. They are responsible for issuing materials and equipment to interviewers and nurses, organising briefings, handling queries about the sample, and issuing results letters to respondents and GPs. They also look after the respondent helpline so they will contact you if someone has called to cancel or reschedule their visit. The computer support helpdesk, pay unit and quality control unit are also based in the Operations Department.

4. Survey design and content

4.1 Sample overview

The 2008 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The total sample is comprised of three parts:

- **Core sample:** 6945 addresses
- **Child boost sample:** 2301 addresses
- **Fife, Grampian, Borders boost sample:** 666 addresses

Nurse visits will only be offered to some respondents in the core sample. The core addresses have been grouped into 492 assignments, with around 49 being issued to interviewers each month between February and December. The number of addresses in each interviewer assignment varies (from a minimum of 9 to a maximum of 25) but the most common size is 15.

The total number of addresses in the core sample that will be eligible for the nurse visit is 1859 – the “nurse sample”. This includes addresses that the interviewer will identify as ineligible to take part, as well as those that refuse. The number of nurse sample addresses in each monthly assignment also varies each month. The minimum is 2 and the maximum is 6, with the most common number being 6. This is why nurses will generally be assigned at least 2 assignments to work on each month, and will work in a team with two interviewers.

The study design is slightly different for each sample type. In the core sample all adults and up to two children (aged 0-15) will be interviewed (with some also invited to have a nurse visit). In the child boost sample only children take part. In the Fife, Grampian and Border boost sample only adults take part. Children will not be eligible for nurse visits in either the core or boost sample.

The interviewers’ first task is to visit all the addresses in their assignment and establish which ones are eligible, i.e. residential and occupied, as some might be businesses or empty properties. They then make contact with the householders and introduce the survey. Each address will have been sent a letter and leaflet introducing the survey before the interviewer visits. Once they have established who is eligible to take part they then carry out the interview (if the selected respondents agree to this). So, by the time of the nurse visit the respondents have already become familiar with the study, and we have become familiar with the respondents. This
is especially helpful to nurses as interviewers will be able to provide helpful advice, for example how to find the address.

Co-operation is entirely voluntary at each stage of the study. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

4.2 **Stage 1 - The interviewer visit**

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

For each household there is a short **Household Questionnaire** that establishes who is resident and collects some basic facts about them and the household. For each selected individual respondent there is an **Individual Questionnaire**. Respondents aged 13 years and over are interviewed in person. Information about children aged 0 to 12 years is obtained by proxy from the child’s parent or legal guardian. The interview also includes a short paper self-completion section for those aged 13 years and over. Towards the end of the interview, each person aged 2 years and over has their height measured and everyone has their weight measured. If the respondent would like a record of these measurements, the interviewer enters this on the Stage 1 leaflet for respondents. The interview topics in 2008 are outlined below. There are 2 versions of the interview, some households go through version A and some through version B (no one does both). Some topics are asked in all households.

<table>
<thead>
<tr>
<th>Stage 1 interview outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version A</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Household composition (head of household)</td>
</tr>
<tr>
<td>General health including caring (0+)</td>
</tr>
<tr>
<td>Respiratory &amp; CVD symptoms (16+)</td>
</tr>
<tr>
<td>General CVD (16+) and use of services (0+)</td>
</tr>
<tr>
<td>Asthma (0+)</td>
</tr>
<tr>
<td>Physical activity adults (16+) and children (2-15)</td>
</tr>
<tr>
<td>TV viewing &amp; outdoor physical activity adults (16+) and children (2-15)</td>
</tr>
<tr>
<td>Eating habits children (2-15)</td>
</tr>
<tr>
<td>Eating habits adults (16+)</td>
</tr>
<tr>
<td>Fruit and veg consumption (2+)</td>
</tr>
<tr>
<td>Smoking and Drinking (16+) [16-19 in a self completion]</td>
</tr>
<tr>
<td>Dental health (16+)</td>
</tr>
<tr>
<td>Economic activity and education (16+)</td>
</tr>
<tr>
<td>Physical activity at work (16+)</td>
</tr>
<tr>
<td>Ethnicity, religion and family health background (16+)</td>
</tr>
<tr>
<td>Self-completions (13+ &amp; parents of 4-12 yr olds)</td>
</tr>
<tr>
<td>Height (2+) and Weight (0+)</td>
</tr>
<tr>
<td>Data linkage and follow-up research consents (0+)</td>
</tr>
<tr>
<td><strong>-</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
At the end of the interview, the second stage of the survey is introduced (if applicable) and the interviewer arranges an appointment for the nurse to visit at a time that suits.

### 4.2 Stage 2 - The nurse visit

In addresses selected for the nurse sample all interviewed respondents aged 16 years and over are eligible for a nurse visit. Unlike the interview, there is just one version of the nurse visit with one exception: respondents aged 65 and over are also asked to have their arm length measured.

As described above, nurses will generally be working with two interviewers. Once an interviewer has booked a nurse appointment for a respondent he or she should phone the nurse as soon as possible so that diaries can be updated. A good working relationship between the nurse and interviewers is essential to the success of the second stage of the study.

The nurse calls on the respondent in their home at the time arranged by the interviewer. The nurse visit also uses Computer-Assisted Personal Interviewing (CAPI) to guide you through the questions that respondents need to be asked and the measurements that need to be introduced. The next section outlines the nurse visit contents in detail.

With the respondent's permission, results of some their measurements and sample tests will be sent to their GP. This information will also be given to the respondent if they so wish.

### 4.3 Summary of data collection process

To summarise, the survey process is as follows:

<table>
<thead>
<tr>
<th>Interviewer contacts sampled address</th>
<th>Household questionnaire</th>
<th>Individual interviews with: -adults 16+ (max 10) -up to 2 children</th>
<th>Interviewer makes nurse appointments for adults</th>
<th>Nurse visits</th>
<th>Results to GP / respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height &amp; weight measurements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. The 2008 Nurse Visit – in more detail

5.1 Nurse visit contents

One of the aims of the Scottish Health Survey is to measure change over time in the population’s health and related behaviours. This can be done by comparing the latest results with the 1995, 1998 and 2003 surveys. For this reason most of the measurements being collected were also included in the previous surveys. However, it is always useful to update the contents of the study to reflect changes in priorities and to keep up with good practice. The next table outlines the contents of the 2008 study and shows how often the various measurements and topics have been included in previous studies. It also notes the key changes being introduced in 2008. In more detail, these are:

- New questions have been added to try and estimate the extent of folic acid supplementation use amongst women of child bearing age.
- The questions about NRT use now also include a question about smoking cessation support.
- A new section has been added to estimate the prevalence of depression, anxiety and self-harm in the population. Although new to the Health Survey these are well established questions that were developed for a long-standing UK study of mental well-being that no longer takes place in Scotland.
- The feedback thresholds for men’s blood pressure have been amended and can be found in the Nurse Protocol Manual (in the previous surveys higher thresholds were used for men aged 50 and over, for example normal was defined as systolic <160 and diastolic <95, it is now <140 and diastolic <85 for everyone).
- We are now collecting written consent to take saliva and urine samples.
- Ametop is now offered to adults giving a blood sample.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed medicines and vitamin supplements</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>New folic acid questions</td>
</tr>
<tr>
<td>Nicotine replacement therapy use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>New question on cessation support</td>
</tr>
<tr>
<td>Blood pressure measurement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>New feedback thresholds for men</td>
</tr>
<tr>
<td>Depression, anxiety and self-harm</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>New</td>
</tr>
<tr>
<td>Food poisoning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No change</td>
</tr>
<tr>
<td>Waist and hip circumference measurement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No change</td>
</tr>
<tr>
<td>Arm length (demi-span) measurement (65+)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No change</td>
</tr>
<tr>
<td>Lung function measurement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No change</td>
</tr>
<tr>
<td>Blood sample</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Ametop offered to adults</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>×</td>
<td>×</td>
<td>✓</td>
<td>Now recording written consents</td>
</tr>
<tr>
<td>Urine sample</td>
<td>×</td>
<td>×</td>
<td>✓</td>
<td>Now recording written consents</td>
</tr>
</tbody>
</table>
## 5.2 Sample tests

The blood sample is tested for the following:

<table>
<thead>
<tr>
<th>Blood sample</th>
<th>What it measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and HDL cholesterol</td>
<td>Total cholesterol is being measured because raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.</td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>Fibrinogen is measured because its is a major determinant of platelet aggregation and blood viscosity. It is a major independent risk factor for cardiovascular disease (CVD) and may interact with lipids to promote CVD risk.</td>
</tr>
<tr>
<td>Glycated Haemoglobin</td>
<td>Glycated haemoglobin is a measure of the respondent’s glycaemic status. High levels are indicative of diabetes.</td>
</tr>
<tr>
<td>C-reactive protein</td>
<td>The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.</td>
</tr>
</tbody>
</table>

The saliva sample is tested for cotinine, a derivative of nicotine that can show a) whether someone is a smoker and b) the extent to which non-smokers are exposed to second-hand smoke.

The urine sample is tested for potassium, sodium and creatine. There is interest in the relationship between these elements and blood pressure.

If respondents give their consent the results of the blood pressure and lung function measurement, and of the blood sample tests, will be sent to their GP. They can have a copy of these too.

Section 15 of these instructions covers the questions in detail. The protocols for carrying out the measurements are contained in the NatCen Nurse Protocols Manual that you will have been sent.
Although the nurse visit is administered via a computer there are also a number of associated paper documents and other materials. The following is a list of all the materials you will be using. More details of some of the most commonly used materials are below.

<table>
<thead>
<tr>
<th>Document</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Identity Card</td>
<td>White plastic</td>
</tr>
<tr>
<td>Nurse Sample Sheet</td>
<td>Pale Peach</td>
</tr>
<tr>
<td>Stage 2 Survey Leaflet</td>
<td>Lemon</td>
</tr>
<tr>
<td>Useful Contacts Leaflet</td>
<td>Lilac</td>
</tr>
<tr>
<td>Nurse Record Forms (NRFs) (these will be sent to you by your interviewer partner)</td>
<td>Pale Blue</td>
</tr>
<tr>
<td>No Nurse Visit Sheet (NNV) (these will be sent to you by your interviewer partner)</td>
<td>Pale Blue</td>
</tr>
<tr>
<td>Interim Appointment Sheet</td>
<td>Pale Blue</td>
</tr>
<tr>
<td>Availability Calendar - Feb</td>
<td>Pale Blue</td>
</tr>
<tr>
<td>Availability Calendar - March</td>
<td>Pale Grey</td>
</tr>
<tr>
<td>Nurse Coding Booklet</td>
<td>Apple Green</td>
</tr>
<tr>
<td>Showcard</td>
<td>White (laminated)</td>
</tr>
<tr>
<td>Measurement Record Card</td>
<td>Salmon</td>
</tr>
<tr>
<td>Broken Appointment Card</td>
<td>White with logo</td>
</tr>
<tr>
<td>Nurse Contact Card</td>
<td>White with logo</td>
</tr>
<tr>
<td>BP Error Message Card</td>
<td>White</td>
</tr>
<tr>
<td>Ametop Leaflet</td>
<td>Pale Green</td>
</tr>
<tr>
<td>Ametop Record</td>
<td>Pale Green</td>
</tr>
<tr>
<td>Sample Tube Labels</td>
<td>White with blue print</td>
</tr>
<tr>
<td>Consent Booklet – office copy</td>
<td>Pale Peach</td>
</tr>
<tr>
<td>Consent Booklet – respondent copy</td>
<td>Lemon</td>
</tr>
<tr>
<td>Special Report Form</td>
<td>White</td>
</tr>
<tr>
<td>Suggestion/Problem Sheet</td>
<td>Pale Grey</td>
</tr>
<tr>
<td>These Nurse Instructions</td>
<td>White</td>
</tr>
<tr>
<td>BNF Book (edition 54)</td>
<td>Blue cover</td>
</tr>
<tr>
<td>Spare Envelopes</td>
<td></td>
</tr>
</tbody>
</table>

6.1 Nurse Record Form (NRF) and No Nurse Visit sheet

The Nurse Record Form (NRF) is the document that contains information about households in the sample where at least one nurse appointment has been made. It includes the address, the names and ages of everyone in the households, details of who has been interviewed, and who agreed to see the nurse. You will receive these documents from your interviewer.

Where there is no work for you to do at an address (for example, it was a business address and therefore 'deadwood', or no-one in the household agreed to see a nurse), 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 should use these two documents to check that the interviewer-nurse team has dealt with all
addresses, and that none has been missed by either of you. Section 7 has more information about the NRF, NNV and how you will use them.

6.2 **Interim Appointment Record Form**

This two-sided form is for you to keep by the telephone. Complete a form when one of your interviewers telephones you with an appointment. It will ensure that you remember to collect all the information you need. Take it with you when you keep the appointment.

6.3 **Stage 2 Leaflet**

You will need to give out the Stage 2 leaflet at the start of your visit. One of the nurse’s main roles is to explain the measurements in detail using this leaflet.

6.4 **Measurement Record Card (MRC)**

You will have a measurement record card on which to record waist and hip measurements (16+), demi-span measurements (65+), blood pressure (16+) and lung function readings (16+) for each respondent.

6.5 **Consent Booklets (office and respondent copies)**

You will need to complete a Consent Booklet for all individuals who have a nurse visit.

The Consent Booklets contain the forms the respondent has to sign to give written consent for blood pressure, lung function and blood, urine and saliva samples to be taken, and also for blood pressure, lung function and blood sample results to be sent to their GP.

6.6 **Coding prescribed medications booklet**

This booklet contains details of the most commonly used prescribed medicines. If you cannot find something in this then refer to your BNF.

6.7 **Suggestion/Problem Sheet**

Use this form to record any suggestions you have or problems you have encountered in the course of fieldwork.
Your equipment will be sent to you along with a pilot bag to transport it in. You will be sent:

A checklist
British National Formulary (BNF 54), September 2007 version
Omron HEM-907 (with instruction manual)
Omron cuffs
Vitalograph Spirometer (with instruction manual) and battery
Vitalograph calibration syringe
Disposable Spirometer mouthpieces
Insertion tape
Skin marker pen
Demispan tape
Digitron thermometer and probe
Blood tubes (citrate, plain and EDTA)
Vacutainer holder
Eclipse safety needles (21G and 22G)
Butterfly needles (23G)
Sharps box
Ametop gel
Micropore tape
Tourniquet
Gloves (medium & small) – nitrile/non-powdered
Gauze swabs
Steriwipes
Plasters
Handwash rub (Softalid Viscorub)
Cardboard trays to carry blood tubes (within the household)
Saliva tubes
Dental rolls
Straws
Sarstedt Urine Monovette (for urine sample collection)
100ml Polypropylene disposal beakers (for urine sample collection)
Labels for sample tubes

Not all of this will need to be carried with you to respondents’ homes. For example the Spirometer Calibration syringe should be kept at your home.

Extra supplies of items you will be using multiples of with respondents (e.g. blood, saliva and urine tubes etc) will be issued to you on a regular basis but if you are running out of anything then contact John Lightfoot in the Yellow Team who will send you more. He should also be the first person to contact if you have any faulty equipment or other equipment related queries.

The equipment is described in more detail in the NatCen Nurse Protocol Manual.
7. The Sample

7.1 Sample design

Section 4 - survey design and content – has an overview of the sample. This section goes into a little more detail about some aspects of the sample and how you and the interviewer will work together to manage the addresses that have been assigned to you. As set out in Section 4:

- 6945 core addresses have been sampled, at which all adults and up to 2 children per household will be eligible to take part in the first stage of the survey.
- 1859 of these 6945 addresses are eligible to take part in stage 2 – the nurse visit (adult respondents only).
- The 6945 addresses have been split into 492 interviewer assignments of around 15 addresses, around 4 addresses in each interviewer assignment will be eligible for a nurse visit.
- Around 49 interviewer assignments will be issued each month between February and December 2008.
- Generally, interviewers will take one assignment of addresses per month while nurses will be allocated to cover two assignments.

The interviewer’s first task is to make contact at each sampled address and identify how many dwelling units are there – a dwelling unit is a separate unit of accommodation that has its own front door. In most cases there will be only one dwelling unit at an address, but occasionally an address will contain two or more (e.g. a house may be split into flats which are not separately identified by the address file). If there is more than one dwelling unit, the interviewer will make a random selection of one of them and approach them to take part in the survey.

Sometimes it’s even more complicated: a dwelling unit will occasionally contain two or more households. A household is a group of people who either share a main meal most days or who share common living space, such as a lounge. If there is more than one household, the interviewer will make a random selection of up to three households (depending on the number of households there). Only one of the households will be eligible for a nurse visit.

Why do nurses need to know this? If an interviewer has found more than one dwelling unit it almost always means the address label is wrong and they will have to correct this for you on the NRF label they send you, e.g. by adding “Flat 9" at the top. If they have selected any additional households to take part they will not be eligible for a nurse visit – but you will need to be able to distinguish between the households at the address who you are visiting, and the household you are not. Again, the interviewer should explain this to you.

At addresses eligible for nurse visits the interviewer will arrange an appointment for you to call. Only adults aged 16+ will be eligible to take part in the nurse visit. In some cases, however, the respondent will refuse to co-operate with this second stage.

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 addresses that were not eligible. If you come across someone who originally refused to take part in the interview stage but has subsequently changed their 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.
### 7.2 Serial Numbers

6945 addresses is a lot to keep track of so each address, household, and person in the survey is 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 assignment. If you are working on just one assignment all addresses you will have in a month will have the same point number. If you are working on more than one then each will have its own point number.

- **Address number**: a two digit number for the address sampled from the postcode file.

- **Household number**: One-digit number for each sampled household at the address (number 1, 2 or 3).

- **Check letter (CKL)**: a letter of the alphabet which allows the computer to check that a correct serial number has been entered.

- **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.

The Point number, Address number and Household Number are all found on the address label (see below) 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 7.4).

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, data from one person will be matched with that of someone else. We have had cases in previous years of respondents being sent the wrong blood test results because their serial numbers have been mixed up.

### 7.3 Nurse Sample Sheet (NSS)

At the start of each month’s fieldwork you will be given a list of the issued addresses in the point/s you and your interviewer/s are covering. You will also be given a Nurse Sample Sheet (NSS) for each point. This tells you the area in which you will be working and its point number.

The NSS is divided into rows; one for each address sampled and eligible for a nurse visit. The...
The purpose of this sheet is to let you keep account of the work you receive from the interviewer. At the end of the interviewing 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 the fieldwork, as they are sometimes useful when sorting out a query from the office.

Each address row has been subdivided into three, to allow for up to three households at an address (see above). Where there is only one household at an address, that household is automatically Household No. 1. If there are additional households to be covered by the interviewer they will have given these Household Serial Numbers 2 and 3. There will not be any nurse visits at additional households.

7.4 Nurse Record Form (NRF) and No Nurse Visit sheet

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 all addresses have been dealt with by the interviewer-nurse team, and that none has been missed by either of you.

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 Sheet. Send the NNV back to the office once you have done this.

You will receive a Nurse Record Form (NRF) for each issued address where there is work for you to do. If there is just one household at a sampled address, you will receive one NRF. If the interviewer finds two or more productive households at an address they will only make appointments for you with one of the households. Each time you receive an NRF enter the date of receipt on your NSS.

The Nurse Record Form has two functions. It tells you the outcome at the household of the interviewer’s attempts to arrange appointments for you. 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:

- Entered the date on which (s)he conducted the household interview at that household.
- Recorded the total number of persons aged 16+ living in that household - regardless of whether or not they were interviewed and whether or not they agreed to see you. This provides you with some background information on the size of the household.
- Completed the grids at Questions 4 and 5 on page 2. In the grid at Question 4 details of up to ten household members aged 16+ will be entered. In the unlikely event that there are more than 10 adults in a household the interviewer will continue on a second copy of the NRF.
- 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. Code 3 will be ringed if the person could not be interviewed (they were mentally incapable, refused,
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.

You complete the rest of this form (see Section 17). An example of a filled in NRF will be handed out at the briefing.

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.

### 7.5 Interim Appointment Record Form

This two-sided form is for you to keep by the telephone. You use this form to record all the information you need about a household and the respondents to be able to make your visit. Complete a form when your interviewer telephones you with appointment details. It will ensure that you remember to collect all the information you need. Take it with you when you keep the appointment.

Check that you have down the correct Point, Address and Household numbers (including the check letter) by reading them back to the interviewer.

It is also important to record the date of the interviewer’s household interview. This information is necessary to allow the computer to calculate the respondent’s age at the time of the interviewer visit. Without it, the computer will not be able to work out which route to take through the schedule and you will not be able to do that interview. It is vital, therefore, that you get this information from the interviewer.

Page 2 of the Interim Appointment Record Form is identical to page 2 of the NRF. Be very careful to write each person in the correct row, and to enter them in ascending order of person number. Ask the interviewer to tell you the Person number of each person before you enter their details. This way you will avoid listing them in the wrong order.

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? This must be resolved. 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**. If you discover you have done something wrong and you cannot sort it out before work is posted, telephone Audrey Hale on 01277 690050 immediately and explain the problem, so that she can arrange for it to be corrected.

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**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 64 years old at interview but becomes 65 years old by your visit, do not take demi span measurement even though (s)he is over 65+ 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.
8. Notifying The Police

The interviewer/s with whom you will be working 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/No Nurse Visit sheets. This should tell you the name of the station at which they have registered.

If you are assigned an interviewer partner after the field work 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 telephone 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. The Director of Public Health in each Health Board and all Community Health Partnerships in Scotland have also been sent information about the survey.

9. Liaising With Your Interviewer Partners

9.1 Keeping touch and making appointments

You and your interviewer partners 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 interviewers have been told to make contact with you to set this up. You will be given the names your interviewer partners before you start work, if you lose their details at any point contact the Yellow Team in Brentwood. In addition, there is an arrangement which allows you to accompany interviewers 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 interviewers are described in the next section. 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 interviewers know the best times to get in touch with you.

You and your interviewers have all been given an Appointment Diary covering the relevant survey period. You should go through this together before you start work. Let the interviewers know the days and times on which you are available for appointments to see respondents. Make sure you keep a careful note of the times you give to both interviewers. You will need to liaise 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.

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 interviewers the time you will need to travel to the area so that they can take account of this. Plan together how best to make this appointment system work.

The interviewers will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. We have estimated that the average time required to carry out
the nurse visit with an adult aged 16-64 will be around **60 minutes**, people over 65 can often take longer so the fees for such respondents include an additional 10 minutes. The interviewers have also been given the same information. These timings include 10 minutes to introduce yourself to each respondent and generally set up equipment.

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 7.4). 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 interviewers know the best times to reach you by telephone. If you want more than two days' notice, tell the interviewers so that she/he can phone through other appointments too.

If you have any problems contacting your interviewer about appointments, or have any concerns about how visits are being arranged please contact Sue Nash (Nurse Supervisor) or Jean Vallance (Area Manager) to discuss. They will be more than happy to help.

### 9.2 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) or interim appointment form. You will have to do this during a live nurse visit with the household.

### 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:

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

The 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
- only experienced registered nurses take part in the survey. They have all had extensive experience, working in hospitals, health centres etc and have also been specially 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.
- A Multi Centre Research Ethics Committee has given approval to the survey.

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 can an interviewer.

At the end of the interview each respondent is given a Stage 1 Survey Leaflet by the interviewer. The leaflet briefly describes the purpose of your visit. A copy of it will be in your pack for information.

You will be giving respondents a Stage 2 Survey Leaflet. The Stage 2 leaflet describes in greater detail the measurements and tests involved in the nurse visit.

Appointment Record Card
The Appointment Record Card is part of the Stage 1 leaflet. This confirms a respondent's 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. It also asks them to wear light, non-restrictive clothing and to find their prescription medicine containers.

11. Achieving a High Response Rate

11.1 The importance of a high response rate
To date the response rate to the nurse visit 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.
11.2 "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.

11.3 Health is interesting and important

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

11.4 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. What to do on initial contact

12.1 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 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 Scottish Centre for Social Research” |
| Remind respondents about your appointment: |
| A few days ago you saw an interviewer about the Scottish Health Survey and (s)he made an appointment for me to see you today.” |
For most people this will be enough. They will invite you in and all you will have to do is 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 below 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 Scottish Centre for Social Research
- **who the survey is for** - it has been commissioned by the Scottish Government
- **why the survey is being carried out** (see Section 2)
- **what you are going to do** (see Section 4.2)
- **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.
- **the confidential nature of the survey** – individual information is not released to anyone outside the research team.
- **how much time you need** – It will vary depending on age, around 60 minutes for someone under 65 and another 10 minutes for people aged 65 and over.

### 12.2 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).

### 12.3 Broken appointments

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

12.4 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 17.1). 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 respondent before you can give up. Each of
these calls must be at different times of the day and on different days of the week. However, we
hope you will make a lot more than four calls to get a difficult-to-track down respondent. If you
fail to make contact, keep trying.

What you might mention when introducing the survey

* It is a national survey (on behalf of the Scottish Government).
* It is a very important survey.
* It is the largest survey in Scotland looking at the health of the general
  population. Around 6,000 people will take part this year.
* It provides the Scottish Government with accurate and up-to-date information
  on the health of the population.
* It gives the Scottish Government information on health trends and monitors
  how well the health targets set by the Government are achieved.
* It is used to help plan NHS services.
* The information is available to all political parties.
* The information will be needed by whichever government is in office.
* Results are published in a report and reported in the national press.
* The survey covers the whole population, including people who have little
  contact with the health services as well as people who make more use of
  them.
* To get an accurate picture, we must talk to all the sorts of people who make
  up the population – the young and the old, the healthy and the unhealthy,
  those who use the NHS and those who use private medicine, and those who
  like the current government's policies and those who do not.
* Young people might think that health services are not for them now - but they
  will want them in the future and it is the future that is now being planned.
* Old people might think that changes will not affect them - but health services
  for the elderly are very important and without their help in this survey
  valuable information for planning these will be lost.
* Each person selected to take part in the survey is vital to the success of the
  survey. Their address has been selected - not the one next door. No one
  else can be substituted for them.
* No-one outside the research team will know who has been interviewed, or
  will be able to identify an individual's results.
* The Scottish Government will only get the names and addresses of
  participants if they have given their signed consent for this.
13. Carrying out the interview

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.

Respondents and their GPs, if the respondent wishes, will be sent their blood pressure, lung function and blood test results by letter.

13.2 The Stage 2 Leaflet

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

Give the Stage 2 Leaflet to respondents after you have explained what you are going to do and the order in which you wish to see them. Ask them to read it while you get your equipment ready. This will give them something to do, 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.

13.3 Who to interview

You can only interview and measure respondents who have completed a full individual interview with the interviewer. Respondents must have completed this interview before you see them.

13.4 Obtaining consent to interview 16/17 year olds

Apart from gaining consent from the respondent themselves, you do not need parental consent to interview someone of this age. However, if the respondent lives with their parent(s), out of courtesy, advise the parents what you will be doing – unless they have refused the parent will most likely also be having a nurse visit as well.

13.5 Interview documents

The Nurse Schedule is on computer (CAPI). As well as this, you will also:

- Explain each measurement with the aid of the Stage 2 Leaflet.
- Record respondent’s measurements on their Measurement Record Card.
- Use the Office and Respondent copies of the Consent Booklet to record whether the respondent has given consent for measurements to be taken and results to be sent to their GP.
- Use a set of showcards with answer options for the respondent to choose from.
- Code prescribed medications using the drug coding booklet or BNF.
- Leave behind a useful contacts leaflet with each respondent.

The Nurse Schedule and the Consent Booklets are designed to work together. Full instructions for their completion are given in Sections 14 and 15.

13.6 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 text beginning with “NURSE” in capital letters, you do not need to 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. If you are still not sure about a respondent’s answer you can record your concerns in a notepad – this means that when we are checking the data in the office we have an explanation of why something might appear unusual.

13.7 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. 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 has not been transferred electronically, it will ask you if you want to enter the information manually. It is better to wait until the information is transferred electronically, but if you have an imminent appointment, you will need to enter it manually from the NRF or Interim Appointment Record. Entering the data manually will take several minutes, so you should do this before you leave home, or at least before you enter the respondent's household.

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 the Consent Booklet (office copy). Never do this in advance of the visit to the household.

Check carefully that you have entered that person's correct serial number. Never prepare the Consent Booklet in advance of your visit. There is a serious danger that you will use the wrong one for the wrong person. It is all too easy to do in the stress of the moment.

14. Consent Booklets

Complete a consent booklet for all individuals, aged 16 years and over, that have a nurse visit.

Use a blue 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.

A copy of the Respondent Consent Booklet is to be signed by and left behind with every respondent aged 16 and over, who has a 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).

The Office Consent Booklet must be filled out for every respondent, regardless of whether measurements requiring consents are to be taken – this is because it provides an important check in the office.

Write the address at which you are interviewing in the box at the top of the Office Consent Booklet. Write the survey month next to the box, and then fill in the serial number boxes. Accuracy is vital.
Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2.

**Complete Items 3 to 6 before you start using the computer to collect the information from the respondent.**

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

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

**Items 6 to 8 are completed during the course of your interview.**

At Item 6 you write in the name, address and telephone number of the respondent’s GP, if the respondent gives consent for blood pressure and/or lung function results to be sent to the GP. If a respondent does not know the name of her/his GP, leave the top line blank (otherwise the computer will send out nonsense letters like *Dear Dr. Ash Grove Practice*).

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.

At Item 7 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, then ring code 1. If you are in any doubt about the address then ring code 2 and the Yellow Team will look it up when they receive it.

Item 8 is very important. Throughout the visit you record here the outcome of your requests for permission for:

<table>
<thead>
<tr>
<th>8. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Blood pressure to GP</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>b) Lung function result to GP</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>c) Sample of blood to be taken</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>d) Blood sample result to GP</td>
<td>07</td>
<td>08</td>
</tr>
<tr>
<td>e) Blood sample for <strong>storage</strong></td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>f) Blood sample results to <strong>respondent</strong></td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>g) Saliva sample to be collected</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>h) Urine sample to be collected</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

By the end of the interview every respondent should have **EIGHT** codes ringed at Item 8.

There are five different Consent Sheets contained in each version of the booklet:

- **BP** Blood pressure information to GP consent form
- **LF** Lung function information to GP consent form
- **BS** Blood sample consent form
  - **part 1:** collection
  - **part 2:** results to GP
  - **part 3:** storage of sample
- **S** Saliva sample consent form
- **U** Urine sample consent form
15. The Nurse Schedule

15.1 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 13.7). 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.

15.2 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 SHeS 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 P8032 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 practice interviewing). Do not use a practice interview slot for a visit to a respondent’s home.

15.3 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 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. Enter the date in the format dd/mm/yyyy.

**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, ie person number, name, sex, age and outcome of interviewer visit. 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). 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.

Once you have checked the grid at OpenDisp, press 1 and Enter to see which nurse schedule to select for each person.

**SchDisp**
At SchDisp you can bring up the Parallel Blocks box by pressing <CTRL+ENTER> (see Section 15.7 about parallel blocks). From here 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 (see section 15.6). At this screen there is also a nurse instruction to point out to respondents that they may find some of the questions in the visit sensitive. This is just to give people the option of carrying out the whole of the individual interview in private if they wish. This is repeated in more detail at the start of their interview.

**15.4 Individual information**
The individual information should be collected when you are in the household.

**Info**
If the respondent has already agreed to a nurse visit, this question will check that you wish to interview him/her. You should code ‘yes’ if you want to carry on with the interview straight away, and ‘no’ if the respondent has changed his/her mind about being interviewed. If neither of these options apply, you should press <Ctrl + Enter> and select one of the other individual schedules.
**NurOut**
If the respondent did not agree to a nurse visit, you still have to enter a small amount of information. This is because people sometimes change their minds about seeing the nurse, once they see other household members being measured. If a ‘refused’ respondent does have a change of heart, code ‘yes’, and the schedule will continue. If you code ‘no’, you will be taken right to the end of the schedule.

**StrtNur/DateOK/NurDate**
The start time and date check are necessary because the computer’s internal time is not always right. The date is also used to check the respondent’s age.

**Intro**
If you have not already done so, this question tells the respondents that they might prefer to have their nurse visit take place in private. In the dress rehearsal for the 2008 study some respondents found it difficult to answer the questions about anxiety, depression and self-harm in front of other household members. It is not essential that they are on their own – as this might not be practical in all situations – but where possible it is preferable.

**NDoBD/NDoBM/NDoBY**
If the household information was transferred electronically, your response here will be checked against the date of birth recorded by the interviewer. If the two dates do not match, the computer will instruct you to either amend the date of birth which you entered, or to enter a note using <Ctrl+M> to tell the office that your date is correct, or that you have done all you can to resolve the discrepancy.

**PregNTJ - women only**
This question is asked of women aged 16-49. If a respondent is pregnant, the only items of information obtained are contained right at the start of the schedule. Once these are completed, the computer will automatically take you to the end of the schedule.

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

Do not probe for 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.

The interviewer will have told the respondents that you will be asking about prescribed medicines, and will have asked the respondents to get their medicines ready prior to your visit. The respondents may have forgotten this, and so you may have to ask them if they can fetch the containers so you can look at them. If possible ask all members of the household to collect together their medicines and prescribed dietary supplements early on in your visit, to avoid multiple trips to the bathroom cabinet.
Check the name of the medicine very carefully and type it in accurately. Record the brand name or generic name so that you can code it.

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, eg if you are completing ‘Nurse_Schedule [1]’ that person’s drug coding block will be called ‘DrugCode[1]’. 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 to 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 2007 edition – No. 54), 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.

The Drug Coding Booklet and the BNF present the drug codes is slightly different formats. Taking Premarin tablets as an example, the Drug Coding Booklet gives the entry 06 04 01. You should enter this as a continuous string of numbers, i.e. 060401 (no spaces or dashes). However, 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 first three digits: 6.4.1. With leading zeros, this becomes 06 04 01.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug Coding Booklet</th>
<th>BNF</th>
<th>What to enter in CAPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premarin tablets</td>
<td>060401</td>
<td>6.4.1.1</td>
<td>060401</td>
</tr>
</tbody>
</table>

If you are unable to find the correct code, enter ‘999999’.

If you cannot find a drug in the BNF, or it is 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.
15.4.2 Vitamin/Dietary supplements (All respondents)

Vitamin
This asks about non-prescribed diet supplements e.g. multi-vitamins, iron tablets, or any other "health-food supplements". Any dietary supplements that are prescribed should be recorded in the previous set of questions. The information on screen advises you not to include supplements taken for a short period, e.g. to cure a cold, but make sure you include anything taken on a longer term, e.g. supplements taken by pregnant women or women trying to become pregnant.

Folic
This is a follow up to Vitamin that asks women aged 16-49 whether they are taking folic acid (sometimes called folacin or B9). This can be either as part of a multivitamin or as a supplement on its own. If they are unsure ask them to show you their vitamin container and check the label yourself.

15.4.3 Smoking/nicotine replacement products (All respondents)

Smoke/SmokeYr/LastSmok
These were new questions in 1998, and they have been included to help with the analysis of the saliva samples and to establish which respondents should be asked about nicotine replacement products.

UseNrt & NRTSupp
We want to know whether respondents have been using nicotine replacement products or whether they have received any other support to stop smoking. We are only interested if they have used any of these products in the last seven days. They will only be asked these questions if they have smoked in the last 12 months. UseNrt is a multi-coded question, if the respondent has used more than one product use the space bar between codes to enable you to enter more than one.

15.4.4 Ambient Air Temperature (All respondents who agree to BP measurement)

AirTemp
Blood pressure can be affected by air temperature. For this reason, we wish to measure the air temperature in the room at the time blood pressure is being taken. You are supplied with a thermometer and probe. The full protocol is found in the Nurse Protocol Manual.

Wait until you have got your respondent resting with their blood pressure cuff on. Then set up the thermometer on a surface close to where they are sitting. Immediately prior to taking blood pressure, record the temperature. Then switch the thermometer off so that the battery does not run flat.

Remember to check that the thermometer has reached its final reading. It can take several minutes to do this if it is, say, moved from a cold car to a warm house.

15.4.5 Blood Pressure (Aged 16+)

BPIntro-BPOffer
Everyone aged 16 and over (except those who are pregnant) is eligible for blood pressure measurements. The protocol in the Nurse Protocol Manual explains how to take blood pressure readings. You will be taking three readings.

BPConst – this asks if respondent agrees to the blood pressure measurement. If you code ‘refused’ here, the computer will skip you past the measurement. You should code ‘unable’ if the respondent is prepared to co-operate, but for some reason it is not possible to take the measurement (eg the Omron is broken or there is some physical reason).

ConSubX – this asks whether respondent has eaten, smoked, drunk alcohol or done vigorous exercise in the last 30 mins, as these can make BP higher than normal. 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.

**OMRON**No - Always note down the NatCen serial number for the Omron you are using. Sometimes we identify an equipment problem and wish to be able to track down all readings that have been taken using the particular piece of equipment.

**CufSize** - See protocol in Nurse Protocol Manual for how to select the correct cuff size.

**AirTemp** – record the ambient air temperature. See Nurse Protocol Manual.

**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.

**YN0BP** - If you did not get three full readings, you are asked to enter one of three codes. Code 1 should be used if you attempted to take a blood pressure measurement but were unsuccessful. Use code 2 if you did not attempt to take blood pressure for reasons other than a refusal. If you got a refusal, use code 3.

**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.

**DifBP** - Code whether the readings were obtained without problem, or whether any problems were experienced.

**GPRegB** - If you obtained at least one blood pressure reading, you are asked to collect details of the respondent’s GP. If the person agrees to the results going to their GP, turn to the second page of the Consent Booklets (Blood Pressure to GP Consent Form – sheet BP). Explain you have to get written consent in order to send the blood pressure readings. Fill in the respondent name at the top of the form. Ask the respondent to sign and date the form.

Then turn to the front of the Office Consent Booklet and ring consent code 01. Ask the respondent for the name, address and telephone number of their GP. If possible, obtain the postcode. Record this at items 6 and 7 of the Office Consent Booklet (if you have not already done so). If your respondent does not know their GP’s full address and/or postcode, try and look it up in the relevant telephone directory later. Do your best to get hold of the phone number as well - including the local area code. You may find it useful to keep a notebook containing the address details of local GPs given by previous respondents, as if you are working the same area, you will almost definitely come across several people with the same GP, and this will save you having to keep looking up the same GP’s details if a respondent cannot give them to you.

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.

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. Detailed guidelines on how to inform adult respondents about their blood pressure readings can be found in the Nurse Protocol Manual. Make sure you are very familiar with this guidance. 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.

If consent is refused, ring consent code 02 on the front of the Office Consent Booklet.
15.4.6 Depression, Anxiety, and Self-Harm overview (All respondents)

Background
These questions come from the Revised Clinical Interview Schedule (CIS-R) used in the Psychiatric Morbidity Survey, a long-standing survey that NatCen is currently conducting in England on behalf of the Department for Health. The survey used to cover the whole UK but it has been discontinued in Scotland. These particular questions are a very high priority so they are now being asked in the Scottish Health Survey instead. The main purpose of the CIS-R is to identify the presence of common mental disorders (neuroses), and where these occur: to establish the nature and severity of neurotic symptoms, so that we can arrive at a specific diagnosis. Note that the full CIS-R consists of 14 sections, only 2 are being included here in addition to the questions about self-harm.

In the Psychiatric Morbidity Survey the questions are asked by an interviewer on a one-to-one basis. However, as SHeS carries out interviews with more than one person at a time we felt it was more appropriate to include these in the nurse visit where visits take place with respondents on their own. The questions are fairly straightforward but there are some definitions of terms that you will find it helpful to familiarise yourself with. You are likely to have come across these during your previous nursing career and if you have background in mental health nursing they will be particularly familiar. These are explained below.

The nature of these topics means that it is likely that these questions will cause some respondents to be upset. If you find yourself with someone who is getting upset or distressed, be prepared to stop that section and – after giving them a break - move to the next part (about food poisoning) if appropriate. As with all aspects of the nurse visit, the help you can offer to a respondent will be limited because of confidentiality issues, and because you are not there as a counsellor / practitioner. Our usual advice is to suggest that the respondent speak to their GP, or some other support group. In your work pack is a supply of leaflets with telephone numbers of organisations such as The Samaritans, Depression Alliance Scotland and Victim Support that may be able to help which you can leave with them. As with any other situation, if you have very serious concerns about a respondent’s health or well-being then contact the Survey Doctor to discuss (after you have left the household).

What to do if someone does not want to answer these questions
Most respondents will be happy to answer them but as with all parts of the study this section is voluntary. If someone does not want to answer the questions, either before you start the section or at some point after you have started, simply code CTRL + R to skip through them. The first three questions about anxiety will not allow you to enter CTRL + R so here just code 2 (No). Please add a notepad to briefly explain why the questions were not answered, this will help flag to us that we need to set all the answers in this section to missing when we receive the data in the office.

Key concepts and definitions
The questions focus on the existence of symptoms within a certain time period and the frequency / duration of such symptoms.

Due to the very sensitive nature of these questions, we have added an introduction at the start of the CAPI programme (Intro – see above). This explains that some parts of the interview involve sensitive questions and that the respondent may wish to complete the nurse interview without others being present. There is also another sentence at the start of the depression, anxiety and self-harm questions to help introduce them.

Existence and severity of neurotic symptoms
In each section, the first few questions establish the presence of a particular neurotic symptom in the past month.

For those respondents who had such symptoms in the past month, you will be routed to further questions, which ascertain the frequency, duration, severity and the time since onset of the symptoms.
**Reference periods**
Each section begins by asking whether the symptoms were present in the past month.

The past month refers to every day in the past month up to and including yesterday.

If respondents reply that they 'felt the same as usual' or that the symptoms were present 'no more than usual' instead of saying the symptoms were present in the past month, you should treat this as if the symptoms were present. These replies could indicate chronic symptoms, which must not be ignored.

Those who had symptoms in the past month (or who may have chronic symptoms as just described) are asked the subsequent questions which relate to the past week.

The past week refers to the past seven days, up to and including yesterday. This is usually computed automatically from the system date on your computer. However, should the date on your computer be wrong the interview date will also be wrong and so you will get errors. *Should this occur - please phone the Help Desk.*

**Frequency of symptoms**
In each section where the symptoms were present in the past month, respondents are asked how many days the symptoms were present in the past week.

If the respondent replies that the symptom was present 'all the time', for example 'the worry is always there at the back of my mind' then you should prompt for an answer.

Similarly you should prompt for an answer if the respondent does not know how often the symptom was present. If the respondent is unsure e.g. whether the symptom was there on 3 or 4 days, you should record the less frequent code, that is 3.

**Duration of symptoms**
In all sections the respondent is asked about the duration of symptoms. This refers to how long the symptoms lasted on any day in the past week.

You may need to make it clear that this refers to the total number of hours the respondent had the symptom. In other words, if the respondent had three headaches in the day, they should estimate the total time headaches were experienced in that day.

If the respondent does not know the duration of symptoms, you should prompt for an answer. If the respondent is unsure e.g. whether the headache lasted for 3 hours or more, you should assume that it did not.

**Onset of symptoms**
At the end of each section, all respondents who reported symptoms in the past week are asked how long they have had the symptoms that they have described.

For instance question G10 asks:

'How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?'

The wording ‘...as you have just described...’ is important here because we are interested in knowing how long the person's problems have been as severe as they have been in the past week.

For example, if a respondent had been suffering mild anxiety caused by stress for a few months, but for the past 3 weeks the anxiety had grown more severe, then the answer to question J11 about how long the person has had the anxiety symptoms he/she has described should refer to the 3 weeks he/she has had the more severe symptoms.

Similarly, if a respondent had been very depressed in the past month, but when asked about the
past week, s/he reported much less severe depression, the question at G10 refers to how long s/he felt as depressed as s/he did in the past week. It may seem strange that we are overlooking perhaps many years of much worse depression. However, there isn’t scope in this study to look at this in more detail.

Experience in previous surveys has shown that these questions are difficult for respondents to answer.

15.4.7 Depression – specific details

Definition of depression

This refers to feeling sad, miserable or depressed and whether people have been feeling able to enjoy themselves as much as usual (or at all). It involves feelings of guilt, inadequacy and hopelessness which are sometimes so overwhelming that the person feels suicidal.

At G1 and G2 you may find that respondents have their own words for feeling sad, miserable or depressed. You should use respondents’ own words in all subsequent questions, not what is written on the screen.

Respondents are asked about:
(a) feeling sad, miserable or depressed
(b) being unable to enjoy or take an interest in things.

Later, at G4 and G5, when asking about the presence of symptoms in the past week, we ask about (a) and (b) separately rather than as one combined question.

If respondents have both of the symptoms described at (a) and (b) above, you should refer to both of them at questions G6 to G10.

15.4.8 Anxiety – specific details

Definition of anxiety

Anxiety is meant to refer to physical tension and mental nervousness where a person is not aware of the content of the anxiety provoking ideas in his/her mind. Anxiety and worry can be present at the same time.

Anxiety can be caused by a specific thing or situation resulting from a phobia (phobic anxiety) or it may occur without an obvious precipitant (‘general anxiety’). Again, both types of anxiety can be present at the same time.

The questions in this section are concerned with general anxiety only, that is, some anxiety, which cannot be explained by a phobia.

The first stage is to find out whether the respondent felt anxious in the past month, questions J1 to J3. For those respondents who have been feeling anxious, the second stage is to try to establish if this is always because of having a phobia, questions J4 and J5.

If the anxiety is always caused by a phobia, you will go on to the next section.

If it is not clear at question J3 whether the respondent’s fear of something really constitutes a phobia, you should emphasise that there has to be no real danger so that the respondent can decide.

Some people will have both phobic anxiety and general anxiety. The distinction should be explained if necessary to enable the respondent to only answer about his/her general anxiety rather than about his/her phobic anxiety.
15.4.9 Deliberate self-harm – specific details

DSHEexit
This section asks about incidents of deliberate self-harm, including any attempts to take their own life. If people have mentioned any behaviours or feelings that might arouse concern then a question will appear on screen advising them to contact a doctor or the Samaritans. We have also prepared a leaflet with support phone numbers to be left behind for all respondents – regardless of their answers to this section. It is important to give the leaflet to everyone as that way we won’t be singling out certain respondents as perhaps needing it. The types of schemes that might be available in an area to help those who are suicidal may vary so feel free to change the wording of this question if you know here are local services that would be useful to mention.

As with the previous questions on this subject it is important to take your time over this section, to thank respondents for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.

15.4.10 Food Poisoning (All respondents)

Next follows a series of question on food poisoning. Respondents are asked whether in the last 6 months they have suffered from diarrhoea and vomiting (there are definitions of each for the nurse on the screen). If they have answered ‘yes’ to either of these questions they are asked how many times they have suffered with this illness and then how long the most recent illness lasted.

They are then asked whether they consulted their GP, and if so, a series of other questions are asked i.e. what diagnosis the GP gave (i.e. food poisoning, gastroenteritis, or some other illness). They are also asked about the effect of the illness on their daily routine.

15.4.11 Waist and hip circumferences (All respondents)

WHMod-WHRes
Waist and hip measurements are taken from respondents aged 16 years+. Each measurement is taken twice, to improve accuracy. Fuller details are of how to do this are given in the Nurse Protocol Manual.

Record the two measurements to the nearest even millimetre (see Nurse Protocol Manual).
**Always record the response to one decimal point (eg 95.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 96cm, you must enter ‘96.0’.** If you do enter a measurement ending in ‘.0’, the computer will ask you to confirm this.

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, eg 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. If you do decide to take a third measurement, the computer will ask you to enter both waist and hip measurements again, even if only one of the two sets of measurements was more than 3cm apart.

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

At WJRel and HJRel, 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 0.5 cm 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.

Offer to write the measurements on the Measurement Record Card.

You can use the conversion chart on the back of the drug coding booklet, if the respondent wants to know the measurements in inches.

15.4.12 Lung Function (All respondents)

LFInt - NClns2
This measurement is for everyone aged 16 years+. The protocol for taking the lung function measurement is the Nurse Protocol Manual. Everyone in this age group is eligible for a lung function measurement except for those who have had chest surgery in the last 3 weeks, those who have had eye surgery in the past four weeks, those who have been admitted to hospital with a heart complaint in the last 6 weeks or who are pregnant.

Before you start, as with the blood pressure procedures, always read out the preamble contained in the Schedule at LFIntro1 or LFIntro2. Tell the respondent that the GP is best placed to interpret the readings. By telling them in advance that you cannot interpret the readings, you will avoid the embarrassment of seeming to be covering up afterwards.

ChestInf, Inhaler and InHalHrs - these questions collect information about respiratory infections and use of inhalers which could affect someone’s lung function measurement.

LFWill - If you code ‘no’ here the computer will skip you past the measurement. You should only use the code ‘no’ here if the respondent refuses to do the measurement. If you are unable to obtain the measurement because of another reason this is coded later on.

SpirNo - Record the three digit serial number of the spirometer here.

LFTemp - Record the ambient air temperature. Take the temperature again, do not re-use previous readings (e.g. from the blood pressure) as the temperature may have changed even in a few minutes.

Blow[1]-Blow[5] - Get the respondent to carry out five blows. For each blow record FVC, FEV and PF. Remember to press the Clear Button at the end of each reading. At Technique record whether or not the respondent’s technique was satisfactory.

If no reading was obtained enter ‘0’. If you get to this section in the measurement and find you will not be able to take any readings, enter 9.95. This will take you to the end without having to type 0 at each individual reading.

LFResp - Record a code to show the outcome of your attempt to obtain the lung function readings. Use code 1 if all five blows were obtained and technically satisfactory. Use code 2 in cases where not all five blows were obtained or they were not all technically satisfactory. Use code 3 if you get a refusal. Use code 4 if you did not attempt to measure lung function for some other reason than refusal.

ProbLF - If not all five blows were obtained or were not technically satisfactory record the reason why. Use all codes that apply.

YNoLF and NoAttLF - Record here why the lung function measurement was refused or not attempted. If no lung function readings were obtained circle code 04 on the front of the consent booklet.
If you obtain a lung function reading ask these questions. If you have not already asked the respondent, check if they are registered with a GP. Check with the respondent if the results can go to their GP. If they agree, turn to the page of the Consent booklets Lung function to GP Consent Form - sheet LF (A). Explain that you have to get written consent in order to send the lung function readings to their GP. Fill in the respondent’s name at the top of the form and ask them to sign and date the form.

Then turn to the front of the Office Consent booklet and ring consent code 03. If you have not already done so, ask for the name address and telephone number of the GP (see the section on blood pressure for collecting the GP’s details).

Offer the lung function readings to the respondent. If (s)he would like them, enter them on the Measurement Record Card (MRC). The computer will automatically calculate the highest lung function readings for you to record on the MRC. Never attempt to interpret these readings. This has to be done in the office, taking other information about the respondent into account.

Please read through the Lung Function protocol in the Nurse Protocol Manual.

15.4.13 Demi Span (age 65+)

This measurement is to be taken only of those aged 65 and over. The protocol for taking a demi-span measurement is explained in the nurse protocol manual. It is essential that all nurses take the measurement in the same way. Two readings are taken. Explain to the respondent that this is to improve accuracy.

Record the two measurements to the nearest even millimetre (see Nurse Protocol Manual). Always record the response to one decimal point (eg 55.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 56cm, you must enter ‘56.0’. If you do enter a measurement ending in ‘.0’, the computer will ask you to confirm this.

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, eg 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.

At NotAttM record any reasons why demi-span measurement was refused, not attempted or only one was obtained. Record at SpnM how the measurement was taken (ie with respondent standing, sitting, lying down etc)

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.
A blood sample is required for testing for the following: total & HDL cholesterol, glycated haemoglobin, fibrinogen, and c-reactive protein.

You will need to explain the purpose and procedure for taking the blood sample.

Certain respondents are excluded from having a blood sample taken. The CAPI programme includes questions to check eligibility. Ineligible groups are:

- Pregnant women
- People with clotting/bleeding disorder
- People who have ever had a fit
- Those currently on anticoagulant drugs
- Those not willing or able to give consent in writing

Consents

For eligible respondents, it is important that all the required consents are obtained before the sample is taken. You will need to get consent for the following:

Consent to take the sample – if the respondent is happy to provide a blood sample, you will need to fill in their name and your name on both Consent booklets. The respondent needs to read, sign and date each form. You then need to circle consent code 05 on the Consent Booklet. If they refuse a blood sample you will be asked to record why at the next question, and will then be prompted to circle consent codes 06, 08, 10 and 12 on the Consent Form.

Consent to send the results to the GP – if they agree, you will need to ask the respondent to sign both Consent Booklets. Ensure you have recorded the GP details correctly and then circle consent code 07 on the Consent Booklet. If they refuse, you will need to record why at the next question, and will then be prompted to circle consent code 08 on the Consent Form.

Consent to store a small amount of blood – we are asking for their consent to store a small amount of blood for future analysis (note that it will not be tested for the HIV(AIDS) virus or used for DNA analysis). You will need to get the respondent to sign both consent forms, and then you will circle consent code 09 on the Consent Form. If they refuse, you will be prompted to circle consent code 10 on the Consent Form.

Taking the sample

Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. For full instructions on how to proceed please see the Nurse Protocol Manual and also the Clinical Practice Guidelines for Venepuncture. In addition to these, instructions for the use of Ametop gel can be found below.

If you obtain a sample, note down any problems experienced at SamDif. If you do not manage to get any blood, explain why not at NoBSM. If you do not get any blood ring consent codes 06, 08, 10 and 12 on the Consent Booklet. If you have already ringed codes 05, 07, 09 and 11, you should cross these codes out.

When taking the sample, you need to fill 3 tubes (in this order):

1 plain (red) tube
1 EDTA (purple) tube
1 citrate (blue) tube

If you obtain a blood sample, remember to label the blood tubes immediately. Double check you have recorded the correct household serial number and date of birth on the labels. The
computer will give you the serial number and date of birth to copy onto the label, but you should still check the date of birth verbally with the respondent in case of previous error.

Then ask the respondent if (s)he would like to receive the results of the blood sample analysis. If yes, ring consent code 11 on the front of the consent booklet. If not, ring code 12.

If you were unable to get any blood, amend consent codes on the front of the Consent Booklet so that they become 06, 08, 10 and 12. Otherwise the computer will expect to receive back blood sample results, etc.

Once the sample has been taken, the CAPI programme will take you through the Venepuncture check list questions (VPSys to VPCheck). In 2003 this was recorded on paper but the CAPI version will save you time.

**AMETOP gel**

Respondents who have agreed to give a blood sample will be offered the choice of having AMETOP gel applied beforehand. In previous rounds of the survey this was only offered to children, but we are now offering it to adults. They should be given the AMETOP information sheet before they agree to giving a blood sample. If a respondent has a known allergic reaction to any local or general anaesthetic they will not be able to use AMETOP gel.

**NB. THE CONCEPT OF BLOOD TAKING AND USE OF AMETOP GEL MUST NOT BE RAISED WITH THE RESPONDENT BEFORE THE APPROPRIATE POINT IN THE CAPI SCHEDULE. DO NOT INTRODUCE BLOOD TAKING BEFORE THIS, AS THIS MIGHT RISK AFFECTING OTHER MEASUREMENTS (EG. BLOOD PRESSURE). YOU MUST NOT APPLY AMETOP GEL TO ANY RESPONDENT BEFORE YOU ARE PROMPTED TO DO SO IN THE CAPI SCHEDULE.**

*AmeUse* – record whether or not the respondent wishes AMETOP to be used. If they do not, the computer will route you through the normal blood sample questions.

*Allergy* – If respondent agrees to the blood sample with the use of AMETOP gel you have the option of taking the sample on your first visit or returning for a second visit to take the sample.

To take the sample on the first visit code 1 at AmeNow and follow the instructions on the computer about completing the consent sheet. Apply the AMETOP gel, referring to the protocol in Appendix 2. You can then continue with the rest of the respondent’s schedule and complete other respondents’ schedules while you wait for the AMETOP gel to take affect. When you are ready to take the sample, open up the respondent’s Individual Schedule from the parallel block. The message “YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT” will be displayed on the first screen. Press <F3>, then press <b>, and then press <Enter>. This will take you to the correct point in the schedule. At DoAme code 2 and continue with the blood sample module.

To take the sample on a return visit code 2 at AmeNow. You can now complete the rest of the respondent’s schedule. On the return visit open up the respondent’s Individual Schedule from the parallel block. The first screen will display the message “YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT”. Press <F3>, then press <a>, and then <Enter>. This will take you to the correct point in the schedule. At Later code 2 and follow the instructions on the computer about completing the consent sheet. Apply the AMETOP gel, referring to the protocol set out below.

**IF AMETOP GEL IS TO BE USED:**

Apply Ametop gel following the instructions below.

Take blood sample following the instructions in the Protocol Manual.

**General information about Ametop gel**

Ametop gel is an effective local anaesthetic cream with minimal side-effects. Occasionally mild
local skin reactions are experienced. You will need to explain the pros and cons of using AMETOP GEL to each respondent and parent, in addition to giving them the written note to read. It is important that respondents understand that you are not a doctor and cannot treat unexpected reactions.

**Pros:**
- reduces sensation of needle prick
- easy to apply
- generally safe

**Cons:**
- takes half an hour to work, and so may increase anxiety
- risk of local reaction in people known to be allergic to similar drugs
- other possible side effects:
  - reddening of skin
  - whitening of skin
  - itching

None of the local skin side-effects (if they occur) requires treatment. The whitening or reddening will disappear by itself over a period of hours. A local allergic reaction may involve itching, but is unlikely to require treatment.

AMETOP GEL contains an anaesthetic called amethocaine. It is important that you ask the question below (also within CAPI) to determine whether the respondent has any known anaesthetic allergies.

**Has the person giving this blood sample ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given by a doctor, dentist or in hospital?**

If the respondent has ever had a bad reaction to an anaesthetic then Ametop gel MUST NOT be used. However the respondent can still give a blood sample without AMETOP GEL if they are willing.

AMETOP GEL is a pharmacy medication, so it is very important that you account for all AMETOP GEL tubes used on the record sheet supplied. Any AMETOP GEL tubes you have left at the end of your assignment should be returned to the Brentwood office with the record sheet. For safety, AMETOP GEL must not be left lying around where young children could get at it.

**Storage of AMETOP GEL**

AMETOP GEL should be stored in your fridge. It should not be allowed to get damp. If the AMETOP GEL tube becomes damp or frozen and it looks as if the gel may have been affected you should not use it but return it to Brentwood recording the damage on the record sheet.

Your should not use AMETOP GEL which is past its use by date. Please check the date and if it is past the date, return it to Brentwood explaining this on the record sheet.

**Applying Ametop gel**

Ametop gel must only be applied to healthy skin; therefore it must not be applied to sore or broken skin (e.g., eczema or cuts). Make sure the Ametop gel is kept away from eyes or ears.

If the person requires AMETOP GEL to be applied prior to venepuncture, inspect the antecubital fossae and decide which arm you will use for blood-taking.

Ametop gel must be applied to ONE arm only on one visit. This means that, if you encounter problems during blood-taking (e.g., collapsing vein), NO ATTEMPT can be made to take blood from the other arm.

Apply Ametop gel over the antecubital fossa. Cover with a Tegaderm dressing (a vapour
permeable and self-sticking film dressing) to keep the AMETOP GEL in place. See details about how to apply AMETOP GEL below. Please note the illustration shows AMETOP GEL being used on the hand. NatCen policy is to only take blood samples from the arm.

1. Squeeze contents of tube in a mound on the area to be anaesthetised. Do not rub in.

2. Peel the beige coloured 'centre cut-out' from the dressing.

3. Peel the paper layer marked 3M Tegaderm from the dressing.

4. Apply the adhesive dressing with its paper frame to cover the AMETOP Do not spread the cream.

5. Remove the paper frame using the cut mark. Smooth down the edges of the dressing carefully and leave in place for at least half an hour. The time of application can be written on the occlusive dressing.

6. After 30 minutes (max. 5hrs), remove the dressing. Wipe off the AMETOP Clean entire area with alcohol and begin procedure.

As you may well be aware, removing the Tegaderm is sometimes painful so take care on hairy arms!

It is very important that the used tubes of AMETOP GEL should not be left lying around. Make sure you have removed them from the household on completion of the phlebotomy.

Use the AMETOP GEL record sheet to record the respondent’s serial number and the date Ametop gel was used. Return this sheet with any unused tubes of Ametop gel to the Brentwood office.

**15.4.15  Saliva (All respondents, except pregnant women)**

**SalIntr1-SalNOobt**
Saliva will be analysed at a laboratory for cotinine. Cotinine is a derivative of nicotine and will be present in saliva if the respondent has been exposed to tobacco smoke - either because they smoke or have because they have been exposed to other people’s smoke. See the Nurse Protocol Manual for a full description of the procedure.

**SalWrit**  We are collecting written consents from respondents to take the saliva sample (we did not do this in 2003). Note that this is a consent to take the sample, it is not a record that we have collected a sample- they may give consent but then be unable to produce any spit.

**SalObt1**  Code if saliva has been obtained, even if it is only a small amount.

**SalNOobt**  If no saliva is obtained, please code reasons and give fuller explanations as appropriate.

Results of the salivary cotinine analysis will not be sent to respondents or their GPs.

Instructions on packaging samples are given in Section 16, below.

**15.4.16  Urine sample (All respondents, except pregnant women)**
Urine samples will be analysed at a laboratory for sodium. Sodium levels are an indicator of dietary salt levels. High dietary salt levels are related to CVD.

Ask respondent if they are willing to provide a urine sample, and instruct them accordingly if they are willing. See the Nurse Protocol Manual for full instructions.

We are collecting written consents from respondents to take the urine sample (we did not do this in 2003). Note that this is a consent to take the sample, it is not a record that we have collected a sample- they may give consent but then be unable to produce any urine.

Once you have obtained the sample, write the respondent's date of birth and serial number on a blood tube label and attach it to the urine syringe.

Code whether urine has been obtained. You should use code 1, 'obtained', even if it there is only a small amount.

If no urine is obtained, please code reasons and give fuller explanations as appropriate.

Instructions on packaging samples are given in Section 16, below.

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.

Finishing the interview

Ensure that you have all the correct codes ringed on the front of the Office Consent Booklet. If any results are to go to the GP (consent code 01, 03 or 07 ringed), check that you have details of the GP. The GP details are needed so that we can telephone and write to the GP, if there are any abnormal results. Therefore the GP address should be as full as possible, and the telephone number should include the local area code. Leave the Respondent Consent Booklet behind with the respondent.

Thank the respondents for all their help. We will be writing to thank them also.

Once you have finished entering information onto the computer, you should press <Ctrl+Enter> then <Alt+Q> (for Quit (after admin)).

You will then be at the Household Menu again, where you should press <Esc> to return to the address menu. Press <Esc> again to return to the Action Menu, at which point the data will be scrambled for confidentiality. At the Action Menu, press <Q> for Quit, then switch off the laptop.

The admin block

For each household in which you do any work, you must complete an ‘admin block’, which
contains various pieces of information which must be kept separate from the individual schedules for reasons of confidentiality. Most of the items in the admin block are self-explanatory, but please note the following:

At NChoice, you cannot select code ‘5’ until you have completed all the individual schedules are you are ready to transmit the full household back to the office. Before that point, you cannot go beyond this question.

The outcome code for each respondent at NurOutc will nearly always be filled in for you, so in most cases you will just need to check that it is correct and press <Enter>.

If you did not complete any nurse schedules for a household, at NOutc you will be asked to enter a household outcome code (94, 95 or 96). If you completed at least one nurse schedule for a household the household outcome code will be 92. You do not need to enter this code in CAPI but it will appear on the Address Menu at OutC for completed addresses.

The respondent’s name and GP details should be copied from the front page of the Office Consent Booklet, which is why you are instructed to keep all the consent booklets from a household until work at that household is complete. If you have inadvertently sent back a consent booklet before completing the admin block, you should leave the GP details blank (by pressing <Enter>) and coding ‘2’ at YGPBlank. This will indicate to the staff at the office that we need to pull out that consent booklet to get the GP details. It is important that you do not enter ‘don’t know’ at the GP details questions, unless you really do not know the details. If you have collected the details (or think you may have done so), but do not have access to them, always enter a blank.

The computer will not consider the household as complete until the admin block is fully completed. You will not need to complete the admin for households where there is no work for you to do, all you do for these cases is enter code 3 at ScrOut.

15.7 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. 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:

<table>
<thead>
<tr>
<th>Parallel blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ NSHeS2008</td>
</tr>
<tr>
<td>+ Nurse_Schedule[1] Frank</td>
</tr>
<tr>
<td>+ Nurse_Schedule[2] Mary</td>
</tr>
<tr>
<td>+ Drugcode[1] Frank</td>
</tr>
<tr>
<td>- Admin</td>
</tr>
</tbody>
</table>
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 ‘NSHeS2008’ 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.

It is important to remember that ‘Nurse_Schedule[1]’ is the individual schedule for the first person entered in the household grid. This is why you must enter the details in person number order. If you entered, say, person number 4 at the top of the grid, then that person would be allocated ‘Nurse_Schedule[1]’, even though (s)he is not person number 1. In larger households, this could get very confusing!

If the individuals are entered in the wrong order (eg if a household member is added to the grid late) and you subsequently find yourself unsure as to which ‘Nurse_Schedule’ corresponds to which person number, you should enter each ‘Nurse_Schedule’ in turn and look at the details given on the first screen until you find the person you want.

Please also note that the ‘Drugcode’ block will have the same number suffix as the respective ‘Nurse_Schedule’ block, ie ‘Nurse_Schedule[1]’ will be the same person as ‘Drugcode[1]’, and so on.

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.)

15.8 Practice interview

The following serial numbers will be needed to access the SHeS 2008 practice interviews:

Serial no:  
100011  
100021  
100031  
100041  
100051  
100061  
100071  
100081  
100091  
100101  
100111  
100121  
100131  
100141  
100151  
100161  
100171
16. Packaging and dispatching samples (blood, saliva, urine)

16.1 Blood samples

16.1.1 Labelling the Blood Tubes

Label the tubes as you take the blood. It is vital that you do not confuse blood tubes within a household.

Use the set of serial number and date of birth labels (blue) to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very clearly on each label. 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 blue label over the label already on the tube. The laboratory needs to be able to see on receipt how much blood there is in the tube.

We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

16.1.2 Packaging the Blood Tubes

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:

As a rough guide, adults who provide a blood, saliva and urine sample will need a large despatch container, while others will just require the small size. The capacity of the small despatch containers is 4 sample tubes provided that there is no urine sample (3 blood plus one saliva). For 3 blood tubes plus a urine tube, you will need the large despatchers. For more than 4 sample tubes, you will also need to use the large despatchers.

16.1.3 Posting the blood samples

The size of the packaging means you will not be able to post blood samples in a letter box. The samples will have to be taken to the post office for posting.

The samples should be posted within 24 hours of the sample been taken. Try to avoid taking samples if you think that you will be unable to post it within 24 hours.

16.1.4 Weekend posting

If you miss the Saturday post collection, the sample must be posted on the following Monday morning.

16.1.5 Storage of blood samples

If you are unable to post the samples immediately, they can be stored at room temperature.

When you have posted the samples, fill in the time and date of posting on the office copy of the Despatch Notes.

16.1.6 Completing the Blood Despatch Notes

The Consent Booklet contains two Despatch Notes, one for the Lab one for the Office. The Lab copy should be filled in and sent to the laboratory with the blood, saliva and 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.

• Complete item 5.

• At Item 6 ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 8e on the front page of the booklet.

• At Item 7 enter your Nurse Number.

Tear off the Lab despatch note and send with the samples to the laboratory.

You also need to complete the Office DESPATCH in the consent booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note and give the reason.

16.2 Saliva samples
1. Make sure that the lid of the salivary tube is secure.

2. Label the tube (using the blue labels provided). Enter the respondent’s serial number and date of birth on the label in blue biro (black ink will smudge).

3. Insert the tube in the packaging, either together with that respondent’s blood container and urine sample (if obtained), or on its own. The choice of the appropriate size of packaging will depend on the total number of samples obtained by each respondent as explained below (three or fewer samples go in a small despatcher, more than 3 samples go in a large despatcher).

Continue to pack as instructed above in relation to the blood samples.

16.3 Urine sample

Make sure that the plastic cap is securely sealed, and the syringe plunger stalk snapped.

Label the urine sample tube (using the blue labels). Enter the respondent’s serial number and date of birth on the label (in blue biro). Put the label on the tube after the sample has been collected (otherwise the label might get wet in the process!).

Insert the tube in the despatch container, either together with that respondent’s blood container and/or saliva sample (if obtained), or on its own. The choice of the appropriate size of packaging will depend on the total number of samples obtained by each respondent as explained below (three or fewer samples go in a small despatcher, more than 3 samples go in a large despatcher).

Continue to pack as instructed above in relation to the blood samples.

16.4 What the Packaging Comprises

16.4.1 Small Packaging

• Absorbent insert
• Plastic container
• Cardboard mailing box with foam

Using the small packaging

1. Insert the blood 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.

16.4.2 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. Roll the insert with the folded despatch note*.
4. Place the rolled insert in the plastic container and close.
5. 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 blood tubes

17. Completing the NRF and returning work

17.1 Recording the outcome of your attempts to interview and measure
You should complete sections 5 to 9 of the Nurse Record Form (NRF) to report to the office the outcome of your attempts to interview persons in households at which the interviewer obtained at least one interview.

Question 5 Record all attempts to make contact with the household. Note all personal visits and telephone calls, even if there was no reply.

Question 6 Complete a column for each person in the household listed by the interviewer in the grids on page 2, and coded 1 or 2 Your entry here tells the outcome of your attempts to interview these people. The codes in this column are referred to as Outcome Codes.

Enter each person's Person Number and first name at the head of the column. Enter them in the order listed on page 2. Then for each person ring one of the codes 80-89 to indicate the outcome of your attempts to interview them.
Use code 80 if the person was coded 2 on the grid at Q4. There is nothing for you to do.

Use code 81 if you went through the whole schedule with the respondent and completed all the relevant questions. This code applies even if the respondent refused any of the measurements.

If someone breaks an appointment and you never manage to make contact with them again, ring code 85, not code 82.

A proxy refusal (84) is the situation where someone refuses on behalf of someone else - for example, a husband who says he will not allow his wife to be seen by a nurse. Obviously you should do your best to try and see the person yourself but sometimes this is not possible.

Codes 86-88 should be used only if the respondent is unavailable for interview for these reasons throughout the whole of your fieldwork period. If they are likely to return, and be fit to be seen, during that time, then try again later.

*Question 7* Complete this for each person who refused to allow you to interview them (ie those you coded 83-84 at Question 7).

*Question 8* Complete Question 8 for each person coded 85-89 at Question 6.

*Question 9* Enter the number of Consent Booklets obtained in this household.

**17.2 Returning work to the office**

If you are measuring everyone in a household at one time, post the NRF and the Office Consent Forms back to the office the same day. Transmit the nurse schedules on the same day as you post the paper materials.

If there is a gap between the first and last visit to a household, keep all the work to be returned together for that household. But post it back immediately you have completed your task there. Please note that this is different advice to that given in some previous years, when you were told to return work as you completed it. This is due to the fact that the admin details are entered onto computer on a household basis rather than an individual basis.

Referral back to GPs and respondents, in the event of any serious abnormalities, can be seriously delayed if work is not returned in time.

Before returning work, check that you have all the documents you should have and that they are properly serial numbered and so on. Check that they match with your NRF entries. You should return an Office Consent Booklet for each person with an Outcome Code of 81.

Send the Nurse Record Form to the office when you have completed everything you have to do at a household.

- Pin together the Nurse Record Form and Consent Booklets and return them in one envelope.
- **Do not entrust other people to post your envelopes** - always post them yourself.

At the end of your assignment, check that you have accounted for all the serial numbers on the Nurse Sample Sheet. Keep this NSS. It will help sort out queries, should there be any, about work done by you.
18. **Who to contact**

You will have the telephone number for your nurse supervisor, interviewer supervisor and Area Manager.

Your nurse supervisor should be contacted if you have any problems using your equipment or need to discuss protocols, or if you have any non-medical concerns arising from a visit (e.g. concern about someone’s welfare). Your interviewer supervisor will be able to help and advise on any aspects of "survey work" - getting co-operation, completing the documents, etc. If there are any problems with the interviewer liaison, you should contact your Area Manager.

If you need more supplies or need to contact the Operations Department, please phone Brentwood on 01277 200600 and ask for Karen Hawkes or somebody in the Yellow team.

The ScotCen team (Lisa Given, Catriona Webster, Clare Sharp, Catherine Bromley, and Andy MacGregor) will be happy to answer any queries you have about the survey itself or about any of the documents you are using. You can contact them on 0131 228 2167 (direct lines are at the start of these instructions).

If you are having problems with your laptop computer, you can contact the CAPI Helpline, details of which will be provided to you.

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 that you would like to be recorded. Remember to fill in an incident report form if you contact the Survey Doctor about a respondent – it is not sufficient to just report an incident to them.

19. **Contacting the Survey Doctors**

The Survey Doctors are Dr. Sangeeta Dhami and Professor Aziz Sheikh. They can both answer any medical queries. You should contact Dr Dhami in the first instance. Her mobile is 07912 612596; leave a short message if you get her voicemail. If it is urgent you can call her at home on 0131 664 8730. If you cannot get hold of Dr Dhami and need to speak to someone urgently call Professor Sheikh on 07792 781826 (mobile), or at home on 0131 664 8730.

If you need to leave a message, leave the following details:

- Your name
- Your contact telephone number
- An indication of whether the situation is urgent
- If you want the Survey Doctor to ring you back at a specific time etc, leave those details as well.

Please do not leave any personal details about the respondent on the voicemail (such as their name, address or telephone number) as this would constitute a breach of confidence.

Do not hesitate to contact Dr. Dhami or Professor Sheikh whenever you feel you need advice about what to do after seeing a respondent. If you require to speak with the Survey Doctors in the evening please try to do so before 9.30pm.
20. Information on handling nurse equipment

The same precautions and lifting techniques should be applied when handling nurse equipment as with any other loads that we need to carry in our day to day activities.

Although the Health Survey nurse equipment is within the weight guidelines advised by the Health and Safety Executive, we feel that we must stress that caution should be taken when lifting equipment.

Please read the following advice to ensure you are aware of the correct lifting techniques:

- Don’t jerk or shove – twisting may cause injury.
- Grip loads with palms of hands, not fingertips. Don’t change your grip while carrying.
- Bend your knees when lifting loads from the ground. Lift with your legs and keep your back straight. Lift in easy stages – floor to knee, then knee to carrying position.
- Hold weights close to the body. Take care when lifting equipment from the boot of your car, position the equipment to avoid stretching at the same time as lifting.
- Evenly distribute load. Not all on one shoulder or hand.
- Use shoulder straps as much as possible.
- Don’t carry more than you need to. Try to pack the supplies you need for the day and keep spare supplies in the car.
- Take extra care on stairs, making more than one journey if necessary.
- If you think a trolley would be useful, we can arrange for one to be provided. Please ring your Nurse Supervisor in the first instance who will make any necessary arrangements with the Area Manager.

You must advise NatCen of any existing condition or pre-disposition to injury e.g. pregnancy or previous back injury.

Please refer to your Survey Nurses’ Manual for more information about Health and Safety.