NatCen
Social Research that works for society

Health Survey for England 2014

Interviewer project instructions P3427

Contents

1 The Health Survey for England 2014 1

1.1 How to use these instructions 1
1.2 Overview of HSE 2014 1
1.3 Our HSE client 1
1.4 Fieldwork and sample design 1
1.5 The interviewer visit 2
1.6 The nurse visit 3
1.7 Interview length 3
1.8 Interviewing children 3

2 New content for 2014 4

2.1 Learning difficulties 4
2.2 Planning for future care 4
2.3 Hearing difficulties 4
2.4 Mental health 5
2.5 Use of services 5
2.6 Final question 5

3 Interview Documents 6

4 Nurse Liaison 7

4.1 Keep in touch 7
4.2 When there's no nurse visit… 7
4.3 What the nurse needs to know 7

5 Fieldwork timetable 8

6 Contacts 9

1 The Health Survey for England 2014

1.1 How to use these instructions

These instructions give an update on things that are new for the 2014 survey. They are designed to be used in conjunction with the HSE Interviewer Project Manual, which gives more detailed instructions about different aspects of the survey.

1.2 Overview of HSE 2014

HSE continues to be a vitally important study that provides National Statistics on many aspects of health. Results are made publicly available and are used by the government, NHS, researchers and many others. The information we collect helps to improve people's health and identify priorities for future spending and future developments.

New topics for the 2014 interviewer CAPI:

- Learning difficulties
- Planning for future care
- Hearing difficulties
- Attitudes associated with mental health
- Use of health services - some additional questions use of services associated with hearing and mental health problems.

New for the 2014 nurse visit:

- Hearing test
- Adult urine test (replacing the saliva test for adults from 2013)
- Mental ill health and treatment

Focus for 2014 Survey: Mental Health and Wellbeing.

1.3 Our HSE client

The Health and Social Care Information Centre

Their website says:
'We are the trusted national provider of high quality information, data and IT systems for health and social care organisations so they can provide better services and improve health standards.'

Until April 2013, HSCIC was part of the NHS; now they are part of government but separate from the NHS or any department. We still use the NHS logo on the envelopes for our advance letters, because they use HSE data and it's very important for them.

1.4 Fieldwork and sample design

Fieldwork and sample design is the same as last year:

- An assignment consists of 16 addresses
- Fieldwork starts on the first of each month
- You have approximately 6 weeks to complete your assignment

- An important KPI is to visit all your addresses in the first 7 days
- You will be given the target response rate for your point each month – our national target is 65% household response rate

To get as full a picture as possible, we need high response rates for all the different stages of our survey – for instance for measurements, self completions, consent to linkage and nurse visits.

1.5 The interviewer visit

This is what is included in the 2014 interview. New topics are shown in purple.

Household questionnaire							
Household size, composition, relationships				Smoking in household			
Accommodation tenure and number of bedrooms				Car ownership			
Economic status / occupation of household reference person				**Learning difficulties***			
Household income							
The Interviewer visit							
	Age (years)						
Module	**0-1**	**2-4**	**5-7**	**8-9**	**10-12**	**13-15**	**16+**
General health, longstanding illness	•	•	•	•	•	•	•
Fruit and vegetable consumption			•	•	•	•	
Self-reported height and weight							•
Personal care plans							•
Doctor diagnosed hypertension, diabetes							•
Planning for future care (30+) *							•
Use of health services*							•
Social care							•
Hearing*							•
Smoking				•[a]	•[a]	•[a]	•
Drinking				•[a]	•[a]	•[a]	•
Economic status, occupation, education							•
Ethnic origin, National identity	•	•	•	•	•	•	•
Self completion							
Learning Difficulties*			•[b]	•[b]	•[b]	•[b]	•[b]
General health today (EQ5D)*							•
General Health last few weeks (GHQ12)*						•	•
Wellbeing (Warwick – Edinburgh Scale)							•
Mental health attitudes*							•
Physical Activity							•
Perception of weight							•
Sexual orientation, Religion							•
Measurements							
Height		•	•	•	•	•	•
Weight	•	•	•	•	•	•	•

[a] Smoking and drinking in self-completion for all aged 8-17 and some aged 18-24.
[b] Completed by parent/guardian or carer

1.6 The nurse visit

Everyone who is interviewed is eligible for a nurse visit.
This is what the nurse visit includes in 2014. New topics are in purple.

Nurse visit					
	Age (years)				
Module	**0-3**	**4**	**5-10**	**11-15**	**16+**
Prescribed medicines	•	•	•	•	•
Nicotine replacement products					•
Blood pressure			•	•	•
Mental health questions*					•
Waist and hip circumference				•	•
Saliva sample (cotinine)		•	•	•	•
Urine sample*					•
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•
Hearing test*					•

1.7 Interview length

The **interview** will last an average of **around 60-65 minutes** for a two person session, a little bit shorter for one adult, a little bit longer for three or four people. Also, as has been the case for the last couple of years, it is a little bit longer for people aged over 65, particularly if they have social care needs.

The interview for children is very short. Apart from questions about general health, those aged 5+ are asked about fruit and veg – and of course we need their height and weight. If they are under 5 there are virtually no questions, so set expectations appropriately when you are setting an appointment.

The **nurse visit** will last **around 40 minutes** on average for an adult – so considerably shorter than the interview. And you can tell participants that the nurse visit is very different, consisting mainly of measurements rather than questions.

1.8 Interviewing children

We strongly recommend that you do not include children and adults in the same interview session. The child interview is very short, so it's much better to get that completed before (or after) you've done the adult interview. Then the child won't be asked to sit through the adult session.

We have some new bracelets to offer children, as well as the sticker packs.

2 New content for 2014

2.1 Learning difficulties

There are few statistics available about how many people have learning difficulties, so the HSE will be finding this out. It is a relatively small proportion of the population, so we need a robust survey like the HSE to investigate.

There are questions in the household questionnaire about whether anyone in the household has any learning difficulties. Then the self completion booklet asks each adult about whether they have learning difficulties. Parents will fill in a booklet for children aged 11-15.

If there is someone in the household who is not able to take part in the interview because of learning difficulties, there is a (short) self completion for a responsible adult to complete on their behalf. The person asked to fill in this in will be 'the person who would usually answer questions on that person's behalf'.

The questions have been used in a different survey, and therefore we have kept exactly the same wording. There is a detailed explanation in the household questionnaire of what we mean by learning difficulties. The questions make a distinction between specific learning difficulties such as dyslexia or dyspraxia, or more general learning difficulties.

2.2 Planning for future care

Social care is already an important part of the HSE interview, and we have a new section of questions in 2014 to establish to what extent people are aware of what they might need when they are older and whether they have thought about how they will pay for care. This set of questions will be repeated again in future years, to see whether people's understanding and attitudes are changing, as the funding situation for social care changes over time.

These questions are asking about knowledge, and what people think, so we will only be asking ONE adult in each household to answer these questions. They are only asked of people **aged 30 and over**, so if you have a young household these questions won't be asked.

One adult aged 30+ will be selected at random and you will be told who to ask.

We have done some development work and cognitive testing on these questions. We found that it's a topic where people are often not very confident that they know the answers, so it's important for you to encourage them to give their best estimates wherever possible, rather than just record 'don't know'.

It's important as well that you ask people to answer about the situation **as it currently is**. We are not asking people what they think ***should*** happen.

2.3 Hearing difficulties

Questions about hearing difficulties are included in the interview, and these will be followed up by a hearing test in the nurse visit. Hearing problems are often associated with older people, but the HSE will be measuring all adults, to find out to what extent people of all ages have hearing difficulties, and how these might impact on daily life.

The questions are straightforward, establishing whether people have any difficulties in different situations, whether they have hearing aids, and what they think about screening for hearing problems.

If someone is having difficulties hearing you, you can show them the screen for questions where we don't have a show card. But remember, we can't arrange for a sign interpreter if you have a participant who has hearing problems which mean they can't take part.

2.4 Mental health

Mental health is an important topic in 2014. There are questions at various stages throughout the interview and nurse visit covering this. Mental health is closely related to people's physical health and wellbeing, so it's crucial for us to be able to build up a detailed picture.

In the interview, the self completion booklets for adults and young adults include some questions we often have, about people's general health today, and health over the last few weeks. The self completion questionnaire also includes some questions about attitudes associated with mental health problems.

There are also some questions about whether people have made use of specific mental health services – see the 'Use of services' section below.

And in the nurse visit, there will be a few more questions about specific conditions and treatments people may have had, and whether they have ever harmed themselves. These are included in the nurse visit because that is a one-to-one conversation, whereas interview sessions may include up to four people.

2.5 Use of services

There are a standard set of questions in the interview about visits to a GP, a practice nurse, or a hospital either as an inpatient or outpatient. We have added some questions in this section about visits to GPs or hospital for any hearing problems, and also use of services for mental health problems.

2.6 Final question

We have added a final couple of questions at the end of the interview where people can give their views. One is about their satisfaction with the NHS, and one is an open question where they can say anything they would like to, for instance if they feel we didn't ask about something they would like to comment on. Please record their answers fully here, this will provide some very interesting information.

3 Interview Documents

These are the documents we are using in 2014. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
14-01i	ARF	Pale yellow
14-03i	Broken appointment card	Purple
14-04i	Advance letter	Letter head
14-05i	Advance letter copy	Letter head
14-06i	Advance letter laminate	Letter head
14-07i	Follow up letter	Letter head
14-08i	Reissue letter	Letter head
14-09i	HSE information leaflet	Yellow
14-10i	Results laminate	Colour printed
14-11i	Stage 1 leaflet	Pale green
14-12i	Stage 2 leaflet	Lilac
14-13i	General concerns laminate	Pale yellow
14-14i	Respondent showcards	White
14-15i	Interviewer showcards	Sky blue
14-16i	8-12 year old self completion	Green
14-17i	13-15 year old self completion	Blue
14-18i	Young adult self completion	Yellow
14-19i	Adult self completion	Grey
14-20i	Difficulties questionnaire (completed by proxy)	Lilac
14-21i	Measurement record card	Pale green
14-22i	Data linkage consent form	Sky blue

4 Nurse Liaison

4.1 Keep in touch

Please get in touch with your nurse as soon as you know who it is. It's an opportunity to introduce yourself if you have not worked together before, and you can also agree how you will keep in contact and the best way to work together as a team. Exchange NatCen mobile numbers if you don't already have them.

It is really important to keep in touch with your nurse as you work through your assignment. This is so that the nurse can follow up as quickly as possible on each case as you transmit it, maximising the chance of success with the nurse visit.

4.2 When there's no nurse visit…

As well as transmitting your households **as soon as** you've finished them, please **phone or text** your nurse to let her know to look out for them.

Information is automatically provided to the nurse about all your final outcomes – both productive cases where there is a nurse visit, **and** for the first time in 2014 any non-productive outcomes will also be automatically transmitted. So you no longer need to send No Nurse Visit (NNV) forms.

4.3 What the nurse needs to know

It's important for nurses to have as much relevant information as possible when they contact a household. So we are introducing a new answer category when you record whether or not each person has agreed to a nurse visit. As always, there is a 'Yes' and 'No', and for 2014, we have included a 'Maybe' category. Please use this when someone is a little reluctant, or is not sure about the nurse visit. If the nurse knows that the person may be hesitant, he or she can tailor their approach appropriately.

For households where there is a nurse visit, please provide relevant information as you complete the admin block. Imagine that you are going to have to visit this household for a reissue/follow up – what information would you need or find helpful? Remember to include information about how to find the address as well as details about the household. If there is confidential information, you can just put **'phone me'** in the admin block.

5 Fieldwork timetable

We are often asked about when letters and work packs are sent out, so here is the timetable we will be working to. You can check key dates for each month you are working. Keep in touch with your Team Leader to discuss your progress as you work through each assignment.

	Advance Letters sent	Workpacks despatched	Fieldwork start
January	27th Dec	17th Dec	2nd Jan
February	29th Jan	27th Jan	1st Feb
March	26th Feb	24th Feb	1st Mar
April	27th Mar	25th Mar	1st Apr
May	28th Apr	25th Apr	1st May
June	28th May	27th May	1st Jun
July	26th Jun	24th Jun	1st Jul
August	29th Jul	25th Jul	1st Aug
September	27th Aug	26th Aug	1st Sep
October	26th Sep	24th Sep	1st Oct
November	29th Oct	27th Oct	1st Nov
December	7th Nov	5th Nov	12th Nov

6 Contacts

Project number	P3427	
Brentwood contacts	Emma Fenn	01277 690071
	Rod Cox (equipment)	01277 690064 or email: equipteam@natcen.ac.uk
Research contacts	Chloe Robinson	020 7549 7039
	Alice Ryley	0207 549 7041
	Rachel Whalley	0207 549 7130
	Varunie Yaxley	020 7549 7020
	Joanne Thompson	0207 549 7104
	Rachel Craig	0207 549 7012
	Clare Tait	0207 549 7592

NatCen
Social Research that works for society

Health Survey for England 2014

Nurse project instructions
P8814

Contents

1 The survey in 2014 1

1.1 How to use these instructions 1

1.2 Fieldwork and sample design 1

1.3 Overview of the nurse visit 1

1.3.1 What's new in 2014? 1

1.3.2 Structure of the nurse visit 1

1.3.3 Length of visit 2

2 The Nurse Link 3

2.1 The Nurse Link and eNRF 3

2.2 New information on the eNRF 3

3 The Nurse Schedule – what's new 5

3.1 Long acting medications 5

3.2 Mental health questions 5

3.3 Hearing test 5

3.4 Measurement protocols 5

4 Nurse documents and equipment 6

4.1 Nurse documents 6

4.2 Nurse equipment 6

5 Contacts 7

Appendix A. HEARING TEST PROTOCOL 8

1 The survey in 2014

The Health Survey for England 2014 is sponsored by the Health and Social Care Information Centre. The 2014 survey includes a number of new question modules for interviewers. The nurse visit has some changes too, with a new module of questions about mental health and a new hearing test.

1.1 How to use these instructions

These instructions give an update on things that are new for the 2014 survey. They are designed to be used in conjunction with the HSE Nurse Project Manual, NatCen Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

1.2 Fieldwork and sample design

The fieldwork and sample design are the same as in 2013. Each assignment is made up of 16 addresses and you will be paired with an interviewer for that point of work. All respondents who have an interview are eligible for a nurse visit.

1.3 Overview of the nurse visit

1.3.1 What's new in 2014?

The survey in 2014 is similar in content to the survey in 2013. Some changes for 2014 are:

- new questions about **long acting medications**
- new questions on **mental health**
- adults **will not be asked to give a saliva sample** but **will be asked to give a urine sample** instead
- the **hearing test**
- addresses where there is **no work to do** (no nurse visits or NNV) will be **transmitted to your laptop**
- there will be information about respondents' **employment status on the eNRF** screen
- interviewers will code respondents who are **unsure about having a nurse visit** as 'maybe', rather than 'yes'

1.3.2 Structure of the nurse visit

An overview of the content of the nurse visit is outlined below:

The nurse visit					
	Age (years)				
Module	**0-3**	**4**	**5-10**	**11-15**	**16+**
Prescribed medicines	•	•	•	•	•
Folic acid					•
Nicotine replacement products					•
Blood pressure			•	•	•
Waist and hip circumference				•	•
Mental health					•
Hearing test					•
Saliva sample (cotinine)		•	•	•	
Urine sample (sodium, potassium and creatinine)					•
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•

1.3.3 Length of visit

The nurse visit for adults is expected to last around 35-40 minutes on average. (The hearing test is usually very quick, around 3 minutes.)

2 The Nurse Link

2.1 The Nurse Link and eNRF

The NurseLink is the system by which information is passed from interviewer laptops to nurse laptops. Previously, you only received information via the Nurse Link about households where someone had agreed to a nurse visit. Addresses where there is no work to be done were sent to you on a paper No Nurse Visit (NNV) sheet.

For 2014, addresses where there is no work for you to do (NNVs) will be transmitted to your address menu automatically, once the interviewer has finished work at that address. You won't have to do anything with these addresses, but you will be able to mark them off your sample cover sheet. This should help you keep up to date with the progress of your interviewer.

This means that **by the end** of a point, **you should have all of the addresses on your sample cover sheet in your address menu**.

Sometimes, some of the addresses which were unproductive to an interviewer the first time round are given to another interviewer to have a go at converting them. **We usually convert around 20% of these addresses this way.** Some of these converted addresses will also go on to have a nurse visit. We'll let you know if any of the addresses on your sample cover sheet get reissued to another interviewer. If they are, you need to **mark these back as active on your sample cover sheet** and **check your address menu regularly**. If the interviewer converts the address to a productive case **and** someone in that household agrees to a nurse visit, **the status of the serial number will change in your address menu**. Remember, the address will **previously have been sent to your laptop as a 'no nurse visit'** as that address was unproductive to the interviewer the first time round. So **keep an eye out for changes** to any of the serial numbers that you are told have been reissued to interviewers.

2.2 New information on the eNRF

In 2014, we will be **feeding forward employment status to the eNRF**. We hope that this will help you to plan your contact times with respondents.

There are 5 possible codes in total:

- Student
- Work FT
- Work PT
- Retired
- Other

Respondents coded as ‘other’ include people who are looking for work, people who don’t work because of illness or injury and people looking after the home or family. All children will also appear as ‘other'.

For 2014, interviewers will also be able to **code that a respondent has said ‘maybe’ to a nurse visit.** This will appear in the eNRF as **‘myb’**. We hope that this will help you prepare for making contact, knowing that you may need to talk to the respondent about the visit, why it is important and how you can be flexible and visit at a time to suit them.

3 The Nurse Schedule – what's new

3.1 Long acting medications

There is a new question in the prescribed medications module which asks if the respondent is currently taking any long acting medications, such as an implant or injection. You will need to code these long acting medications in the drug coding parallel block. CAPI will prompt you to do this.

3.2 Mental health questions

There are some questions in the nurse visit about mental health. These include questions about experience of mental health problems, help they have received, and questions about self harm.

These questions should be carried out one to one with respondents. If possible, you should aim to have some privacy for this section of the questionnaire. Some questions have show cards – respondents can just read out the number that applies from the card, rather than the answer itself. You can also share your laptop screen with them to increase privacy, if appropriate.

At the end of the module, you will be prompted to offer a leaflet, if you think this is appropriate. The leaflet contains contact details for a number of national help lines and advice services respondents may be interested in using.

These follow on from some questions about mental health in the interview, covering attitudes to mental health problems and whether they have been in touch with GPs about mental health problems or used mental health services.

3.3 Hearing test

To accompany the new self-reported hearing questions in the interview, there is a hearing test using a hearing device - **the HearCheck Screener.** Please see the **protocol** for this **in appendix A.**

3.4 Measurement protocols

Please see appendix A for the new Hearing test protocol. All other protocols used in the 2014 survey remain unchanged.

Please refer to the Nurse Protocols Manual for instruction on:

- Blood pressure measurement (5+)
- Waist and hip measurements (11+)
- Blood sample (16+)
- Saliva sample (4-15)
- Urine sample (16+)

4 Nurse documents and equipment

4.1 Nurse documents

Below is a list of documents to be used in 2014.

Reference	Document	Colour
14-34n	NRF pad	Vanilla
14-12i	Stage 2 leaflet	Lilac
14-28n	Child information leaflet	White and purple
14-26n	Adult consent booklet	Pale pink
14-27n	Child consent booklet	Pale green
14-29n	Venepuncture leaflet	Pale pink
14-31n	Useful contact leaflet	Pale yellow
	Coding Prescribed medicines booklet	Golden yellow
14-33n	Tube labels	Black ink
14-36n	Nurse recontact letter	White and purple
14-40n	Urine instruction laminate	Colour printed
14-39n	Urine instruction sheet	Black and white
14-41n	Nurse showcards	White
14-30n	Child certificate	Colour printed
14-42n	Hearing test record sheet	White

4.2 Nurse equipment

Equipment

- British National Formulary (**BNF 61**), March 2011 version
- Thermometer and probe
- Omron HEM-907
- Measurement tape (with plastic clip)
- Blood, urine and saliva tube labels – BLACK ink
- Blood tubes – plain and EDTA
- Saliva collection materials for child samples- plain 5ml tube and wide bore straw
- Mid flow urine collection materials for adult samples - starstedt syringe method
- Siemens HearCheck device and disposable ear cups

5 Contacts

Project number	P8814	
Brentwood contacts	Sue Roche (Nurse Unit)	01277 690061
	Megan Hodges (Nurse Unit)	01277 690135
	Emma Fenn	01277 690071
	Rod Cox (equipment)	01277 690064 Or email: equipteam@natcen.ac.uk
Research contacts	Sally Bridges	020 7549 7021
	Rachel Whalley	0207 549 7130
	Alice Ryley	0207 549 7041
	Joanne Thompson	0207 549 7104
	Clare Tait	0207 549 9592
	Rachel Craig	0207 549 7012
UCL contacts	Dr Jenny Mindell (Survey Doctor)	020 7679 5646
		020 7679 1269
	Mobile (8.00am to 10.30pm)	07770 537238

Appendix A. HEARING TEST PROTOCOL

Introduction

The hearing test is carried out using a hearing device, the HearCheck screener which provides an indication of hearing problems at a general population level. HearCheck tests for audibility of pure tone beeps as a measure of impairment. The results are screening results and should not be used as audiometric assessment,

Exclusion criteria

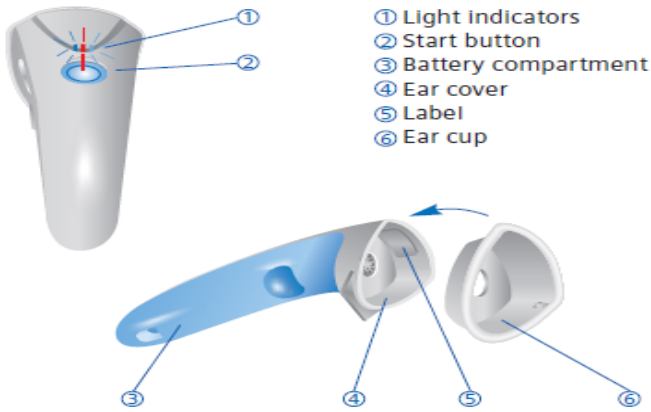
Respondents are excluded from the hearing test if the respondent has:

- a cochlear implant
- an ear infection in either ear

Equipment

You will need:

- A HearCheck screening device
- Disposable ear-cups
- Milton wipes



Using the HearCheck Screener

The HearCheck Screener is a hearing screening device produced by Siemens. It is a hand held device which is held against the respondent's ear and emits beeps/tones at different frequencies.

There are two tests where a sequence of beeps are played at 1kHz and 3kHz frequencies at three different levels:

- First test at **1kHz** - 55dBHL, 35dBHL, 20dBHL
- Second test at **3kHz** - 75dBHL, 55dBHL, 35dBHL

You will play 12 tones in total – 6 in the left ear and 6 in the right ear.

Preparing the respondent

The room must be quiet so you will need to ask the respondent to switch off any radios/televisions etc. Please make a note in the CAPI if you think the environment was particularly noisy and might have affected the test.

The test should be conducted with the respondent seated. Ask the respondent to raise a finger to indicate that they have heard a tone. It is important that the respondent does not talk during the test and does not know how many tones will be played.
If the respondent has a hearing aid or hearing aids they are eligible for the test but will need to remove these before administering the test. Don't forget to explain the test procedure before the respondent removes the hearing aids.

Procedure

1. The respondent should be sitting in an upright position so that you can easily test both ears and see the lights on the testing device.

2. You will need to ask the respondent to remove any item which will affect the hearing device making proper contact with the ear (e.g. glasses, earrings, hairbands).

3. Insert a new disposable cardboard ear cup in the machine for each respondent. Used ear cups can be disposed of in normal recycling.

Hearing Screening

4. Gently place the cup of the device over the left ear making sure the edges of the cup are in contact with the respondent's head. Ensure that this is done steadily to avoid any noise being made from moving the cardboard ear-cup.

5. Press the button **once** to begin the first set of 3 tones (at 1kHz). The device will signal that the test is ready to begin by all 3 lights flashing together 3 times.

6. The red, yellow and green lights will flash in turn to indicate that tones are being played. Do not tell the respondent how many tones will be played. The respondent should indicate immediately by raising a finger if they hear the sound. Note that the tones are played in quick succession so look at the device throughout the test and record the whether the respondent heard the tones after the test has finished.

7. Place a tick in the relevant box(es) on the hearing test record sheet to indicate which tones the respondent heard. After all the tests are complete enter the results of the hearing test into CAPI.

8. After the first three tones are played (at 1kHz) press the button again **within 20 seconds** to start the second test (at 3kHz). You will see all 3 lights flash together 9 times. If you are delayed in pressing the button the device will restart the test from the beginning (at 1kHz) so you will need to begin the test again.

9. Record whether the respondent heard each of the tones at 3kHz on the hearing test record sheet. Enter the results from all the tests into CAPI. Note that if a respondent heard a quieter tone without hearing a louder one a check in CAPI will ask you to re-administer the test on that ear.

10. Repeat steps **4-9** for the **right** ear.

11. Between respondents, and before packing away, wipe the outer part of the HearCheck screener with a Milton Wipe.

NatCen
Social Research that works for society

The Health Survey for England

Nurse Project Manual

V1 December 2013

Contents

1 Key features 4

1.1 Key features of HSE 4

2 Fieldwork overview 4

2.1 Stage 1: the interviewer visit 4

2.2 Stage 2: the nurse visit 5

3 The sample 6

3.1 Sample design 6

3.2 The 'Nurse-Link' 6

4 The eNRF and the NRF 7

4.1 The eNRF 7

4.2 The NRF pad 8

5 Nurse – Interviewer liaison 9

5.1 Nurse drop outs 9

6 Prescribed medications 10

6.1 Prescribed medications (all respondents) 10

7 Informed consent and the consent booklet 11

7.1 The Stage 2 leaflet and informed consent 11

7.2 Completing the consent booklet 11

7.2.1 Adult consent booklet 11

7.2.2 Child consent booklet 13

7.2.3 Respondent signatures 14

8 Other documents 15

8.1 Nurse re-contact letter 15

8.2 Appointment card 15

8.3 Protocols manual 15

9 Labelling and despatch of samples 16

9.1 Labelling tubes 16

9.2 Packaging the blood, urine and saliva samples 16

9.3 Posting the transporters 18

9.4 Which transporter do I use? 18

How to use these instructions

This manual sets out the survey procedures for nurse assignments in the Health Survey for England. These instructions should be used in conjunction with the HSE year specific nurse instructions, Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

Contacts

If you have a query, your first port of call should be your team leader or operations. They will then pass you on to a researcher if they cannot answer your question.

Operations contacts

Emma Fenn - Project Coordinator	01277 690071
Equipment & supplies (Andy Cooper/Rod Cox)	equipteam@natcen.ac.uk

Research contacts

HSE Team	HSETeam@natcen.ac.uk

UCL contacts

Dr Jenny Mindell – Survey Doctor (8.00am to 10.30pm)	Mobile 07770 537238 Office 020 7679 1269
Barbara Carter-Szatynska (Administrator)	020 7679 5646

1 Key features

1.1 Key features of HSE

Subject: Health conditions, behaviours and lifestyle.

Sponsor: The Health and Social Care Information Centre (HSCIC).

Eligibility:

- For interview - all adults aged 16+ (up to a maximum of 10) and up to 2 children (aged 0-15) living in private residential accommodation in England.
- For nurse visit – all those who were interviewed.

Sample size: 8,000 adults and 2,000 children interviewed per year.

Data collection: Face-to-face CAPI interview, self completion, objective measurements.

Assignment size: Interviewers will have 16 addresses per point. All those interviewed are eligible for the nurse visit.

2 Fieldwork overview

2.1 Stage 1: the interviewer visit

The HSE questionnaire has two components:

- A short **Household Questionnaire**. The household reference person or their spouse/partner should answer this questionnaire.
- An **Individual Questionnaire** for each household member eligible for interview. The Individual Questionnaire includes a self-completion section for those aged 8 and over.

Towards the end of the interview, interviewers will also measure each person's height and weight.

Estimated Timings
The interview length will vary depending on the individual's age and circumstances and the topics in the questionnaire each year. The table below gives estimated timings for one and two adult sessions, including the household questionnaire, based on data from the dress-rehearsal:

Session Type	Average interview length
One adult aged 16+	40-45 minutes
Two adults aged 16+	60-70 minutes

Both the Household and the Individual Questionnaires include several 'core' modules which are asked each year. Questions in the Household Questionnaire may be updated from time to time to reflect changes in policy and terminology. In the Individual Questionnaire each year there may be some new and alternate modules that are added to the 'core' module to form the questionnaire that year. Detail on the structure of the questionnaire for each year is provided in your HSE year specific instructions.

2.2 Stage 2: the nurse visit

The second stage of the survey is carried out by you. At the end of the Individual Interview the interviewer will introduce the nurse visit. If you have given your availability they will also make an appointment for you. You will be notified of the contact details of the interviewer working on your point and you will both work together to cover the addresses in your assignment. You will need to communicate effectively with your interviewer to achieve good response at both stage 1 and stage 2 of the survey. There's more on working with your interviewer below (Section 6).

Similar to the stage 1 Individual Interview, the nurse interview also contains 'core' and alternate or new modules each year. Details about the full content for each year is provided in your HSE year specific instructions.

3 The sample

3.1 Sample design

Respondents of all ages that have been interviewed are eligible for a nurse visit. The interviewer will provide you with full details of the appointments they have arranged for you (if applicable). You will also find out about households where no one co-operated so that you can cross these off your sample cover sheet. Your sample cover sheet is the list of possible addresses you may be required to visit in a point, sent to you at the start of each point of fieldwork.

3.2 The 'Nurse-Link'

All the information you need for each address is recorded by the interviewers in their admin block and is then transmitted to you within 24 hours via the 'Nurse-Link'. This is the electronic method used to pass information between the interviewer laptop and nurse laptop. Your address menu is updated via the NurseLink each time you connect to the host. You should use your sample cover sheet to log your progress at each address. Updated information about each address will come through to you via the NurseLink and will show up in your address menu.

At the start of fieldwork your address menu will be blank. When the interviewer has completed work at a household and transmitted it back to the office, the address will be transferred to your laptop. This means that at the start of a point you will not see a slot for that point on your laptop until the interviewer transmits the first household to you. Further addresses will then appear as the fieldwork goes on and the interviewer transmits more households.

When you connect to the host machine, all the information you need about the household will automatically be picked up by your laptop. You will not be required to carry out a nurse visit at some addresses, for example, empty properties or households who refused to take part. You should monitor your address menu closely and use your sample cover sheet to map your progress.

It is essential to pick up the 'Nurse-Link' prior to going out on a visit as it 'brings forward' information from the interviewer CAPI to the nurse CAPI. In order to access the 'Nurse-Link' and the most up to date information, you must connect to the host regularly to pick up your work. We recommend that you do this **every 2-3 days**. This should help you to plan your work effectively and inform you as soon as possible if there is any work to do at the addresses on your sample cover sheet.

4 The eNRF and the NRF

4.1 The eNRF

On HSE all the information you need for each address is recorded by the interviewers in their admin block and is then transmitted to you within 24 hours via the 'Nurse-Link'. Once you have a household in the address menu you can enter this serial number. Here you will find the '**eNRF**' (Electronic Nurse Record Form).

The eNRF is made up of three screens and contains all the information you need about the household.

The information on the household will include:

- Date of interview
- Telephone number(s) – mobile and landlines
- Extra contact details – additional contact telephone numbers and names
- Person number(s)
- Name - title, first name, surname(s)
- Sex
- Age
- Employment status
- Nurse – nurse visit needed? Answers could be 'yes' / 'myb' (maybe)/ 'no' / 'N/E' (not eligible – no interview)
- Appointment date and time (if available)
- Person numbers of parents/ legal guardians of children

In addition any comments or notes from your interviewer about the household, such as useful tips about finding and accessing the address or household availability (planned holidays or times when respondent not available), will appear if available, on a third screen. You can navigate between the screens by holding down '1' and pressing 'Enter'.

Where an appointment has **not** been made by your interviewer you must contact the household to arrange your visit. Please do this as soon as possible – we know that respondents are more likely to have a nurse visit if there is a shorter gap between the interview ending and your contact...

When you receive an eNRF you know who is eligible for a visit, whether you need to contact them to make an appointment and if you have a contact number. This means you can get straight on to contacting the respondents and arranging a visit.

4.2 The NRF pad

Once you have received an address via the 'Nurse-Link' it is important that you transfer the relevant information from the eNRF onto a blank sheet from your NRF pad. This is a pad of printed sheets. You will be sent address labels, so stick the appropriate one onto the sheet. You must take down the details of those in the household and their contact details. There is also space for you to write any relevant notes the interviewer has made for you. You can then tear off the sheet and use this as your working field document for that household, recording all relevant information for that household and any notes you may find helpful as the fieldwork progresses.

Once the nurse visit has been completed you will then need to transfer information from the NRF pad to the admin block and transmit the serial number back. It is important that all relevant information is transferred from the NRF pad to the admin block. After your assignment is complete you should shred the completed NRF sheets.

IMPORTANT

It is vital that you connect to the host machine regularly to pick up the NurseLink data as this will tell you where nurse visits are to be conducted.

Before you go to a household, you should check that the nurse link information is on your laptop, by entering that household's serial number.

You should also make sure you have filled in the NRF pad for the household before you leave.

If the nurse link has not worked because of a technical problem you will need to contact the helpdesk for assistance.

5 Nurse – Interviewer liaison

5.1 Nurse drop outs

Over the last few years, there has been an increase in the number of respondents who agree to a nurse visit at the time of interview, but change their mind and do not end up having the nurse visit. We call these 'nurse dropouts'. Nurse dropouts have increased from approximately 6% in 1995 to approximately 20% in 2013. We are aiming to reduce the proportion of Nurse drop-outs.

To reduce the nurse dropout rate we need to reduce the time lag between interview and nurse contact. Reducing the time lag is highly dependent on interviewer and nurse liaison and can be achieved by:

- The interviewer encouraging the respondent to take part in the nurse visit
- The interviewer attempting to make an appointment for you
- The interviewer asking for an appropriate time for you to call if an appointment cannot be made
- You providing availability to the interviewer
- You following up any respondent who does not have an appointment as soon as possible, as this shows them the importance of the nurse visit.

Feedback from interviewers suggests that any availability you can give them is really helpful, even if this availability is limited and you need to change it in the future. Speak to your interviewer at the start of the assignment and discuss when you are available and how best you can keep in touch. Please keep in touch with your interviewer as much as you can throughout your assignment and let them know any changes to your availability as soon as possible.

The overall aim is for the majority of respondents to **have a nurse visit within two weeks** of the interviewer visit . We understand that it is sometimes not possible to see a respondent within two weeks, but this should be the exception and at the very least some form of contact should be made as soon as possible where an appointment has not been made by the interviewer.

6 Prescribed medications

6.1 Prescribed medications (all respondents)

In the nurse CAPI there is a module of questions about prescribed medications which are currently taken by the respondent. Where a respondent is taking prescribed medications you will need to take down the name of the medication and code the medication using the coding prescribed medicines booklet and the BNF. All nurse surveys use the same version of the BNF and coding booklet.

Remember :
- Code if the prescribed medication was taken in the last 7 days
- Try to see the medication packets to record the names accurately
- It can include any prescribed medications (inc. eye drops and suppositories)
- Record the dosage of aspirin

Drugs are coded using their BNF classification codes to the third level of classification. Use the six-digit format, using a leading zero where appropriate. There is a copy of the BNF in your nurse bag. You also have a coding prescribed medicines booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Please check your HSE project specific instructions for details of the BNF and 'Coding Prescribed Medicines Booklet' versions you need to use each survey year.

There are some exceptions to the three level classification rule and some drugs have been given new codes where this is the case. This is to separate different types of drugs, so they can be separated in analyses. Where this is the case, the codes are listed in the coding prescribed medicines booklet. Below are the types of drugs that have been given different codes. You don't need to remember these codes, just remember to **always check the coding booklet first** when coding drugs in CAPI.

Lipid-lowering drugs, formerly coded as 02.12.00
Statins……..02.12.01
Other lipid-lowering drugs…….02.12.02

Antihypertensives formerly coded as 02.05.05
Angiotensin-converting enzyme (ACE) inhibitors…….02.05.51
Angiotensin II receptor antagonists……02.05.52
Renin inhibitors……..02.05.53

Antidiabetic drugs formerly coded as 06.01.02
Sulphonylureas……06.01.21
Biguanides (e.g. Metformin)……..06.01.22
Others……06.01.23

7 Informed consent and the consent booklet

7.1 The Stage 2 leaflet and informed consent

The Stage 2 leaflet is a vital part of the informed consent process. It contains comprehensive information about the different samples, storing of bloods and possible insurance implications for the respondent. It is HSE procedure that the interviewer leaves it with the respondent at the end of their visit.

Please make sure that you ask the respondent if they have had a Stage 2 leaflet from the interviewer. If they haven't, give them a copy to read over. If they are unable to read it please go through the information with them. There is a check in CAPI at the start of the visit about this. Also, before a respondent initials or signs any component of the consent booklet, ensure that they have read the relevant section of the Stage 2 leaflet for which they are consenting – you should check that they have understood the key points.

We have stressed to interviewers the importance of leaving a Stage 2 leaflet with the respondent but you will have spare copies in your workpack should you need them.

There is a separate information sheet for children that explains the measurements for them in simple terms.

7.2 Completing the consent booklet

There are separate consent booklets for adults (16+) and children (4-15). An adult consent booklet will need to be completed for **all adult respondents who have a nurse visit** and a child consent booklet will need to be completed for **all children aged 4 and over**. **Do not** fill in a consent booklet for those aged 0 to 3.

The consent booklets contain the forms the respondent/ parent of respondent has to sign to give written consent for:

- Blood pressure readings to be sent to their GP (5+)
- A sample of saliva to be taken (4+)
- A sample of urine to be taken (if applicable each year)(16+)
- A sample of blood to be taken, results sent to GP/respondent, sample for storage (16+)

7.2.1 Adult consent booklet

The adult consent booklet must be filled out for **every** respondent aged 16 years and over, regardless of whether measurements requiring consents are to be taken. This is because it provides an important check in the office. Every piece of information on the front is important. It will form the basis of the blood pressure (BP) and blood sample result letters which are sent to GPs, if the respondent consents to this. Please complete all sections fully.

The adult consent booklet is in a carbonised booklet format. Ask the respondent to write on a firm surface, so that their initial/ signatures come through to the carbon copy. The structure of the booklet is as follows:

Front cover

All details on the front cover must be completed. Complete items 1 to 5 before you start using the computer to collect information from the respondent. Items 6 to 9 are completed during your interview, (you will be prompted by CAPI). The respondent's address should be recorded by writing down the house/ flat number (or name) and their postcode.

Please try to get as many contact details about the respondent's GP as possible. These are important to ensure that the GP letters are sent to the correct address. Fill in the full name and complete 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 the booklets reach the office. If a respondent is unable to give you complete GP details, please look up the GP details using the internet at http://www.nhs.uk/Service-Search/GP/LocationSearch/4

REMEMBER TO **ALWAYS** USE THIS SITE WHEN LOOKING UP GP DETAILS.

During your visit you will need to record the outcome of the respondent's consent for the various samples or measurements. There is space to do this in a grid on the front page of the consent booklet..By the end of the nurse visit every adult respondent should have **six** codes circled.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Saliva/Urine sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to **GP**	07	08
e) Blood sample for **storage**	09	10
f) Blood sample results to **respondent**	11	12

Inside front cover

The inside front cover contains the office despatch note and space to note any problems with venepuncture. This should remain in the booklet and be returned to the office. You will not need to circle the code for age as it is pre-coded. You will need to write in the number of different tubes you have collected. Please **do not tick** these boxes. Instead write in the number of sample tubes obtained.

Inside coloured pages

The coloured pages are the office copies of the signed consents (please check your HSE year specific instructions for the colours of the consent booklets in each year). These pages should remain in the booklet. Ask the respondent to initial the box next to each sample/ procedure they consent to. **As soon as a respondent has initialled one box, please ensure that they sign and date the booklet at the bottom.** You will also need to sign the booklet at this point. Without the initials in the boxes and the signature of the respondent there is no consent. If a respondent does not consent to a section in the booklet, CAPI will prompt you to cross a line through that section to make it clear in the office that no consent was gained for that part.

For ethical reasons we are required to ensure that each respondent's serial number is on the copy of the consents that they are left with. Please ensure that you **record the serial number in the boxes at the top of the first page** so that it is transferred onto the carbon copy.

Carbonised white pages

The inside white pages are the respondent's copies of the signed consents. These are perforated. Once the booklet has been completed, carefully remove these pages and leave them with the respondent.

Inside back cover

The inside back cover is the laboratory dispatch note. It is essential that the information you record here is accurate. This page is perforated and is to be removed from the booklet and packaged with the sample(s) and sent to the lab.

Please note when completing the laboratory dispatch note:

- Age is pre-coded as all respondents who complete this booklet will be 16+, therefore you will not need to circle this.
- Write in the **number** of tubes obtained. **Do not tick** the boxes.
- Circle 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 on the front page of the consent booklet.
- Complete the date the samples were taken.

7.2.2 Child consent booklet

The child consent booklet must be completed for all children aged 4 and over. The booklet is an A4 document and the colour changes each year. Please refer to your HSE year specific instructions for the colours of the child consent booklet for this year. Parents or legal guardians of children aged 4-15 need to provide consent for their child's blood pressure to be sent to their GP and a saliva sample to be taken.

Front cover

The front cover of the child consent booklet is to be completed in full. The respondent's address should be recorded by writing down the house/ flat number (or name) and their postcode. There are two consent codes to circle on the front of the child consent booklet that must be completed. If a child refuses all measures, still complete a consent booklet; circle codes 02 and 04 on the front and cross through the sections inside the booklet to make this clear.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Saliva sample to be collected	03	04

Complete the name of the child's parent / guardian is recorded and that GP details are complete.

Inside front cover

The inside front cover is the office dispatch note and is similar to the adult version. This remains in the booklet.

Inside coloured page

The inside coloured page is the office copy of the consents. The parent / guardian of the child will need to complete this page to give informed consent.

In addition to obtaining written parent/guardian consent, it is an ethical requirement that there is a written record of **child assent**. Informed consent requires a full and comprehensive explanation of the measurement or sample (to the parent/guardian) while assent requires a clear and easily understood explanation of the measure to the child.

Child assent is to be recorded in the boxes at the bottom of the consents page. If the child is aged 4 or 5, the parent / guardian of the child can initial the assent boxes on behalf of the child to confirm that the measurement or sample has been explained to the child and that they understand. If a child is 6 or older and can write, then the child can initial the assent boxes. If a child can't write, then the parent/guardian should initial the assent boxes for them.

The parent or legal guardian must initial the boxes next to the **consent statement** and then sign and date at the bottom of the page. They will also need to write in the child's name. You will need to record the child's serial number in the boxes at the top of the page so that it is transferred onto the respondent's copy of the consents. These pages should remain in the booklet.

Carbonised white pages

The carbonised white page is the respondent's copy of the consent. Once completed, carefully remove this page from the booklet and leave with the respondent's parent/legal guardian.

Inside back cover

The inside back cover is the laboratory dispatch note and will need to be removed from the booklet, packaged with the saliva sample (if obtained) and sent to the lab. As in the adult booklet, you do not need to circle age as it is pre-coded. The code for storage is pre-coded as well. As with the adult consent booklet, it is essential that the information on all dispatch notes is accurate.

7.2.3 Respondent signatures

Use a black/blue pen when completing the booklets, and ensure that signatures are always in pen, not pencil. Each respondent must **initial** (not tick) each box if they have consented to the measurement or sample to be taken. The respondent must also sign and print their name in the booklet. You should also sign and date the booklet as a witness to the consent. If you make an error, do not erase any of the information. If necessary, cross out errors and rewrite so that any corrections can be seen.

Remember: Always give the respondents or parents/guardians of respondents the white copies of the consents and leave the original, coloured ones attached in the booklet to send back to the office.

8 Other documents

8.1 Nurse re-contact letter

The nurse re-contact letter is designed to be used at addresses where you are struggling to make contact. You will have a small number of these letters in your workpack. You should write your name and the household serial number of the address in the space provided on the letter. These letters should be delivered by you when trying to make contact at addresses you are finding difficult to contact.

8.2 Appointment card

The appointment card can be used both as an appointment card, which you can send out to respondents after making an appointment, and for broken appointments, to leave at addresses to let respondent know that you called.

The reverse of the card is blank, for you to write your message to the respondent/s either explaining that you have called and missed them or confirming their appointment. You also have an extra set of address labels in your work pack to use with the cards if you choose to post them as appointment cards.

You should use your cards to confirm appointments where you think this is necessary. For example, if you make an appointment over the phone which is not in the next week or so or you think that the respondent is likely to forget, you may think it's a good idea to send one. If you are in the area visiting other addresses, please post the appointment card through the letterbox directly. In cases where you need to send the card through the post, there is a book of stamps included in your starter pack. If you require any further stamps to post the appointment reminder cards, you will need to purchase these and claim for them via the Special Claims facility on your laptop. Send all itemised receipts for expenses to Brentwood Freelance Resources pay unit- please note **claims must be made within 3 months.**

8.3 Protocols manual

There is a protocols manual to be used on all NatCen Surveys involving nurse work. You should refer to the manual and follow the protocols for all relevant measurements and samples. Please refer to your HSE year specific instructions for the list of measurement and samples to be collected this year.

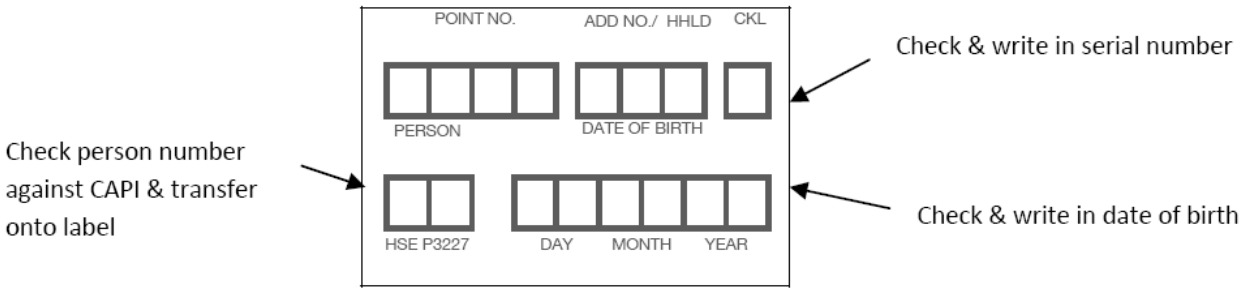
9 Labelling and despatch of samples

All samples are sent to the Royal Victoria Infirmary (RVI) laboratory in Newcastle-upon-Tyne. It is important that all samples are **correctly labelled** and **safely packaged** and that they are **dispatched immediately** after they have been taken.

9.1 Labelling tubes

Label the tubes as you take the blood, urine and saliva samples.. It is vital that you do not confuse blood tubes, urine and saliva samples from individuals within a household.

Use the set of serial number and date of birth labels 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 **clearly** on each label. Make sure you use a **biro (blue or black)** - it will not run if it gets damp.



Check the Date of Birth with the respondent again orally.

Stick the completed label over the label already on the tube. For blood samples the laboratory needs to see on receipt how much blood there is in the tube, so stick the label down the length of the tube.

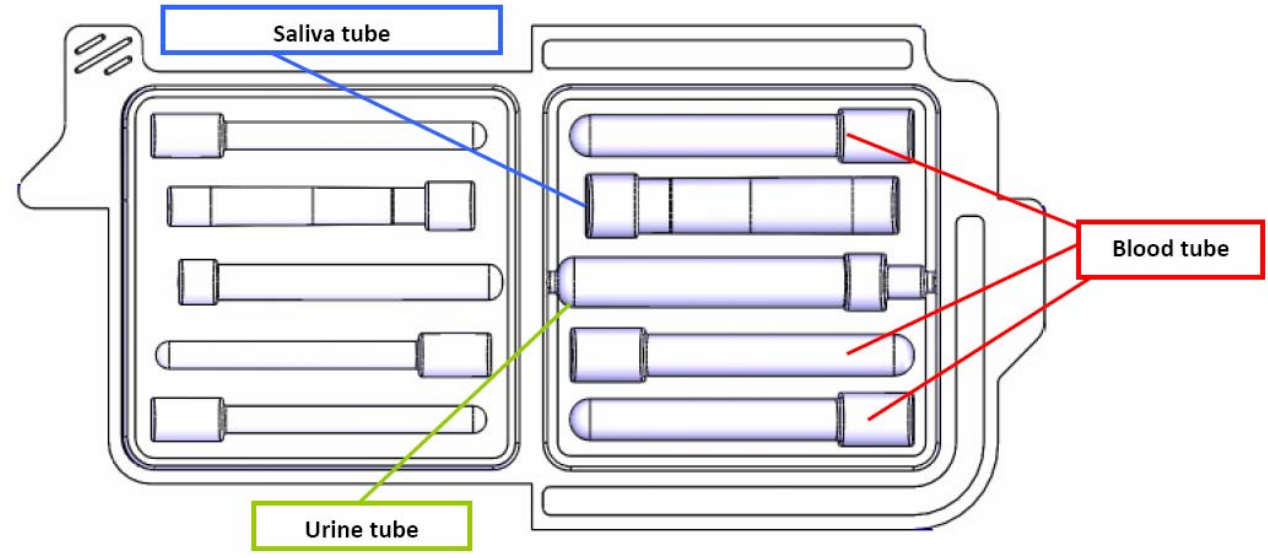
We cannot stress enough the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results.

9.2 Packaging the blood, urine and saliva samples

The 5-vial adult transporter

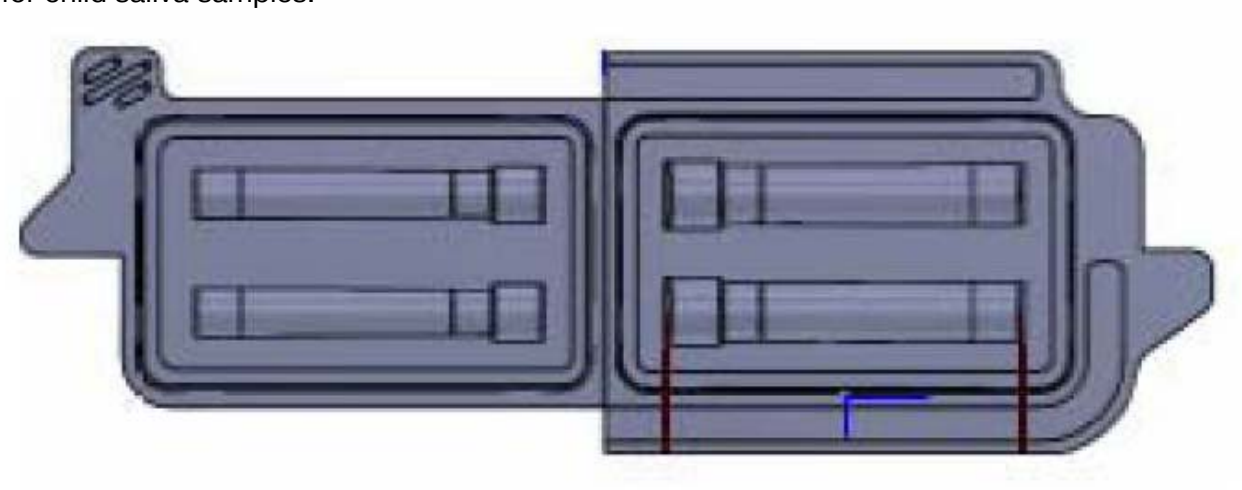
This is designed to carry a full set of adult samples: up to 2 blood sample tubes, a urine sample tube and a saliva tube. You will collect either urine or saliva samples of adults on alternate years. There is also space for a third blood sample tube. Please refer to your HSE year specific

instructions for a list of the samples to be collected in this year. All samples in one 5 vial transporter must be from the same person – use one 5 vial transporter for each adult. See diagram below:



The 2-vial saliva transporter

This is designed to carry up to 2 saliva samples. The most common use of the 2 vial transporter is for child saliva samples.



Packaging the samples in the transporters

1. Lay the collected sample(s) in the appropriate indentation in the transparent side of the transporter. It should fit securely but not have to be forced into place.

2. Once you have finished collecting samples for a respondent, fold the white side of the packaging over the transparent side. Folding the transparent side onto the white side may risk the samples falling out of the packaging.

3. Securely close the packaging by pressing together each of the corners until you hear it 'click' closed.

4. Insert the transporter into the HSE sample envelope.

5. Once the lab dispatch note has been completed, tear it from the respondent's consent booklet and put in the envelope with the transporter (if using the 2 vial transporter for samples for 2 people, include both lab dispatch notes in the envelope).

6. Remove the backing strip from the flap on the envelope.

7. Fold the flap over onto the envelope ensuring that the envelope is securely closed.

There must only be **ONE TRANSPORTER PER ENVELOPE**. Please make sure that the necessary lab dispatch notes have also been put inside the envelope.

9.3 Posting the transporters

Samples can be posted in a standard letterbox. The samples should be posted **AS SOON AS POSSIBLE**, within 24 hours of the sample been taken at the latest. Try to avoid taking samples if you think that you will be unable to post them within 24 hours. The Nurse Unit will notify you of any laboratory closures. When you have posted the samples, fill in the date of posting on the office copy of the dispatch note.

9.4 Which transporter do I use?

I have a mixed sample household

This is the most common situation. In this case, the adults in a household have provided more than one type of sample and any children have provided a saliva sample. The samples for the adults should be packaged in a 5-vial transporter per respondent, while the saliva samples for the children should be packaged together in the 2 vial transporter.

I have a saliva only household

For a two person household (adults or children) where only saliva samples have been obtained, the saliva samples can be packaged per household in the 2-vial transporter.

Remember: Only post one transporter per envelope and make sure the relevant dispatch notes are inside the envelope.

Health Survey for England

14

CAPI Coding & Editing Instructions V9

Contents

INTRODUCTION 3

1. FACTSHEET DEFINITION FOR CAPI EDITING 4

2. ADDITIONAL CAPI EDITS 7

2.1 Proxy interviews 7
2.2 Age/Date of birth 7
2.3 Activity last week (NHActiv (HRP – household survey), NActiv (individual survey) 7
2.4 Household/Individual SOC/SIC coding 7
2.5 Longstanding Illnesses 8
2.6 Other fruit 8
2.7 Fresh fruit size codeframe 9
2.8 Fresh fruit portion guide 9
2.9 Other alcoholic drinks 11
2.10 Coding of beer bottle sizes 11
2.11 Bottled lager/cider/beer codeframe 12
2.12 Educational Qualifications 13
2.13 Ethnic group 16
2.14 Self-Completion booklet placement 16
2.15 Height and weight measurements 17
2.16 Reasons for refusing nurse visit 17
2.17 Open comment codeframe – Do you have any comments that you would like to make? 17
2.18 Drug Coding 19
2.19 Hearing test 20
2.20 Blood sample 20

3. LONGSTANDING ILLNESS CODEFRAME 21

Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2014. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual sessions and the nurse schedule. The majority of questions which need to be coded are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.

2. All soft checks that were triggered by the interviewer/nurse and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks, they should be cancelled by the editor.

3. All "Other (Specify)" questions in the self-completion booklets that have not been recoded should be listed with serial number.

4. "Other" answers in CAPI will be backcoded to the original question where possible. Other answers can be transferred electronically and so don't require listing.

Where problems arise that do not appear in these editing instructions, please contact the research team for advice.

1. Factsheet Definition for CAPI editing

The tables below show the variables that will appear on the factsheet for editing.

Grey shaded variables: There is more detail about how to code these variables in the rest of these instructions
Non-shaded variables: These are simple 'back code into a previous variable' questions and no additional information is given about them in these instructions.

In 2014 there is a Dudley Boost that is running alongside the main HSE survey. The Dudley Boost is a shorter interview and so many edit questions will not appear. Only adults aged 16+ are interviewed for the Boost and there is no nurse visit. The following modules appear in the Dudley Boost:

- Demographic information
- General health
- Fruit and vegetable consumption
- Smoking
- Drinking
- Classification
- Height and weight measurements
- Re-contact information

Highlight denotes new variable/code for programming/editors to be aware of.

Household Qure

Variable name	Backcode to variable	Description	Blaise block (core or additional module)*1
NHActivO	Backcode to NHActiv	What HRP was doing in last week	HRPActiv (Core)
HrpSOC2		Occupational coding	(Core)
HrpSIC02		Industry type coding	(Core)

Indiv Qure

IllsTxt1-6 & IllX01_[1-6] – IllX34_[1-6]		Longstanding illness codes and follow-up codes	GenHlth (Core)
ILLOth	Backcode to IllAff	Way condition affects health	GenHlth (Core)
NoPlOth	Backcode to WhyNoPl	Why no personal care plan	GenHlth (Core)
OpOffOt	Backcode to OptOff	Self care options discussed and/or offered	GenHlth (Core)
OpDonOt	Backcode to OptDone	Self care options used by respondent	GenHlth (Core)
StMedOth	Backcode to StopMed	Reason stopped taking medication for high blood pressure	CVD (Core)
WhatTsp	Backcode to WhatTrt	Treatment or other advice for high blood pressure	CVD (Core)
WhatDsp	Backcode to OtherDi	Treatment or advice received for diabetes	CVD (Core)
OthNoET	Backcode tp WhyNoET	Reason not had eye tests for diabetes	Diabetes (Core)
TCostOth	Backcode to TotCost	Other time period for cost of residential care home	Careplan (Additional))
HelpFormO	Back code to HelpForm	Other person that helps with tasks	BSecA2 (Core)
RelOth	Backcode to PrRel	Other person provide help to	BSecB1 (Core)
FrtOth	Back code to FrtC	Type of fruit eaten	FruitVeg (Core)
FrtNotQ	Back code to FrtQ	Amount of fruit eaten	FruitVeg (Core)
NbotL7	Code to L7NCodEq	Brand of bottled lager (7days)	Drinking (Core)
SbotL7	Code to L7SCodEq	Brand of bottled lager (7days)	Drinking (Core)
OthL7TA,B,C		Other alcoholic drinks (7days)	Drinking (Core)
NactivO	Back code into NActiv	Activity last week	Demog1 (Core)
SOC2010		Occupational coding	SOC2010 (Core)
SIC2007		Industry type coding	SIC2007 (Core)
QualB	Back code into QualA	Educational qualifications	Demog2 (Core)
XNatID	Back code to NatID	National identity	Demog2 (Core)
XOrigWh	Back code to Origin	Other White ethnic origin	Demog2 (Core)
XOrigMx	Back code to Origin	Other mixed ethnic origin	Demog2 (Core)
XOrigAs	Back code to Origin	Other Asian ethnic origin	Demog2 (Core)

* Core modules are questions that appear in HSE each year. Additional modules are new modules that are commissioned each year.

XOrigBl	Back code to Origin	Other Black ethnic origin	Demog2 (Core)
XOrigin	Back code to Origin	Other ethnic origin	Demog2 (Core)
LDCompO	Back code to LDComp	Other reason why Difficulties Questionnaire not completed / partially completed.	SelfComp2 (Additional)
LDAComO	Back code to LDACom	Other reason why Difficulties Questionnaire for ^DMName not completed / partially completed.	SelfComp2 (Additional)
SComp6O	Back code into SComp6	Why self-completion not completed	SelfComp
OHiNRel	Back code into HiNRel	Unreliable height measurement	Measure (Core)
NoHitCO		Reasons for refusing height	Measure (Core)
NoWatCO		Reasons for refusing weight	Measure (Core)
OHiNRel	Back code to HiNRel	Other reason for unreliable measurement	Measure (Core)
NrsRefO	Back code into NurseRef	Reasons refusing nurse	Nurse (Core)
Opencom	Code to OpenCode	Any comments you would like to make	Consents (Core)

Nurse Qure

Variable name	Backcode to variable	Description	Blaise block (core or additional module)*2
MedBi & MedLngN		Standard drug coding & long-acting medication drug coding	BMedcin (Core)
MedOth	MedLngH	How often the respondent has long-acting medication	BMedcin (Core)
OthNBP	Back code to NAttBPD	Other reason not obtained blood pressure	BPress (Core)
OthDifBP	Back code to DifBPC	Other reason difficulty obtaining blood pressure	BPress (Core)
OthRefC	Back code to GPRefC	Other reasons refusing to allow blood pressure measurements to be sent to GP	BPress (Core)
OthWH	Back code to WHPNABM	Other reason for not attempting waist-hip measurements	WaistHip (Core)
HeHROt	Back code to HeHRef	Other reason why respondent refuses the hearing test	Hearing (Additional)
HeHLRp	Back code to HeHLRpX	Problems that occurred that meant hearing test had to be restarted for the left ear	Hearing (Additional)
HeHRRp	Backcode to HeHRRpX	Problems that occurred that meant hearing test had to be restarted for the right ear	Hearing (Additional)
HeAffOth	Backcode to HeAff	Anything else that affected the hearing test	Hearing (Additional)
CnslV	Back code to Cnsl	Having other type of counselling or therapy	MHealth (Additional)
WhoMHOth	Back code to WhoMH	Other person closest to you who has or has had some kind of mental illness	MHealth (Additional)
OthNObt	Back code to SalNObt	Other reasons why saliva sample not taken	Saliva (Core)
UOthNObt	Back code to UriNObt	Other reason why urine sample not taken	Urine (Core)
BlNotOb	Backcode to RefBSC	Other reason why blood sample not obtained (not refusal)	Blood (Core)
OthRefBS	Back code to RefBSC	Other reasons for refusing blood sample	Blood (Core)
OthSam	Back code to SenSam	Other reasons for not wanting blood sample results sent to GP	Blood (Core)
OthBDif	Back code to SamDifC	Other problems taking blood sample	Blood (Core)
OthNoBSM	Back code to NoBSM	Other reasons why blood sample not taken	Blood (Core)
BlNotOb	Backcode to RefBSC	Reasons, other than refusal, why blood is not taken	Blood (Core)
TakeOth1	Backcode to YTake1	Other reason for taking drug	Drug (Core)

* Core modules are questions that appear in HSE each year. Additional modules are new modules that are commissioned each year.

2. Additional CAPI Edits

2.1 Proxy interviews

Aged 13+ **NoHitCO** and **NoWatCO** should be checked to see whether the respondent was present at the time that height and weight were measured. If the respondent was not present for height/weight measurements, then the interview should be treated as a proxy interview, removed from the data and **IndOut** set to code 561 and 562 'Other reason for no interview'. The only exception to this is if there is an interviewer note explaining that the respondent was interviewed, but that they had to leave before the height and weight measurements were taken.

Aged 2-12 Proxy interviews are allowed for children aged 2-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWtBC**.

Aged 0-2 Proxy interviews are carried out for infants aged 0-2. See height & weight measurements section for more details of edits for **NoAttL** and **NoWtBC**.

2.2 Age/Date of birth

Children aged less than one year are recorded as '0'.

If Age/Date of birth missing in household grid, check whether it was collected in the nurse visit. Add DoB and age at Individual Questionnaire Interview Date to the Household Grid if available from Nurse Schedule.

Date of birth in nurse visit should be checked against the consent booklet and any discrepancies resolved.

All "age" nurse checks will be flagged in the edit if they do not make sense according to the respondent's date of birth as at the interview. Any discrepancies will need to be resolved. Send a list of all cases where this happens to the researchers, please note age and 'consent status' of other individuals in the household. A decision will be taken by the researcher on a case by case basis.

2.3 Activity last week (NHActiv (HRP – household survey), NActiv (individual survey)

At NHActivO and NativO answers should be checked to see if they can be backcoded to NHActiv or NActiv. Answers such as maternity leave, self employed, temporarily off work and holiday usually count as code 2 'In paid employment or self employment (or away temporarily).' Any new questions that come on route as a result of back coding should be coded appropriately (either by looking at previous answers/remarks/comments etc) or coded at 'Don't know'.

2.4 Household/Individual SOC/SIC coding

SOC2010/ SIC2007 SOC and SIC coding should be carried out for the Household Reference Person (if a job title was recorded) and for each respondent as appropriate, and as prompted by the edit program. In each case the variable names are SOC2010 and SIC2007. Where insufficient information has been given and it is not possible to code SOC2010, this should be recorded as Ctrl+R. Where there is insufficient information to code SIC2007 this should be coded as '89'.

2.5 Longstanding Illnesses

IllsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1-IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 3, into the variables **IllsM1-IllsM6** (appearing immediately after each instance of **IllsTxt**).

If there are two separate illnesses listed under the same **IllsTxt** variable, then these should be split as follows. Code first mentioned illness in the **IllsM** code linked to the **IllsTxt** code, remove the text of the second illness and put it into the first blank **IllsTxt** variable, and code the appropriate **IllsM** variable accordingly. In addition change the **More** variable (before the **IllsTxt** that the second illness has been moved to) from No to Yes.

Rules for coding long-standing illness

Code 41 Unclassifiable (no other codable complaint)

Exclusive code - this should only be used when the whole response is too vague to be coded into one of codes 01-40. This includes unspecific conditions like old age, war wounds etc (see codeframe for examples). This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 41 is used in any of the other columns.

Code 42 Complaint no longer present

Exclusive code - again it should be used only when the response given is **only** about a condition (or conditions) that no longer affects the respondent. This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 42 is used in any of the other columns.

Codes 01-40 can be used more than once if two different conditions are mentioned which both fall into the same category.

An exception to this is 'arthritis and rheumatism'. This is **not** two conditions, and so should **not** be given two separate codes; instead, code only one occurrence of code 34. (If two *specific* conditions were mentioned - eg osteoarthritis and rheumatoid arthritis - this *should* be coded as two occurrences.)

If more than 6 illnesses have been typed in by the interviewer, the first 6 mentioned should be coded.

Follow-up coding exercise
If the following longstanding illness codes are used at **IllsM1-IllsM6:**:

Code 01 – Cancer
Code 03 - Endocrine/metabolic diseases
Code 04 - Mental illness/anxiety/depression/nerve disorders
Code 08 – Other problems of nervous system
Code 16 – Ischemic heart disease/heart attack/angina
Code 18 - Other heart problems
Code 27 Other digestive complaints
Code 34 – Arthritis/rheumatism/fibrositis
Code 35 – Back problems/slipped disc/spine/neck

There will be a follow-up coding question **IllX01_[1-6] – IllX35_[1-6].** This will ask you to select the illness that was mentioned. See section 3 for more information on the codeframe.

2.6 Other fruit

If possible, responses to **FrtOth** should be backcoded into **FrtC** and responses to **FrtNotQ** should be backcoded into **FrtQ** using the fruit codeframe (section 2.6) and the portion guide (section 2.7) below. If the fruit isn't on the list, first check that it can be eaten raw. If it can only be eaten cooked then recode at FrtDish. For other fruit not on the list and eaten raw or if the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis.

2.7 Fresh fruit size codeframe

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Lychee	Very small
Apricot	Small	Mandarin orange	Medium
Apple banana	Small	Mango	Large
Avocado	Large	Medlar	Medium
Banana	Medium	Melon (all types)	Very large
Banana, apple	Small	Mineola	Large
Banana, nino	Small	Nectarine	Medium
Berry (other)	Very small	Olive	Very small
Bilberry	Very small	Orange	Medium
Blackcurrant	Very small	Passion fruit	Small
Blackberry	Very small	Papaya	Large
Blueberry	Very small	Paw Paw	Large
Cactus pear	Medium	Peach	Medium
Cape gooseberry	Very small	Pear	Medium
Carambola	Medium	Persimmon	Medium
Cherry	Very small	Pitaya	Medium
Cherry Tomato	Very small	Pineapple	Very large
Chinese gooseberry	Small	Physalis	Very small
Chinese lantern	Very small	Plantain	Medium
Chirimoya/Cherimoya	Medium	Plum	Small
Clementine	Medium	Pomegranate	Medium
Custard Apple	Medium	Pomelo/ Pummelo	Large
Damson	Very small	Prickly pear	Medium
Date (fresh)	Small	Rambutans	Very small
Dragon Fruit	Large	Raspberry	Very small
Elderberry	Very small	Redcurrants	Very small
Figs (fresh)	Small	Satsuma	Medium
Gooseberry	Very small	Shaddock	Large
Granadilla/Passion fruit	Very small	Sharon fruit	Medium
Grapes (all types)	Very small	Starfruit	Medium
Grapefruit	Large	Strawberry	Very small
Greengage	Small	Stonefruit	Very small
Grenadillo	Very small	Tamarillo/Tree tomato	Small
Guava	Medium	Tangerine	Medium
Horned melon/Kiwano	Large	Tomato	Small
Kiwi	Small	Tomato, cherry	Very small
Kubo	Very small	Tomato, beef	Large
Kumquat	Very small	Ugli Fruit/unique fruit	Large
Lemon	Medium		
Lime	Medium		
Loquat	Very small		

2.8 Fresh fruit portion guide

Food Type	Portion size
Vegetables,	3 tablespoons
Vegetables in composites	3 tablespoons
Pulses	3 tablespoons
Salad	1 cereal bowlful
Small fruit (e.g. plum)	2 fruits
Medium-sized fruit (e.g apple)	1 fruit
Very small fruit and berries	2 average handfuls
Very large fruit (e.g melon)	1 slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Fruit salad, stewed fruit etc	3 tablespoons
Frozen/canned fruit	3 tablespoons
Fruit juice	1 small glass (150ml)

NB: For calculating portion sizes only one portion or less of pulses, dried fruit or fruit juice was included in the total amount consumed.

Data inconsistencies: If FrtC=small and FrtQ >=20 a hard check message will appear. It will ask you to change FrtC to 'very small' and change the answer at FrtQ. You will be prompted with the answer to enter at FrtQ (which will be the number given, divided by 10 (rounding down if necessary) to give estimated number of handfuls).

If VegPulQ > 17 or VegVegQ > 19 or VegDishQ > 19 a soft check will appear with instruction to look for any notes and change answers if appropriate.

In addition, soft check messages will appear for the following variables and conditions, with the instruction to check and alter if necessary.

- Fruit quantities - Frtq01-15 >15
- Fruit juice and pulses - frtdrnkq & vegpulq >15
- Vegetables/pulses - vegvegq & vegdishq >= 20
- Salad - vegsalq >= 10
- Other fruit dishes/frozen/dried - frtdishq, frtfrozq & frtdryq>10

2.9 Other alcoholic drinks

Exclude all low/non-alcoholic drinks. Home made drinks should be coded into the appropriate category.

Normal beer (NBrL7):
Include: Export, Heavy, Black & Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pomagne, Stout, Scrumpy
Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber, Bottles/cans of shandy. Beer with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits)

Strong beer (SBrL7):
Include: Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Super
Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits (SpirL7):
Include: Angostura Bitter, Cocktails, Egg Flip, Snowball, Bacardi, Bailey's, Pernod, Gin, Sloe Gin, Pimms, Bourbon, Whisky Mac, Schnapps, Liqueurs, Bluemoon, Vodka, Rum, Southern Comfort, Grappa, Tia Maria, Ouzo/Aniseed, Strega, Brandy, Cherry Brandy, Arak, Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila, Armagnac, Clan Dew, Campari, Malibu, Taboo, Pochene (Irish Moonshine), Jello shots/shooters, Vodka Jelly, After Shock.

Sherry (ShryL7):
Include: Vermouth, Port, Cinzano, Dubonnet, Bianco, Rocardo, Noilly Prat, Stones Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon, Madeira.

Wine (WineL7):
Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.
Exclude: Non alcoholic wines such as Eisberg

Alcopops/pre mixed alcoholic drinks (PopsL7):
Include: Bacardi Breezer, Metz, Smirnoff Ice, Archers Aqua, Baileys Glide, Red Square, Vodka Reef, Shotts, WKD ('Wicked'), Mudshake, Alcoholic Irn Bru, Woody's, any mention of 'alcoholic lemonade, cola, orangeade, cream soda' etc or Ready To Drink beverages.

Coding "other" alcoholic drinks variables:
All "other" alcoholic drinks should be recoded back into one of the six drink categories noted above (**OthL7TA**, **OthL7TB**, **OthL7TC** to question **DrnkTyp**).

If the appropriate drinks category is **not already** coded, then information on amount should be edited into that category's variables and data in the "other drinks" category deleted.

After recoding "other" alcoholic drinks the variables **OthL7TA**, **OthL7TB**, and **OthL7TC** should be set to No=2. Details of coding decisions should be recorded on the FACTSHEET.

Responses recorded at variables **OthL7QA**, **OthL7QB** and **OthL7QC** should be recoded to the relevant variables: **NBrL7**, **NBrL7Q[1-4], SBrL7, SBrL7Q[1-4], SpirL7, ShryL7, WineL7, PopsL7, PopsL7Q[1-2]**.

2.10 Coding of beer bottle sizes

The variables **NBotL7** and **SBotL7** (the brand of beer/lager/stout/cider drunk in bottles), need to be coded into **L7NcodEq** and **L7SCodEq** using the bottled lager/cider/beer codeframe.

Bottled beers for which an amount cannot be identified should be coded to 0.00 of a pint, so that these brands can be listed electronically. The exceptions to this are

- 'French beer' which should be coded 0.44 (250ml)
- Interviewer has indicated that the bottle is "large" code to 0.77 of a pint (440ml)
- If no brand name given, or no usual type code to 0.58 of a pint (330ml)
- Where two or more bottle sizes are shown in the codeframe, code as 0.58 unless bottle size is specifically stated (either as small or large, or in ml)
- Where more than one type of bottle is drunk, code to the volume of the first mentioned bottle.

2.11 Bottled lager/cider/beer codeframe

Abbot Ale	0.58
Amstel	0.58
Asahi	0.58
Banks (Mild only)	0.97
Banks Old Ale (nips)	0.32
Bass (pint bottle)	1.00
Becks	0.48 or 0.58
Bishops Finger	0.88
Black Sheep Ale	0.88
Boddingtons (Export draught only)	0.58
Bombardier	0.88
Brahma	0.58
Brandenburg	0.58
Budvar	0.88
Budweiser/ Bud Ice	0.58
Bulmers / Magners	0.58 or 1.00
Carling	0.48
Carlsberg	0.58
Castle	0.58
Cobra	0.58
Coors	0.58
Corona	0.58
Crest Lager (Export)	0.44
Diamond (Blush, White or Zest)	0.48
Dragon (Stout)	0.50
Elephant (Lager)	0.48 or 0.58
ESB (Fuller's ESB)	0.88
Export 33	0.44
Foster's (Unspecified)	0.77
Foster's Export	0.77
Foster's Ice	0.58
Fuller's (London Pride)	0.97
Grolsch	0.58 or 0.77
Guinness Extra Stout	0.58
Guinness Original	0.58 or 0.88
Heineken (Export)	0.58
Hoegaarden (bier blonde)	0.58
Holsten Pils (bottle)	0.58
Home made	0.58
Ice Dragon	0.48
John Smiths	0.77
K. Cider	0.48
Kanterbrau	0.58
Kingfisher	0.58
Kirin	0.58 or 0.88
Kronenbourg (1664)	0.44 or 0.58
Labatts	0.58
Labatt's Ice	0.58
Leffe	0.58 or 0.77
Lowenbrau	0.58
Mackeson	0.88
Marston's Pedigree	0.88
McEwans 80 or 90 shilling	0.97
Merrydowns	0.58
Michelob	0.58
Miller (Draught not Pils)	0.58
Molson	0.58
Murphys	0.88
Newcastle Brown Ale	0.97
Olde English	0.88
Old Speckled Hen	0.88
Oranjeboom	0.58
Peroni lager (Nastro Azzuri)	0.58
Pils (unspecified)	0.58
Pivovar Czech Lager	0.88
Red Rock	0.58
Red Stripe	0.58
Rolling Rock	0.58
Royal Dutch	0.58
Ruddles	0.58
Sam Smiths (Old Brewery Strong Ale)	0.97
San Miguel	0.58
Scrumpy Jack	0.58
Singha beer	0.58
Skol	0.58
Sol	0.58
Spitfire	0.88
Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Stinger	0.58
Strongbow (Blackthorn)	0.48 or 0.58
Thatchers cider	0.88
Theakstons	0.97
Tiger beer	0.58
Tsingtao	0.58
Vault	0.58
Victoria Bitter	0.58
Wadworth Export	0.88
Woodpecker	0.48

Conversion Table

mls	pints	mls	pints	mls	pints
180	0.32	284	0.50	550	0.97
200	0.35	330	0.58	568	1.00
250	0.44	440	0.77		
275	0.48	500	0.88		

2.12 Educational Qualifications

QualB "Other qualifications" should be coded into **CQualA** where applicable. Up to 3 answers at **QualB** can be back-coded to **CQualA**.

Rules for coding qualifications:

- If Qual=1 and OthQual=1 – try to recode to CQualA. ~~If able to recode, change OthQual to 2.~~
- If Qual=2 and OthQual=1 – try to recode to CQualA. ~~If able to recode, change OthQual to 2. Leave Qual as 2.~~
- If the qualification at QualB is a listed exclusion, change OthQual to 2.
- If the qualification at QualB cannot be recoded but is believed to be a valid qualification, leave OthQual as 1. Note this coding decision next to **QualB** on FACTSHEET.

Frame for **CQualA**:

1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final Level
8 City and Guilds Craft/Ordinary Level
9 A-levels/Higher School Certificate
10 AS level
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A*-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary
22 School Certificate or Matric
23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

Where applicable use the following additional codes:

30 Qualifications outside of UK
31 Other **vocational** qualifications, not otherwise codable
32 NVQ level not specified
33 Nursery Nurse Examination Board Qualification
34 Qualifications obtained during military service
35 Other **academic** qualifications, not otherwise codable
36 Other **professional** qualifications, not otherwise codable

If the level of qualification is unspecified (eg just City and Guilds) then code to the lowest level of the appropriate qualification.

Inclusions/Exclusions for CQualA

1. Degree **Include**: CNAA degrees (granted by the Council for National Academic Awards for degrees in colleges other than universities), Bachelor of Education (B.Ed) - not code 2

2. Teaching **Include**: College of Preceptors

3. Nursing **Include**: State Enrolled Auxiliary Midwife
Exclude: Dental Nurses/Hygienists qualifications - code to other

GCSE/GCE/CSE: Clerical or commercial subjects obtained in these types of qualifications should be coded to the relevant GCSE/GCE/CSE codes.

29 Clerical **Include**: RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;
Include: Pitmans - except for their school certificate, code as other = 35;
Include: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

30 Foreign **Include**: Qualifications which are described as equivalent to an existing qualification in the codeframe – such as degrees obtained abroad.
If highest qualification was obtained abroad, make sure that **WherQu** is coded 2

31 Vocation **Include**: Banking Exams (unless Institute of Banking mentioned = 36)
Include: Certificate of Prevocational Education/Training (CPVE/T)
Include: Youth Training Scheme certificates
Include: Retail/commercial/industrial certificates
Include: RSA vocational subject certificates (not academic=35 or clerical=29)
Include:Management certificates
Include: CLAIT – ICT skills training
Include: Health & Safety Training certificate (incl. NVQ, IEHO, CIEH)
Include: Food hygiene certificate

34 Military **Include**: Army/navy/air force certificates/qualifications; $1^{st}/2^{nd}/3^{rd}$ class

35 Academic **Include**: 16+ exam certificate; Local, regional and RSA school certificates; Arts foundation courses

36 Other professional: This covers qualifications awarded by a recognised professional body only. (eg. Social Work Diploma, Chartered/Management/Certified accountant)

The following should not be treated as qualifications for the purpose of this code-frame:

Civil Service Examinations for entrance, promotion, establishment, typing etc.
Dancing Awards (including ballet qualifications)
Drawing Certificates (eg. awarded by Royal Drawing Society)
Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.
Fire Brigade Examinations
First Aid Certificates (including all Red Cross/St John's Ambulance qualifications
Forces Preliminary Examinations (to gain admission to university)
GPO telecommunications, telegraphy etc
Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13
Internal school examinations
Local Authority Examinations for entrance, promotion etc
Music Grade Examinations and Certificates for learners (eg Associated Board of the Royal School of Music)
Ordination/Lay Preachers Qualifications
Play Group Leader's Qualifications
Police Force Examinations
Pre HNC/HND bridging or conversion courses
Prison/Borstal Training Qualifications
Scholarships other than for GCE 'A' Level
Swimming Certificates including life saving and instructors' certificates
Sports Coaching and Refereeing Qualifications
Union Membership e.g. Equity, National Association of Head Teachers, IPCS (Institute of Professional Civil Servants)

Partial qualifications (such as part way through degree, solicitor's training etc) should be excluded.

2.13 Ethnic group

The following table may be useful as a guide for other answers given but should only be used within sections e.g. if an answer given for code 4 'other white background' is Cornish it should be coded as British, if it is Irish it should be coded as Irish. So, whichever of the main categories respondents describe themselves within (White; mixed/multiple ethnic groups; Asian/Asian British; Black/African/Caribbean/Black British; Other ethnic group) they should only be coded to the subcategories within this major category. For example, If British Asian is recorded at 'other white' it should be kept as other white. If it is recorded at Other Asian it should be kept at 'other Asian'.

A summary of how write-in answers are allocated to the main census ethnic groups

Write-in answer	Census category
Cornish	White British
Cypriot Former USSR Baltic States Former Yugoslavia Other European White South African American Australian New Zealander Mixed White	Other White
British Indian Punjabi	Indian
British Pakistani Kashmiri	Pakistani
British Bangladeshi	Bangladeshi
Hong Kong	Chinese
British Asian East African Asian Sri Lankan Tamil Sinhalese Caribbean Asian Nepalese Mixed Asian (i.e. mixture of descriptions in the Asian section)	Other Asian
Caribbean and West Indian islands (and also Guyana) apart from Puerto Rican, Dominican and Cuban which are Latin American	Black Caribbean
Nigerian Somali Kenyan Black South African Other Black African countries	Black African
Black British Black American Mixed Black	Other Black
Japanese Vietnamese Filipino Malaysian Aborigine Afghani Burmese Fijian Inuit Maori Native American Indian Thai Tongan Samoan	Other Ethnic Group

2.14 Self-Completion booklet placement

SComp6 For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. **SComp6** should be coded 0 - "Child away from home during the

field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used.

**Note that code 0 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not around to complete the self-completion document (eg child got bored and went outside to play). These should be left as "Other".

2.15 Height and weight measurements

Checks for height and weight in the edit program reject extremely unusual heights and weights as a safeguard against very unlikely results. Contact research staff if the height or weight check is activated.

NoHitCO Backcode "Other" reasons for no height measurement where possible.

NoWatCO Backcode "Other" reasons for no weight measurement where possible.

At **NoHtCo/NoWatco** (reason for not obtaining height/weight) please use the code 'Not in/not available' for reasons such as 'gone to work' away on holiday' 'going out' and 'busy off out'.

At **NoHtCo** please use the code 'stadiometer faulty/not available/couldn't be used' for reasons such as 'bad weather couldn't carry it' 'interview conducted in office/flats – not possible' 'car parked along way from interview'

For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHtBC/NoWtBC** should be coded 1 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 1 has been used in the above variables.

Use code 'child 0-13 asleep' at **NoWtBc** for reasons such as 'fast asleep' 'upstairs in cot' etc.

**Note that code 1 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not available at the time measurements are conducted (eg child got bored and went outside to play). These should be left as "Other". If child is "ill", recode to Code 8 'ill or in pain'.

Data inconsistencies:
If RespHts='attempted but not obtained' and NoHtBC='child away from home' or 'child asleep' a hard check message will appear with instructions to change RespHts to 'not attempted', or to correct in another way if indicated by an interviewer remark.

If RespWts='attempted but not obtained' and NoWtBC='child away from home' or 'child asleep' a hard check message will appear with instructions to change RespWts to 'not attempted', or to correct in another way if indicated by an interviewer remark.

2.16 Reasons for refusing nurse visit

If reason for refusing nurse visit is left blank then code as 6 'No particular reason'.

2.17 Open comment codeframe – Do you have any comments that you would like to make?

Please note that if part of the verbatim answer is not showing on the edit screen, this will probably mean that the interviewer ran out of space and so entered the remaining verbatim answer as a 'remark' at this question. Please look at the factsheet to see if there is a relevant 'remark' for this question, if that is the case (it may be a few lines down on the fact sheet).

	CODE ALL THAT APPLY
1	GP appointments - difficulty booking/need better access (**Include** 'poor cover/not enough Drs so have to go elsewhere', 'make GPs work longer hours')
2	GP appointments - difficulty seeing same Doctor
3	GP appointments - rushed/not enough time (**Include** 'little time with GP')
4	GP appointments - long waiting times at surgery
5	GP - good experience (**Include** 'brilliant GP surgery. No problems at all')
6	GP - poor experience (**Include** 'problems not taken seriously, incorrect diagnosis')
19	GP - other answer (**Include** 'cannot change address over phone', 'doctor surgeries-I've not seen who he is, never met him')
21	Accident and Emergency - long waiting times (**Include** 'eleven hours in A&E', 'long queues')
22	Accident and Emergency - go to because can't see Doctor
23	Accident and Emergency - local service too far away (**Use code** 41 for A&E closure)
24	Accident and Emergency - good experience
25	Accident and Emergency - poor experience (**Include** 'A&E constantly dirty' 'Eleven hrs in A&E and father got MRSA')
39	Accident and Emergency - other answer
41	NHS - closure (**Include** 'local A&E closure')
42	NHS - needs to improve/be more efficient (**Include** 'money being wasted/not used effectively'
43	NHS - needs more investment/funds (**Include** pay nurses more)
44	NHS - long waiting times (**Include** referrals/operations/appointments/treatment)
45	NHS - concern about the future (funding/cut-backs/new policies/privatisation)
46	NHS - should be free for those that contribute
47	NHS - some people should pay for services (**Include** 'binge drinkers' 'far too many people who have not put into the system taking things out of the system')
48	NHS - don't use it **(Include** 'don't use it that often')
57	NHS/local hospital - good experience/record
58	NHS/local hospital - poor experience/record (**Include** 'as we get older, don't get same care'/ 'Did not receive what I was told', 'unsatisfactory' 'lost records'
68	NHS/local hospital - other answer (**Include** answers that do not specify GP/A&E/ NHS general/local but are NHS related e.g. 'Gripe about car parking', 'Can find it a bit disjointed sometimes' 'dissatisfied with lack of funding for early intervention in speech and language problems', 'a lack of knowledge about allergies and their impact on people's health'
70	Drugs are over prescribed/complementary therapy/medicines under prescribed
71	Appointments - other (**Include** 'can't rearrange', 'appointments long for children' 'delays too long')
72	HSE interview - any comments (**Include** comments about interview length)
73	Personal health - any comments (**Include** 'can no longer do certain things', 'they cannot give me the care that I need')
95	Other answers (**Include** 'eye tests should be essential for all drivers over 65', ')
96	Non applicable answers (**Include** '#', 'don't know', Not applicable, numbers -1, -8, 1, 2)
97	No comment/nothing (**Include** 'n/a', 'no', 'no comment', 'nothing', nil, blank)

2.18 Drug Coding

MEDBI & MedLngN (Use BNF 61 – March 2011)

For HSE14 we are including two questions about medications:
MEDBI (in previous years) = Asks about any medications
MedLngN (new for HSE14) = Asks specifically about long-acting medications.

The drug coding from both these medication questions is done in the same place using the same process.

All drugs are to be coded to the six digit BNF using the Coding Prescribed Medicine booklet or the BNF (Number 61 – March 2011). The nurse should have completed this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries, but if the drug is not found use code 999996. At the end of the process all 999996 coded drugs should be sent to the research team, who will send them to UCL for further coding. Once UCL have looked at the queries, for drugs that are not considered a medicine (i.e. we have enough information to decide it is not a drug) should be removed from the CAPI. Drugs that are not codeable (i.e. there is not enough information to decide it is not a drug)/within the BNF – should be left as 999996.

Please note that some drugs have been given additional codes. This is to separate different types of drugs, so they can be separated in analyses.

Some drug sections that have only two section numbers in the BNF (eg 4.10 and 2.12) have been divided into two or three groups, to separate the types of drugs. Where this is the case, all of the drugs listed under the relevant sections in the BNF are listed in this booklet.

Lipid-lowering drugs, formerly coded as 02.12.00
Statins……..02.12.01
Other lipid-lowering drugs…….02.12.02

Some have been split into two or three constituent sections, using the BNF sub-section numbers (eg : 2.5.5.1, 2.5.5.2, 2.5.5.3). Where this is the case, all of the drugs listed under the relevant sections in the BNF are listed in this booklet.

Antihypertensives formerly coded as 02.05.05
Angiotensin-converting enzyme (ACE) inhibitors…….02.05.51
Angiotensin II receptor antagonists……02.05.52
Renin inhibitors……..02.05.53

Antidiabetic drugs formerly coded as 06.01.02
Sulphonylureas……06.01.21
Biguanides (e.g. Metformin)……..06.01.22
Others……06.01.23

Use the drug coding booklet for a list of codes.

Any drugs coded 14.**.** or 15.**.** by the nurse should fail the first edit for manual checking. The only possible codes under 14 are 14.04.00 and 14.05.00; these are uncommon. Check that they are correctly used. It is unlikely that anything is prescribed under 15 but just possible. Note that there are a number of fairly common drugs listed in this section which are also listed under other sections. They are almost certainly being used for the purposes for which they are listed in other sections and should be recoded unless the nurse has indicated as anaesthetic use. For example, Diazepam is prescribed as a sleeping drug (04.01.02) but it is also used as an anaesthetic. Unless the nurse has recorded this as being used as an anaesthetic, recode to 04.01.02. If in doubt, query with researchers.

MedLng (long acting medications)
Flu injection, heart stents and pace makers do not count as a long acting medication.

2.19 Hearing test

Code frame for HeHLRpX and HeHRRpX is as follows:

1. Respondent wanted to re-start the test
2. The device stopped working (**Include** 'The start button didn't work at first')
3. Too much background noise (**Include** 'Son started talking')
4. Had to remove items to be able to do hearing test (hearing aid, glasses, earrings, hair band etc)
5. Other

2.20 Blood sample

Refusals are recorded at **RefBSC**. At **RefBSC** if it is recorded by the nurse that the respondent is not eligible to give a blood sample as they have HIV/Aids or hepatitis B or C, record this as code 4.

3. Longstanding illness codeframe

Changed categories:

	From	To
Adenoid problems, nasal polyps	25	14
Astigmatism	09	10
Allergy to dust/cat fur	25	23
Coeliac disease (Coleliac 28)	03, 28	27
COPD, Chronic Obstructive Pulmonary/Lung Disease,	25	22
Deviated septum	36	25
Double vision	09	10
Ischaemic heart disease	18	16
Lazy eye/squint	09	10
Pulmonary embolism	21	20
Sciatica	08	35
Senile dementia	04	08
Shingles	08	37

Additions

16	Angioplasty
16	Bypass/ CABG (coronary artery bypass graft)
30	Chronic kidney disease
21	Claudication/ Peripheral artery disease
16	Coronary heart disease
10	Macular degeneration
27	Oesophageal pouch
03	Osteomalacia (replaces Malacia)
38	Thrombocytopenia
32	Urinary incontinence – see 28 faecal incontinence
08	Vascular dementia

01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
Acoustic neuroma
After effect of cancer (nes)
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast
Bone cancer
Cancers sited in any part of the body or system eg. Lung, breast, stomach
Carcinomas
Colostomy due to treatment for by cancer
Cyst on eye
Cyst in kidney
General arthroma
Hereditary cancer
Hodgkin's disease
Hysterectomy for cancer
Leukaemia (cancer of the blood)
Lymphoma (incl non-Hodgkin's)
Mastectomy for cancer (nes)
Neurofibromatosis
Part of intestines removed (cancer)
Pituitary gland removed (cancer)
Rodent ulcers
Sarcomas
Skin cancer
Wilms tumour

FOLLOW UP IIIX01_[1-6]

If Code 01 coded:
Which of the following were mentioned?
Breast cancer
Lung cancer
Prostate cancer
Bowel cancer
Melanoma
Other skin cancer
Other cancer

Endocrine/nutritional/metabolic diseases
02 Diabetes
Incl. Hyperglycaemia

03 Other endocrine/metabolic
Addison's disease
Beckwith - Wiedemann syndrome
Cushing's syndrome
Cystic fibrosis
Gilbert's syndrome
High cholesterol
Hormone deficiency, deficiency of growth hormone, dwarfism
Hot sweats
Hypercalcemia
Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)
Hypothyroidism (underactive thyroid gland)
Myxoedema (nes)
Obesity/overweight
Osteomalacia
Over active adrenal gland
Phenylketonuria
Rickets
Too much cholesterol in blood (hypercholesterolaemia)
Underactive/overactive thyroid, goitre (hypo- or hyper-thyroidism)
Water/fluid retention
Wilson's disease

Thyroid trouble and tiredness - code 03 only
Overactive thyroid and swelling in neck - code 03 only.

FOLLOW UP IIIX03_[1-6]

If code 03 coded
Which of the following were mentioned?
Thyroid
Cystic Fibrosis
Cholesterol
Other endocrine/metabolic condition

Mental, behavioural and personality disorders

04 Mental illness/anxiety/depression/nerves (nes)

Alcoholism, recovered not cured alcoholic
Angelman Syndrome
Anorexia nervosa
Anxiety, panic attacks
Asperger Syndrome
Autism/Autistic
Bipolar Affective Disorder (manic depressive)
Catalepsy
Concussion syndrome
Depression
Drug addict
Dyslexia
Hyperactive child
Nerves (nes)
Nervous breakdown, neurasthenia, nervous trouble
Phobias
Schizophrenia
Speech impediment, stammer
Stress

Alzheimer's disease, degenerative brain disease, Dementia, Senile = code 08

FOLLOW UP IllX04_[1-6]

If code 04 coded
Which of the following were mentioned?
Anxiety
Depression
Other

05 Learning disability

Incl. Down's syndrome, Mongol
Mentally retarded, subnormal

Nervous system (central and peripheral including brain) - Not mental illness

06 Epilepsy/fits/convulsions

Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
Blackouts
Febrile convulsions
Fit (nes)
Seizures

07 Migraine/headaches

08 Other problems of nervous system

Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Dementia
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
ME
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs), diplegia, quadriplegia
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)

Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Pre-senile dementia
Removal of nerve in arm
Restless legs
Senile dementia, forgetfulness, gets confused
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia
Teraplegia
Vascular dementia

NB Stroke = code 15

FOLLOW UP IIIX08_[1-6]

If code 08 coded
Alzheimer's disease
Brain damage
Degenerative brain disease
Dementia (include pre-senile/senile dementia)
Metachromatic leucodystrophy
Vascular dementia
Other

Eye complaints

09 Cataract/poor eye sight/blindness
Incl. operation for cataracts, now need glasses
Astigmatism
Bad eyesight, restricted vision, partially sighted
Bad eyesight/nearly blind because of cataracts
Blind in one eye, loss of one eye
Blindness caused by diabetes
Blurred vision
Detached/scarred retina
Double vision
Hardening of lens
Lens implants in both eyes
Short sighted, long sighted, myopia
Squint, lazy eye
Trouble with eyes (nes), eyes not good (nes)
Tunnel vision

10 Other eye complaints
Buphthalmos
Colour blind
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Macular degeneration
Night blindness
Retinitis pigmentosa
Scarred cornea, corneal ulcers
Sty on eye
Thrombosis back of eye

Ear complaints

11 Poor hearing/deafness
Conductive/nerve/noise induced deafness
Deaf
Deaf mute/deaf and dumb
Hard of hearing, slightly deaf
Hearing impaired
Otosclerosis
Poor hearing after mastoid operation

12 Tinnitus/noises in the ear

Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems
Balance problems
Cogan's syndrone
Labryrinthitis,
loss of balance - inner ear
Vertigo

14 Other ear and related complaints
Incl. otitis media - glue ear
Adenoid problems, nasal polyps
Disorders of Eustachian tube
Perforated ear drum (nes)
Middle/inner ear problems
Mastoiditis
Ear trouble (nes),
Ear problem (wax)
Ear aches and discharges
Ear infection

Complaints of heart, blood vessels and circulatory system

15 Stroke/cerebral haemorrhage/cerebral thrombosis
Incl. stroke victim - partially paralysed or speech difficulty
Hemiplegia, apoplexy
Bilateral subdural hematoma
Cerebral haemorrhage
Cerebro - vascular accident (CVA) cerebral embolism
Aftermath of brain anurisim
Transient ischaemic attack (TIA)

16 Ischaemic heart disease/Heart attack/angina
Incl. coronary thrombosis
Angina
Angioplasty
Bypass
CABG (coronary artery bypass graft)
Coronary heart disease
Heart attack, myocardial infarction (MI), heart failure
Heart stents
Triple heart by-pass

FOLLOW UP IIIX18_[1-6]

If code 16 coded
Which of the following were mentioned?
Angina
Heart attack
Other

17 Hypertension/high blood pressure/blood pressure (nes)

18 Other heart problems
Aortic/mitral valve stenosis,
Aortic/mitral valve regurgitation
Aorta replacement
Atrial Septal Defect (ASD)
Cardiac asthma
Cardiac diffusion
Cardiac problems, heart trouble (nes)
Congestive heart failure
Dizziness, giddiness, balance problems (nes)
Hardening of arteries in heart
Heart disease, heart complaint
Heart failure
Heart murmur, palpitations
Hole in the heart
Pacemaker
Pains in chest (nes)
Pericarditis
St Vitus dance
Tachycardia, sick sinus syndrome
Tired heart
Valvular heart disease
Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

FOLLOW UP IIIX18_[1-6]

If code 18 coded
Which of the following were mentioned?
Heart disease
Heart failure
Other heart problem

19 Piles/haemorrhoids incl. Varicose Veins in anus.

20 Varicose veins/phlebitis in lower extremities/pulmonary embolus
Incl. various ulcers, varicose eczema
Pulmonary embolism
Varicose veins

21 Other blood vessels/embolic
Arteriosclerosis, hardening of arteries (nes)
Arterial thrombosis
Artificial arteries (nes)
Blocked arteries in leg
Blood clots (nes)
Claudication
Deep vein thrombosis
Hand Arm Vibration Syndrome (White Finger)
Hypersensitive to the cold
Intermittent claudication
Low blood pressure/hypertension
Peripheral artery disease
Poor circulation
Raynaud's disease
Swollen legs and feet
Telangiectasia (nes)
Thrombosis (nes)
Varicose veins in Oesophagus, Oesophageal varices
Wright's syndrome

NB Haemorrhage behind eye = code 10

Complaints of respiratory system

22 COPD – Chronic Obstructive Pulmonary Disease/ Bronchitis/emphysema
Bronchiectasis
Chronic bronchitis
COPD, Chronic Obstructive Pulmonary Disease, chronic obstructive lung disease, Chronic Obstructive airways disease
Emphysema

23 Asthma
Bronchial asthma, allergic asthma
Asthma - allergy to house dust/grass/cat fur
Allergy to dust/cat fur

NB *Exclude cardiac asthma - code 18*

24 Hayfever
Allergic rhinitis

25 Other respiratory complaints
Abscess on larynx
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds
Churg-Strauss syndrome
Coughing fits
Croup
Damaged lung (nes), lost lower lobe of left lung
Deviated septum
Fibrosis of lung
Furred up airways, collapsed lung
Lung complaint (nes), lung problems (nes)
Lung damage by viral pneumonia
Paralysis of vocal cords
Pigeon fancier's lung
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
Recurrent pleurisy

Rhinitis (nes)
Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

TB (pulmonary tuberculosis) - code 37
Cystic fibrosis - code 03
Skin allergy - code 39
Food allergy - code 27
Allergy (nes) - code 41
Pilonidal sinus - code 39
Sick sinus syndrome - code 18
Whooping cough (pertussis) - code 37

If complaint is breathlessness with the cause also stated, code the cause:
breathlessness as a result of anaemia (code 38)
breathlessness due to hole in heart (code 18)
breathlessness due to angina (code 16)

Complaints of the digestive system

26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
Double/inguinal/diaphragm/hiatus/umbilical hernia
Gastric/duodenal/peptic ulcer
Hernia (nes), rupture (nes)
Ulcer (nes)

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
Cirrhosis of the liver, liver problems
Coeliac disease
Food allergies
Gall stones
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Lactose intolerant
Liver disease, biliary artesia
Nervous stomach, acid stomach
Oesophageal pouch
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat (oesophagus) trouble - difficulty in swallowing
Weakness in intestines

FOLLOW UP IIIX18_[1-6]

If code 27 coded

Which of the following were mentioned?
Liver disease
Other

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
Colitis, colon trouble, ulcerative colitis
Colostomy (nes)
Crohn's disease
Constipation
Diverticulitis
Enteritis
Faecal incontinence/encopresis.
Frequent diarrhoea, constipation
Grumbling appendix
Hirschsprung's disease
Irritable bowel, inflammation of bowel, IBS (irritable bowel syndrome)
Polyp on bowel
Spastic colon

Exclude piles - code 19
Cancer of stomach/bowel - code 01

29 Complaints of teeth/mouth/tongue
Cleft palate, hare lip

Impacted wisdom tooth, gingivitis
No sense of taste
Ulcers on tongue, mouth ulcers

Complaints of genito-urinary system

30 Kidney complaints
Chronic renal failure, chronic kidney disease (CKD)
Horseshoe kidney, cystic kidney
Kidney trouble, tube damage, stone in the kidney
Nephritis, pyelonephritis
Nephrotic syndrome
Only one kidney, double kidney on right side
Renal TB
Uraemia

31 Urinary tract infection excluding kidney infection (nephritis)
Cystitis, urine infection

32 Other bladder problems/ urinary incontinence
Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

Prostate trouble - code 33

33 Reproductive system disorders
Abscess on breast, mastitis, cracked nipple
Amenorrhea
Damaged testicles
Endometriosis
Enlarged prostate
Gynaecological problems
Hormone replacement
Hysterectomy (nes)
Impotence, infertility
Menopause
Pelvic inflammatory disease/PID (female)
Period problems, flooding, (menorrhagia),pre-menstrual tension/syndrome
Prolapse (nes) if female
Prolapsed womb
Prostate gland trouble
Turner's syndrome
Vaginitis, vulvitis, dysmenorrhoea

prostate cancer code = 01
cancer of the uterus, womb, cervix, neck of the womb code = 01

Musculo-skeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis
Arthritis as result of broken limb
Arthritis/rheumatism in any part of the body
Gout (*previously code 03*)
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica
Polyarteritis Nodosa (*previously code 21*)
Psoriasis arthritis/psoriatic arthritis (also code psoriasis)
Rheumatic symptoms
Still's disease

FOLLOW UP IIIX34_[1-6]

If 34 coded then
Which of the following were mentioned?
Arthritis
Other

35 Back problems/slipped disc/spine/neck
Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Degenerative bone disease in neck and spine
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed invertebral discs
Schuermann's disease

Sciatica
Spondylitis, spondylosis
Worn discs in spine - affects legs

Exclude if damage/injury to spine results in paralysis - code 08

FOLLOW UP IIIX34_[1-6]

If 35 coded then

Which of the following were mentioned?
Back trouble/back problems
Other

36 Other problems of bones/joints/muscles

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
No left/right hand
Osteomyelitis
Osteoporosis
Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Helicobacter pylori
Pulmonary tuberculosis (TB)
Ringworm
Schistosomiasis
Shingles
Tetanus
Thrush, candida
Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

After effect of Poliomyelitis, meningitis, encephalitis, whooping cough - code to site/system

Ear/throat infections etc - code to site

38 Disorders of blood and blood forming organs and immunity disorders

Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombochopenic Purpura (ITP)
Immunodeficiences
Polycthaemia (blood thickening), blood to thick
Purpura (nes)
Removal of spleen
Sarcoidosis (*previously code 37*)
Sickle cell anaemia/disease
Thalassaemia
Thrombocythenia
Thrombocytopenia

Leukaemia - code 01

39 Skin complaints

Abscess in groin
Acne
Birth mark
Burned arm (nes)
Carbuncles, boils, warts, verruca
Cellulitis (nes)
Chilblains
Corns, calluses
Dermatitis
Eczema
Epidermolysis, bulosa
Impetigo
Ingrown toenails
Pilonidal sinusitis
Psoriasis, psoriasis arthritis/psoriatic arthritis (also code arthritis)
Skin allergies, leaf rash, angio-oedema
Skin rashes and irritations
Skin ulcer, ulcer on limb (nes)

Rodent ulcer - code 01
Varicose ulcer, varicose eczema - code 20

40 Other complaints

Adhesions
Dumb, no speech
Fainting
Hair falling out, alopecia
Insomnia
No sense of smell
Nose bleeds
Sleepwalking
Travel sickness
Sleep apnoea

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

After effects of meningitis (nes)/ Had meningitis - left me susceptible to other things (nes
Allergy (nes), allergic reaction to some drugs (nes)
Electrical treatment on cheek (nes)
Embarrassing itch (nes)
Forester's disease (nes)
General infirmity
Generally run down (nes)
Glass in head - too near temple to be removed (nes)
Internal bleeding (nes)
Pinotaligia
Old age/weak with old age
Road accident injury (nes)
Swollen glands (nes)
Tiredness (nes)
War wound (nes)
Weight loss (nes)

42 Complaint no longer present

Only use this code if it is actually stated that the complaint no longer affects the informant.
Exclude if complaint kept under control by medication - code to site/system.

99 Not Answered/Refusal

NatCen
Social Research

CODING PRESCRIBED MEDICINES

FOR USE ON ALL NURSE SURVEYS

TO BE USED WITH BNF 61

Version 12.3_BNF_61

Please note that some drugs have been given new codes. This is to separate different types of drugs, so they can be separated in analyses.

Some drug sections that have only two section numbers in the BNF (eg 2.12) have been divided into two or three groups, to separate the types of drugs. Where this is the case, all of the drugs listed under the relevant sections in the BNF are listed in this booklet.

Lipid-lowering drugs, formerly coded as 02.12.00
Statins……..02.12.01
Other lipid-lowering drugs…….02.12.02

Some have been split into two or three constituent sections, using the BNF sub-section numbers (eg : 2.5.5.1, 2.5.5.2, 2.5.5.3). Where this is the case, all of the drugs listed under the relevant sections in the BNF are listed in this booklet.

Antihypertensives formerly coded as 02.05.05
Angiotensin-converting enzyme (ACE) inhibitors…….02.05.51
Angiotensin II receptor antagonists……02.05.52
Renin inhibitors……..02.05.53

Antidiabetic drugs formerly coded as 06.01.02
Sulphonylureas……06.01.21
Biguanides (e.g. Metformin)……..06.01.22
Others……06.01.23

CODING OF PRESCRIBED MEDICINES: ALPHABETICAL INDEX

A

ABIDEC 09.06.07
ACAMPROSATE 04.10.01
ACIPIMOX 02.12.02
ACTOS 06.01.23
ADALAT, ADALAT LA, ADALAT RETARD 02.06.02
ALISKIREN 02.05.53
ADCAL – D3 ..... 09.06.04
ALFUZOSIN 07.04.01
ALENDRONIC ACID 06.06.02
ALLOPURINOL 10.01.04
ALPHAGAN (eye drops) 11.06.00
AMIAS 02.05.52
AMILORIDE 02.02.03
AMIODARONE (HYDROCHLORIDE) 02.03.02
AMITRIPTYLINE 04.03.01
AMLODIPINE BESILATE 02.06.02
AMOXIL 05.01.01
AMOXICILLIN (was AMOXYCILLIN) 05.01.01
AMPICILLIN 05.01.01
ANTABUSE..... 04.10.01
APROVEL 02.05.52
AQUEOUS CREAM 13.02.01
ARTHROTEC 10.01.01
ASACOL 01.05.01
ASCORBIC ACID 09.06.03
ASILONE
    suspension 01.01.01
ASPIRIN
    analgesic 04.07.01
    antiplatelet 02.09.00
    migraine 04.07.04
    myocardial infarction 02.10.01
    rheumatic disease 10.01.01
ATENOLOL 02.04.00
ATORVASTATIN 02.12.01
ATROPINE SULPHATE (eye drops) 11.05.00
ATROVENT 03.01.02
AUGMENTIN, AUGMENTIN-DUO 05.01.01
AXID 01.03.01

AZATHIOPRINE
myasthenia gravis 10.02.01
rheumatic disease 10.01.03
transplant rejection 08.02.01
ulcerative colitis 01.05.03

B

BACLOFEN 10.02.02
BACTROBAN 13.10.01
BALNEUM, BALNEUM PLUS, BALNEUM WITH TAR 13.02.01
BECLOMETASONE (was BECLOMETHASONE DIPROPIONATE)
asthma 03.02.00
nasal allergy 12.02.01
BECONASE (nasal spray) 12.02.01
BENDROFLUMETHIAZIDE or BENDROFLUAZIDE 02.02.01
BETAGAN (eye drops) 11.06.00
BETAHISTINE DIHYDROCHLORIDE, BETAHISTINE HCL 04.06.00
BETNESOL
ear 12.01.01
eye 11.04.01
nose 12.02.01
BETNESOL N
ear 12.01.01
eye 11.04.01
nose 12.02.03
BETNOVATE(incl Betnovate-RD, Betnovate-C, Betnovate-N) 13.04.00
BETAMETHASONE VALEREATE 13.04.00
BETOPTIC (eye drops) 11.06.00
BEZAFIBRATE 02.12.02
BEZALIP, BEZALIP-MONO 02.12.02
BIMATOPROST (eye drops) 11.06.00
BISACODYL 01.06.02
BISOPROLOL 02.04.00
BRICANYL, BRICANYL SA 03.01.01
BRUFEN, BRUFEN RETARD 10.01.01
BUDESONIDE INHALER 03.02.00
BUMETANIDE 02.02.02
BUPRENORPHINE
analgesic 04.07.02
opioid dependence, other 04.10.03
BUPROPION 04.10.02
BURINEX 02.02.02
BUSCOPAN 01.02.00

C

CALCICHEW, CALCICHEW FORTE 09.05.01
CALCICHEW-D3, CALCICHEW-D3 FORTE 09.06.04
CALPOL 04.07.01

CAMPRAL EC 04.10.01
CANDESARTAN 02.05.52
CANESTEN
AF (skin) 13.10.02
anogenital 07.02.02
ear 12.01.01
HC 13.04.00
CAPOTEN 02.05.51
CAPTOPRIL 02.05.51
CARACE 02.05.51
CARBAMAZEPINE
diabetes 06.05.02
diabetic neuropathy 06.01.05
epilepsy 04.08.01
Bipolar disorder 04.02.03
trigeminal neuralgia 04.07.03
CARBOCISTEINE 03.07.00
CARDURA..... 02.05.04
CAVERJECT 07.04.05
CEFACLOR 05.01.02
CEFALEXIN (was CEPHALEXIN) 05.01.02
CERUMOL (ear drops) 12.01.03
CETIRIZINE HYDROCHLORIDE..... 03.04.01
CHAMPIX 04.10.02
CHLORAMBUCIL 08.01.01
CHLORAMPHENICOL
Capsules or injection 05.01.07
ear 12.01.01
eye 11.03.01
CHLOROMYCETIN
eye drops 11.03.01
CHLORPHENIRAMINE or CHLORPHENAMINE (MALEATE) 03.04.01
CHOLESTAGEL 02.12.02
CILEST 07.03.01
CIMETIDINE 01.03.01
CIPRAMIL..... 04.03.03
CIPROFIBRATE 02.12.02
CIPROXIN 05.01.12
CITALOPRAM..... 04.03.03
CLENIL MODULATE INHALER..... 03.02.00
CLOTRIMAZOLE
ear 12.01.01
skin 13.10.02
Vaginal..... 07.02.02
CO-AMILOFRUSE 02.02.04
CO-AMILOZIDE (diuretic) 02.02.04
CO-AMOXICLAV 05.01.01

CO-CODAMOL 04.07.01
CO-DANTHRAMER 01.06.02
CO-DANTHRUSATE 01.06.02
CO-DIOVAN 02.05.52
CO-DYDRAMOL 04.07.01
CODEINE 04.07.02
CODEINE LINCTUS 03.09.01
CODEINE PHOSPHATE
analgesic 04.07.02
cough suppressant 03.09.01
diabetes neuropathy 06.01.05
diarrhoea 01.04.02
COLESEVELAM HYDROCHLORIDE 02.12.02
COLESTIPOL HYDROCHLORIDE 02.12.02
COLESTYRAMINE 02.12.02
COLOFAC 01.02.00
COLPERMIN 01.02.00
COMBIVENT..... 03.01.04
CONCERTA XL 04.04.00
CORACTEN..... 02.06.02
CORSODYL..... 12.03.04
COVERSYL 02.05.51
COZAAR..... 02.05.52
CREON 01.09.04
CRESTOR 02.12.01

D

DAKTACORT 13.04.00
DALACIN
-C 05.01.06
-T (acne) 13.06.01
vaginal 07.02.02
DALMANE 04.01.01
DELTACORTRIL (Enteric) 06.03.02
DEPO-PROVERA (ALSO CHECK Provera) contraceptive 07.03.02
DERBAC-M 13.10.04
DERMOL CREAM 13.02.01
DERMOVATE, DERMOVATE-NN 13.04.00
DEXAMETHASONE (eye drops) 11.04.01
DIAMICRON 06.01.21
DIANETTE 13.06.02
DIAZEPAM
anxiety 04.01.02
epilepsy 04.08.02
febrile convulsions 04.08.03
hypnotic 04.01.01
muscle spasm 10.02.02

DICLOFENAC SODIUM
eye 11.08.02
gout (acute attack) 10.01.01
postoperative pain 15.01.04
rheumatic disease 10.01.01
ureteric colic 07.04.03
musculoskeletal pain 10.01.01
DICLOMAX RETARD, DICLOMAX SR 10.01.01
DIDRONEL, DIDRONEL PMO 06.06.02
DIFFLAM..... 12.03.01
DIFLUCAN 05.02.01
DIGOXIN 02.01.01
DIHYDROCODEINE 04.07.02
DILTIAZEM 02.06.02
DIORALYTE ..... … 09.02.01
DIOVAN 02.05.52
DIPROBASE 13.02.01
DISTACLOR, DISTACLOR MR 05.01.02
DISULFIRAM 04.10.01
DITROPAN 07.04.02
DIXARIT (migraine)..... 04.07.04
DOCUSATE SODIUM..... 01.06.02
DONEPEZIL 04.11.00
DORALESE 07.04.01
DOTHIEPIN or DOSULEPIN 04.03.01
DOVONEX 13.05.02
DOXYCYCLINE
acne 13.06.02
antibacterial 05.01.03
malaria 05.04.01
DUOVENT 03.01.04
DYAZIDE 02.02.04
E
E45 (cream) 13.02.01
ELLESTE SOLO 06.04.01
EMULSIFYING OINTMENT 13.02.01
ENALAPRIL – MALEATE 02.05.51
EPANUTIN 04.08.01
EPANUTIN READY-MIXED PARENTERAL 04.08.02
EPILIM, EPILIM CHRONO, EPILIM INTRAVENOUS 04.08.01
EQUASYM 04.04.00
ERYMAX 05.01.05
ERYTHROMYCIN
acne 13.06.02
antibacterial, enteritis 05.01.05
ERYTHROPED, ERYTHROPED A 05.01.05

ESTRADERM MX/TTS (patches) 06.04.01
EUMOVATE (cream) 13.04.00
EXENATIDE 06.01.23
EZETIMIBE 02.12.02
EZETROL 02.12.02

F

FAMOFIDINE 01.03.01
FELDENE 10.01.01
FELODIPINE 02.06.02
FEMODENE, FEMODENE ED 07.03.01
FEMULEN 07.03.02
FENOFIBRATE 02.12.02
FERROGRAD, FERROGRAD C, FERROGRAD FOLIC 09.01.01
FERROUS FUMARATE 09.01.01
FERROUS GLUCONATE 09.01.01
FERROUS SULPHATE 09.01.01
FLIXONASE 12.02.01
FLIXOTIDE 03.02.00
FLOMAXTRA …… 07.04.01
FLUCLOXACILLIN
antibacterial 05.01.01
ear 12.01.01
FLUOXETINE 04.03.03
FLUTICASONE PROPIONATE 12.02.01
FLUTICASONE FUROATE 12.02.01
FLUPENTIXOL …… 04.02.02
FLUVASTATIN 02.12.01
FOLIC ACID 09.01.02
FORCEVAL 09.06.07
FOSAMAX …… 06.06.02
FOSINOPRIL SODIUM 02.05.51
FRUSEMIDE or FUROSEMIDE 02.02.02
FUCIBET 13.04.00
FUCIDIN
antibiotic 05.01.07
skin 13.10.01
-H (hydrocortisone) 13.04.00
FUCITHALMIC 11.03.01
FYBOGEL 01.06.01

G

GALENPHOL 03.09.01
GALPSEUD 03.10.00
GASTROCOTE 01.01.02
GAVISCON, GAVISCON ADVANCE, GAVISCON INFANT 01.01.02
GEMFIBROZIL 02.12.02
GENTISONE HC 12.01.01
GOPTEN 02.05.51

GOSERELIN 06.07.02
GLIBENCLAMIDE 06.01.21
GLICLAZIDE 06.01.21
GLIMEPIRIDE 06.01.21
GLIPIZIDE 06.01.21
GLUCOBAY 06.01.23
GLYCERYL TRINITRATE 02.06.01
H
HALF-INDERAL LA 02.04.00
HEMINEVRIN hypnotics 04.01.01
HIRUDOID 13.13.00
HYDRALAZINE 02.05.01
HYDROCORTISONE
steroid replacement therapy 06.03.01
Asthma 06.03.02
Ulcerative colitis 01.05.02
ear 12.01.01
eye drops 11.04.01
haemorrhoids 01.07.02
mouth treatment 12.03.01
skin treatment 13.04.00
HYDROXOCOBALAMIN (injections) 09.01.02
HYPROMELLOSE (eye drops) 11.08.01
I
IBUGEL 10.03.02
IBUPROFEN
Non-steroid anti-inflammatory 10.01.01
rheumatic disease including gout 10.01.01
topical antirheumatic 10.03.02
IMDUR 02.06.01
IMIGRAN 04.07.04
IMIPRAMINE 04.03.01
IMODIUM 01.04.02
INDAPAMIDE 02.02.01
INDOMETACIN (was INDOMETHACIN)
gout (acute attack) 10.01.04
rheumatic disease 10.01.01
obstetrics 07.01.01
INFACOL 01.01.01
INNOVACE 02.05.51
INSULIN 06.01.01
IRBESARTAN 02.05.52
ISOSORBIDE DINITRATE 02.06.01
ISOSORBIDE MONONITRATE 02.06.01
ISTIN 02.06.02
K
KAPAKE 04.07.01

KETOROLAC TROMETAMOL (eye drops) 11.08.02
KLARICID, KLARICID XL 05.01.05
KLIOFEM 06.04.01

L

LABETALOL HYDROCHLORIDE 02.04.00
LACRI-LUBE 11.08.01
LACTULOSE 01.06.04
LAMISIL cream 13.10.02
LANSOPRAZOLE 01.03.05
LATANOPROST (eye drops) 11.06.00
LESCOL 02.12.01
LEVONELLE 07.03.05
One Step..... 07.03.05
1500 ..... 07.03.05
LEVOTHYROXINE SODIUM (THYROXINE)..... 06.02.01
LIPANTIL 02.12.02
LIPITOR 02.12.01
LIPOSTAT 02.12.01
LIRAGLUTIDE 06.01.23
LISINOPRIL 02.05.51
LIVIAL 06.04.01
LOCORTEN – VIOFORM 12.01.01
LOESTRIN 20, LOESTRIN 30 ..... 07.03.01
LOFEPRAMINE HCL 04.03.01
LOFEXIDINE HYDROCHLORIDE..... 04.10.03
LOGYNON, LOGYNON ED 07.03.01
LOMOTIL 01.04.02
LOPERAMIDE 01.04.02
LOPID 02.12.02
LOPRAZOLAM 04.01.01
LORATADINE 03.04.01
LORAZEPAM
anxiolytic 04.01.02
epilepsy 04.08.02
LOSARTAN POTASSIUM 02.05.52
LOSEC 01.03.05
LUSTRAL 04.03.03
LYCLEAR 13.10.04
LYMECYCLINE 05.01.03

M

MAALOX, MAALOX TC, MAALOX PLUS 01.01.01
MAGNESIUM TRISILICATE 01.01.01
MAGNAPEN 05.01.01
MANEVAC 01.06.02
MARVELON 07.03.01
MAXEPA 02.12.02
MEBEVERINE HYDROCHLORIDE 01.02.00

MEFENAMIC ACID 10.01.01
MELOXICAM 10.01.01
METFORMIN 06.01.22
METHADONE
analgesic 04.07.02
cough linctus 03.09.01
substance dependence 04.10.03
METHOTREXATE
malignant diseases 08.01.03
rheumatic diseases 10.01.03
skin (psoriasis) 13.05.03
METHYLDOPA 02.05.02
METOCLOPRAMIDE
gastro-intestinal 01.02.00
migraine 04.07.04
nausea and vertigo 04.06.00
METOPROLOL (migraines) 04.07.04
METOPROLOL TARTRATE 02.04.00
METRONIDAZOLE
antibacterial 05.01.11
amoebiasis 05.04.02
Crohn's disease, diarrhoea 01.05.00
giardiasis 05.04.02
skin 13.10.01
Trichomoniasis 05.04.03
Ulcerative gingivitis 12.03.02
MICARDIS 02.05.52
MICROGYNON 30, MICROGYNON 30 ED 07.03.01
MICRONOR 07.03.02
MINOCIN MR 05.01.03
MINOCYCLINE 05.01.03
MIRTAZAPINE 04.03.04
MISOPROSTOL 01.03.04
MODECATE 04.02.02
MODURETIC 02.02.04
MONTELUKAST 03.03.02
MOTENS 02.06.02
MOTILIUM 04.06.00
MST CONTINUS 04.07.02
MUCOGEL 01.01.01

N

NALTREXONE HYDROCHLORIDE 04.10.03
NAPROSYN, NAPROSYN S/R 10.01.01
NAPROXEN
gout (acute attack) 10.01.04
pain 10.01.01
Rheumatic disease 10.01.01

NASEPTIN 12.02.03
NATRILIX 02.02.01
NAVISPARE 02.02.04
NIASPAN 02.12.02
NICORANDIL 02.06.03
NICORETTE (any type) 04.10.02
NICOTINE REPLACEMENT THERAPY 04.10.02
NICOTINELL (any type) 04.10.02
NIFEDIPINE 02.06.02
NIQUITIN CQ (any type) 04.10.02
NITRAZEPAM 04.01.01
NITROLINGUAL (spray) 02.06.01
NIZORAL
Antifungal tablets 05.02.02
Scalp 13.09.00
skin 13.10.02
Vaginal and vulval candidiasis 07.02.02
NORETHISTERONE
(as ingredient) sex hormone 06.04.01
Malignant disease 08.03.02
Menstrual disorders 06.04.01
NORETHISTERONE ENANTATE
Combined oral contraception 07.03.01
Progesteron-only contraception 07.03.02
NORMASOL SACHET 13.11.01
NU-SEALS ASPRIN
Analgesics 04.07.01
Cardiovascular 02.09.00
NYSTAN - see NYSTATIN
NYSTATIN
antifungal Tablets 12.03.02
mouth 12.03.02
skin 13.10.02

O

OILATUM EMOLLIENT 13.02.01
OLBETAM 02.12.02
OLMETEC 02.05.52
OMACOR 02.12.02
OMEPRAZOLE 01.03.05
ORLISTAT 04.05.01
OPTICROM (eye drops) 11.04.02
ORUVAIL
Capsules 10.01.01
gel 10.03.02
OTOMIZE (ear spray) 12.01.01
OTOSPORIN (ear drops) 12.01.01
OVRANETTE 07.03.01

OXYBUTYNIN HYDROCHLORIDE 07.04.02
OXYGEN 03.06.00
OXYTETRACYCLINE
acne 13.06.02
Antibiotic 05.01.03

P

PANTOPRAZOLE 01.03.05
PARACETEMOL
Analgesics 04.07.01
Febrile convulsions 04.08.03
Migraine 04.07.04
PARAMAX 04.07.04
PAVACOL-D 03.09.01
PENICILLIN, PENICILLIN V or V-K (PHENOXYMETHYLPENICILLIN) 05.01.01
PERDIX 02.05.51
PERINDOPRIL 02.05.51
PHENERGAN 03.04.01
PHENOBARBITAL (was PHENOBARBITONE) 04.08.01
PHENYTOIN
Epilepsy 04.08.01
Trigeminal neuralgia 04.07.03
PHOLCODINE LINCTUS 03.09.01
PHYLLOCONTIN CONTINUS 03.01.03
PICOLAX 01.06.05
PILOCARPINE HCL
eye 11.06.00
dry mouth 12.03.05
PIOGLITAZONE 06.01.23
PIRITON 03.04.01
PIROXICAM
capsules and tablets 10.01.01
gel 10.03.02
POLYTAR, POLYTAR AF, POLYTAR PLUS
Emollient 13.05.02
Liquid/shampoo 13.09.00
PRANDIN 06.01.23
PRAVASTATIN SODIUM 02.12.01
PRAXILENE 02.06.04
PREDNISOLONE
Asthma 03.01.00
Crohn’s disease 01.05.02
eye 11.04.01
Haemorrhoids 01.07.02
Malignant disease or immunosuppression 08.02.02
Rectal 01.05.02
Rheumatic disease 10.01.02
Other 06.03.02

PREGADAY 09.01.01

PREMARIN
Tablets 06.04.01
PREMPAK-C 06.04.01
PRIADEL 04.02.03
PROCHLORPERAZINE
Nausea and vertigo 04.06.00
Psychoses 04.02.01
PROCTOSEDYL 01.07.02
PROCYCLIDINE 04.09.02
PROPRANOLOL
Cardiovascular 02.04.00
Migraine 04.07.04
Thyrotoxicosis 06.02.02
Tremor 04.09.03
PROSCAR 06.04.02
PROTHIADEN 04.03.01
PROVERA (sex hormone)
Malignant disease 08.03.02
sex hormone 06.04.01
PROZAC 04.03.03
PULMICORT (inhaler), PULMICORT TURBOHALER, PULMICORT RESPULES 03.02.00
PYRIDOXINE 09.06.02

Q

QUESTRAN 02.12.02
QUINAPRIL 02.05.51
QUININE
Malaria 05.04.01
Nocturnal cramps/muscle relaxant 10.02.02

R

RAMIPRIL 02.05.51
RABEPRAZOLE 01.03.05
RANITIDINE 01.03.01
RASILEZ 02.05.53
REGULAN 01.06.01
RELIFEX 10.01.01
RHINOCORT AQUA 12.02.01
RIZATRIPTAN 04.07.04
ROSUVASTATIN 02.12.01

S

SALAMOL 03.01.01
SALAZOPYRIN
Chronic diarrhoea, inflammatory bowel disease
(Ulcerative colitis, Crohn's disease) 01.05.01
Rheumatic disease 10.01.03
SALBUTAMOL 03.01.01
SALMETEROL 03.01.01

SANOMIGRAN 04.07.04
SAXAGLIPTIN 06.01.23
SECURON, SECURON SR 02.06.02
SENNA 01.06.02
SENOKOT 01.06.02
SERC 16, SERC 8 ..... 04.06.00
SEREVENT 03.01.01
SEROXAT 04.03.03
SERTRALINE 04.03.03
SEVIKAR 02.05.52
SILDENAFIL 07.04.05
SIMPLE LINCTUS 03.09.02
SIMVASTATIN 02.12.01
SINEMET, SINEMET LS, SINEMET-PLUS, SINEMET CR 04.09.01
SINGULAIR 03.03.02
SITAGLIPTIN 06.01.23
SLOW-K 09.02.01
SODIUM BICARBONATE
- Antacid 01.01.01
- ear drops 12.01.03
- oral (capsules) 09.02.01
- urine alkalinisation 07.04.03

SOFRADEX
- ear 12.01.01
- eye 11.04.01

SOLPADOL 04.07.01
SPASMONAL 01.02.00
STARLIX 06.01.23
STEMETIL 04.06.00
SUBUTEX 04.10.03
SUDAFED
- tablets, elixir 03.10.00

SUDOCREM 13.02.02
SULFASALAZINE
- inflammatory bowel disease (ulcerative colitis, Crohn's disease) 01.05.01
- Rheumatic disease 10.01.03

SULPIRIDE
- antipsychotic 04.02.01
- Tourette syndrome 04.09.03

SUPRALIP 02.12.02
SYMBICORT INHALER 03.02.00

T

TAMOXIFEN 08.03.04
TANATRIL 02.05.51
TAMSULOSIN HYDROCHLORIDE 07.04.01
TEGRETOL 04.08.01

TEMAZEPAM
anaesthaesia 15.01.04
hypnotic 04.01.01
TEMGESIC 04.07.02
TENORET 50 ..... 02.04.00
TENORETIC 02.04.00
TENORMIN 02.04.00
TERBUTALINE SULPHATE 03.01.01
TEVETEN 02.05.52
THYROXINE (LEVOTHYROXINE) 06.02.01
TILADE MINT (inhaler) 03.03.01
TILDIEM LA, TILDIEM RETARD 02.06.02
TIMODINE 13.04.00
TIMOLOL MALEATE
eye drops 11.06.00
TIMOPTOL, TIMOPTOL LA 11.06.00
TIOTROPIUM INHAER 03.01.02
TOLBUTAMIDE 06.01.21
TRAMADOL HYDROCHLORIDE 04.07.02
TRANDOLAPRIL 02.05.51
TRANEXAMIC ACID 02.11.00
TRAXAM 10.03.02
TREDAPTIVE 02.12.02
TRIMETHOPRIM 05.01.08
TRIMOVATE 13.04.00
TRIPTAFEN 04.03.01
TRITACE 02.05.51
TRUSOPT 11.06.00
TYLEX 04.07.01

U

UNIPHYLLIN CONTINUS 03.01.03

V

VARDENAFILL 07.04.05
VARENICLINE 04.10.02
VASCACE 02.05.51
VENTOLIN 03.01.01
VENLAFAXINE 04.03.04
VERAPAMIL
angina 02.06.02
arrhythmias 02.03.02
hypertension 02.06.02
VIAGRA 07.04.05
VILDAGLIPTIN 06.01.23
VISCOTEARS 11.08.01
VITAMIN B 09.06.02
VITAMIN CAPSULES 09.06.07

VOLTAROL
Emulgel 10.03.02
Ophtha 11.08.02
rheumatic disease and gout 10.01.01

W

WARFARIN 02.08.02

X

XALATAN (eye drops) 11.06.00
XENICAL 04.05.01

Z

ZANTAC 01.03.01
ZESTRIL 02.05.51
ZIMOVANE 04.01.01
ZINERYT 13.06.01
ZOCOR 02.12.01
ZOPICLONE 04.01.01
ZOTON 01.03.05
ZOVIRAX
cold sore 13.10.03
eye 11.03.03
Infections 05.03.02
ZYBAN 04.10.02
ZYDOL, ZYDOL SR, ZYDOL XL 04.07.02
ZYLORIC 10.01.04

Unable to code 99.99.99

Codes taken from the British National Formulary No. 61 March 2011

WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm
1 foot = 0.305m

cm	inches	m	feet'inches''
51	20	1.27	4'2''
53	21	1.32	4'4''
56	22	1.37	4'6''
58	23	1.42	4'8''
61	24	1.47	4'10''
64	25	1.52	5'0''
66	26	1.55	5'1''
69	27	1.58	5'2''
71	28	1.60	5'3''
74	29	1.63	5'4''
76	30	1.65	5'5''
79	31	1.68	5'6''
81	32	1.70	5'7''
84	33	1.73	5'8''
86	34	1.75	5'9''
89	35	1.78	5'10''
91	36	1.80	5'11''
94	37	1.83	6'0''
97	38	1.85	6'1''
99	39	1.88	6'2''
102	40	1.91	6'3''
104	41	1.93	6'4''
107	42	1.96	6'5''
109	43	1.98	6'6''
112	44	2.01	6'7''
114	45	2.03	6'8''
117	46	2.06	6'9''
119	47	2.08	6'10''
122	48	2.11	6'11''
127	50	2.13	7'0''

1. HEIGHT MEASUREMENT

1.1 Introduction

The height measurement is a measure of anthropometry, which provides information on the size and proportions of the human body. When taken in conjunction with other anthropometric measures it is an indicator of, and can predict, the nutritional status, performance, health and survival of a population and can thus be used to determine public health policies. Moreover, height is often used as an indicator of people's quality of life. This is based on evidence that final height is a combination of genetic and environmental factors, where a taller population is indicative of a better quality of life due to access to health services and nutrition.

1.2 Exclusion criteria

Respondents are excluded from the height measurement if:

- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the respondent it becomes clear that that they are too unsteady on their feet
- They are chairbound
- If the respondent finds it painful to stand

1.3 Equipment

You will need:

- A portable stadiometer (see figure 1 below) (base plate, upright rods, head plate and stabilisers)
- A Frankfort Plane card
- Milton wipes

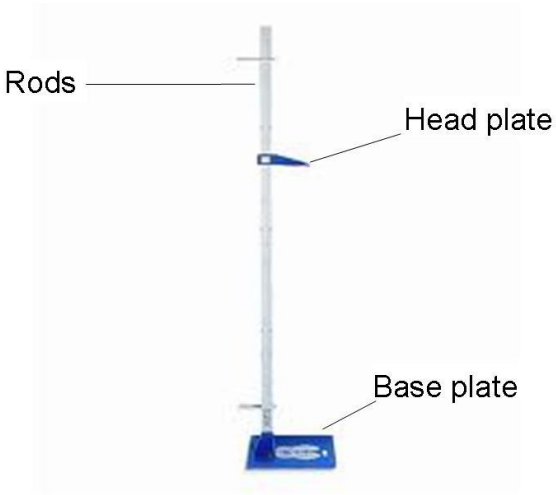


Figure 1 The stadiometer

1.3.1 Caring for the stadiometer

The stadiometer will be sent to you in a 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. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods

There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

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

Protruding from the base plate is a socket into which you attach the rods in order to assemble the stadiometer. Damage to the corners of this socket 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

The head plate is made up of 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 head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

1.3.2 Assembling the stadiometer

Practise assembling your stadiometer before you visit a respondent’s home.

You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

Note that the rods are numbered/have symbols to guide you through the stages of assembly. (There is also an asset number identified on the base plate, this is the serial number of the stadiometer which is logged out to you). The stages of assembly are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.

2. Take the rod marked with the arrows showing it's position into the base plate. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place rod into the base plate socket. It should fit snugly without you having to use force.

3. Place one of the two stabilisers over the first, ensuring that the stabiliser faces the wall / door frame or other upright surface being used to measure against. The stabilisers ensure that the rod is as perpendicular as possible to enable accurate measurement.

4. Take the rod marked *. Again make sure that the measuring scale connects with the scale on first rod and that the symbols match at each rod connection / junction. (If they do not, check that you have the correct rod).

5. Take the remaining two rods and put them together in order (matching the connecting symbols). Place the second stabiliser on the 3rd rod, but not at the level that the respondent height might be measured at.

6. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs.

1.3.3 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.

3. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs. Before packing rods back into the base plate and head plate into the jiffy bag.

1.4 Procedure for adults

1. Ask the respondent to remove their shoes and loosen any hair accessory if possible (e.g. large hair grips; head bangs, pony tail holders etc).

2. Assemble the stadiometer, near a wall if possible, 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. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the back of the base plate 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 Figure 3). 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.

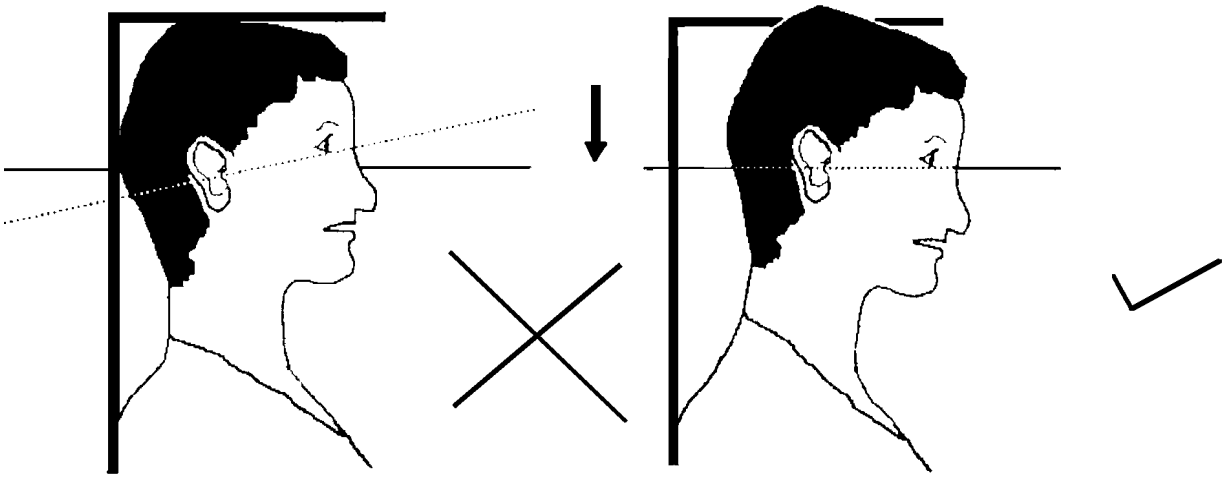


Figure 1 The Frankfort Plane

5. Instruct the respondent to keep their eyes focused on a point straight ahead, and without moving their head position, to breathe in deeply and stretch to their fullest height. Bring the head plate gently down onto the respondent's head. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the respondent to relax and ask them to step forwards away from the Stadiometer. 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.

Figure 3 Head plate cuff

7. Look at the middle of the head plate cuff. There is a red arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres. If a measurement falls between two millimetres, it should be recorded to the **nearest even millimetre** (see section 2.4).

8. If the respondent wishes, record their height onto the measurement record card.

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. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.

1.5 Procedure for children

The procedure for measuring children aged 2-15 differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, as children are 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.

1. Explain to the parent and child what you will be doing, and ensure that both are happy with the procedure.

2. In addition to removing their shoes, children should remove their socks as well to ensure that they do not slip on the base of the stadiometer, and so that you can easily check their feet are flat on the base plate, not on tiptoes.

3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

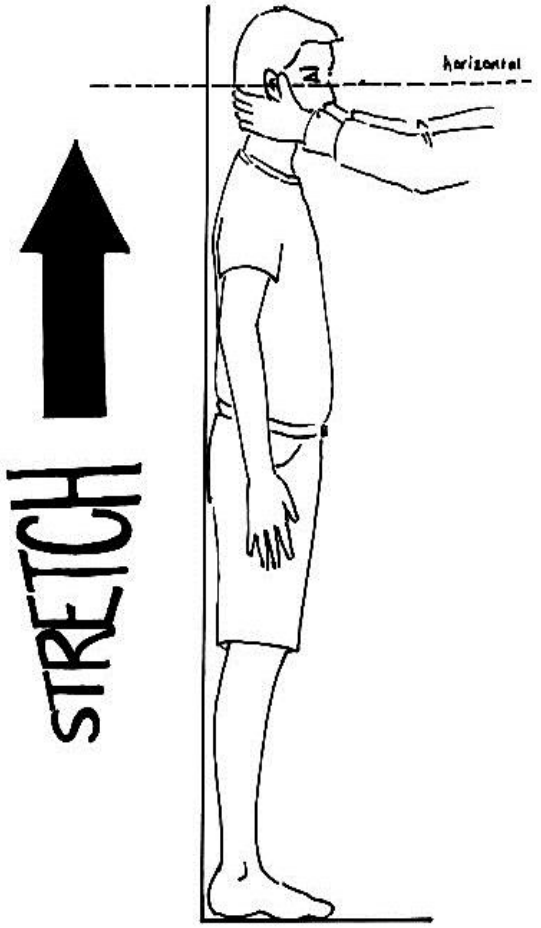
4. Ask the child to stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

5. Place the measuring arm just above the child's head.

6. Move the child's head so that the Frankfort Plane is in a horizontal position (see Figure 3). 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. 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 tiptoes. Ask them to look straight ahead.

7. 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 Figure 4).

Figure 4 Child stretch



8. Ask the child to breathe in. Firmly but gently, apply upward pressure lifting the child's head upward towards the stadiometer head plate 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.

9. Ask the household member who is helping you to lower the head plate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.

10. Still holding the child's head, relieve traction and allow the child to stand relaxed and breathe out. 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.

11. Read the height value in metric units to the **nearest even millimetre** (see section 2.4) and enter the reading into CAPI.

12. If the respondent wishes, record the reading on the child's measurement record card.

13. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

1.6 Additional points

- 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.
- If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the head plate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the head plate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a possible that can be altered e.g. a bun, if possible ask the respondent to change/undo it.
- 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.
- You may need to tip the stadiometer to read the height of tall respondents.
- If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

2. WEIGHT MEASUREMENT

2.1 Introduction

Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual's weight falls within a healthy range.

2.2 Exclusion criteria

Respondents are excluded from this measurement if they are:

- Pregnant
  If the woman wishes to be weighed, you can but do not enter the results into the computer.
- Too frail or unable to stand upright
  If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
- Over 200kg (31 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. If you think that the respondent exceeds the limit for the scales, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment

- **Seca 877 scales**

  The weight is displayed in a window on the scales. The scales are 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.

You will also need a pack of Milton antibacterial wipes.

2.3.1 Calibrating the scales

The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. **On each set of scales there is a label with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.**

2.3.2 Technical faults

Please refer to Table 1 when experiencing technical difficulties with the scales.

Table 1 Troubleshooting for the scales

Fault	Action
Seca 870 scales	
No '1888' when turned on or will not turn on	• Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Insufficient light to operate solar cell • If not solved, report to manager / Brentwood

2.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. 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. Switch on the scales and wait for 1888 to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.

4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. 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.

5. The scales will need to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the respondent.

6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.

7. If the respondent wishes, record the reading on their measurement record card.

8. The scales should switch off automatically a few seconds after the respondent steps off them.

9. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

2.5 Procedure for children

1. 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.

2. Children who wear nappies should be dry. 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.

3. Weigh the child, following the same procedure for adults. Encourage the child to 'Be as still as a statue' for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

For very young children who are unable to stand unaided or small children who find this difficult follow the procedure below you will need to ask for the assistance of an adult as the following procedure requires you to measure the adult and then the adult holding the child:

1. Explain to the adult what you are going to do and the reasons why.

2. Code in CAPI the procedure used to measure the weight of the child.

3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.

4. Weigh the adult and child together and enter this into CAPI. CAPI will calculate the difference between the two weights to get the child's weight.

5. If the respondent wishes record this reading on their measurement record card.

6. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

3. RECORDING AMBIENT AIR TEMPERATURE

3.1 Introduction

Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

3.2 Equipment

You will need:

- A digital thermometer (there are a couple of styles in use that work in the same way)
- A probe
- Spare battery

3.2.1 Using the thermometer

1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.

2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.

3. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.

4. To preserve battery power, the thermometer may switch itself off after 7 minutes.

5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.

6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

3.3 Procedure

1. Set up the thermometer, usually on a surface near the Omron (blood pressure equipment), by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.

2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.

3. Wait for the reading to stabilise and take a reading.

4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

5. To preserve battery life please ensure that after taking the reading the thermometer is switched off by pressing the white ring.

Figure 5a – Digital Thermometer (Digitron 20461)

4. BLOOD PRESSURE

4.1 Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease and stroke. The exact cause(s) of high blood pressure is not completely known; however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

4.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Aged 4 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

4.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures, written consent is required for the results to be sent to the respondent's GP. The appropriate form must be signed and dated by the respondent.

4.4 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter (for putting Monitor on charge at home)

You should ensure that the monitor surfaces are cleaned periodically with Milton wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment store at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste.

4.4.1 Using the Omron HEM 907

Figure 1 shows the monitor of the Omron

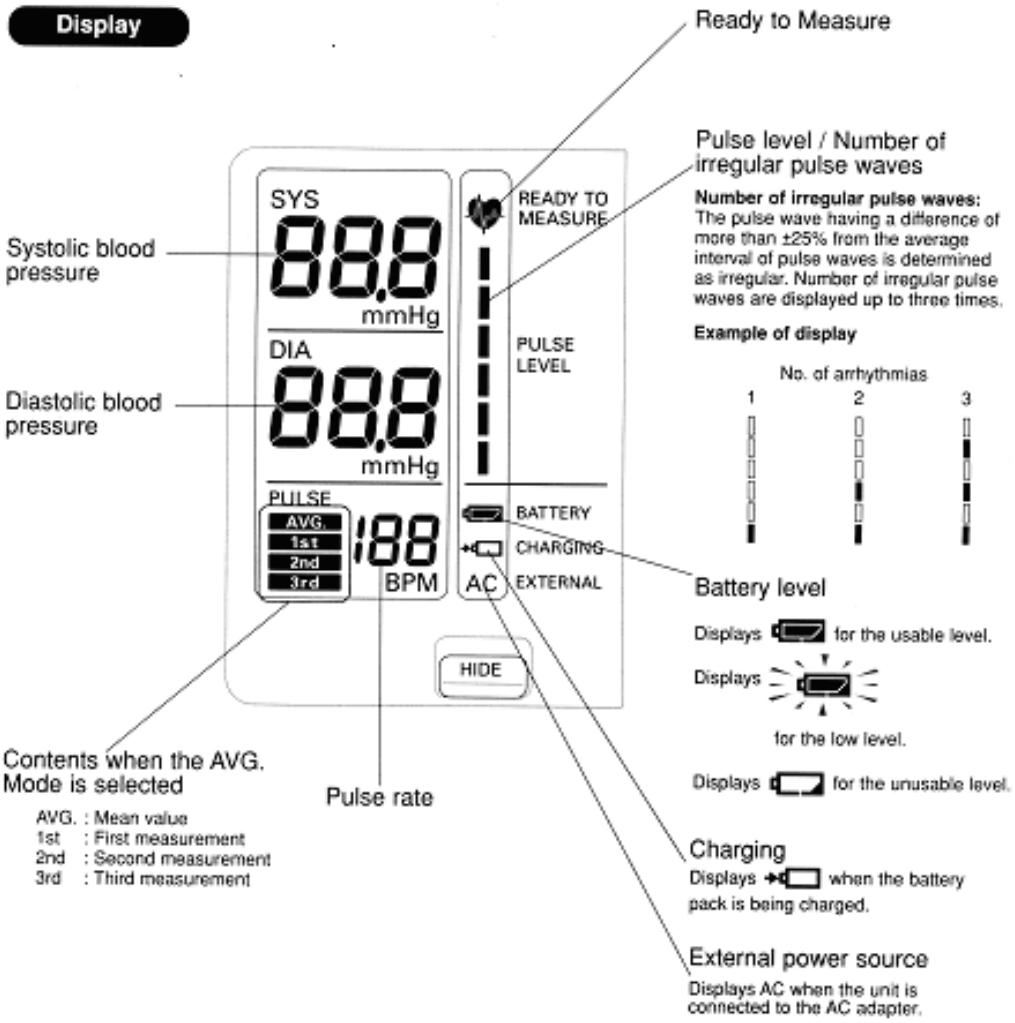


Figure 2 The Omron HEM 907 monitor

1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).

2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.

3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.

4. Press the ON/OFF button to turn it off.

5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again.

4.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery:
Connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.

Connect the AC adapter to the DC jack of the main unit and the electric outlet.

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

Figure 2 Charging the battery

4.4.3 Technical faults/error readings

Refer to table 1 when error readings appear on the LCD screen.

Table 1 Troubleshooting for the Omron HEM 907

Error No.	Action
Er1, Er2	• Check that the tube connecting the cuff to the monitor is properly inserted and is not bent • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er3	• Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent has very high blood pressure • Reset the P-SET Volume to 260 and repeat the measure.
Er5, Er6	• Check that the cuff is properly wrapped around the arm

	• Repeat the measure
Er7, Er8	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent's pulse is irregular, record that it wasn't possible and explain that this sometimes happens.
Er9	• Technical fault – Contact Brentwood and report that fault

4.5 Preparing the respondent

During the initial interview, the respondent would have been informed not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

4.5.1 Selecting the correct cuff

Adults

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

Children

It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

4.6 Procedure

1. Check that the monitor is working.

2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.

3. Get the respondent to sit in a comfortable chair with a suitable support so that the **right arm** is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.

4. Wrap the correct sized cuff round the upper **right arm** and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.

5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).

6. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.

7. During this 'quiet time' follow the procedure for taking ambient air temperature and just before taking the blood pressure reading, make a note of the air temperature (this is not applicable for all surveys, refer to the project specific instructions).

8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.

9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.

10. The unit will produce readings at one minute intervals thereafter; record the next two so you have three sets of readings in total. To check the readings press the 'Deflation' button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.

11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.

12. If the respondent wishes, you should record details of their readings on the measurement record card.

4.7 Respondent feedback

When answering queries about a respondent's blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent's results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should 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 GP if the measurements indicate that blood pressure is raised.

4.7.1 Child respondents

Do not comment on a child's blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

4.7.2 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 2.

Table 2 Definition of blood pressure ratings

ADULTS ONLY

SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For men and women aged 16+

Rating	Systolic		Diastolic
Normal	<140	and	<90
Mildly raised	140 - 159	or	90 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'Your blood pressure is a bit high today.'

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

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

Raised:

'Your blood pressure is a bit high today.'

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

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

Considerably raised:

'Your blood pressure is high today.'

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

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

(For all of the above points, you can also advise the respondent to see their practice nurse, if this is who they would typically see in relation to their blood pressure.)

Note: If the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, contact the Survey Doctor who will inform the respondent's GP of their result, providing the respondent has given their permission (refer to table 6).

4.8 Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, unless there is a hypertensive crisis, do not do this from the respondent's home - you may cause unnecessary distress.

4.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

4.8.2 Adults

Table 3 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 3Nurse action due to blood pressure readings

BLOOD PRESSURE	ACTION
Normal/mildly raised/raised BP Systolic less than 180 mmHg and Diastolic less than 115 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.*
Considerably raised BP Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP if written consent has been given, or the respondent if not.* If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

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

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be find in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

5. WAIST AND HIP CIRCUMFERENCES

5.1 Introduction

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist and hip circumferences are measures of the distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that waist circumference and waist-hip ratio are predictors of health risk like the body mass index (weight relative to height).

5.2 Exclusion criteria

Respondents are excluded from the waist and hip circumference measurement if they:

- Aged 10 years and below
- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

5.3 Equipment

You will need:

- An 'Easy Check Circumference Measurement' tape calibrated in millimetres
- Milton wipes

5.3.1 Using the Circumference Measurement tape

Pass the tape around the circumference and click the press button in place at the back of the plastic slider. To check the tape is horizontal you have to position the tape on the right flank and look round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent. When taking the reading, be sure not to lift the tape, hold it flat against the body otherwise you will get an inaccurate measurement.

5.4 Preparing the respondent

The respondent needs to be wearing light clothing. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear
- Belts

Pockets should be emptied and if possible ask the respondent to empty their bladder before taking the measurement. If a urine sample is to be collected, this would be a good time to ask the respondent to provide it.

Explain to the respondent that the waist and hip measurements taken on NatCen surveys are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

5.5 Procedure

Steps 1-3 apply to both waist measurement and hip measurement.

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate measurement of both the waist and the hip, and will allow for them to be measured easily.

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

3. With assistance from the respondent pass the tape around the respondent's body, or if they are able to, get them to pass the tape around themselves and check that it is not twisted. Click the press button in place at the back of the plastic slider.

5.5.1 Measuring waist circumference

4. The respondent's waist is located midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest, ask the respondent if you can touch them, and use the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest.

5. Position the tape at the respondent's waist, ensuring that it is horizontal.

6. Ask the respondent to breathe out gently and to look straight ahead. This is to prevent the respondent from contracting their muscles or holding their breath.

7. Take the measurement at the end of a normal expiration by holding the slider flat against the body and read the measurement from the red line.

8. Record the measurement in CAPI in centimetres and millimetres. Always record to a one decimal place. If the result falls between two millimetres, record to the **nearest even millimetre**.

9. Repeat steps 1-8 to record a second measurement. If the second reading differs significantly from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

5.5.2 Measuring hip circumference

9. The respondent's hip circumference is the widest circumference over the buttocks and below the iliac crest.

10. Position the tape in this area ensuring that the respondent is looking straight ahead and not contracting their gluteal muscles. Ensure the tape is horizontal.

11. Measure the circumference at several positions over the respondent's buttocks, by holding the slider flat against the body and read the measurement from the red line.

12. Record the widest circumference in CAPI. Always record to one decimal place. Report in centimetres and millimetres. If the result falls between two millimetres, record to the **nearest even millimetre**.

13. Repeat steps 1-3 and 9-12 to record a second measurement. If the second reading differs substantially from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

14. If the respondent wishes, record the waist and hip measurement on their measurement record card.

5.6 Additional points

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

- The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing.

- If the respondent is large, ask him/her to pass the tape around rather than 'hug' them. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.

- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not attempt to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPI. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others. If there are belt loops, thread the tape through the loops so that they don't add to the measurement.

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

- Before packing the tape away ensure the length of tape is wiped to reduce potential cross infection between households.

6 HEARING TEST PROTOCOL

Introduction

The hearing test is carried out using a hearing device, the HearCheck screener which provides an indication of hearing problems at a general population level. HearCheck tests for audibility of pure tone beeps as a measure of impairment. The results are screening results and should not be used as audiometric assessment,

Exclusion criteria

Respondents are excluded from the hearing test if the respondent has:

- a cochlear implant
- an ear infection in either ear

- ***Equipment***
- You will need:
- A HearCheck screening device
- Disposable ear-cups
- Milton wipes

Using the HearCheck Screener

The HearCheck Screener is a hearing screening device produced by Siemens. It is a hand held device which is held against the respondent's ear and emits beeps/tones at different frequencies.

There are two tests where a sequence of beeps are played at 1kHz and 3kHz frequencies at three different levels:

- First test at 1kHz - 55dBHL, 35dBHL, 20dBHL
- Second test at **3kHz** - 75dBHL, 55dBHL, 35dBHL

You will play 12 tones in total – 6 in the left ear and 6 in the right ear.

Preparing the respondent

The room must be quiet so you will need to ask the respondent to switch off any radios/televisions etc. Please make a note in the CAPI if you think the environment was particularly noisy and might have affected the test.

The test should be conducted with the respondent seated. Ask the respondent to raise a finger to indicate that they have heard a tone. It is important that the respondent does not talk during the test and does not know how many tones will be played.

If the respondent has a hearing aid or hearing aids they are eligible for the test but will need to remove these before administering the test. Don't forget to explain the test procedure before the respondent removes the hearing aids.

Procedure

1. The respondent should be sitting in an upright position so that you can easily test both ears and see the lights on the testing device.

2. You will need to ask the respondent to remove any item which will affect the hearing device making proper contact with the ear (e.g. Glasses, earrings, hairbands).

3. Insert a new disposable cardboard ear cup in the machine for each respondent. Used ear cups can be disposed of in normal recycling.

Hearing Screening

4. Gently place the cup of the device over the left ear making sure the edges of the cup are in contact with the respondent's head. Ensure that this is done steadily to avoid any noise being made from moving the cardboard ear-cup.

5. Press the button once to begin the first set of 3 tones (at 1khz). The device will signal that the test is ready to begin by all 3 lights flashing together 3 times.

6. The lights will flash in turn to indicate that tones are being played. Do not tell the respondent how many tones will be played. The respondent should indicate immediately by raising a finger if they hear the sound. Note that the tones are played in quick succession so look at the device throughout the test and record the whether the respondent heard the tones after the test has finished.

7. Place a tick in the relevant box(es) on the hearing test record sheet to indicate which tones the respondent heard. After all the tests are complete enter the results of the hearing test into CAPI.

8. After the first three tones are played (at 1khz) press the button again within 20 seconds to start the second test (at 3khz). You will see all 3 lights flash together 9 times. If you are delayed in pressing the button the device will restart the test from the beginning (at 1khz) so you will need to begin the test again.

9. Record whether the respondent heard each of the tones at 3khz on the hearing test record sheet. Enter the results from all the tests into CAPI. Note that if a respondent heard a quieter tone without hearing a louder one a check in CAPI will ask you to re-administer the test on that ear.

10. Repeat steps **4-9** for the **right** ear.

11. Between respondents, and before packing away, wipe the outer part of the hearcheck screener with a milton wipe.

7. BLOOD SAMPLING (NON FASTING)

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture. All nurses are to read this document before carrying out any venepuncture procedure.

7.1 Introduction

Blood samples are taken from respondents as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research NatCen undertakes as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

Table 1 shows information regarding the different analytes and what they measure.

Table 1 Blood analytes

ANALYTE	WHAT IT MEASURES
Glycated Haemoglobin	Glycated haemoglobin is a measure of the respondent's longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.
Total, LDL and HDL cholesterol	Total cholesterol and LDL cholesterol increase the risk of atherosclerosis ('furring' of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.

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

7.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Aged 15 and under
- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C
- People with clotting or bleeding disorder
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
    a) the integrity of their veins is extremely precious
    b) we do not wish to cause prolonged blood loss
  For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.
- Those aged 16 and over who have had a fit (e.g. epileptic fit or convulsion) in the **last 5 years** should not be asked to provide a blood sample.

- People who are **currently** on anticoagulant drugs, e.g. Warfarin therapy
  Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.
  Aspirin therapy is **not** a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.
- Adults who are not willing or able to give their consent in writing.

7.3 Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet 'Giving a blood sample' also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

There are two further written consents we wish to obtain in respect to blood sampling:

a. Consent to send the results to the GP (verbal consent only is required for results to be sent back to the respondent
b. Consent to store a small amount of the blood, anonymously, for future research purposes

You should seek to obtain all of the required consents before you take any blood.

Small quantities of blood are being stored in special freezers for further analysis in the future. Future analysis will definitely **not** involve tests for viruses (e.g. HIV (AIDS) test). Any future analysis will be unlinked which means that the researcher doing the analysis will not be able to link it back to the respondent. Respondents will therefore not receive the results of any tests done on their blood in the future.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:

- Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain the importance of written consent to the respondent
- Obtain written consents on the appropriate consent form (including initials **and full signature**).

- Remember to enter their name or serial number on each page of the form before asking the respondent to sign.
- Remember to enter your name in the qualified nurse space provided on each form.
- Check that you have circled the correct consent codes on the front of the consent booklet, and that this corresponds with the CAPI instructions on screen.

7.4 Equipment

The equipment required is listed in the Clinical Practice Guideline for Venepuncture (CPG).

7.5 Preparing the respondent

Protocol on preparing the respondent can be found in the Venepuncture CPG.

Further points to note include:

- Ask the respondent to remove any jackets, thick garments and/or roll their sleeves up.
- Instruct the respondent to remain as still as possible

7.6 Procedure

The procedure for taking the blood sample can be found in the Venepuncture CPG. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

- The vacutainer blood tubes should be filled to the specified capacity in turn (according to the order of draw specified in the project instructions) and inverted gently 5 times on removal to ensure complete mixing of blood and preservatives.

IMPORTANT WARNING – PREVENTING NEEDLESTICK INJURY

Never re-sheath a needle after use

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

7.7 Labelling & packaging the sample(s)

Label the tubes according to your CAPI instructions, immediately after completing the venepuncture procedure. Refer to the project specific instructions for further guidance about labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling 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 the implications of an abnormal result being reported to the wrong respondent.

7.8 Other important points

7.8.1 'Giving a blood sample' leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet **'Giving a blood sample'.** The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

7.8.2 Venepuncture check questions

Always complete the Venepuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent's venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

7.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated.

If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI.

If a respondent fully faints, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house
- Ensure the respondent is supported safely or eased into a position lying down on their side, where they can recover
- Remain with the respondent until they come round and feel able to slowly move to a sitting position.
- Discontinue the interview unless, in your professional opinion you and the respondent feels it is safe to continue.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.
- **NB: - Should a respondent not recover as quickly as expected from a fainting episode then the course of action is to phone the Emergency Services and hand over the situation to them.**

7.8.4 Fitting respondents

It is rare for a respondent to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 yrs will have been excluded.

If a respondent appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house. **If there isn't any other person in the household to support / assist you, then you should call the emergency services.**
- Ensure the respondent is supported safely or eased into a position lying down on their side, with their airway supported open and where they can recover safely
- Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

7.8.5 Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection. NatCen's policy is that only safety sharps will be provided for use on projects and therefore the safety sharps should be used as a mater of course, within a nurse's field work.

Precautions

- Wear gloves at all times when performing the venepuncture procedure to reduce blood 'transmission load' if a needlestick injury occurs
- Sharps should be disposed of at the point of use
- Do not carry sharps unnecessarily
- Handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Needles should not be resheathed by hand
- Never lay sharps down on beds or work surfaces, or leave lying amongst paper towels or linen
- Never hand sharps to anyone

Disposal

Do's:

- Continue to wear gloves when disposing of sharps and related contaminated waste
- Sharps must always be disposed of in the approved orange top 1L 'sharps bins' provided by NatCen immediately after use
- A Sharps bin should be available beside you before opening and using the sharp
- Dispose of the sharp bin when the manufacturer's marked line has been reached or when it is three quarters full
- Check to ensure that the sharps bin lid is securely closed and sealed as per Sharps Disposal Policy

Don'ts:

- Overfill sharps bins
- Fill sharps containers above the manufacturer's marked line

- Dispose of sharps with other clinical waste
- Put your hands into sharps bins
- Never return any used sharps bins by post or courier to the Operations Department or other member of the freelance nurse or interviewer panel by a postal / courier service.

Any non sharps venepuncture waste (e.g. gauze swab, gloves, plaster covering etc) can be disposed of in the respondent's household waste.

Needle stick injury
In the event of a Needlestick injury (by respondent or nurse) – follow NatCen's specific needlestick injury protocol.

7.8.6 Respondents who are HIV or Hepatitis B / C positive

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

7.8.7 Respondents who declare they are HIV or Hepatitis B positive during or after venepuncture procedure

If a respondent volunteers this information whilst blood is actively being taken – then inform the respondent politely that you must stop the procedure, at that point, as any blood taken for research purposes cannot be sent to the laboratory for processing. Dispose of the tubes already filled into the sharps bin and once all sharps are within the bin, the bin should be fully sealed and disposed of according to the Sharps Disposal Procedure.

Record the relevant information into the CAPI – including completion of the venepuncture check questions.

Ensure you submit a Special Report Form to the Freelance Resources Unit detailing the situation, what course of action you took and how the respondent appeared when leaving.

7.9 Respondent feedback

Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.

8. SPOT URINE

8.1 Introduction

Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed (table 1). The information that is obtained is highly accurate and cannot be taken from any other source.

Table 1 Compounds in urine analysis

Chemical	Definition
Potassium	Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.
Sodium (salt)	Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.

8.2 Exclusion criteria

Respondents are excluded from giving a urine sample if they:

- Aged 15 years and below
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

Women who have their period are not excluded from giving a urine sample. Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

8.3 Consent

There is a separate consent form for the urine sample. This must be signed and dated by the respondent. Please make it clear to respondents that they will not receive results regarding their urine sample.

8.4 Equipment

You will need:

- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe

- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used to discard the used equipment once the sample has been taken (optional).

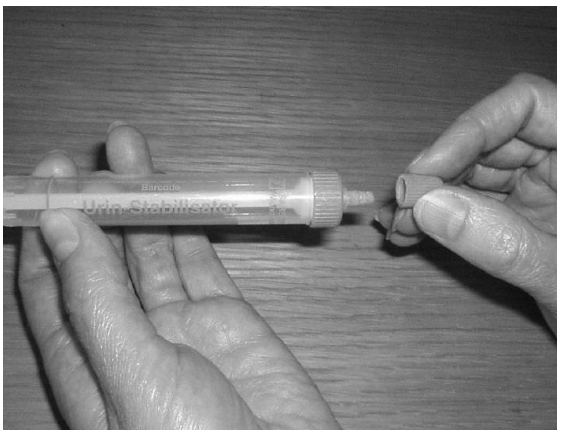
8.5 Preparing the respondent

Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

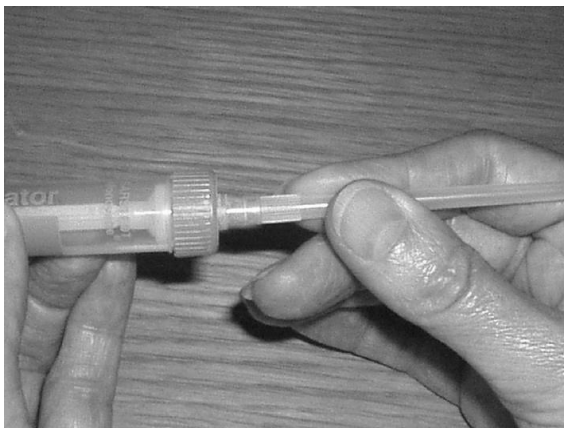
8.5.1 Urine sample syringe instruction leaflet

1. Collect your sample in the disposable pot.

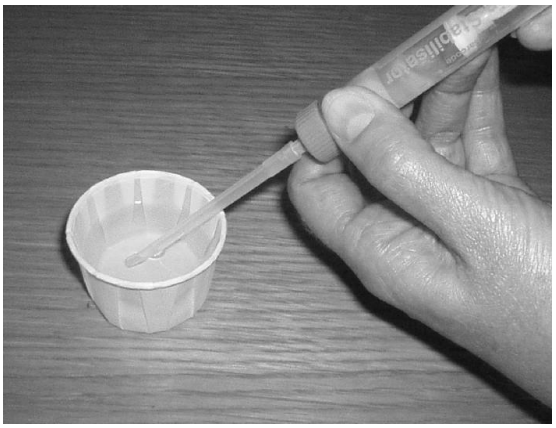
2. Remove the small push cap.



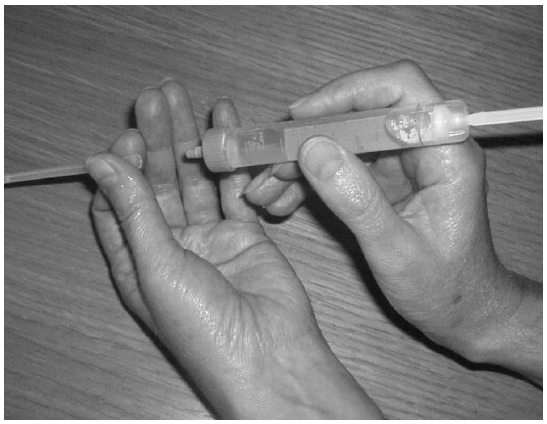
3. Push the extension tube on the syringe nozzle.



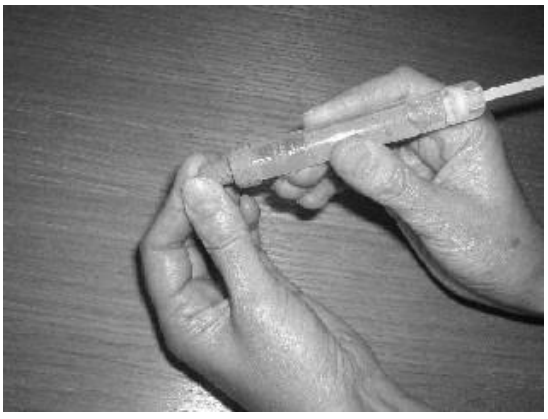
4. Put the end of the tube into the urine in the beaker and pull back the syringe to fill it.



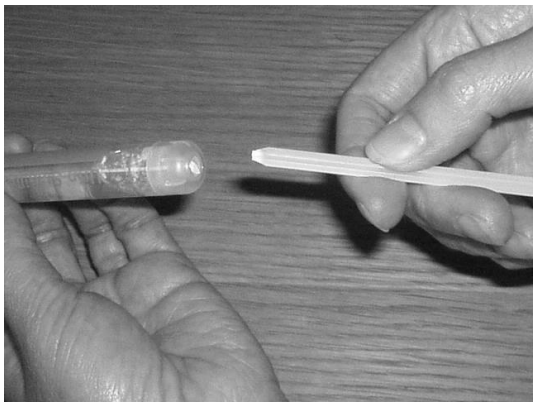
5. Remove the extension tube.



6. Replace the cap.



7. Pull the syringe plunger until it clicks and break off the stalk.



8.6 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed

to come into contact with any part of the respondent's body, clothing or any external surfaces.

2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.

3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.

4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.

5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.

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

7. Label and package the sample according to the project specific instructions.

8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).

9. SALIVA

9.1 Introduction

- Saliva samples are taken from respondents for analysis to detect Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

9.2 Exclusion criteria

Respondents are excluded from giving a saliva sample if they:

- Aged 3 and under
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

9.3 Consent

There is a separate consent section for the saliva sample. This must be signed and dated by the parent or legal guardian of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample.

9.4 Preparing the respondent

Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

There are two procedures, one for children aged 4-15 using a tube, and one for adults, the procedure using the salivette and cotton swab.

9.5 Procedure One – dribbling into tube

9.5.1 Equipment

You will need:

- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

9.5.2 Procedure

1. Remove the cap from the plain tube Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.

2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.

3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.

4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.

6. Label and package as directed in the project specific instructions.

9.1 Procedure Two – using a salivette with cotton swab

9.1.1 Equipment

You will need:

- Salivettes
- Gloves

9.1.2 Procedure

1. Figure 10 is a picture of a salivette. 'A' shows the salivette correctly assembled and 'B' shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.

2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.

3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.

4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.

6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.

7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.

8. Label and package as directed in the project specific instructions.

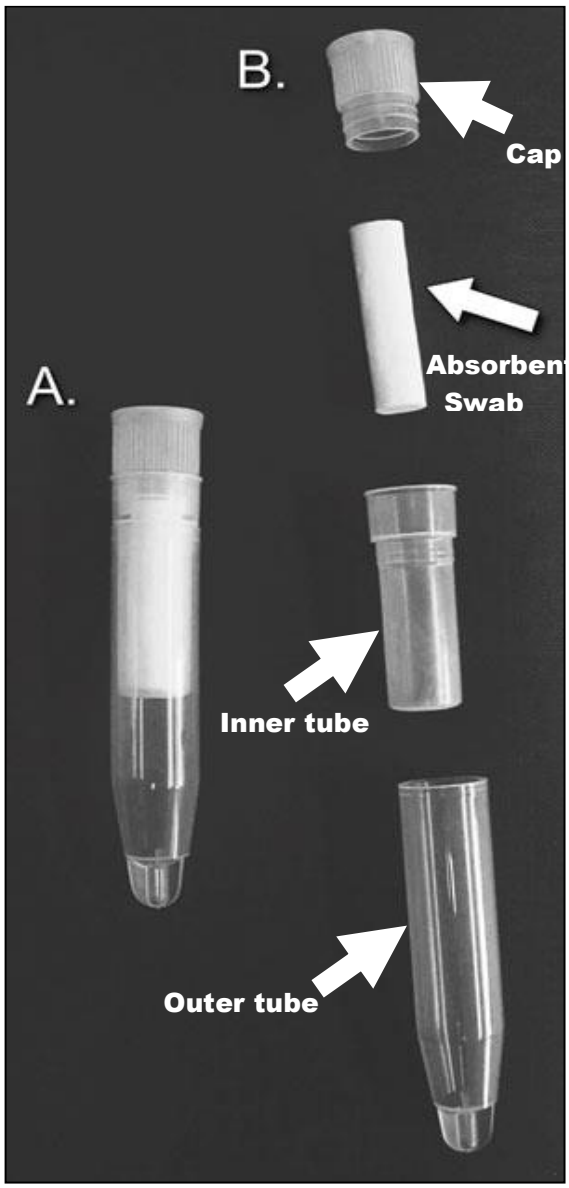


Figure 3 'A': an assembled salivette, 'B': the various components