Scottish Health Survey

'15

Project Instructions

Interviewer instructions
Coder instructions and code lists

A survey carried out on behalf of The Scottish Government Health Directorates

ScotCen Social Research

A survey carried out on behalf of The Scottish Government Health Directorates

ScotCen Social Research

ScotCen
Social Research that works for society

Scottish Health Survey 2015

Project Instructions for Core Version A, Child Boost, and Health Board Boost / Sample Boost assignments

P97192.01

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1. Quick Reference & Contacts

Project title: Scottish Health Survey (SHeS) 2015
Project number: P97192.01

Subject	Health conditions, behaviours and lifestyle
Objective	Monitor trends in the nation's health
Sponsor	The Scottish Government
Fieldwork	January 2015 – January 2016
Sample size	c. 10,500 households to achieve 5,500 adult and 1,800 child interviews
Data collection method	Face-to-face CAPI interview, self-completion, objective measurements

If you have a project specific query, your first port of call should be your Field Performance Manager or area manager. They will then pass you on to the appropriate colleague if they cannot answer your question.

Service Division
The Equipment team, Logistics, IT support, Data Unit and the Freephone team are all based in Brentwood.

- The Equipment team issue advance letters to households. You will need to contact them to request documents and supplies.
- Logistics organise briefings, issue assignments, deal with incentives and help with translations.
- IT support will help you with any IT issues.
- The Data Unit should be contacted if you have any queries with the CAPI program
- The Freephone team operate the participant helpline, so they will contact you if someone calls to cancel or reschedule their visit.

The Research Team
The Project Manager for the study is **Lisa Rutherford**, supported by Stephen Hinchliffe and Shanna Christie. They are based in ScotCen's office in Edinburgh.

Brentwood Contacts		
If query relates to Briefings, Allocations, Sample, Re-issues, Incentives and Translations ask to speak to the **Logistics Unit**. If query is program related, ask to speak to the **Data Unit.**	Brentwood Switchboard	01277 200 600
	IT Support	01277 690 200
	Pay Query Line	01277 690 219
	Equipment team (including Stationery) equipment@natcen.ac.uk	01277 690 006
Fieldwork Contact		
Regional Manager	Julie Foster	07714 560585
Research Team Contacts		
Research Director	Lisa Rutherford	0131 240 0211
Senior Researcher	Stephen Hinchliffe	0131 240 0214
Researcher	Shanna Christie	0131 240 0221

2. General Information about these instructions

These instructions are designed to give you all the key information you need to work on the Scottish Health Survey (SHeS). They are a reference for both experienced interviewers and for those who have never worked on SHeS before. They contain everything you need to know about why the study is being done; what it involves at each stage; the purpose of measuring height and weight and the protocols for conducting them; the documents supporting the study; how to approach and reassure participants; and who to contact if you encounter any problems with the study.

Website

SHeS has its own website. It is designed to give participants more information about the survey but you might also find it interesting. The website address will also be on advance letters and information leaflets.

www.scottishhealthsurvey.org

Please note that interviewers working on assignments collecting additional measurements and biological samples have a separate set of Project Instructions.

3. Purpose and Aims

The Scottish Health Survey is the title of a series of annual surveys commissioned by the Scottish Government. ScotCen has been awarded the contract to conduct the survey annually from 2012 to 2015. We will work alongside our collaborators:

- The MRC/CSO Social and Public Health Sciences Unit in Glasgow
- The Centre for Population Health Sciences at Edinburgh University
- The Public Health Nutrition Research Group at Aberdeen University

The 2015 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect health. The content is similar each year. It is used by the Scottish Government and the NHS in Scotland to: help plan health services, find ways of improving people's health and look at changes in the nation's health over time.

In summary, the survey aims are to:

- provide data about the nation's health
- estimate the prevalence of particular health conditions, e.g. high blood pressure
- estimate the prevalence of risk factors associated with these conditions
- examine difference between population subgroups
- contribute towards monitoring progress towards selected health targets
- monitor trends in the population's health over time

4. Overview of SHeS in 2015

This section provides a brief overview of what is involved in SHeS 2015.

4.1 Sample types

In 2015, there are **five** different sample or address types: The main 'core' sample is split into 2 and comprises of Version A addresses and Version B addresses. There is also a Child Boost Screening Sample. In 4 (of the 14) Health Boards there is also an additional Health Board Boost Sample to boost the number of adults interviewed in these areas. In 8 Health Boards there is a further Mop-Up Sample Boost, to make up for the shortfall of adult interviews between 2012 and 2014. Interviewers do not need to distinguish between Health Board Boosts and Mop-Up Samples, as the interviews will be identical. See **Sections 6 and 8** for more information about the sample and who is eligible for interview at each of the address types in your assignment.

4.2 Question topics

Core questions (all address types):

There are a core set of questions asked at every household irrespective of sample type. These are: demographic information, general health (including caring), cardiovascular disease, smoking, drinking, fruit and vegetable consumption and consents.

The **rotating modules** for the **Core Version A** sample (and Child Boost where applicable) will revert back to those which were last included in 2013. These are: accidents (age 0+), dental services (age 16+), social capital (age 16+), discrimination and harassment (age 16+), and stress at work (age 16+).

4.3 Self-completions (all address types):

- Children 4-12 (completed by parent/guardian),
- 13-15 years,
- Young adult 16-17 (can be given to18-20 year olds at interviewer's discretion)
- Adults 18+

4.4 Heights and weight measurements (all address types)

4.5 Consents (all address types)

- Scottish Government follow-up research
- Scottish Health Records linkage

5. Changes to the survey in 2015

This section outlines the key changes for SHeS in 2015 and it is particularly important that those of you who have worked on the survey previously familiarise yourself with these changes.

5.1 Sample Size

The sample size for 2015 is slightly larger than in 2014. The annual target for the core and child boost samples remains at 4000 adults and 1788 children. In addition there is a boost to the sample to make up for the shortfall of around 500 adult interviews in previous years, and boosts in four Health Boards, adding another 1000 adult interviews.

5.2 Assignment types

With the introduction of the mop-up sample, **two new assignment types have been created**. One consists of core version A, child boost and mop-up sample addresses. This will exist in 8 of the 14 Health Boards. The other consists of Health Board boost and mop-up sample addresses, and exists only in Ayrshire & Arran and Fife. Assignment type 4 (Health Board boost only). Child boost only assignments have become much more rare. More details are provided in **section 6.5**.

5.3 New documents

We have taken on board suggestions from interviewers which were made at the mega briefings last year which was to re-introduce the SHeS calling card and also introduce a leaflet which could be left behind for participants in households (a door hanger) where someone was not available at the time of interview. The purpose of the door hanger is to inform the individual about what the survey involves and how important it is for them to take part. There are separate versions for bio and non-bio interviews.

5.4 The CAPI Questionnaire

The CAPI questionnaire has changed very little from 2014. There are still two versions of the questionnaire for households in the Core sample although these **instructions are only for those working on Version A.** Interviewers trained in collecting biological samples and measurements will be working on Core Version B assignments. A new question has been added on vitamin D use, with some other minor changes. See Sections 7 and 15 for information on the topics to be covered in 2015.

5.5 Self-completion booklets

The self-completion booklets are broadly the same as in 2014. The exceptions are that there are a number of new questions on cosmetic procedures in the adult self-completion booklet, and one additional question on gambling in both the adult and young-adult self-completions. See **Section 12** for guidance on the new questions.

5.6 Height and Weight Measurements

The height and weight measurement block is the same as in 2014, with the exception of the maximum weight which can be recorded. This is to accommodate new scales which will be coming into circulation early in 2015 and which will have a maximum weight limit of 200 kg (31 ½ stone). Note that we don't collect any measurements from pregnant women or those under 2 years of age.

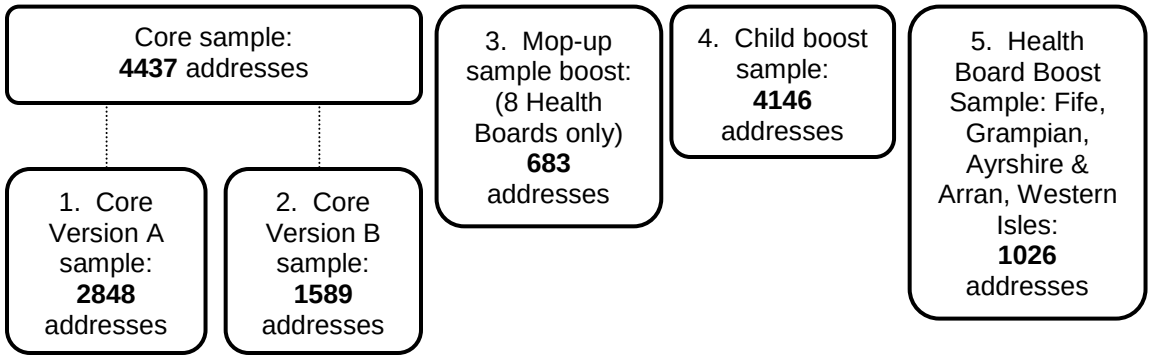
5.7 Consents

The Scottish Government follow-up research consent form has been revised for 2015. This is to make it clearer that some information (including contact details and the participant's answers to questions relevant to the follow-up research) will be passed to those conducting follow-up research to enable them to carry out the research. This information could be passed to the Scottish Government who could then pass it on to other research organisations conducting health related research.The Scottish Health Records consent form is the same as in 2014. See **Section 10.5** for more information on Consent Forms.

6. Summary of Survey Design

6.1 Sample Overview

The 2015 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The sample is comprised of five parts:



6.2 Core Sample

The core sample is split into two different sample types called; **Core Version A** and **Core Version B**.

- **Core Version A** – About 65% of core sample addresses are 'Version A'. This version includes the household questionnaire, individual questionnaire, self-completions, heights and weights, and consents. The individual questionnaire contains an additional 10-12 minutes of questions not included in Core Version B.

- **Core Version B** – The remaining core sample addresses (about 35%) are 'Version B' addresses. This version is the same as Core Version A **except** the individual questionnaire is slightly shorter and instead all adults 16+ interviewed at addresses in the assignment are eligible for the **biological samples and measurements module**.

6.3 Child Boost Sample

There is also a Child Boost sample in order to boost the number of children interviewed in the survey. At Child Boost addresses, up to two children (aged 0-15) are interviewed, in person (if they are aged 13–15) or their parents answer on their behalf (if they are aged 0-12). Addresses in this sample type that do not contain children will be screened out.

6.4 Health Board Boost Sample

For SHeS 2015 four Health Boards, Ayrshire & Arran, Fife, Grampian and Western Isles, have opted to boost their samples to enable them to analyse the data in their health board area. Only adults aged 16 and over are interviewed at these addresses. Children are not eligible to take part at these addresses.

6.5 Mop-Up Sample

Mop-up sample has been issued in eight Health Boards to make up for a shortfall of adult interviews in these areas in 2012, 2013 and 2014. The only difference that interviewers will notice between Health Board Boost and Mop-Up sample types is in the serial number (see section 9). Only adults aged 16 and over are interviewed at these addresses.

6.6 Assignment types

In 2015 there are five possible assignment types that you could be working on: Core Version A and Child Boost; Child Boost only; Health Board Boost only; Core Version A, Child Boost and Mop-Up; and Health Board Boost and Mop-Up. The number of addresses in an assignment varies but the average number to expect is listed below:

Type of Addresses in Assignment		Average number of address per assignment
1	Core Version A and Child Boost* addresses	30 (12 core non-bio + 19 child boost)
2	Child Boost addresses only	34
3	Health Board Boost addresses only**	28 in Grampian and 13 in Western Isles
4	Core Version A, Child Boost* and Mop-Up addresses	26 (10 core non-bio + 3.5 mop-up + 15 child boost)
5	Health Board Boost and Mop-up addresses	27

* Please note that in some Core Version A and Child Boost Assignments (Types 1 and 4) there are no Child Boost addresses in an assignment.

7. Fieldwork Overview

7.1 Interview Visit

- For each household there is a short **Household Questionnaire**. The household reference person or their spouse/partner should answer this questionnaire where possible.
- For each selected individual participant there is an **Individual Questionnaire.** Participants aged 13 years and over are interviewed in person. Information about children aged 0 to 12 years is obtained by proxy from the child's parent or legal guardian.
- The individual interview also includes a short paper **self-completion** section for those aged 13 years and over and for parents of children aged 4 - 12.
- Towards the end of the interview (or earlier if necessary), each person aged 2 years and over has their **height measured and weight measured**.

7.2 Topics

The table below lists the different topics that will be covered.

Topic	Adults (Core A)	Adults (HB boost / Mop-Up)	Children (Core A)	Child Boost
Household questionnaire	●	●	●	●
General health including caring (age 0+)	●	●	●	●
Respiratory & CVD symptoms (16+)	●	●		
General CVD (16+) & Use of services (0+)	●	●	●	●
Asthma (0+)	●	●	●	●
Accidents (0+)	●		●	●
Physical & sedentary activity adults (16+) and children (2-15)	●	●	●	●
Commonwealth Games question (16+)	●	●		
Eating habits (2-15)	●	●	●	●
Fruit and veg consumption (2+)	●	●	●	●
Smoking and Drinking (16+) [16-19 in a self-completion]	●	●		
Dental health (16+)	●	●		
Dental services (16+)	●			
Social capital (16+)	●			
Discrimination and harassment (16+)	●			
Economic activity (16+)	●	●		
Stress at work (16+)	●			
Education (16+)	●	●		
Ethnicity (0+) and religion (16+)	●	●	●	●
Family health background (16+)	●	●		
Self-completions (13+ & parents of 4-12 yr olds)	●	●	●	●
Height (2+) and Weight (2+)	●	●	●	●
Consents	●	●	●	●

8. Who to interview

This section has information about who to interview depending on what the sample type is of the address you are working on:

Core Version A addresses
At each address you should: **Identify who is in the household and attempt to interview everyone aged 0 and over (A maximum of 10 adults and up to a maximum of 2 children).**
Child boost addresses
At each child boost address you should: **Identify if anyone in the household is aged 0-15.** Then, in households where children have been identified: **Carry out a Household interview with the Household Reference Person or spouse/partner** **Interview up to a maximum of 2 children (aged 0-15)**
Health Board Boost / Mop-Up Sample addresses
At each Health Board boost or Mop-Up sample address you should: **Identify who is in the household and attempt to interview all adults (16+).**

8.1 No Proxy Interviews

On SHeS we do not allow any proxy interviews for anyone aged 13+. The questions are about personal health and should not be answered on behalf of somebody else. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physically or mentally incapable). For children aged 0-12, parents answer on behalf of the child but where possible the child should be present to help with the interview.

8.2 Interviewing Children

Please read the NatCen guidelines on 'Interviewing Children and Young People' alongside the information that follows:

When interviewing children:

0 to 12 year olds	• Interview parent / guardian about the child • Child **must** be present for heights and weights • Child should **ideally** be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten
13 to 15 year olds	• With parental consent, interview child directly • Parent **must** be at home – in ear shot. This protects both the child and yourself
16 to 17 year olds	• Parental agreement **desirable** but not compulsory

For all children under 16 you must get permission from the child's parent(s) before you interview the child.

Who do I need to obtain consent from?

In the first instance you should get permission from the natural/adoptive parent. If a child is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for that child on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the child up instead of the parents. Such a person should **never** be used as a substitute if the natural or adopted parent is a member of the child's household.

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

What should I do if there is disagreement about a child's participation in the survey?

You should respect the wishes of the non-cooperating person whether this is the parent(s) or child. Obviously, you may not always know if both parents agree or disagree as you may not see them together. But if the disagreement is brought to your attention, then the above rule applies.

Should a parent wish to know the content of the survey, explain briefly the survey coverage – See Section 7.2

What should I do if there is a child in the household who is away from home for the whole of the fieldwork period?

This may apply to children away at boarding school (who do not come home at weekends), on an extended visit / holiday away from home, or ill in hospital. In this situation you should do the following:

Child aged 13-15	Code as unproductive.
Child aged 0-12	Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.
At HtResp & WtResp	Enter "Height/Weight not attempted". At NoHitM and NoWaitM code "Child away from home during fieldwork period" and enter a note to say why.
At NoHitM & NoWaitM	Children who are ill at home for the whole of the period should be treated in the same way, except that at NoHitM and NoWaitM code "other" and enter a note in the notepad.

'Thank You' presents for children and young people

Given the large demand we are making on the household, particularly in households with children, we offer a 'present' to each of the children and young people helping with the survey. You will be given a selection of **sticker books** for younger children (3–8 year olds. NB these are **not suitable** for children under 3) and **pens** for older children (9–15 year olds). It is up to you to decide at which point to give the 'present'; make sure it is clear that all children will be given a present, whether or not they agree to all the measurements. In some cases you may also feel you should give a present to a sibling not selected for the survey. This is fine but we have a limited number of pens and sticker books so please don't be too generous.

8.3 Notifying the Police

If you are working on Child Boost addresses you **must** register with the Police. The procedure is the same as in 2014, with a single number to cover the whole of Scotland. If you have a child boost screening address/addresses in your assignment you must:

- Call 101
- Give them your name and survey name
- Give them your registration number, make and model of vehicle used for NatCen work
- Postcode areas working in
- Timescale

If you are concerned that the area in which you are working is unsafe or presents other safety challenges you should speak to your Field Performance Manager.

8.4 Advance letters, postcards and incentives

The advance letter tells participants about SHeS and the interview visit. As in 2014, advance letters are being sent out from the office with the SHeS Survey leaflet. They will

be sent to the addresses in your assignment by 2nd class post four days before the fieldwork start date.

The advance letters sent to Core Version A, Health Board Boost and Mop-Up addresses include a barcode voucher which allows participants to collect £10 from any post office when they present the letter. This is framed as a 'thank you' and is not conditional on taking part in the survey.

You will be given extra copies of the advance letter to give out as a reminder for participants, as well as a laminated copy to show on the doorstep. However, the spare copies of letters will not contain valid vouchers. If a participant needs a replacement voucher they will have to call the free phone number to contact NatCen and request another.

Due to the high number of Child Boost addresses that get screened out, a £10 gift card is to be used for these addresses and is to be handed over *at the time of interview.* It will **not** be included with the **Child Boost** advance letter.

Remember to give £10 GIFT CARD at participating Child Boost addresses.

8.5 Translations

We are committed to offering participants the chance to participate in the survey in a number of different languages. If you come across a household where English is not the first language then please follow the process below to establish if the household members are eligible and willing to take part.

SHeS Translation Process

Interviewer contacts household (HH)

⇩

Interviewer establishes language spoken at HH using laminated sheet

⇩

Interviewer informs Logistics Team of translation requirement at HH
Interviewer keeps ARF, and serial number on laptop,
until we know if an interview is going to happen

⇩

Interpreter uses standard script to establish whether HH wish
to take part and HH composition

⇩

IF NO INTERVIEW:
Logistics Team contact interviewer with final outcome code and
ask for case to be transmitted & ARF to be destroyed

IF INTERVIEW AGREED:
Researchers arrange for relevant documents to be translated and printed

⇩

Logistics Team contact interviewer to inform them

⇩

Logistics Team provide interpreter and interviewer with
each others' contact details

⇩

Interviewer and interpreter liaise and arrange suitable time to visit HH

⇩

Success! Interview(s) achieved

9. Selection Procedures and ARFs

This section outlines how to:

- Trace addresses
- Complete the ARF
- Select a dwelling unit (if necessary)
- Select a household (if necessary)
- Select two children (if more than two children live in the household)
- Select adults (if more than ten adults live in a household)

9.1 Tracing Addresses

You must attempt to make contact at every address in your assignment except those notified to you as office refusals. You must adhere to the call pattern guidance on what days and what time of the day you should call at an address.

If you have trouble locating an address, and have access to the internet, the following web-sites may be of use: www.streetmap.co.uk, www.multimap.co.uk or www.google.co.uk/maps. If you cannot search these yourself, please contact the Logistics Unit who will be happy to investigate on your behalf.
Please note that the address label on the ARF gives the OS grid reference for the address.

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

9.2 Overview of the ARF

In 2015 there are different ARFs depending on the sample type of the addresses you are working on (see Section 6 for further information on sample types). At each address, we are looking for **one dwelling unit** and within that dwelling unit, **one household**. On the front of each ARF, there is a selection label which you will need to use as instructed to select dwelling units and/or households where necessary.

Within a household (at core and child boost addresses), you can interview **up to 2 children**. At households where there are more than 2 children, you will need to follow the instructions in the ARF to make the random child selection. There is a selection label on the front of each ARF to be used for the child selection. Again, it is really important that you follow the instructions thoroughly to ensure that the children are selected randomly. We do regular checks in the office to make sure that the protocol for selecting children is being followed as it is really important to ensure a random sample.

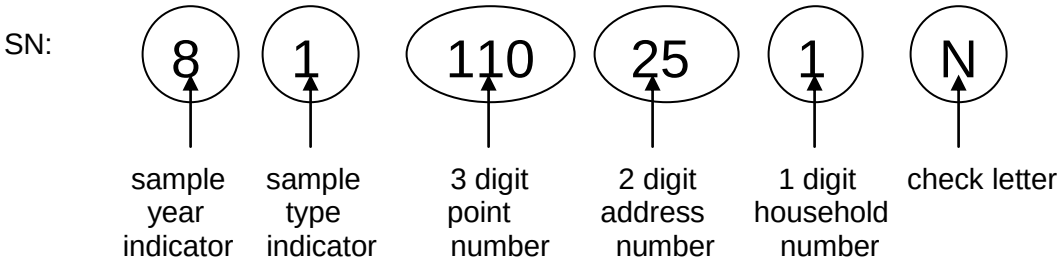
9.3 Types of ARFS

You will receive an ARF for each of the addresses in your assignment. The colour of the ARF varies according to the sample type of the address you are working on. The following table summarises the different ARF types and who to interview at these addresses.

Sample Type	Colour	Who to interview
Core	**Lilac**	Up to 10 adults (16+) and up to 2 children (0-15)
Child Boost	**Green**	Up to 2 children aged 0-15
Health Board Boost / Mop-Up	**Pale pink**	Up to 10 adults (16+)

9.4 The Serial Number

Each address in your assignment will have an eight digit serial number plus a check letter. Below is an example of a serial number with an explanation of how it is composed.



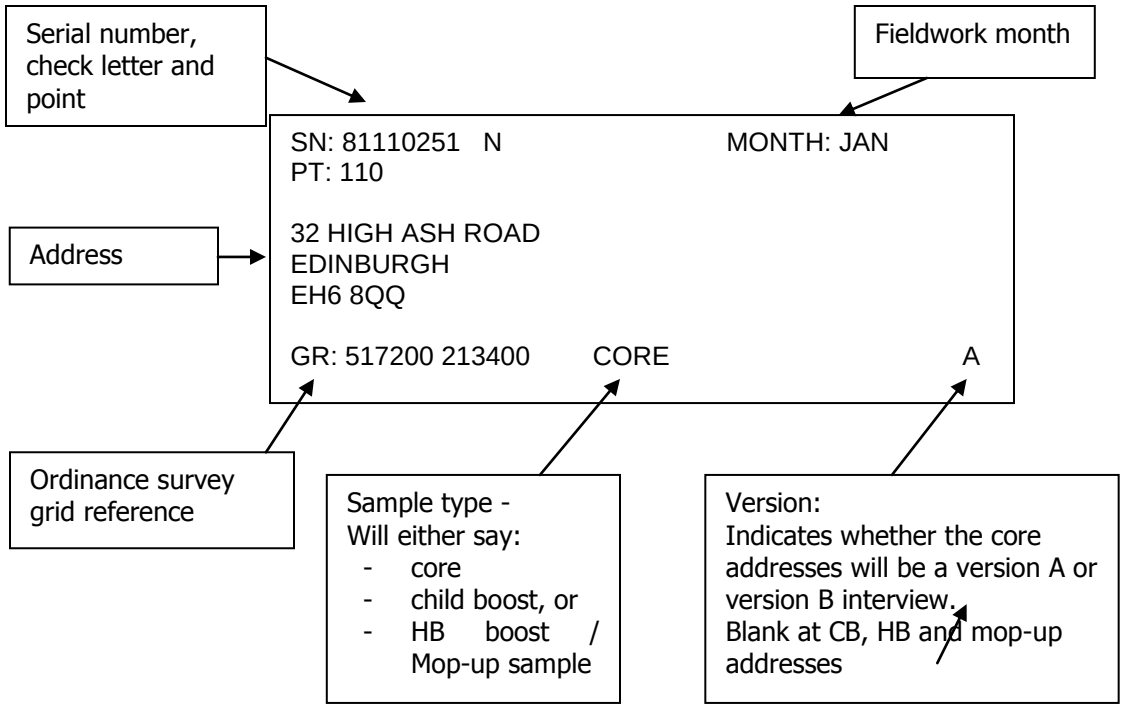
In the example address label below, the SHeS serial number is: 81 110 25 1 N

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

You also use this serial number to access the interview in the CAPI. Make sure that when you open a CAPI questionnaire you select the address number that corresponds to the address number on the ARF address label.

9.5 The Address Label

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



9.6 Completing the ARF

Keep a full record of all the visits you make to an address/household (ARF Page 1) - include abortive visits as well as productive ones. Any notes about what happened at each visit should be made in the Visits Record box. Label the notes with the call number. Record the start and end time of every call. Record any telephone calls made separately from your personal visits in the box provided (ARF Page 2).

9.6.1 SECTION A – Tracing addresses

You first need to establish whether the address is traceable, residential and occupied as a main residence (A1 – ARF Page 3). If the answer is 'Yes' continue to questions A2-A5 and record your interviewer observations and then follow the routing to B1 to establish the number of dwelling units at the address. If the answer is 'unsure', 'no' or is not applicable follow the routing to Section E to code the reason. Office refusals are coded here at A1. At child boost addresses only, there is also a code (771) if you have been told by the office that there are no children (0-15) living at this address. You will also have to collect interviewer observations for all addresses.

9.6.2 SECTION B – Dwelling Unit selection

REMINDER: DEFINITION OF A DWELLING UNIT

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

EXAMPLE – DWELLING UNITS
The selected address on the ARF label is: *32 ASH ROAD*

But you find doorbells for these flats: 32a, 32b, 32c, 32d.
This is called a **'Divided address'**. You must first establish whether the extra dwelling units (flats a, b, c, d) were on the PAF or not.

If it is clear that 32a, 32b, 32c, 32d were **not** on the PAF, and so did not have a chance of selection for the survey. You will therefore need to ensure they have this chance, by listing them and making a selection.

What do I do if there is more than one dwelling unit at the address?
SHeS only allows **one dwelling unit** within an address to be selected. If there is more than one dwelling unit a **random selection** has to be made. In order to do this, you would:

1. List all the addresses at B.2 on the ARF (Page 4).
2. Looking along the selection label on the front of the ARF (Page 1), go along the first row called DU (number of dwelling units / households at the address) until you reach the right number of dwelling units.
3. The code below this (SEL) tells you which dwelling unit to choose.

What do I do if there are more than 13 dwelling units at an address?
List the dwelling units on a sheet of paper in the order indicated at B.2 (Page 4). Then use the look-up chart in your interviewer coding booklet. For example, if you have 13 dwelling units, the dwelling unit to be included in the survey will be the one with the selection code 12.

9.6.3 SECTION C: Household Unit selection

DEFINITION OF A HOUSEHOLD
Since SHeS 2012 the definition of a household is:

One person or a group of people living in a dwelling unit who **share a living room or dining area** and **share cooking facilities.**

What do I do if there are different households at an address?
On SHeS, we only allow **one household per dwelling unit** to be included in the survey. As with dwelling units, if there is more than one household, a **random selection** has to be made. In order to do this, you would:

1. For each separate household list one household member at **C.2** on the ARF (Page 5).
2. Looking at the same **selection label** as you would use to select dwelling units on the front of the ARF (Page 1), go along the row called HH (the number of households at that address) until you reach the correct number.
3. The code below this (SEL) tells you which households to choose.

What if there are 13 or more households at a dwelling unit?
It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your FPM or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper then use the lookup chart on at the back of the interviewer coding booklet. For example, if you have 17 households, the household to be included in the survey is the 13th.

9.6.4 SECTION D: Child Selection

On SHeS child selection is completed on the doorstep (please read Section 11 for information about screening at **Child Boost Addresses**). Therefore, the front page of the ARF has a separate selection label if you encounter two or more children in the household. If there are more than two children in a household, list the children in descending order of age at D.3 (on Core Version A – Page 6) or D.4 (on Child Boost – Page 7) ARF.

Looking at the **child selection label** on the front of the ARF (Page 1), go along the row called No. Child (the number of children at that address) until you reach the correct number. The two codes below this (Child 1 and Child 2) tell you which two children to choose. So, if you had 4 children in this household you would want to interview child number 3 and child number 4, as listed in **D.3** or **D.4** (depending what address type you are working on) using this label:

Serial no:	81110251	N								
No. Child:	3	4	5	6	7	8	9	10	11	12
Child 1:	1	3	1	2	4	2	5	7	4	10
Child 2:	3	4	2	6	7	8	9	9	10	12

9.6.5 SECTION E – Outcome details

The routing in the ARF takes you to the appropriate code in Section E of the ARF. It is very important you circle the correct outcome code as this is how the response rates are calculated for SHeS

Do <u>not</u> code 'screened out' addresses as refusals on Child Boost ARF.

9.6.6 Adult Selection

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

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

9.6.7 Child Selection (households with 13 or more children)

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

9.7 Shredding your ARFs

Once you have completed all interviews at an address, and completed and transmitted the admin block, you should shred the front page of your ARF (and any other pages if you have noted any information that might help to identify a household). Double check you have all the information you need before you shred!

10. CAPI

The CAPI questionnaire is easy to follow and most questions give instructions on the screen (See Sections 14 & 15 for guidance on individual questions). If you have any queries about the CAPI questionnaire please contact your Field Performance Manager, or a member of the research team, who will be happy to help and explain the questions.

Please refer to your **NatCen Laptop Instructions** for help with using the laptop and the CAPI program. Please request new instructions if you have mislaid your set.

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

Who should answer the questions in the Household Questionnaire?
Wherever possible, complete the Household Questionnaire with the household reference person or his/her spouse/partner. If neither household reference person nor spouse/partner is available during the fieldwork period you can complete the Household Questionnaire with any responsible adult. However this is not ideal as there are some questions that can only be asked of the householder.

10.1 Adding and deleting household members

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

ADDING A HOUSEHOLD MEMBER
1. Select code 2 ('No – more people') at *SizeConf*.
2. This takes you back to the last *More* question in the household grid. Change this from 'no' to 'yes' and continue by completing details of the person you wish to add to the grid.

DELETING A HOUSEHOLD MEMBER
1. Select code 3 ('No – fewer people') at *SizeConf.*
2. This takes you to a new screen, which displays the people you have entered in the grid so far. 3. Select the person and delete them from the grid

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

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

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

Once you have begun allocating household members to Individual Questionnaire sessions, you will not be able to change the household grid in this way. If you discover errors after this point, use <Ctrl> + <M> to make a note to explain what happened. Other information in the grid (e.g. marital status) can be changed at any point if you should later discover an error.

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

The order in which you enter the participants is not crucial, but you will find it easier if they are entered roughly in age order. Always enter the details about children in the household after adults.

Before you leave the grid, make sure that you are happy with the information in it. **Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid.**

10.2 Setting up interviewing sessions

10.2.1 Joint or concurrent interviewing

The CAPI program allows up to four people to be interviewed at the same time (*in the same session)*. You allocate the participants to sessions at the end of the Household Questionnaire.

REMINDER – THINK ABOUT WHO TO INTERVIEW IN A SESSION

- Remember you do not have to interview four people at the same time (CAPI allows you to say "no-one else" once you have allocated the required number of people to a session)
- Some concurrent interviews can be very labour intensive on interviewers and participants, so while there are facilities for up to 4 people to be interviewed concurrently, you need to think about these issues before setting up.
- Be sensitive in your choice of people to be interviewed together. Cross-generation interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose information about themselves in front of some household members.
- Parents must always be interviewed/present with children under the age of 12

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

10.2.2 Allocating individuals to sessions

You allocate participants to sessions at the screen *EndDisp*. Here you press **<Ctrl> + <Enter>** at the same time to bring up the parallel block. Select "Individual_Session[1]" from the parallel block. This is an empty session to which you can allocate the people you want to interview. If there are more than two children in a household it will display the two children selected to take part in the survey.

The screen will display all eligible participants. When you have finished allocating people to a session you can press '**97**' to indicate that you do not want to allocate any more people to that session.

You will be asked to confirm that the right people have been allocated to a session. If you have entered the wrong information here press '**2**'. Once you enter '**1**' to confirm that the session set up is correct you **cannot** go back and change it.

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

10.3 Individual Questionnaire

An Individual Questionnaire should be completed for each adult in the household and for the selected children. For guidance on the questions in the CAPI Individual Questionnaire see Appendix 15.

10.3.1 Presentation of the self completion booklets

For SHeS 2015 there are four different self-completion booklets depending on the age of the participant. Instructions are given in CAPI about which booklets to use.

Questionnaire	Colour	Content	Document Code
Parents of children aged 4-12	Green	Contains questions on strengths and difficulties.	U SC (4-12)
Children aged 13-15	Pink	Contains questions on general health.	U SC (13 – 15
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)
Adults (18+)	Blue	Contains questions on drinking General health, gambling, contraception and sexual orientation.	U SC (A)

General Points about self-completions

- Encourage participants to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- Encourage participants to answer all the questions.
- Make sure that you are present in the room while participants complete the booklets. This will help to ensure that participants answer the questions as accurately and as honestly as possible.
- Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at ScIntro/SCIntCh
- If participants have problems reading or are visually impaired, they may ask you to assist them by reading out the self-completion questions and filling them in on their behalf. This is fine, as long as the participant is comfortable with this.

Smoking and drinking questions

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. For participants aged 18 or 19 you have the option of deciding whether they complete the smoking and drinking questions in the CAPI interview or in the self-completion. CAPI will prompt you to confirm how 18 and 19 year olds are completing these sections. If an 18 year old is completing the interview along with their parents you may decide you will get more honest answers if the participant answers the questions in self-completion format. If however an 18 year old is completing the interview alone or alongside a partner or a friend then answer the questions in CAPI is likely to be fine. Use your own discretion to decide. There are no questions about smoking and drinking for anyone aged under 16.

For the 16-17 year olds (and 18-19 year olds at your discretion), the section on drinking is probably the most complex part of the self-completion. You can help the participant out if they are having difficulty, but take care to preserve the anonymity of the participant's information.

Problem drinking questions

The problem drinking questions currently used were introduced in 2012. If a participant does not drink then you will get a prompt on screen to cross out this section. People who only drink a very little (e.g. something at Christmas and New Year) will still need to answer these questions – even though the questions will not apply to them it is important that anyone who drinks any alcohol is asked to fill them in.

Gambling questions

In SHeS 2012 we added some questions on gambling to the adult and young adult self-completions. The purpose of these questions is to find out:

- The types of gambling that people in Scotland do (e.g. lottery, bingo, online betting)
- The prevalence of gambling in Scotland
- The prevalence of problem gambling in Scotland

Some participants might ask why we are interested in them if they only buy a lottery ticket once a week. Explain to them that we want to find out about the range of gambling that people in Scotland participate in as well as whether their gambling has had a negative impact on them. This will allow us to look at what effect problem gambling has on the health of the population. One extra gambling question was added in 2015.

Cosmetic procedures (NEW in 2015)

A new set of questions on cosmetic and other procedures is being introduced in 2015. The purpose of these is to find out how common these different procedures are in Scotland. For the questions on skin and soft-tissue treatments, a follow-up question is also asked, regarding the occurrence of any complications as a result of the procedure. If a participant is unsure whether to include a particular procedure, please ask them to tick “other” and write in what the procedure was. We can then decide in the office how the procedure should be handled.

Questions on physical activity recommendations

All four self-completion questionnaires include a question on participant awareness of recommended levels of physical activity. These were introduced in 2013. The questions were placed in self-completions rather than CAPI so that participants are not influenced by hearing the views of other interviewees in the household. The questions were tested in the SHeS 2013 pilot, which showed that most participants had no problems in completing them. The pilot also showed that whilst some participants appeared to be aware of the recommendations (through school, exercise classes, attending hospital or pharmacy, the radio) and could answer more confidently, others were simply guessing when they were answering this question, indicating they did not know what was in the recommendations. It is to be expected that many will just guess and this is fine.

Sexual orientation question

The young adult and adult self completions contain a question about sexual orientation. If you are asked what any of the terms mean please use the following examples:

- A bisexual person has relationships with people of the same sex **and** the opposite sex to them (e.g. a man who sleeps with both men and women)
- A gay or lesbian person has relationships with people of the same sex as them (e.g. a man who sleeps with men, or a woman who sleeps with women).
- A heterosexual person has relationships with people of the opposite sex to them (e.g. a man who sleeps with women)

Do not use terms like "queer" or "normal" as these can be offensive.

10.3.2 Measurements

SHeS is responsible for providing the official statistics on the population's height and weight. It is **vital** that you learn to administer these protocols properly and systematically.

Detailed protocols of how to take height and weight are appended to these instructions. If you have any problems in either administering the protocols or with the equipment, contact your Field Performance Manager immediately. In briefings for 2015 we will also be carrying out a formal accreditation process which will help us to demonstrate the high standards of work interviewers carry out when taking these measurements.

Please see Appendix A & B for instructions on how to use the scales. If possible, measure height and weight on a floor which is **level and not carpeted**. If the entire house is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom). When you have taken the participant's height and weight, you can record the measurements on the Information Leaflet if the participant wishes. There is space to write height and weight in both metric and imperial units if the participant wants both. The computer does the conversion for you. Participants are **not** required to undress for height and weight measurements.

When recording height, please remember to **record to one decimal place** (e.g. 123.4cm) and if a reading falls between 2 millimetres, **it should be rounded and recorded to the nearest even millimetre**. For example if a participant has a height reading that falls between 166.7 and 166.8, the reading of 166.8 should be recorded. Similarly, if the reading falls between 166.6 and 166.7, 166.6 should be recorded. By doing it this way, we ensure that our final data is not biased due to always rounding up or down.

Are there any participants who should not have their height and weight measured?

You should be able to measure the height and weight of most participants. However, in some cases it may not be possible or appropriate to do so. Examples of people who should **not** be measured are:

- Children under the age of 2 years
- Pregnant women
- Chairbound participants
- If after discussion with a participant it becomes clear that they are too unsteady on their feet for these measurements
- If the participant finds it painful to stand or stand straight, do not attempt to measure height
- If an elderly participant is too stooped to obtain a reliable measurement
- If a participant weighs over 200kg (31 ½ stone).

Measurements in CAPI

The heights and weights section is accessed via parallel blocks to allow for greater flexibility. At several points throughout the program you will be asked whether you want to take measurements at that point. If you do not wish to take the measurements at that point in the interview you can simply skip past the screens by pressing enter. Otherwise press control and enter and scroll down to select the measurements block that corresponds to that session. If you have not completed the measurements by the end of the self-completion section a hard check will be triggered and you will need to carry them out then (this is where they were asked previously). Please note you will not be able to sign off an interview without completing the measurements block for that interview even if that is to record that participants refused to have the measurements taken.

CAPI Question	Further explanation of CAPI
Intro	This question provides an introduction to height and weight. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.
RespHts or RespWts	You are asked to code whether participants agree or refuse to have their weight or height measured.
ResNHi or ResNWt	If the height or weight is refused or not attempted, the participant is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements. If the participant is not willing to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as Refused at **RespHts/RespWts** and code the reason for refusal at **ResNHi or ResNWt**. **DON'T** use the 'Not attempted' code for these cases.
RelHiteB and RelWaitB	You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

10.4 Admin Block

The admin block is similar to the standard NatCen admin block.

10.5 Consents

In SHeS 2015 we are seeking consent for two things:

- Scottish Health Record Linkage
- Scottish Government Follow-up Research

For each we need to obtain written consent from each participant.

If the participant is under 16 years old the written consent must be provided by an adult.

A signature on a consent form is only valid where the participant is properly informed and capable of understanding. It is important that you allow participants ample time to read consent forms and that you check and are confident that they understand what they are agreeing to. CAPI also instructs you to read out information from the screen. You should also be prepared to answer any questions they might have.

10.5.1 Scottish Health Records

We will be seeking participants' permission to send their names to the Information Services Division (ISD) of NHS Scotland. ISD collects information on patient care delivered by the NHS in Scotland, such as in-patient and out-patient visits to hospital, length of stay and waiting times. It includes information about medical diagnoses

including cancer or heart disease and may be linked with other information e.g. about registration with a general practitioner or mortality. By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future health and use of hospital services.

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

10.5.2 Scottish Government Follow-up Research

We are also asking permission to pass on the participants' details (including their name, address and answers to the survey) to the Scottish Government, and to agencies whose research has been approved by the Scottish Government, in case they want to contact them in future to take part in another study about their health. If asked you can say that there are no plans to do any further studies at present, and that they would always be contacted beforehand to ask if they are still willing to take part. Participants are free to decline to take part in any future studies, even if they sign the consent form to allow their details to be passed on.

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

10.5.3 Consents for people who are blind / can't read

For a participant who is blind and cannot read:
Add at the bottom of the consent form

For the participant:
"This form has been read to me and I confirm that I understand the information and give consent to my information being [linked / sent to the Scottish Government]."
Participant's signature

Write in their name if they cannot sign

For yourself:
"I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent to having their [data linked / details sent to the Scottish Government]."

Interviewer signature and date

If someone else is available as a witness:
"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed to having their [data linked / sent to the Scottish Government"

Witness signature and date

11. Introducing the Survey

Our core national target response rate for 2015 is **65%** and we are relying on you to help us achieve this. Past experience shows that this requires continuous hard effort. A high response rate for the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who don't take part are likely to have different characteristics from those who do.

11.1 Tips for introducing the survey

- Know the survey before you go out into the field
- Keep your initial introduction short, simple, clear and to the point.
- Do **not** mention measurements. The advance letter refers only to an interview. We do not want to risk losing an interview because a person is worried about being weighed or measured.
- We advise you where possible not to enter a house with your stadiometer and scales. Leave your car somewhere where you can retrieve them easily.
- Ready your 'general concerns' laminate before starting work

The key thing is to avoid too much detail too soon. Experienced interviewers tell us that nearly everyone is willing to proceed from one stage of the survey to the next, but that they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

11.2 Things you can mention on the doorstep

Government Related	• It is a national (Scotland wide) survey on behalf of the Scottish Government Health and Wellbeing Directorate • It provides the Scottish Government with accurate and up-to-date information on the health of the population • It gives the Scottish Government information on health trends, and monitors how well the health targets set by them are achieved • It is used to help plan NHS services • The information is available to all political parties • The information will be needed by whichever government is in office
Confidentiality	• No-one outside the research team will know who has been interviewed, or will be able to identify an individual's responses or results • Results are only published as aggregate statistics • Answers are treated in the strictest confidence in accordance with the Data Protection Act 1998
Signify its importance & status	• It is a very important survey • It is the largest Scottish survey to look at the health of the general population. In the 2015 mainstage about 5500 adults and 1800 children will take part • Results are published annually and reported in the national press

Describe population coverage & why certain groups should participate	• Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them. • The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them • To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not • Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned • Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost

11.3 Introducing height and weight measurements

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

11.4 Achieving a high response at Child Boost addresses

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

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

The screening questions start at Section D on the Child Boost ARF (See Section 9). Explain the purpose of the survey and that you are looking for people in a particular age group. An introductory question could be:

"I'm (your name) from ScotCen Social Research. I'm working on the Scottish Health Survey, sponsored by the Scottish Government. We're interested in the health of younger people, can I just check, is there anyone living in this household who is aged between 0 and 15?"

It is difficult to estimate the number of child boost addresses which will be eligible for interview because this number will vary between sample points. If you do have child boost addresses in your assignment, please avoid the temptation to concentrate on these first before moving on to your core addresses. We need you to attempt to make contact with **all** of the addresses in your assignment as early as possible.

At many of your child boost addresses you will find that there are no children to interview. This makes it even more important that those addresses where children are present agree to take part in the study. We are looking for children aged 0-15 at these addresses. We are therefore looking for people from what might be seen as a 'vulnerable' group. You need to think carefully about your doorstep approach in these cases and be ready with explanations if questioned by household members. Here are some tips for approaching the doorstep introduction and boosting response:

- Always show your identity card.
- This survey is sponsored by the Scottish Government Health and Wellbeing Directorate.
- You have registered at the local police station before starting to work in this area. You can also mention your Disclosure Scotland clearance to reassure people.
- The main reason we are targeting people in this age group is to get an accurate picture of health and lifestyles from all different people, including young people.
- The health of children is very important to us so we need to interview more people of this age to get accurate data. This is why in some areas we will be focusing our attention on children.
- Interviewers all over the country are looking at the health of people of different ages. You have been asked to focus on children's health.
- Make it clear to parents that you can only interview children if the parent or legal guardian is present.
- There is a freephone number on the advance letter if the participants want further clarification. Members of the operations team and the research team would be happy to answer any questions they may have.

12. Survey Documents

For each SHeS assignment you work on you will also be sent a workpack containing the documents below. Most of these documents have been explained elsewhere in these instructions, or have been covered in your briefing. Please ensure you are familiar with all the documents before you start your assignment and make sure you are using 2015 materials.

Name of Document	Colour	Use	Doc. Code	Doc. Num.
Sample cover sheet	Lemon	This document will accompany your set of ARFs. It will list the serial number and addresses in your sample point for you to visit that month. Complete the columns as you work through your assignment.	N/A	1
ARF (Core)	Lilac	Address record form for recording details about interviewer calls made to the Core Version A addresses and the outcome codes for those addresses.	N/A	3
ARF (Child Boost)	Mint Green	Same as above. In addition you will be instructed to fill out information relating to whether the household was screened in or screened out.	N/A	4
ARF (HB Boost / Mop-Up)	Pale pink	Same as for core sample.	N/A	5
Advance Letter Laminate	SHeS headed paper	Laminated letter that can be used as a reminder on the doorstep. It has the core / health board boost / mop-up advance letter text on one side (identified by the gift voucher at the bottom) and the child boost letter text on the reverse.	N/A	14
Advance Letters (Copies)	SHeS headed paper	Spare copies of the advance letter sent to participants before you call to inform them about the survey. You will only have spares in your pack as advance letters will be sent by the Logistics Team.	N/A	9 / 13
Showcards	White	To be used alongside the questionnaire. Contains answer options to certain questions which may be of a sensitive nature or for which there may be a large number of options. You have a spare set of cards to use if you are interviewing at a large household.	U SHCA	22
Frankfort plane	White	Laminated card to be used when measuring height.	N/A	42

Name of Document	Colour	Use	Doc. Code	Doc. Num.
Coding booklet	Blue cover	Contains coding details for cereal and fresh fruit sizes coding list. It also contains height and weight conversion charts and look-up charts for 13+ dwelling units/people.	U COBO	23
PARTICIPANT LEAFLETS:				
SHeS survey leaflet	NatCen colours	A leaflet which provides some key information about the survey including some of the main findings from previous years. The leaflet is included with the advance letter but you will be provided with some spares.	N/A	7
Information leaflet for adults	Lilac	To be given to adult participants. Explains the survey in more detail. Includes information about what is covered in the survey and information participants may want to know about such as confidentiality issues. This should not be used on the doorstep, but should be handed over at the start of the interview (when you are opening your laptop).	NB IL (A)	17
Information leaflet for adults (HB boost / mop-up)	Orange	As above, but with no references to children.	HB IL (A)	19
Information leaflet for children	Green	To be given to children at both Core and Child Boost addresses. Explains what the survey is about to children and what is involved, such as the height and weight measurements. It also has an email address they can contact if they have any questions.	U IL (CH)	20
Information leaflet for parents (only to be used at Child Boost addresses)	Pale Blue	A leaflet to be given to parents at Child Boost addresses providing them with more information about what will be involved if their child participates in the survey.	CB IL (P)	21
Door hanger for partial households	Green	This leaflet should be left with an adult (16+) that has taken part in the main interview to pass on to other people in the household who were not available for interview during the first visit (where interviewing took place). This leaflet stresses the importance of speaking to all members of the household to build a picture of the nation's health.	N/A	53

Name of Document	Colour	Use	Doc. Code	Doc. Num.
SELF-COMPLETIONS:				
Parents of children aged 4-12	Green	Given to parents at the end of the child's questionnaire. Contains questions on strengths and difficulties.	U SC (4–12)	24
Children aged 13-15	Pink	To be completed by the 13-15 year-old themselves. Contains questions on general health.	U SC (13–15)	25
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	This is for all 16-17 year olds and 18 & 19 year olds at your discretion. Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)	26
Adults (18+)	Blue	This is for all adults 18+. The exception is on those occasions when you have already decided that an 18-19 year old should get the young adult questionnaire instead (in which case they do not complete this one as well). Contains questions on drinking, general health, cosmetic procedures, gambling, contraception and sexual orientation.	U SC (A)	27
CONSENTS:				
Scottish Health Records consent form (adults 16+)	Green, carbon	To be signed by participants if they give permission for their information to be linked with Scottish Health Records. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (A)	28
Scottish Health Records consent form (0-15 year olds)	Lemon, carbon	To be signed by parent/guardian of children aged 0-15 if they give permission for the child's information to be linked with Scottish Health Records. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (CH)	29
Scottish Government Follow-up research (Adults 16+)	Blue, carbon	To be signed by participants if they give permission for details to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood	U CON SG (A)	30

Name of Document	Colour	Use	Doc. Code	Doc. Num.
Scottish Government Follow-up research (0-15 year olds)	Pink, carbon	To be signed by parent/guardian if they give permission for details of child (aged 0-15 years) to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON SG (CH)	31
OTHER:				
Interviewer calling card	Green	To be left if no one answers the door as a reminder that you will be calling back.	N/A	52
Broken Appointment Card	Teal	To be left as a reminder at addresses where participants have broken an appointment.	N/A	
Translations Card	Black and White	A card in 11 languages explaining the survey and that an interpreter can be arranged to help conduct it.	N/A	42
Sticker packs/Pens	-	Can be given to children participating in the survey. Sticker packs are for younger children and the pens are for older children.	N/A	45(stickers) / 44(pens)
General Concerns laminate	Cream	A list of some of the key concerns people often have along with advice on how to reassure them and encourage them to participate.	N/A	43
Consents laminate for blind and partially-sighted	White	This can be stuck to your laptop, to remind you of what to put on consents if participant blind / partially-sighted	N/A	50

12.1 Document management

For SHeS 2015 you will be issued with an assignment pack with all the documents you will need on a monthly basis.

You are still required to monitor your own supplies and request additional documents if you need them. The contact details for stationery and equipment are in **Section 1** of these instructions. We now have codes at the bottom right hand corner of SHeS documents (see table above for the documents that currently have codes). Please use these codes when you are requesting supplies to ensure the correct document is sent.

- You will be sent your pack with all the documents at the start of each assignment
- It will be up to you to then order more supplies as you need them
- All households taking part in the study must be given the leaflets, self-completions and consent forms as set out in the ethical approval we've been given to do the study
- It will not be acceptable for households to miss a leaflet, or to skip a self-completion or consent, because an interviewer has not ordered supplies in time
- To cut down on wasted supplies, please do not write on self-completions or consent forms until you are in the household and you know for certain that they are going to be used
- Continue to prepare the supplies you need for a household in advance, just don't write on any of them

13. Returning work to the office

13.1 CAPI

Transmit CAPI work immediately at the end of each day's work. You do not need to have completed the admin for a household before transmitting - it is more important to transmit promptly.

Before returning work:

- Connect up your modem
- Select "RECEIVE & TRANSMIT" from the 'working at home' menu

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

13.2 Paperwork

Remember paperwork must also be returned promptly. You should aim to send them in at least twice a week. However, you should not send these back until a household is complete.

REMINDER: SENDING BACK PAPERWORK

Before sending work back:

- Check all paper documents are completed
- Check all paper documents have correct serial numbers
- Check your ID number is on the Self Completions
- Update your Interviewer Sample Sheet

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

Return work in **two separate envelopes**:

1. Consent forms
2. Self-completions

This is very important to protect the participant's anonymity. The consent forms contain full names and the self completions contain personal information. For this reason it is vital to keep the two separate.

13.3 ARFs

Once you have completed all interviews at an address, and completed and transmitted the admin block, you should shred the front page of your ARF (and any other pages if you have noted any information that might help to identify a household). Double check you have all the information you need before you shred!

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

Any problems?

If you have any problems with the survey itself, or with the questionnaires, contact your Field Performance Manager in the first instance. If you can't get in touch with them and your query is urgent then please contact the research team or operations team directly.. All of the relevant phone numbers are in **Section 1** at the start of these instructions.

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

14 Guidance on completing the household questionnaire

This section will help you ensure the Household Questionnaire is completed accurately. It will also provide answers to questions that participants might ask, for example "why do you need that information?" Please read it when you go through a practice interview (see Appendix D for practice serial numbers).

Household Grid

Person Numbers

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

Name

You only need to use first names and not surnames on the grid. Full names will be written on the ARF. If someone does not want to give you their first name, enter their initials instead.

DoB and AgeOf

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

Marital

The aim is to obtain the legal marital or same-sex civil partnership status, irrespective of any *de facto* arrangement such as a couple living together (this is established in another question called *Couple*). The only qualification to this aim is that you should not probe the answer “separated”. Should a participant query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not).

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

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

Relationships between household members [R]

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

Note that a distinction is made on the card between natural, adoptive, and foster children / siblings. This is because it is important to establish blood relationships between household members which are of interest when analysing the data on health conditions. You need to be aware that this may be sensitive information in some households, and that is why we have a showcard for this question. If possible, try to avoid children looking over their parents' shoulders when they answer this question. In same sex relationships, it is important to identify which, if any, is the natural parent. If one or both parent describes themselves as the mother / father, but is not the natural parent, record them as being “adoptive” mother / father, even if they are not legally so.

You should treat **same-sex and opposite-sex cohabiting couples** in the **same** way. Participants should be allowed to answer in the way they feel most accurately describes their circumstances e.g. some of them may wish to record their partner’s mother as ‘mother-in-law’ and others may want to record her as a non-relative. If participants ask for advice, the interviewer can explain this and tell them they can record in either way.

‘Other relatives’ include cousins, nieces, nephews, aunts and uncles.

If you have doubts about any relationship, record as much information as possible in a note.

Household Questionnaire

The rest of the questions on the Household Questionnaire should be completed by the household reference person or their spouse or partner.

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

CAPI Question	Guidance
[HiHNum]	This question establishes the Highest Income Householder, which is then used to determine the HRP (see above). Details about income and employment will be collected for the Household Reference Person at the end of the Household Questionnaire.
PasSm	This question refers to exposure to tobacco smoke in the home. Participants should think about people who smoke **inside** the house or flat. Therefore, if someone only smokes in the garden, they should be excluded. Include anyone who smokes inside the home on most days, even if they are not a household member. Note the question is about **most** days.
SmokHm	This question refers to smoking rules in and around the participant's home. If no one in the house smokes, or the participant does not have any rules, ask them to imagine what rules they would apply if a smoker visited their home. If smokers are not allowed to smoke inside rooms but are allowed to smoke out of a window or at a back door that is open then code 2. If smokers are only allowed to smoke outside in the garden or balcony and the door is closed then code 3.
EatTog	This question asks how often in the last seven days, members of the household have eaten a meal together. Note that this question about the number of **times** they have eaten together, not the number of **days** so if they ate more than one meal together in a day you will need to probe and code 6 (more often than 7 times) if appropriate. We are not offering any definition of a meal here; if queried it is the participant's definition that counts. Participants are asked NOT to count breakfast as a main meal.
Crime Questions LiveArea, CrimArea, PrevCrim ActQuick DealInc Investig SolvCrim	These questions were introduced in 2012. They are being asked in the Scottish Government's three large population surveys (SHeS, Scottish Household Survey and Scottish Crime and Justice Survey). The questions include asking how long participants have lived in their local area, their perceptions of crime in the local area and how much confidence they have in their local police force to deal with different situations. Some participants will query why they are being asked these questions in a survey about health. You can explain that we are interested in whether people's health and wellbeing is influenced by their experience and perceptions of crime and policing. Please note that these questions will be randomised so will always be in a different order.

SrcInc	Code the sources of income for the HRP AND SPOUSE/PARTNER only. Do not include income for other adults in the household. **NB Please try to ensure that the HOUSEHOLD GRID is answered by the HRP or their SPOUSE/PARTNER, so that we are able to collect data on household income.** Not all state benefits are listed. Council tax benefit, and Universal Credit (which is being rolled out across the country over the next few years to replace a number of benefits) should be coded as "other state benefits".
JntInc	This first income question asks for the income, BEFORE deductions for income tax, NI and superannuation (pension payments) etc, of the HRP AND SPOUSE/PARTNER. Don't include any income of other household members at this question. If the participant only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI remark (Ctrl M).
HHInc	At this question we want the TOTAL income of the household, ie. including any income of other household members, as well as the household reference person and spouse/partner.
HRP economic activity	The household questionnaire collects the job details of the Household Reference Person (HRP). The question HRPOcc asks if the HRP answered these questions directly or by proxy. If they are answered directly they will not be repeated in the individual questionnaire. If they were answered by proxy then the HRP will be asked them again when their individual interview takes place. The guidance below applies to the questions asked of the HRP and also to the question asked of individual adults in the main interview.

EconAc12	'Any other paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some participants may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest participants who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work. Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up. Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect interviewers to probe routinely for this.
EducCour	People aged 16-64 (apart from those on Govt training schemes) are then asked: “Are you at present enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course). INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS. IF PARTICIPANT IS STUDYING PART-TIME CODE **NO** HERE.” The participant should define for themselves whether they are a full or part-time student. As the instruction states, full-time students on holiday should answer “yes” here, even if they have a vacation job, as long as they are planning to return to their studies when term starts again.
Wk4Look12 WaitJb12 Wk2Star12	People who answer “none of the above”, or were working unpaid for a family business (and not in other paid work) at EconAc12 are then asked if they were looking for work in the past 4 weeks, whether they were waiting to start work, and if they could have started a job had it become available. This will include retired people, full-time students, and other types of people not in work. ‘Looking for paid work' may cover a wide range of activities and you should not try to interpret the phrase for the participant. In the case of those 'looking for' a place on a government scheme the search should be active rather than passive. In other words, a participant who has not approached an agency but who would consider a place if an agency approached him or her should be coded ‘No’. Looking in the papers for vacancies is an active form of search.

YNotWrk	People who are not looking for work, or not waiting to start work, are asked their reason for not looking for work. This is a single-coded answer so the participant needs to choose their main reason. Please make sure they have read the whole list before answering.
HJobTitl	Everyone who is currently in work, or has worked in the past, or is waiting to take up a job is then asked about their job. If someone did more than one thing in the past 7 days, e.g. worked as an employee and did unpaid work for a family member's business, then they should answer the questions in relation to the activity they spent most time doing in the last 7 days. There is an instruction about this at this question.
HFtPtime	Note that full-time work is defined here as more than 30 hours; part-time is 30 hours or fewer.
HNEmple e	We are interested in the size of the 'local unit of establishment' at which the participant works in terms of the total number of employees. The "local unit" is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings. It is the total number of employees at the participant's workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.

The follow examples might be useful for EconAc12

Participant Situation	**What to do**
Temporarily sick or on leave	Someone who was temporarily sick or on leave from a job in the reference week should still be coded in whichever category applies to them (e.g. working as employee/freelance/other paid work). Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as employed/in paid work only if full or partial pay has been received by the worker during the absence, and they expect to return to work for the same employer (ie a job is available for them).
Maternity leave	If the participant is a mother on maternity leave, with a job to go back to, this should be coded using whichever of options 1-4 applies to them (but temporarily away).

Career breaks	In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a participant is currently on a career break, (s)he should be coded as being in employment/paid work only if there is an arrangement between the employer and employee that there will be employment for the employee at the end of the break. This is not dependent on his/her receiving payment from the employer during the break. Leave it up to the participant to define whether or not (s)he has a job to go back to.
Seasonal employment	In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between 'seasons', participants in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker's occasional absence, and coded as being in paid work.)
Casual work	If a participant works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.
Unpaid work:	Working unpaid for a family business - the people we expect to pick this option are those whose work contributes directly to a business, farm, or professional practice owned by a relative, but who receive no pay or profits (e.g. a wife doing her husband's accounts or helping with the family farm or business). Unpaid voluntary work done for charity, etc. should not be included.
Training schemes	People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Modern Apprenticeships, Get Ready for Work and Training for Work (used to be called Employment Training or Employment Action).

15 Guidance on completing the individual questionnaire

This section will help you ensure that the Individual Questionnaires are completed accurately. It will also help you provide answers to questions that participants might have. Please read it when you go through a practice interview (see Appendix D).

General Health / Caring

CAPI Questions	Guidance
[DBCheck, OwnAge]	These questions provide a check to ensure that these details are correct for each individual interviewed. Always read out the date of birth displayed on screen, even if you entered it very recently. If someone's date of birth is not correct code 2 at DBCheck and enter it in the questions that follow – the original date entered will be displayed there and you can write over it. If you did not collect a date of birth in the household grid then code 3 here and collect it. If someone does not know their date of birth or refuses to tell you, use the following rules: i) If you obtained a DoB in the Household Grid, use this one and enter a note (<Ctrl> + <M>) to this effect. ii) If the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself. Once sampled for the survey by the household grid, it is the **age at the time of the Household Questionnaire** that determines the questions and self-completion document that you administer

What should I do if someone has a birthday between completion of the Household Grid and the Individual Questionnaire?
Once sampled for the survey by the Household Grid, it is the age at the time of the Household Questionnaire that determines the questions and self-completion document that you administer. If a child has been sampled and has crossed an age threshold between completion of the Household Questionnaire and the Individual Questionnaire, the Individual Questionnaire routing will treat the child as their age at the time of the Household Questionnaire. You simply follow the routing as directed by the program. If a child aged 12 at the Household Grid has become 13 by the time you carry out the Individual Questionnaire, you should still ask the parent to answer on behalf of the child, and CAPI will direct you to do so.

CAPI Question	Guidance
IllsM, More, LimitAct	Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, "I had an operation to sort out my feet." This does not tell us what was wrong with "my feet". Probe, "Can you explain a bit more?" etc. **Only enter information about one condition at the first IllsM then use the "Anything else" probe in order to record any other problems** and to ensure that all long-standing illnesses are recorded. Note that people who have said their health is bad or very bad are likely to have more than one condition. There is a maximum of six IllsM slots. When you have finished entering all the conditions, a further question will ask if any illness limits the participant in any way. From 2012, this question asks whether the illness/condition limits the person a little or a lot. A list of some of the conditions people may mention at the long standing illness question is available on screen if you press **F9**. This is to help you with the spelling. It should not be used as a prompt for participants. It might be worth looking at the list before you start typing your answer. Sometimes a participant might be able to help with the spelling, but if not just write it in how it sounds and the coders will work it out from that.
RG15new, RG16a, RG16b, RG17new	These questions ask about participants' caring commitments, either within the household or outside it. Exclude care provided in the course of someone's job (e.g. a home help). The questions allow you to code up to two people for whom care is provided. RG16a allows you to code whether care is provided to someone in the household, or to someone outside it (code 97). RG17new codes how much time in total the participant spends per week providing care – so if they told you about two different people they should add the time spent with both people together here. The text to be read out for RG15 and RG17 changed part way through 2014, hence the variable names RG15new and RG17new. There is a lot of interest in the health of people who provide unpaid care so these questions will provide very valuable data.
RG18	In addition to how many hours a week they care for the person(s) we are also interested in finding out how long they have been a carer <u>for the people they have told us about</u>. To illustrate: Sally has been caring for her mum for 10 years (since 2004), and for her dad for the past 5 (since 2009) • She should answer "10 years but less than 20" as we want to record the longest time spent as a carer if people care for more than one person. John has been caring for his mum for the past 5 years (since 2009), and prior to that was also caring for his dad for 8 years (from 2002 to 2010) • He should answer "5 years but less than 10" as we want to know about his current caring responsibilities, not how much time he has spent as a carer in his life in total.

RG19	Carers aged 16-70 are asked if their caring has had any impact on their current employment, e.g. by having to reduce their hours at work, stop working altogether or not be able to take up work. We are only interested in actions people have taken because of their caring responsibilities, e.g. only code "took early retirement" if the participant did this so they could care for someone. Participants should only answer in relation to their current employment situation, not the total history of the impact of caring on their employment. If the situation is unclear, code "other" and write in the details.
RG20 / RG20b	We want to know what sources of support carers receive to help them with the care they provide. Note that we are interested in the support received by the **carer,** and not the support received by the person being cared for. This question is also asked of young carers (age 4–15) although some of the categories differ.

Phlegm, breathlessness and wheezing

CAPI Question	Guidance
Flegm, FleDa FreF	If the participant does not know what phlegm is, give the following description: "*Phlegm is a thick substance which is coughed up from deep in the chest"* Phlegm from the chest or throat must be distinguished from pure nasal discharge - exclude phlegm from the nose, but include phlegm swallowed. Phlegm with first smoke or on first going out of doors should be coded 'yes'. Stress the word 'usually', and note that the reference period is in winter. **'Usually' refers to most mornings in most winters.** If the participant works nights, then you can use the words 'on getting up' rather than 'first thing in the morning'.
SoBUp, SoBAg, SoLev	If the participant answers 'sometimes' to any of the breathlessness questions, code 'yes'.

CVD diagnosis and treatment

This is a very important section and obtains information on experience of cardiovascular diseases (CVD) or other conditions which may be related to CVD. They are not, however, explicitly referred to as cardiovascular diseases; as this could lead people to exclude conditions which they do not realise belong to this category. These CVD questions are for adults (16+).

CAPI Question	Guidance
CVD1-PastYr7	This set of questions records various heart conditions. In your pack you will find a coding booklet which gives some of the common names for some of these illnesses. It is very important that you use this booklet if someone describes a condition in words other than those used in questions *CVD1-CVD8*. For example, if someone says (s)he does not have an abnormal heart rhythm at *CVD5*, but at *CVD6* says (s)he gets palpitations, you should go back to *CVD5* and change the response to 'yes'. This is because there are several follow-up questions which would otherwise be missed.
CVD6	'Other heart trouble' must be described in detail, so that it can be coded later in the office by the survey doctor. In particular, we would like any cases of ischaemic and transient stroke to be coded under this. This is a condition where someone suffers a mini-stroke which can lead to temporary black-outs. Please get as much information as you can.
COPD	If asked for clarification, you can tell the participant that this stands for Chronic Obstructive Pulmonary disease and includes chronic bronchitis and emphysema. We are not interested in a one-off bout of bronchitis after a bad cold that a participant may have had.
DocTold2-7	We are trying to find out whether the condition was medically diagnosed. If the participant had the condition diagnosed when still a small child, then it might be the participant's parents who were informed of the diagnosis rather than the actual participant. This should still be coded 'yes'.
PastYr2-7	Refers to the actual condition or event, not to after-effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.
DocBP	Medical diagnosis of high blood pressure is important to prevent incorrect self-diagnosis. We are interested in diagnosis by proper medical personnel - this will include nurses as well as doctors.

PregBP, OthBP	It is quite common for women to have high blood pressure (HBP) only when they are pregnant, and in this case HBP would not be seen as a condition related to CVD. Therefore, such women are not asked the follow-up questions. This is also true for diabetes and heart murmur.
StopMed	If the participant has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the participant should stop (a medical adviser or the participant), and then code why.
COPDOth	Other treatment can include a wide variety of things. The most common seems to be going for regular check-ups, and changing diet. Keep the definition fairly wide, and if the participant mentions anything that (s)he thinks is 'other treatment', note it down.

Use of Services

This section is to find out about the use of various health services, by those with CVD complaints and those without. People who have a CVD condition have slightly different questions here. It is not designed to investigate need for services. These questions are asked of all ages.

Asthma

These questions cover breathing complaints that the participant may have. These questions are asked of all ages.

Accidents (version A / child boost)

This module is asked of all ages in strand A and children in the child boost, and covers any accidents participants might have had in the past year and injuries they might have suffered, as well as any treatment received.

Adult physical activity

CAPI Question	Guidance
Active MainSit WrkAct3H WrkAct3M	The module starts with some questions about physical activity at work. We want to know (roughly) how long people spend sitting on a typical day when they are at work. People who spend most of their time sitting down (e.g. working at a desk, driving a bus) should remember to take some time off for walking round during breaks or other times, and not just say their total working hours.

The following questions in this section all relate to the **four weeks** prior to the interview, so you need to focus the participant's attention on this.

CAPI Question	Guidance
Housewrk	This asks about housework - excluding any done as part of the participant's job. It is important that you read the preamble. The first show card asks about general housework, and the second show card focuses in on heavy housework. It is the heavy housework we are interested in - from the card or other similar types of heavy housework. We want to know about the number of days in the last four weeks on which the participant has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn't, so please be careful to stress that we mean heavy housework such as the things on the show card, and not just any housework.
Garden / ManWork	Exclude any work done as part of a job e.g. as a gardener or builder.
Wlk5Int	This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term *any*, including walking to the shops, or home from the bus stop. Do not include walking about while at work.
Wlk15M	We then ask about longer walks of at least 10 minutes. This can include most things – rambles, hill walking, walking to work etc, but exclude: - Walking as part of a sport (e.g. golf) - Walking in the course of one's main job - Just being on your feet for 10 minutes
WalkEff	This is asked only of those aged 65 and over. We want to know how much effort they exert when walking. Rely on the participant's judgment of this.

The next few questions look at recreational sport or exercise. We do not want to double-count anything here. If someone is a professional sportsperson in their main job, their activities as part of that job should not be recorded here. However, if they do sport as part of their second job, which has not been included in the previous questions, then this *should* be recorded here.

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

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

CAPI Question	Guidance
WhtAcB	In 2012 we added a new and expanded list of sports and activities. As it is a long list participants can just read out the numbers to you, but check once they have told you everything that you have entered the correct sports.
OthAct	Include any other sports mentioned here, though as the previous two questions will cover most kinds of sports we do not expect this option to be used very often.
SwimHrs / SwimMin – WskiHrs / WSkiMin	We want to know how much time the participant usually spends doing an activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.
CycleMus - VollMus	This is designed to assess whether an activity will have helped to strengthen muscles. Code "yes" if their muscles felt some tension, shook or felt warm for some of the time, or all the time, that they were doing the activity. Note that this question is only asked for certain sports – don't worry if it doesn't appear for all of them.
ExMov	This question is for people aged 65+ who report doing "Exercises (e.g. press-ups, sit-ups)" at WhtAcA. It is to help us distinguish between floor based exercises (e.g. press-ups) and activities done standing-up (which help to improve balance).
ComGam	This question asks whether Glasgow hosting the Commonwealth Games in 2014 has influenced the participant in any of five ways. We are not interested in other ways in which the participant may have been influenced. Nor are we interested in whether the participant has done anything on the list without being influenced by the Games.
WkSit2H WESit2H	In addition to the question about time spent sitting in front of a screen, we now want to know about other time spent sitting down during people's leisure time on weekdays and at weekends. This includes time spent eating, reading, listening to music, doing puzzles, homework etc. If people have eaten a meal while watching TV, this time must **not** be counted twice – it can be entered at the screen time question or at this new question, but not at both. Participants find this question quite difficult, do not rush them but do not let them spend too much time trying to come up with a precise figure. Note that if a participant is using a screen to do their reading (e.g on a kindle), this should be coded as time spent reading rather than time spent in front of a screen (assuming that reading is the main activity mentioned by the participant).

Child physical activity

This module aims to get a general picture of the child's level of physical activity.

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

For children who are at school, activities that are done as part of school lessons should NOT be counted at any of these questions apart from the specific question at the end that asks about activity during school lessons. Activities done on school premises, but not as part of school lessons (eg. after school clubs, things done during lunch break) SHOULD be included in the main questions about activity and not in the question about **lessons**.

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

CAPI Question	Guidance
DWESp /DWEAct /DSitWE	At these questions we are asking for the time spent per day on Saturday/Sunday of the last week. If the child only did an activity on the Saturday or the Sunday (but not both), then the question asks about time spent on the relevant day only.
WkSpor/ WkActH/ WkSitH	At these questions, enter the amount of time spent doing the activity on EACH weekday. Take an average if the amount of time varied from day to day.
WkSit2H WESit2H	As for adults

Eating Habits

In 2015 only children aged 2 – 15 are asked the eating habits questions.

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

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

CAPI Question	Guidance
UsBread	This is a "code one only question". The definition of bread is wide - it includes rolls, pittas, bagels, nans, chapattis etc as well as standard bread. We are interested in the type of bread normally eaten. The question distinguishes between white, brown and wholemeal bread. Use code 4 if the participant mentions white breads that have been enhanced to make them high in fibre (e.g. “best of both”). For participants who eat different kinds of bread (nans, pittas, parathas, chapattis etc), find out what kind of flour is used (white, brown or wholemeal) to make the bread and code 1, 2 or 3 as appropriate. Generally, you should use code 7 only as a last resort, and if you do please record the type of bread at the next question.
Milk	This asks about the type of milk that the participant usually uses (ie uses most often). Here is a guide to milk bottles: Gold top = Channel Island, Jersey Code 1 Blue or silver top = Whole milk Code 1 Green top = Semi-skimmed Code 2 Red top = Skimmed Code 3 For powdered milks and whiteners that are added straight to tea or coffee you should probe as to whether the powder is skimmed, semi-skimmed or whole and code as if liquid milk. If the powdered milk is made up into liquid milk, probe to see if it is made up with water or milk. If water, code according to the type of powder it is. If it is made up with milk, code it according to the type of milk it is made up with. There are spontaneous (i.e. not to be read out) codes on screen for other types of milk such as goat, soya, oat and infant formula (for young participants!) Only use code 4 (other type) if you cannot use one of the other options on the screen.

Cereal	This question establishes which type of breakfast cereal the participant normally eats. You will need to ask them for the name of the cereal (including brand name if possible) and then use the cereal coding cards in your coding booklet to establish which type of cereal it is e.g. high fibre, low sugar. The cereals are ordered by brand name in the coding book but in some cases the participant may not know who makes the cereal. If possible, ask them to bring you the cereal box to ensure you code it correctly. If you can't find the cereal on the list just code 5 and type in the full brand and name. Do **NOT** look for an alternative and use its code instead.
Meat	Note that this question does not cover meat products such as pies, sausages etc (these are covered in the next question), but it should include ham, bacon, mince etc.
Cheese	This should include cheese in other dishes, such as cheese on toast, on a pizza or in a lasagne.
ConFec	This includes chocolate bars, not just chocolates that come in a box.
IceCream	This will depend on the time of year, but the survey covers the whole year so seasonal variations will be picked up. Participants should therefore answer with reference to how much ice cream they eat at the moment, around about the time you are interviewing them.

Fruit and Vegetable Consumption

The information collected through this module is the main national reference for fruit and vegetable consumption in Scotland.

In order to obtain a measure of daily consumption, the questions ask participants about how much fruit and vegetables they ate yesterday. The definition of yesterday is 24 hours from midnight to midnight. Although participants aged 2-12 do not answer directly, due to the nature of the questions it is particularly important that they should be present during this module and encouraged to contribute information. In particular, this may be necessary if the child has been at school the previous day.

What is a portion?

We have adopted the following definition of a portion:

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

These definitions are used in the questions themselves. The questions do not use the term 'portion'. This is deliberate: partly in order to keep the questions as simple as possible and also in case people have an idea about the number of portions of fruit and vegetables they should be eating. For these reasons, please do not use the term 'portion' during the interview. To avoid confusion about how big a tablespoon is there is a showcard with spoon sizes to help participants.

What counts as fruit and vegetables?

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

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

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

Nuts are **not** included.

CAPI Question	Guidance
VegSal	This question includes an instruction **not** to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and *VegSalQ*. Salads made **mainly** from beans or other pulses, can **either** be included at this question **or** at *VegPul* – please make sure they are not recorded twice.
VegPul	Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, participants may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can **either** be included at this question **or** at *VegVeg* – please make sure they are not recorded twice. *For information, an average sized can of baked beans (415g size) is equivalent to 10 tablespoons.*
VegDish	This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the **main ingredient**. Vegetable soups should not be included (even if they are home-made).

FrtDrnk	This question states that diluting juice, squashes, cordials and fruit-drinks should not be included. In some parts of Scotland these types of drinks are called 'ginger' – if asked you can confirm that ginger should not be counted as fruit juice. Some of the main brand names that should also be excluded are Sunny Delight and JuiceUp.
Frt **FrtQ** **FrtMor** **FrtOth** **FrtNotQ**	These questions are about the consumption of **fresh** fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either *FrtFroz or FrtDish.* For each different kind of fruit which the participant ate yesterday, use **coding list A** to code the size of this fruit at *FrtFrt*. The next question *FrtQ* collects information about the amount of each type of fruit the participant ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at *FrtFrt*. There is capacity to record up to 15 different types of fruit but each should be entered at a separate *FrtFrt*. If the fruit mentioned by the participant is not on the coding list – record the name of this fruit at *FrtOth* and the amount the participant ate at *FrtNotQ*. Please note that some fruits, such as rhubarb and quince, are not on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at *FrtDish*.
FrtDry	Don't include small amounts of dried fruit in cereals, cakes etc.
FrtDish	This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where fruit is not the **main ingredient**. Fruit yoghurts should not be included.
VegUsual **FrtUsual**	These questions give participants the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for participants to be particularly concerned to give a precise answer to these questions.

IT IS VERY IMPORTANT THAT FOODS ARE NOT COUNTED MORE THAN ONCE.
Although, the fruit and vegetable categories in the questions and the question ordering have been designed in order to minimise the risk of this happening, some overlap between categories is unavoidable (e.g. ***VegPul*** and ***VegVeg***). However, there is no need to be particularly concerned about ensuring that each food gets recorded at the 'correct' question. The information will be aggregated to estimate the average number of portions of fruit and vegetables per day. Our main concern is that nothing gets counted twice as this will mean that our estimate will be too high.

Entering amounts:
If a participant has eaten any fruit or vegetables you will be asked to record the amount eaten (at VegPulQ, VegSalQ, VegVegQ, VegDishQ, FrtDrnkQ, FrtFrtQ1-Q15, FrtDryQ, FrtFrozQ, FrtOthQ). The measures used are tablespoons, cereal bowlfuls, small glasses, slices and handfuls. Some of these questions include further definitions of these

measures which can be read out to participants if they ask for clarification or seem to be having difficulty answering. The spoons card will also help here.

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

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

Vitamin use
The fruit and vegetable module has some questions at the end about vitamin use.

VitTake	Some questions about vitamin supplements, and folic acid, have been added to the end of this section. We do not need to know what kinds of supplements people take, just whether they take any over a long period. In 2015 children are being asked this question for the first time.
VitaminD *NEW*	New for 2015, if the participant answers yes at VitTake then they are asked if they are specifically taking a vitamin D supplement.
Folic FolPreg FolHelp	Folic acid supplementation is very important for women who are pregnant or who are trying to become pregnant, so women aged 16-49 are asked if they are taking folic acid. If they are, and they are pregnant, they are also asked if they took folic acid before becoming pregnant, and if they have taken it for the first 12 weeks of pregnancy. If they are less than 12 weeks pregnant but have taken folic acid since the start of the pregnancy code "yes" at FolPreg. Women who take folic acid but are not pregnant are asked if they are taking it because they are hoping to become pregnant.

Smoking and Drinking

16-17 year olds
It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format for 16 and 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. There are no questions about smoking and drinking for participants aged under 16.

18 and 19 year olds
If a participant is aged 18 or 19 and is in a situation where you feel that you would be likely to get more accurate information by their completing the self-completion booklet than by answering questions in front of parents, ask them to complete the **Young Adult booklet** (lilac) rather than the Adult Booklet. If you are interviewing an 18 or 19 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this participant will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should continue

with the interview if you have no reason to suppose that there is pressure on the 18 or 19 year old to “cover up”.

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

Smoking

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

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

We are interested in looking at ordinary tobacco which is smoked. Ignore any references to snuff, chewing tobacco or herbal tobacco. Include hand rolled cigarettes. The introduction to the smoking questions has been changed for 2015 to this effect.

CAPI Question	Guidance
SmokPreAm	Please read this as written, as it is to make it clear that we are only interested in tobacco products at this stage, not e-cigarettes (which are asked about later). It is also to ensure consistency with other surveys.
SmokEv08	By ever smoked, we mean even just once in their life.
DlySmoke/RolDly	We ask here about daily consumption. Note that if a participant smokes roll-ups and can only tell you how many ounces/grams of tobacco they smoke a day, code `97' as in the instructions on screen. This will route you to ***RolDly***, and ***GramRol*** or ***OuncRol*** which will ask for the amount of tobacco smoked in a day (in either grams or ounces). Please be as accurate as possible, as this information will be used in the office to code back to cigarette number.
NumSmok	If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.

ECigEv **ECigNow**	All participants to the smoking module are asked whether they have ever used an electronic cigarette, irrespective of whether they have ever smoked. Electronic cigarettes (e-cigarettes) tend to look like a cigarette, normally including a small LED to mimic the burning of a cigarette, and contain nicotine. They should not be confused with nicotine inhalers or inhalators, which are licensed nicotine replacement therapy (NRT) products, and tend to be available only on prescription or from pharmacists.
UseNRT, **NRTprec**	These questions are for people who have tried to stop smoking, and people who have quit in the past year. The question wording changed for 2014. We are interested in various products people might have used to help them stop, as well as any support given to them. Both these questions allow you to code all that apply. If someone is not sure what products they used, or who they got their cessation support from code "other" and write in the details. If they have their NRT products to hand they could check the packet to see which type they are. A code for "electronic cigarette" is included, even though this is not an NRT product.

Drinking

We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the participant is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade does have a reasonable alcohol content and so is included.

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

16-17 year olds

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

<u>NBeer, NBeerQ etc</u>

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

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

We are asking participants to answer separately about 'normal strength' beer/stout/cider, and 'strong' beer/stout/cider. 'Strong' has been defined as at least 6% alcohol by volume, and some examples are given as part of the question (eg Tennent's Super, Carlsberg Special Brew). Some participants will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

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

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

For beer/stout/cider/shandy, the amount is coded in **half pints**, so any answers given in pints will need to be multiplied by two before entering eg 3 pints of shandy = 6 half pints. With beer you also have the option to code in small cans, large cans or bottles if the participant answers in this way. If the participant tends to drink cans/bottles and halves in a usual drinking occasion, then enter both on the questionnaire. If the participant drinks large 2 litre bottles, instruct him/her to convert the amounts into half pints.

If a participant drinks bottled beer CAPI will ask for the brand name. Where possible, try and get specific names and ask for the size of the bottle. For example, 'Carlsberg Special Brew 550ml'.
Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and use <Ctrl> + <M> to make a note. Of course, all these measures should be 'pub measures' not a different size of 'single' measure the participant may pour for him/herself.

SherryQ
Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses. The label "sherry" is now only used to cover sherry which is made in Jerez. Similarly, the term "port" can only be used to cover port which comes from Oporto. Ports and sherries made elsewhere are now called "fortified wines". If a participant has drunk a particular brand of sherry or port for many years, which is now labelled as a fortified wine, it is very likely that they will still think of it as sherry / port and will include it at the question about sherry. But if anyone queries this, then these fortified wines should be recorded at the question called "*Sherry*".

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

WineQ
For wine the answer is recorded in glasses or as parts of bottles, or both. Please use the wine glass showcards as a visual aid for the participant when coding the size of wine glass.

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

One 750ml bottle	=	6 glasses
Half a bottle	=	3 glasses
1/3 bottle	=	2 glasses
¼ bottle	=	1.5 glasses
One litre bottle	=	8 glasses
Half a litre bottle	=	4 glasses
1/3 of a litre bottle	=	2.5 glasses
¼ of a litre bottle	=	2 glasses

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

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

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

WhichDay
If a drinking session continued beyond midnight, code the day on which it started

Dental Health

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

Dental Services
Core Version A adult participants get a series of questions on dental services; these are the same as the module used in 2013.

Social capital
Core Version A adult participants get a series of questions on social capital; these are the same as the module used in 2013.

Discrimination and harassment
Core Version A adult participants get a series of questions on their experience of discrimination and harassment; these are the same as the module used in 2013.

Stress at work

Core Version A adult participants who are currently employed get a series of questions on stress at work; these are the same as the module used in 2013.

Classification

The same changes that have been made to the employment classification section at the household questionnaire for the HRP have also been made here.

The questions about where the participant was born, ethnicity, religion and education are the same as in 2014.

Parental and family Health history

There are some additional questions about what the participant's parents did for a living when they were aged 14, whether their natural parents are still alive, and if not, what the cause of death was. The questions about what the participant's parents did for a living when they were aged 14 are designed to measure possible *social* influences on a person's health based on their childhood. The parental health questions are specifically about the participant's natural parents as we are interested in *genetic* influences on health. It is therefore possible for a participant to tell you about their step-father's job when they were aged 14 but about their natural father's health status.

This section also has questions about diabetes and heart disease among participants' close relatives (living and deceased). These will help us to assess people's risk of disease in the future.

FamDB	It doesn't matter if the participant doesn't know the difference between Type 1 and Type 2 diabetes – we are interested in both kinds. As the instruction suggests, people should include relatives who have died, but exclude non-blood relatives such as in-laws or step-family members. People who are adopted should answer about their birth parents if they know this information, but can also answer about their adoptive family if they wish.
ParCVD **SibCVD** **RelCVD**	These ask about episodes of heart disease or stroke before the age of 60 among people's parents, siblings, aunts/uncles and cousins. If people don't know about their relatives' health then just enter don't know (CTRL+K). An on-screen instruction reminds you that we are not interested in conditions people are born with (e.g. congenital heart disease), just conditions that develop later on.

APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

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.

Exclusion criteria

Participants are excluded from the height measurement if:

- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the participant it becomes clear that they are too unsteady on their feet
- They are chair bound
- If the participant finds it painful to stand or sit up straight

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

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 participant'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.

Assembling the stadiometer

Practise assembling your stadiometer before you visit a participant’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 its 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 the 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 participant height might be measured at.

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

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.

Procedure for adults

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

2. Assemble the stadiometer, near a wall if possible, and raise the headplate to allow sufficient room for the participant to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. Ask the participant 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 participant'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 participant'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 2). 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.

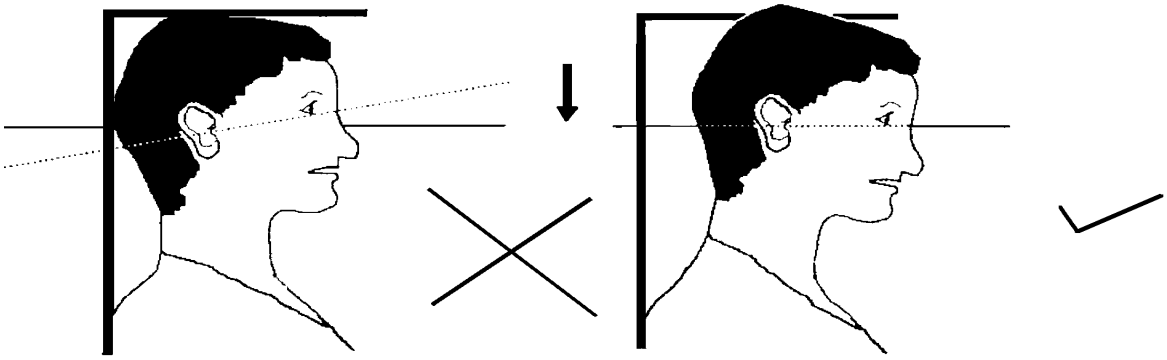


Figure 2 The Frankfort Plane

5. Instruct the participant 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 participant's head. If after stretching up the participant's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the participant's head. If so, ask the participant to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the participant to relax, breathe out, and ask them to step forwards away from the stadiometer. If the measurement has been done correctly the participant will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the participant does this.

7. Look at the middle of the head plate cuff. There is a red or black arrowhead pointing to the measuring scale. Take the reading from this point and record the participant'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 participant 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.

Procedure for children (2-15)

The protocol 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 diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm. 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 diagram below).

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

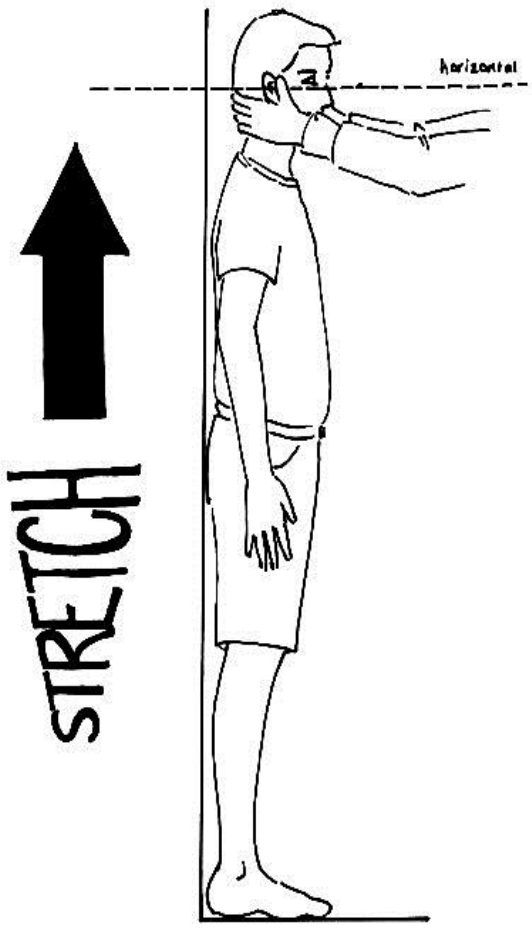
10. Still holding the child's head, relieve traction and allow the child to stand relaxed and breathe out. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

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

12. If the participant 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.

REMEMBER YOU ARE <u>NOT</u> TAKING HEIGHT AND WEIGHT MEASUREMENTS FOR CHILDREN UNDER 2 YEARS OLD



PLEASE NOTE:
The child stretch on the Scottish Health Survey is different to that used on Child of the new century. Please use the SHeS stretch when measuring children for SHeS interviews

PROTOCOL

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

Additional points

- Some surveys require the participant to be measured more than once; this will be stated in the project specific instructions. The protocol for taking the additional height measurements remains the same. Both measurements are to be recorded in CAPI and if they differ significantly CAPI will instruct you to take a third measurement.
- If the participant 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 participant 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 headplate 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 hairstyle that can be altered e.g. a bun, if possible ask the participant to change/undo it.
- If the participant 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 participants.
- If the participant 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 participant to tuck their hair behind their ears.

Weight Measurement

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.

Exclusion criteria

Participants 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 Seca scales is 200kg. If using the Tanita scales, the maximum weight is 130 kg (20 ½ stone). If you think that the participant exceeds these limits then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

Equipment

- There are different sets of scales in circulation on NatCen projects. You will be provided with either:

- 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.

- Tanita THD-305 scales
  The weight is displayed in a window on the scales. The scales are switched on by pressing the button on the bottom right hand corner of the scales. They are battery operated and require four 1.5v AA batteries, which should be sent with the scales. They may be packed separately or one of the batteries may be turned around, to prevent the batteries from going flat, as there is no on/off switch. Ensure that you have spare batteries, just in case you need them.

Please check which scales you have been provided with and make sure that you are familiar with how they operate. At some point in early 2015, the Tanita scales will be phased out, as the accurate weight limit is lower than what is now required. Everyone will be issued with Seca scales.

You will also need a pack of Milton antibacterial wipes.

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.**

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 participant steps on scales • Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Tanita THD 305 scales	
No row of 8s when turned on or will not turn on	• Replace batteries • If not solved, report to manager/Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Replace batteries • If not solved, report to manager/Brentwood

Procedure for adults

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

2. Ask the participant 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 (for the Seca scales) or 888.8 (for the Tanita scales) 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 participant 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 participant 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 participant 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. The weight reading will flash on and off when it has stabilised. If the participant moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the participant.

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

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

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

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

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 participant 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.

APPENDIX C: ADULT/ CHILD LIST SHEET

Use when there are more than ten adults (16+) or children (age 0-15):

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

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

ADULT SELECTION CHART

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

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

IF THERE ARE:	13	SELECT CHILDREN --→	10 & 13
	14	----------→	6 & 4
	15	----------→	9 & 14
	16	----------→	2 & 5
	17	----------→	16 & 12
IF THERE ARE:	18	SELECT CHILDREN --→	7 & 6
	19	----------→	16 & 8
	20	----------→	2 & 8
	21	----------→	12 & 3
	22	----------→	14 & 3
	23	----------→	15 & 21
IF THERE ARE:	24	SELECT CHILDREN --→	5 & 22
	25	----------→	19 & 8
	26	----------→	6 & 20
	27	----------→	5 & 20
	28	----------→	12 & 22
	29	----------→	19 & 25
	30	SELECT CHILDREN --→	13 & 18
	31	----------→	29 & 1
	32	----------→	7 & 3
	33	----------→	2 & 21
	34	----------→	9 & 26
	35	SELECT CHILDREN --→	9 & 20

APPENDIX D: Practice serial numbers

We have given you 25 practice serial numbers. This will allow you to practice interviews for each of the different sample types.

Unless you are working on either Health Board boost or Mop-Up assignments, you will not need to practice these interviews.

Year	Sample Type	Point	Address number	House hold	Version
8	1	999	01	1	Core A
8	1	999	02	1	Core A
8	1	999	03	1	Core A
8	1	999	04	1	Core A
8	1	999	05	1	Core A
8	1	999	06	1	Core A
8	1	999	07	1	Core A
8	1	999	08	1	Core A
8	1	999	09	1	Core A
8	1	999	10	1	Core A
8	3	999	21	1	Mop-Up
8	3	999	22	1	Mop-Up
8	3	999	23	1	Mop-Up
8	3	999	24	1	Mop-Up
8	3	999	25	1	Mop-Up
8	4	999	26	1	Child Boost
8	4	999	27	1	Child Boost
8	4	999	28	1	Child Boost
8	4	999	29	1	Child Boost
8	4	999	30	1	Child Boost
8	5	999	31	1	HB
8	5	999	32	1	HB
8	5	999	33	1	HB
8	5	999	34	1	HB
8	5	999	35	1	HB

ScotCen
Social Research that works for society

Scottish Health Survey 2015

Project Instructions for
Core Version B assignments

P97192.01

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1. Quick Reference & Contacts

Project title: Scottish Health Survey (SHeS) 2015

Project number: P97192.01

Subject	Health conditions, behaviours and lifestyle
Objective	Monitor trends in the nation's health
Sponsor	The Scottish Government
Fieldwork	January 2015 – January 2016
Sample size	c. 10,500 households to achieve 5,500 adult and 1,800 child interviews
Data collection method	Face-to-face CAPI interview, self-completion, objective measurements

Service Division Contacts		
If your query relates to Briefings, Allocations, Sample, Re-issues, Incentives and Translations ask to speak to the **Logistics Unit**. If your query is program related, ask to speak to the **Data Unit.**	Brentwood Switchboard	01277 200 600
	IT Support	01277 690 200
	Pay Query Line	01277 690 219
	Stationery / Equipment equipment@natcen.ac.uk	01277 690 006
Fieldwork Contact		
Regional Manager	Julie Foster	07714 560585
Research Team Contacts		
Research Director	Lisa Rutherford	0131 240 0211
Senior Researcher	Stephen Hinchliffe	0131 240 0214
Researcher	Shanna Christie	0131 240 0221
Survey Doctor Contact		
Survey Doctor	Dr. Sangeeta Dhami	07715444817 0131 664 2024

2. General Information about these instructions

These instructions are designed to give you all the key information you need to work on bio assignments as part of the Scottish Health Survey (SHeS). They are a reference for interviewers who have been trained in collecting biological samples and complex measurements. They contain everything you need to know about why the study is being done; what it involves at each stage; the purpose of measuring height, weight, blood pressure and waist circumference, and taking saliva and urine samples; the documents supporting the study; how to approach and reassure participants; and who to contact if you encounter any problems with the study.

This document should be read alongside your '**Physical measures and biological sample collection protocols' manual.**

Website
SHeS has its own website. It is designed to give participants more information about the survey but you might also find it interesting. The website address will also be on key participant facing documents.

www.scottishhealthsurvey.org

If you are working on a Core Version A, Child Boost or Health Board Boost assignment please contact the Equipment Team to request a copy of the relevant Project Instructions.

3. Purpose and Aims

The Scottish Health Survey is the title of a series of annual surveys commissioned by the Scottish Government. ScotCen has been awarded the contract to conduct the survey annually from 2012 to 2015. We will work alongside our collaborators:

- The MRC/CSO Social and Public Health Sciences Unit in Glasgow
- The Centre for Population Health Sciences at Edinburgh University
- The Public Health Nutrition Research Group at Aberdeen University

The 2015 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect health. The content is similar each year. It is used by the Scottish Government and NHS Scotland to: help plan health services, find ways of improving people's health and look at changes in the nation's health over time.

In summary, the survey aims are to:

- provide data about the nation's health
- estimate the prevalence of particular health conditions, e.g. high blood pressure
- estimate the prevalence of risk factors associated with these conditions
- examine difference between population subgroups
- contribute towards monitoring progress towards selected health targets
- monitor trends in the population's health over time

4. Overview of SHeS in 2015

This section provides a brief overview of what is involved in SHeS 2015.

4.1 Sample

In 2015, there are **five** different sample or address types: The main 'core' sample is split into 2 and comprises of Version A addresses and Version B addresses. There is also a Child Boost Screening Sample. In 4 (of the 14) Health Boards there is also an additional Health Board Boost Sample to boost the number of adults interviewed in these areas. In 8 Health Boards there is a further Mop-Up Sample Boost, to make up for the shortfall of adult interviews between 2012 and 2014. Interviewers do not need to distinguish between Health Board Boosts and Mop-Up Samples, as the interviews will be identical. See Sections 6 and 8 for more information about the sample and who is eligible for interview at each of the address types in your assignment.

4.2 Question Topics

Core questions (all address types):
There are a core set of questions asked at every household irrespective of sample type. These are: demographic information, general health (including caring), cardiovascular disease, smoking, drinking, fruit and vegetable consumption and consents.

4.3 Self completions (all address types):

- Children 4-12 (completed by parent/guardian),
- 13-15 years,
- Young adult 16-17 (can be given to18-20 year olds at interviewer's discretion)
- Adults 18+

4.4 Heights and weight measurements (all address types)

- Collected from all participants age 2+

4.5 Consents (all address types)

- Scottish Government follow-up research
- Scottish Health Records linkage

4.6 Biological Module (Core Version B addresses only)

- Prescribed medicines
- Blood Pressure Measurement
- Waist Measurement
- Saliva Sample
- Urine Sample
- Depression, Anxiety and Self Harm Questions (in CASI)

5. Changes to the survey in 2015

This section outlines the key changes for SHeS in 2015 and it is particularly important that those of you who have worked on the survey previously familiarise yourself with these changes.

5.1 Sample Size

The overall sample size for 2015 is slightly larger than in 2014. The annual target for the core sample and child boost samples remains at 4000 adults and 1788 children. In addition there is a boost to the sample to make up for the shortfall of around 500 adult interviews in previous years, and boosts in four Health Boards, adding another 1000 adult interviews.

In 2015 we are issuing 1589 Core Version B (biological module) sample addresses to achieve the annual target of 1000 of each of the measurements and samples.

5.2 New documents

We have taken on board suggestions from interviewers which were made at the mega briefings last year which was to re-introduce the SHeS calling card and also introduce a leaflet which could be left behind for participants in households (a door hanger) where someone was not available at the time of interview. The purpose of the door hanger is to inform the individual about what the survey involves and how important it is for them to take part. There is a version of the door hanger specifically for individuals at bio addresses which mentions the £10 gift card (this version is pink compared with the blue version to be used in non-bio households). Both of these documents will be included in your workpacks.

5.3 The CAPI Questionnaire

The CAPI Questionnaire for Core Version B has slightly fewer topics than Core Version A. In Core Version B there are no questions on accidents, dental health services, stress at work, discrimination and harassment or social capital. A new question has been added on Vitamin D use, with some other minor changes. See Sections 9 and 17 for more information on the structure of the Core Version B questionnaire.

5.4 Self-completion booklets

The self-completion booklets are broadly the same as in 2014. The exceptions are that there are a number of new questions on cosmetic procedures in the adult self-completion booklet, and one additional question on gambling in both the adult and young-adult self-completions. See Section 12 for guidance on the new questions.

5.5 Height and weight measurements

The height and weight measurement block is the same as in 2014, with the exception of the maximum weight which can be recorded. This is to accommodate new scales which will be coming into circulation early in 2015 and which will have a maximum weight limit of 200 kg (31 ½ stone). Note that we don't collect any measurements from pregnant women or those under 2 years of age.

5.6 Consents

The Scottish Government follow-up research consent form has been revised for 2015. This is to make it clearer that some information (including contact details and the participant's answers to questions relevant to the follow-up research) will be passed to those conducting follow-up research to enable them to carry out the research. This information could be passed to the Scottish Government who could then pass it on to other research organisations conducting health related research. The Scottish Health Records consent form is the same as in 2014. See **Section 12.5.1 and 12.5.2** for more information on Consent Forms.

6. More about Interviewer administered measurements and samples

Information about the survey, its objectives and design has been submitted to the National Research Ethics Service (NRES) which approves the ethical aspects of medical research. Committee members represent medical, professional and patient interests. The committee have approved the inclusion of interviewer administered biological samples and measurements for SHeS 2012-2015.

The Scottish Health Survey continues to be a very exciting and innovative project for ScotCen. It is the first of the major UK health surveys to use interviewers to collect measures such as blood pressure. These techniques have been used for many years in the United States and are beginning to emerge in research institutes in Europe.

From a wider perspective, bio-social data collected at a population level is critical in order to understand the prevalence of health problems across Scotland. The majority of medical research is carried out with specific groups of people who suffer from a particular health problem and it is only through population-based studies that we can understand the health of the population as a whole.

Collecting objective health measures can also be invaluable for understanding phenomena such as undiagnosed high blood pressure and identify the groups of people who are most at risk. Similarly, the analysis of blood samples can be used to access people's blood sugar levels and determine whether certain groups are more likely to be at risk of type 2 diabetes.

The results of such data can also be used to make international comparisons. For example, one study compared the health of people aged 55-64 in the United States and England[1]. The research found that Americans in this age group were not as healthy as their English counterparts.

[1] Banks, J., Marmot, M., Oldfield, Z., Smith, J.P. (2006) Disease and Disadvantage in the United States and in England

7. The Team

7.1 The Research Team

The research team is led by **Lisa Rutherford**, supported by Stephen Hinchliffe and Shanna Christie. They are all based in ScotCen's office in Edinburgh.

7.2 Nurse Advisor

Christine Bidwell is our nurse advisor on the SHeS. She will provide clinical input, advice on support on all issues relating to the collection of the biological measurements and samples.

7.3 The Survey Doctor

Dr. Sangeeta Dhami has been the Survey Doctor on SHeS since 2008. She is responsible for providing nurses and interviewers with medical support and for liaising with participants in relation to blood pressure abnormalities that are detected as a result of this survey. The protocol for contacting the survey doctor is explained in Section 21.

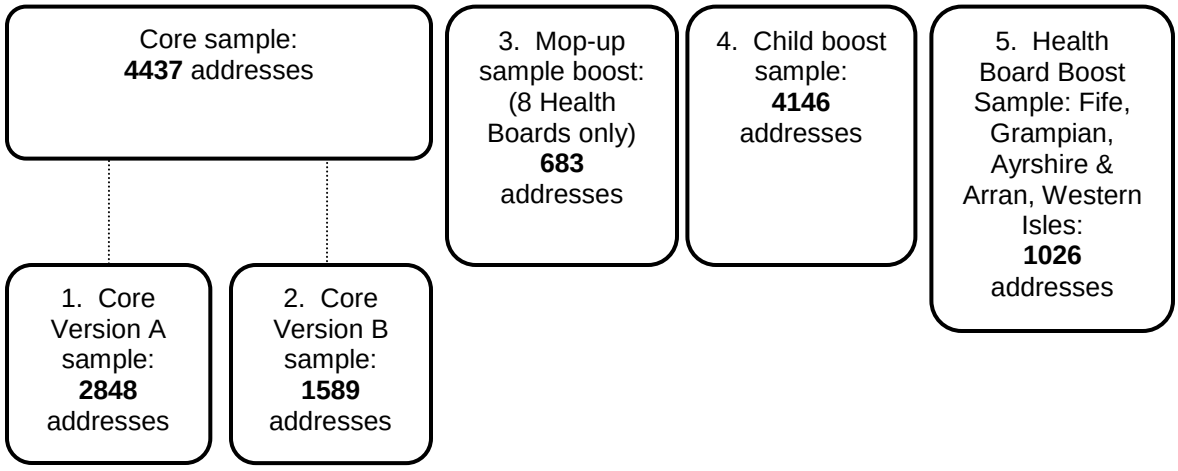
7.4 Nurse Supervisors

Sue Nash and Betty Partington are our nurse supervisors on SHeS. As well as launching new bio interviewers, they are responsible for carrying out annual supervisions of bio interviewers. They also provide support and advice to bio interviewers on all matters related to the biological module.

8. Summary of Survey Design

8.1 Sample Overview

The 2015 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The sample is comprised of four parts:



8.2 Core Sample

The core sample is split into two different sample types called; **Core Version A** and **Core Version B**.

- **Core Version A** – About 65% of core sample addresses are 'Version A'. This version includes the household questionnaire, individual questionnaire, self-completions, heights and weights, and consents. The individual questionnaire contains an additional 10-12 minutes of questions not included in Core Version B.

- **Core Version B** – The remaining core sample addresses (about 35%) are 'Version B' addresses. This version is the same as Core Version A **except** the individual questionnaire is slightly shorter and instead all adults 16+ interviewed at addresses in the assignment are eligible for the **biological samples and measurements module**.

8.3 Child Boost Sample

There is also a Child Boost sample in order to boost the number of children interviewed in the survey. At Child Boost addresses, up to two children (aged 0-15) are interviewed, in person (if they are aged 13–15) or their parents answer on their behalf (if they are aged 0-12). Addresses in this sample type that do not contain children will be screened out.

8.4 Health Board Boost Sample

For SHeS 2015 four Health Boards have opted to boost their samples to enable them to analyse the data in their health board area. The four boosting Health Boards are: Grampian, Western Isles, Ayrshire and Arran and Fife.

8.5 Mop-Up Sample

A mop-up sample has also been issued in eight Health Boards. The only difference that interviewers will notice between these sample types is in the serial number (see section 9). Only adults aged 16 and over are interviewed at these addresses. Children are not eligible to take part at these addresses.

8.6 Assignment types

In 2015 there are six possible assignment types that you could be working on: (1) Core Version B only, (2) Core Version A and Child Boost, (3) Child Boost only and (4) Health Board Boost only (5) Core Version A, Child Boost and Mop-Up; (6) and Health Board Boost and Mop-Up. These instructions are specifically designed for interviewers trained and accredited in collecting biological samples and measurements (assignment type 1).

The average number of addresses in a Core Version B assignment is 14.

These instructions are for interviewers working on Core Version B, – there are <u>separate instructions</u> for interviewers working on Core Version A, Child Boost and Health Board Boost addresses. Please note that there will be no other sample types in bio assignments – it is only bio addresses included in bio assignments.

9. Fieldwork overview

9.1 Interview Visit

- For each household there is a short **Household Questionnaire**. It is very important that the household **reference person or their spouse/partner** should answer this questionnaire where possible.
- For each selected individual participant there is an **Individual Questionnaire.** Participants aged 13 years and over are interviewed in person. Information about children aged 0 to 12 years is obtained by proxy from the child's parent or legal guardian.
- The interview also includes a short paper **self-completion** section for those aged 13 years and over and for parents of children aged 4 - 12.
- Towards the end of the interview (or earlier if necessary), each person aged 2 years and over has their **height measured and weight measured**.
- Each adult participant (aged 16+) is also eligible for the **Biological Module** (see Table 1.2 for content of Biological Module).

9.2 Topics

The table below lists the different topics that will be covered in Core Version B interviews.

Table 1.1 Content of Core Version B questionnaire

Topic	Adults (Core B)	Children (Core B)
Household questionnaire	●	●
General health including caring (age 0+)	●	●
General CVD (16+) & Use of services (0+)	●	●
Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity	●	
Physical activity kids – inc Qs on time spent at screens and other sedentary activity		●
Eating habits kids (2-15 only)		●
Fruit and veg consumption (2+)	●	●
Smoking and Drinking (16+) [16-19 in a self completion]	●	
Dental health (16+)	●	
Economic activity and education (16+)	●	
Education (16+), Ethnicity (0+) and religion (16+)	●	●
Family health background (16+)	●	
Self-completions (13+ & parents of 4-12 yr olds)	●	●
Height (2+) and Weight (2+)	●	●
Consents	●	●
Biological Module (see Table 1.2)	●	

Table 1.2 Content of biological module

Biological Module
Prescribed medicines
Blood Pressure Measurement
Waist Measurement
Saliva Sample
Urine Sample
Depression, Anxiety and Self Harm Questions (in CASI)

10. Who to interview

This section has information about who to interview at Core Version B addresses and how to interview children.

Core Version B addresses

At each address you should:

- Identify who is in the household
- Carry out a Household interview with the Household Reference Person or spouse / partner
- Attempt to interview everyone aged 0 and over (A maximum of 10 adults and up to a maximum of 2 children)
- Attempt to carry out biological module with all adults that participated in the interview

10.1 No Proxy Interviews

On SHeS we do not allow any proxy interviews for anyone aged 13+. The questions are about personal health and should not be answered on behalf of somebody else. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physically or mentally incapable). For children aged 0-12, parents answer on behalf of the child but where possible the child should be present to help with the interview.

10.2 Interviewing Children

Please read the NatCen guidelines on 'Interviewing Children and Young People' alongside the information that follows:

When interviewing children:

0 to 12 year olds	• Interview parent / guardian about the child • Child **must** be present for heights and weights • Child should **ideally** be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten
13 to 15 year olds	• With parental consent, interview child directly • Parent **must** be at home – in ear shot. This protects both the child and yourself
16 to 17 year olds	• Parental agreement **desirable** but not compulsory

For all children under 16 you must get permission from the child's parent(s) before you interview the child.

Who do I need to obtain consent from?

In the first instance you should get permission from the natural/adoptive parent. If a child is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for that child on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the child up instead of the parents. Such a person should **never** be used as a substitute if the natural or adopted parent is a member of the child's household.

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

What should I do if there is disagreement about a child's participation in the survey?

You should respect the wishes of the non-cooperating person whether this is the parent(s) or child. Obviously, you may not always know if both parents agree or disagree as you may not see them together. But if the disagreement is brought to your attention, then the above rule applies.

Should a parent wish to know the content of the survey, explain briefly the survey coverage – See Section 9

What should I do if there is a child in the household who is away from home for the whole of the fieldwork period?

This may apply to children away at boarding school (who do not come home at weekends), on an extended visit / holiday away from home, or ill in hospital. In this situation you should do the following:

Child aged 13-15	Code as unproductive.
Child aged 0-12	Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.
At HtResp & WtResp	Enter "Height/Weight not attempted". At NoHitM and NoWaitM code "Child away from home during fieldwork period" and enter a note to say why.
At NoHitM & NoWaitM	Children who are ill at home for the whole of the period should be treated in the same way, except that at NoHitM and NoWaitM code "other" and enter a note in the notepad.

'Thank You' presents for children and young people

In households with children, interviewers should offer a 'present' – either a **sticker book** to children aged 3-8 (NB these are **not suitable** for children under 3) or a **pen** for young people aged 9-15 - helping with the survey. It is up to you to decide at which point to give the 'present'; make sure it is clear that all children will be given a present, whether or not they agree to all the measurements. In some cases you may also feel you should give a present to a sibling not selected for the survey. This is fine but we have a limited number of pens and sticker books so please don't be too generous.

10.3 Advance letters and Incentives

The advance letter tells participants about SHeS and the interview visit. They will be sent from the office in Brentwood to the addresses in your assignment by 2nd class post four working days before the fieldwork start date

The letters sent to Core Version B households state *"As a way of saying thank you, each adult that participates will be given a £10 gift card which can be spent in a number of different shops".*

We feel that the burden on Core Version B participants is greater compared to participants in other address types which is the reason why they are given a greater incentive. The voucher is **not** conditional on participants taking part in the biological module and should therefore be handed over at the end of the main interview. There is a CAPI screen to remind you to hand over the gift card to participating adults.

You will be given extra copies of the advance letter to give out as a reminder for participants, as well as a laminated copy to show on the doorstep.

Remember to give £10 GIFT CARD to each participating adult (aged 16+).

10.4 Translations

We are committed to offering participants the chance to participate in the survey in a number of different languages. If you come across a household where English is not the first language then please follow the process below to establish if the household members are eligible and willing to take part.

SHeS Translation Process

Interviewer contacts household (HH)

⇩

Interviewer establishes language spoken at HH using laminated sheet

⇩

Interviewer informs Logistics Team of translation requirement at HH
Interviewer keeps ARF, and serial number on laptop,
until we know if an interview is going to happen

⇩

Interpreter uses standard script to establish whether HH wish
to take part and HH composition

⇩

IF NO INTERVIEW:
Logistics Team contact interviewer with final outcome code and
ask for case to be transmitted & ARF to be destroyed

IF INTERVIEW AGREED:
Researchers arrange for relevant documents to be translated and printed

⇩

Logistics Team contact interviewer to inform them

⇩

Logistics Team provide interpreter and interviewer with
each others' contact details

⇩

Interviewer and interpreter liaise and arrange suitable time to visit HH

⇩

Success! Interview(s) achieved

11. Selection Procedures and ARFs

This section outlines how to:

- Trace addresses
- Complete the ARF
- Select a dwelling unit (if necessary)
- Select a household (if necessary)
- Select two children (if more than two children live in the household)
- Select adults (if more than ten adults live in a household)

11.1 Tracing Addresses

You must attempt to make contact at every address in your assignment except those notified to you as office refusals. You must adhere to the call pattern guidance on what days and what time of the day you should call at an address.

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

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

11.2 Overview of the ARF

At each address, we are looking for **one dwelling unit** and within that dwelling unit, **one household**. On the front of each ARF, there is a selection label which you will need to use as instructed to select dwelling units and/or households where necessary.

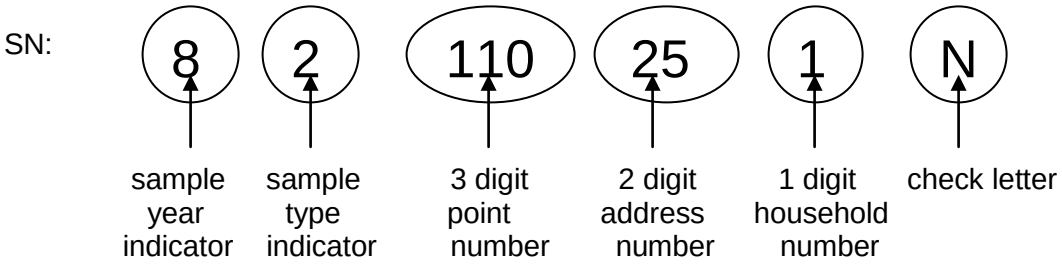
Within a household (at Core Version B addresses), you can interview **up to 2 children**. At households where there are more than 2 children, you will need to follow the instructions in the ARF to make the random child selection. There is a selection label on the front of each ARF to be used for the child selection. Again, it is really important that you follow the instructions thoroughly to ensure that the children are selected randomly. We do regular checks in the office to make sure that the protocol for selecting children is being followed as it is really important to ensure a random sample.

11.3 Core Version B ARFS

You will receive an ARF for each of the addresses in your assignment. The ARF you will be using for Core Version B assignments is Core ARF (Lilac)

11.4 The Serial Number

Each address in your assignment will have an eight digit serial number plus a check letter. Below is an example of a serial number with an explanation of how it is composed.



In the example address label below, the SHeS serial number is: 82 110 25 1 N

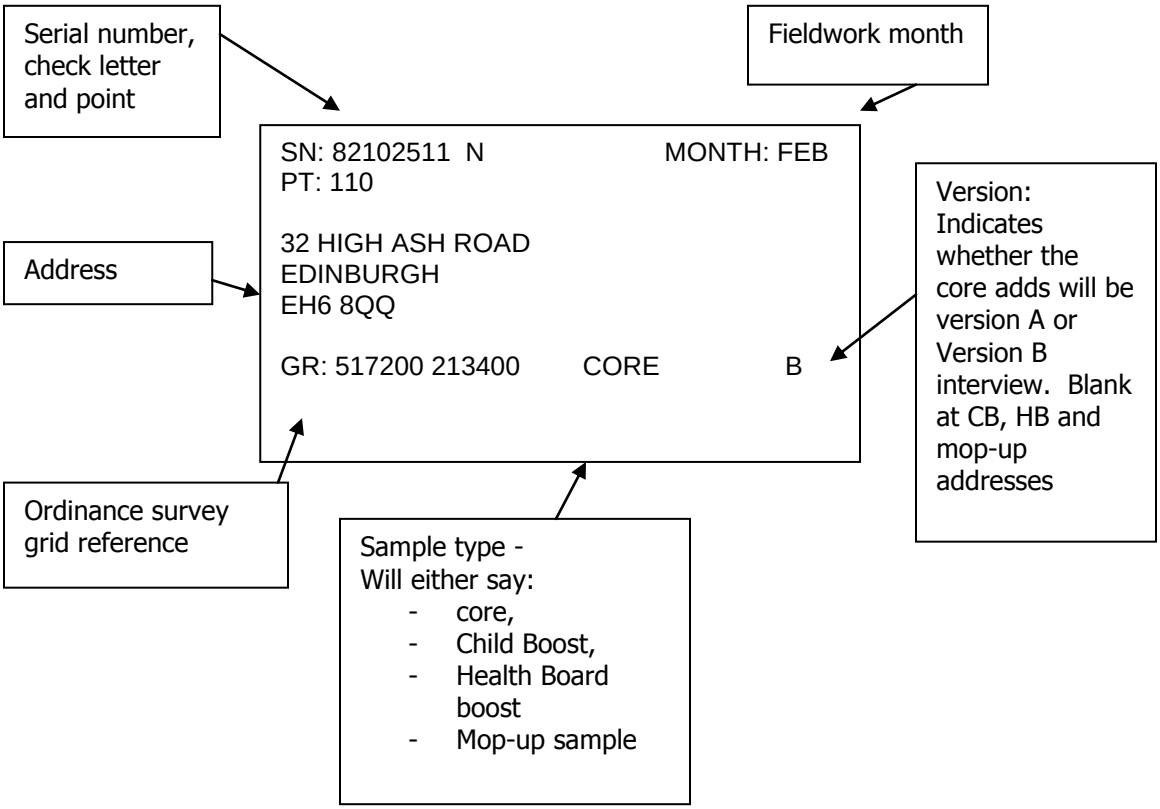
The serial number is very important. It is the anonymised number assigned to that household. You will be asked to write it on a variety of documents, such as the self-completions, as well as on saliva and urine samples. Doing this enables the office to match all the information from one household together.

Please note – if Saliva and Urine Samples are labelled with the wrong Serial Number the samples are destroyed and we are unable to use the data

You also use this serial number to access the interview in the CAPI. Make sure that when you open a CAPI questionnaire you select the address number that corresponds to the address number on the ARF address label.

11.5 The Address Label

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



11.6 Completing the ARF

Keep a full record of all the visits you make to an address/household (ARF Page 1) - include abortive visits as well as productive ones. Any notes about what happened at each visit should be made in the Visits Record box. Label the notes with the call number. Record the start and end time of every call. Record any telephone calls made separately from your personal visits in the box provided (ARF Page 2).

11.6.1 SECTION A – Tracing addresses

You first need to establish whether the address is traceable, residential and occupied as a main residence (A1 – ARF Page 3). If the answer is 'Yes' continue to questions A2-A5 and record your interviewer observations and then follow the routing to B1 to establish the number of dwelling units at the address. If the answer is 'unsure', 'no' or is not applicable follow the routing to Section E to code the reason. Office refusals are coded here at A1.

11.6.2 SECTION B – Dwelling Unit selection

REMINDER: DEFINITION OF A DWELLING UNIT

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

EXAMPLE – DWELLING UNITS
The selected address on the ARF label is: *32 ASH ROAD*

But you find doorbells for these flats: 32a, 32b, 32c, 32d.
This is called a **'Divided address'**. You must first establish whether the extra dwelling units (flats a, b, c, d) were on the PAF or not.

If it is clear that 32a, 32b, 32c, 32d were **not** on the PAF, and so did not have a chance of selection for the survey. You will therefore need to ensure they have this chance, by listing them and making a selection.

What do I do if there is more than one dwelling unit at the address?
SHeS only allows **one dwelling unit** within an address to be selected. If there is more than one dwelling unit a **random selection** has to be made. In order to do this, you would:

1. List all the addresses at B.2 on the ARF (Page 4).
2. Looking along the selection label on the front of the ARF (Page 1), go along the first row called DU (number of dwelling units / households at the address) until you reach the right number of dwelling units.
3. The code below this (SEL) tells you which dwelling unit to choose.

What do I do if there are more than 13 dwelling units at an address?
List the dwelling units on a sheet of paper in the order indicated at B.2 (Page 4). Then use the look-up chart in your interviewer coding booklet. For example, if you have 13 dwelling units, the dwelling unit to be included in the survey will be the one with the selection code 12.

11.6.3 SECTION C: Household Unit selection

REMINDER: DEFINITION OF A HOUSEHOLD
Since SHeS 2012 the definition of a household is:

One person or a group of people living in a dwelling unit who **share a living room or dining area** and **share cooking facilities.**

What do I do if there are different households at an address?
On SHeS, we only allow **one household per dwelling unit** to be included in the survey. As with dwelling units, if there is more than one household, a **random selection** has to be made. In order to do this, you would:

1. For each separate household list one household member at **C.2** on the ARF (Page 5).
2. Looking at the same **selection label** as you would use to select dwelling units on the front of the ARF (Page 1), go along the row called HH (the number of households at that address) until you reach the correct number.
3. The code below this (SEL) tells you which households to choose.

What if there are 13 or more households at a dwelling unit?
It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your FPM or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper then use the lookup chart on at the back of the interviewer coding booklet. For example, if you have 17 households, the household to be included in the survey is the 13th.

11.6.4 SECTION D: Child Selection

On SHeS child selection is completed on the doorstep. Therefore, the front page of the ARF has a separate selection label if you encounter two or more children in the household. If there are more than two children in a household, list the children in descending order of age at D.3 (Core ARF – Page 6).

Looking at the **child selection label** on the front of the ARF (Page 1), go along the row called CH (the number of children at that address) until you reach the correct number. The two codes below this (Child 1 and Child 2) tell you which two children to choose. So, if you had 4 children in this household you would want to interview child number 1 and child number 3, as listed in **D.3** or **D.4** (depending what address type you are working on) using this label:

```
 Serial no:  82110251 N
 Point:      110


CH:    3 4 5 6 7 8 9 10 11 12
SEL:   2 1 4 4 4 1 7  1  3  4
       3  3 5 6 7 5 8  2 10 12
```

11.6.5 SECTION E – Outcome details

The routing in the ARF takes you to the appropriate code in Section E of the ARF. It is very important you circle the correct outcome code as this is how the response rates are calculated for SHeS

11.7.1 Adult Selection

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

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

11.7.2 Child Selection (households with 13 or more children)

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

11.8 Shredding your ARFs

Once you have completed all interviews at an address, and completed and transmitted the admin block, you should shred the front page of your ARF (and any other pages if you have noted any information that might help to identify a household). Double check you have all the information you need before you shred!

12. CAPI

The CAPI questionnaire is easy to follow and most questions give instructions on the screen (See Section 17, 18 & 19 for guidance on individual questions). If you have any queries about the CAPI questionnaire please contact your Field Performance Manager, or a member of the research team, who will be happy to help and explain the questions.

Please refer to your **NatCen Laptop Instructions** for help with using the laptop and the CAPI program. Please request new instructions if you have mislaid your set.

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

Who should answer the questions in the Household Questionnaire?
Wherever possible, complete the Household Questionnaire with **the household reference person or his/her spouse/partner.** If neither household reference person nor spouse/partner is available during the fieldwork period you can complete the Household Questionnaire with any responsible adult. However this is not ideal as there are some questions that can only be asked of the householder.

12.1 Adding and deleting household members

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

ADDING A HOUSEHOLD MEMBER
1. Select code 2 ('No – more people') at *SizeConf*.
2. This takes you back to the last *More* question in the household grid. Change this from 'no' to 'yes' and continue by completing details of the person you wish to add to the grid.

DELETING A HOUSEHOLD MEMBER
1. Select code 3 ('No – fewer people') at *SizeConf.*
2. This takes you to a new screen, which displays the people you have entered in the grid so far. 3. Select the person and delete them from the grid

Once you have deleted the person, other household members get 'moved up' the grid to fill the person number originally allocated to the person you have deleted.
Warnings will be displayed if you try to delete someone you have coded as Household Reference Person or as responsible for answering the Household Questionnaire. If you made an error in entering the person you originally coded as Household Reference Person (and you want to delete them from the grid), you will need to go back through the questionnaire and identify the correct Household Reference Person.

If you discover that the person answering the Household Questionnaire was not really a member of the household, you will need to go back through the Household Questionnaire asking the questions of a household member (HRP or spouse).
Once you have begun allocating household members to Individual Questionnaire sessions, you will not be able to change the household grid in this way. If you discover errors after this point, use <Ctrl> + <M> to make a note to explain what happened. Other information in the grid (e.g. marital status) can be changed at any point if you should later discover an error.

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

The order in which you enter the participants is not crucial, but you will find it easier if they are entered roughly in age order. Always enter the details about children in the household after adults.

Before you leave the grid, make sure that you are happy with the information in it. **Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid.**

12.2 Setting up interviewing sessions

12.2.1 Joint or concurrent interviewing

The CAPI program allows up to four people to be interviewed at the same time (*in the same session)*. You allocate the participants to sessions at the end of the Household Questionnaire.

REMINDER – THINK ABOUT WHO TO INTERVIEW IN A SESSION

- Remember you do not have to interview four people at the same time (CAPI allows you to say "no-one else" once you have allocated the required number of people to a session)
- Some concurrent interviews can be very labour intensive on interviewers and participants, so while there are facilities for up to 4 people to be interviewed concurrently, you need to think about these issues before setting up.
- Be sensitive in your choice of people to be interviewed together. Cross-generation interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose information about themselves in front of some household members.
- Parents must always be interviewed/present with children under the age of 12

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

12.2.2 Allocating individuals to sessions

You allocate participants to sessions at the screen *EndDisp*. Here you press **<Ctrl> + <Enter>** at the same time to bring up the parallel block. Select "Individual_Session[1]" from the parallel block. This is an empty session to which you can allocate the people you want to interview. If there are more than two children in a household it will display the two children selected to take part in the survey.

The screen will display all eligible participants. When you have finished allocating people to a session you can press '**97**' to indicate that you do not want to allocate any more people to that session.

You will be asked to confirm that the right people have been allocated to a session. If you have entered the wrong information here press '**2**'. Once you enter '**1**' to confirm that the session set up is correct you **cannot** go back and change it.

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

12.3 Individual Questionnaire

An Individual Questionnaire should be completed for each adult in the household and for the selected children. For guidance on the questions in the CAPI Individual Questionnaire see Appendix 18.

12.3.1 Presentation of the self completion booklets

For SHeS 2015 there are four different self-completion booklets depending on the age of the participant. Instructions are given in CAPI about which booklets to use.

Questionnaire	Colour	Content	Document Code
Parents of children aged 4-12	Green	Contains questions on strengths and difficulties.	U SC (4-12)
Children aged 13-15	Pink	Contains questions on general health.	U SC (13 – 15
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)
Adults (18+)	Blue	Contains questions on drinking, general health, gambling, cosmetic procedures, contraception and sexual orientation.	U SC (A)

General Points about self-completions

- Encourage participants to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- Encourage participants to answer all the questions.
- Make sure that you are present in the room while participants complete the booklets. This will help to ensure that participants answer the questions as accurately and as honestly as possible.
- Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at ScIntro/SCIntCh
- If participants have problems reading or are visually impaired, they may ask you to assist them by reading out the self-completion questions and filling them in on their behalf. This is fine, as long as the participant is comfortable with this.

Smoking and drinking questions

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. This includes the two new questions on the use of e-cigarettes. For participants aged 18 or 19 you have the option of deciding whether they complete the smoking and drinking questions in the CAPI interview or in the self-completion. CAPI will prompt you to confirm how 18 and 19

year olds are completing these sections. If an 18 year old is completing the interview along with their parents you may decide you will get more honest answers if the participant answers the questions in self-completion format. If however an 18 year old is completing the interview alone or alongside a partner or a friend then answer the questions in CAPI is likely to be fine. Use your own discretion to decide. There are no questions about smoking and drinking for anyone aged under 16.

For the 16-17 year olds (and 18-19 year olds at your discretion), the section on drinking is probably the most complex part of the self-completion. You can help the participant out if they are having difficulty, but take care to preserve the anonymity of the participant's information.

Problem drinking questions

The problem drinking questions currently used were introduced in 2012. If a participant does not drink then you will get a prompt on screen to cross out this section. People who only drink a very little (e.g. something at Christmas and New Year) will still need to answer these questions – even though the questions will not apply to them it is important that anyone who drinks any alcohol is asked to fill them in.

Gambling questions

Since 2012 we have included some questions on gambling to the adult and young adult self-completions. The purpose of these questions is to find out:

- The types of gambling that people in Scotland do (e.g. lottery, bingo, online betting)
- The prevalence of gambling in Scotland
- The prevalence of problem gambling in Scotland

Some participants might ask why we are interested in them if they only buy a lottery ticket once a week. Explain to them that we want to find out about the range of gambling that people in Scotland participate in as well as whether their gambling has had a negative impact on them. This will allow us to look at what effect problem gambling has on the health of the population. One extra gambling question was added in 2015.

Cosmetic procedures questions (NEW in 2015)

A new set of questions on cosmetic and other procedures is being introduced in 2015. The purpose of these is to find out how common these different procedures are in Scotland. For the questions on skin and soft-tissue treatments, a follow-up question is also asked, regarding the occurrence of any complications as a result of the procedure. If a participant is unsure whether to include a particular procedure, please ask them to tick “other” and write in what the procedure was. We can then decide in the office how the procedure should be handled.

Questions on physical activity recommendations

All four self-completion questionnaires include a question on participant awareness of recommended levels of physical activity. These were introduced in 2013. The questions were placed in self-completions rather than CAPI so that participants are not influenced by hearing the views of other interviewees in the household. The questions were tested in the SHeS 2013 pilot, which showed that most participants had no problems in completing them. The pilot also showed that whilst some participants appeared to be aware of the recommendations (through school, exercise classes, attending hospital or

pharmacy, the radio) and could answer more confidently, others were simply guessing when they were answering this question, indicating they did not know what was in the recommendations. It is to be expected that many will just guess and this is fine.

Sexual orientation question

The young adult and adult self completions contain a question about sexual orientation. If you are asked what any of the terms mean please use the following examples:

- A bisexual person has relationships with people of the same sex **and** the opposite sex to them (e.g. a man who sleeps with both men and women)
- A gay or lesbian person has relationships with people of the same sex as them (e.g. a man who sleeps with men, or a woman who sleeps with women).
- A heterosexual person has relationships with people of the opposite sex to them (e.g. a man who sleeps with women)

Do not use terms like "queer" or "normal" as these can be offensive.

12.3.2 Measurements

SHeS is responsible for providing the official statistics on the population's height and weight. It is **vital** that you learn to administer these protocols properly and systematically.

Detailed protocols of how to take height and weight are in your Project Instructions for Core Version A, Child Boost, and Health Board Boost/Sample boost. If you have any problems in either administering the protocols or with the equipment, contact your FPM immediately.

If possible, measure height and weight on a floor which is **level and not carpeted**. If the entire house is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom). When you have taken the participant's height and weight, you can record the Measurement Record Card if the participant wishes. There is space to write height and weight in both metric and imperial units if the participant wants both. The computer does the conversion for you. Participants are **not** required to undress for height and weight measurements.

When recording height, please remember to **record to one decimal place** (e.g. 123.4cm) and if a reading falls between 2 millimetres, **it should be rounded and recorded to the nearest even millimetre**. For example if a participant has a height reading that falls between 166.7 and 166.8, the reading of 166.8 should be recorded. Similarly, if the reading falls between 166.6 and 166.7, 166.6 should be recorded. By doing it this way, we ensure that our final data is not biased due to always rounding up or down.

Are there any participants who should not have their height and weight measured?

You should be able to measure the height and weight of most participants. However, in some cases it may not be possible or appropriate to do so. Examples of people who should **not** be measured are:

- Children under the age of 2 years
- Pregnant women

- Chairbound participants
- If after discussion with a participant it becomes clear that they are too unsteady on their feet for these measurements
- If the participant finds it painful to stand or stand straight
- If an elderly participant is too stooped to obtain a reliable measurement
- If a participant weighs over 200kg (31 ½ stone)

Measurements in CAPI

The heights and weights section is accessed via parallel blocks to allow for greater flexibility. At several points throughout the program you will be asked whether you want to take measurements at that point. If you do not wish to take the measurements at that point in the interview you can simply skip past the screens by pressing enter. Otherwise press control and enter and scroll down to select the measurements block that corresponds to that session. If you have not completed the measurements by the end of the self-completion section a hard check will be triggered and you will need to carry them out then. Please note you will not be able to sign off an interview without completing the measurements block for that interview even if that is to record that participants refused to have the measurements taken.

CAPI Question	Further explanation of CAPI
Intro	This question provides an introduction to height and weight. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.
RespHts or RespWts	You are asked to code whether participants agree or refuse to have their weight or height measured.
ResNHi or ResNWt	If the height or weight is refused or not attempted, the participant is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements. If the participant is not willing to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as Refused at **RespHts/RespWts** and code the reason for refusal at **ResNHi or ResNWt**. **DON'T** use the 'Not attempted' code for these cases.
RelHiteB and RelWaitB	You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

12.4 Admin Block

The admin block is similar to the standard NatCen admin block.

As part of the Admin Block there are also biomodule outcome codes. This will allow us to monitor response rates to the biological module. For example we can look at:

- How many participants are eligible for the biological module
- How many of the eligible participants agree to the module
- How many of the participants that agree to do the module actually do it
- How many of the eligible participants refuse to do the module
- The reasons why participants refuse the module
- If there are any participants who initially refuse the biological module but change their mind and do it.

If a participant completes the biological module then an outcome code of 81 is automatically fed-forward by CAPI. For all participants who do not complete the biological module you will then have to code why the module was not carried out with that person. The options in CAPI are:

- REFUSED
- No contact made
- Proxy refusal
- Broken appointment
- Ill (at home)
- Ill (in hospital)
- Away (other reason)
- Other (SPECIFY)

For all participants who refuse the biological module you will then have to code the reason why from the following options:

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

12.5 Consents

In SHeS 2015 we are seeking consent for two things:

- Scottish Health Record Linkage
- Scottish Government Follow-up Research

For each we need to obtain written consent from each participant.

If the participant is under 16 years old the written consent must be provided by an adult.

A signature on a consent form is only valid where the participant is properly informed and capable of understanding. It is important that you allow participants ample time to read consent forms and that you check and are confident that they

understand what they are agreeing to. CAPI also instructs you to read out information from the screen. You should also be prepared to answer any questions they might have.

12.5.1 Scottish Health Records

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

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

12.5.2 Scottish Government Follow-up Research

We are also asking permission to pass on the participants' details (including their name, address and answers to the survey) to the Scottish Government, and to agencies whose research has been approved by the Scottish Government, in case they want to contact them in future to take part in another study about their health. If asked you can say that there are no plans to do any further studies at present, and that they would always be contacted beforehand to ask if they are still willing to take part. Participants are free to decline to take part in any future studies, even if they sign the consent form to allow their details to be passed on.

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

12.5.3 Consents for people who are blind / can't read

For a participant who is blind and cannot read:
Add at the bottom of the consent form

For the participant:
"This form has been read to me and I confirm that I understand the information and give consent to my information being [linked / sent to the Scottish Government]."
Participant's signature

Write in their name if they cannot sign

For yourself:
"I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent to having their [data linked / details sent to the Scottish Government]."

Interviewer signature and date

If someone else is available as a witness:
"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed to having their [data linked / sent to the Scottish Government"

Witness signature and date

13. Introducing the Survey

Our core national target response rate for 2015 is **65%** and we are relying on you to help us achieve this. Past experience shows that this requires continuous hard effort. We are also committed to completing the biological module with 1000 adults. A high response rate for the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who don't take part are likely to have different characteristics from those who do.

13.1 Tips for introducing the survey

- Know the survey before you go out into the field
- Keep your initial introduction short, simple, clear and to the point.
- Do **not** mention measurements or samples. The advance letter refers only to an interview. We do not want to risk losing an interview because a person is worried about being weighed, measured or giving a urine or saliva sample.
- We advise you where possible not to enter a house with your equipment. . Leave your car somewhere where you can retrieve them easily.
- Read your General Concerns laminate before starting work.

The key thing is to avoid too much detail too soon. Experienced interviewers tell us that nearly everyone is willing to proceed from one stage of the survey to the next, but that they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

13.2 Things you can mention on the doorstep

Government Related	• It is a national (Scotland wide) survey on behalf of the Scottish Government Health and Wellbeing Directorate • It provides the Scottish Government with accurate and up-to-date information on the health of the population • It gives the Scottish Government information on health trends, and monitors how well the health targets set by them are achieved • It is used to help plan NHS services • The information is available to all political parties • The information will be needed by whichever government is in office
Confidentiality	• No-one outside the research team will know who has been interviewed, or will be able to identify an individual's responses or results • Results are only published as aggregate statistics • Answers are treated in the strictest confidence in accordance with the Data Protection Act 1998
Signify its importance & status	• It is a very important survey • It is the largest Scottish survey to look at the health of the general population. In the 2015 mainstage about 5500 adults and 1800 children will take part • Results are published annually and reported in the national press
Describe population coverage & why certain groups should participate	• Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them. • The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them • To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not • Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned • Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost

13.3 Introducing Height and Weight measurements

The relationship between general build and health is of great interest to the Scottish Government. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes

reflect the changes in the population's diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place. SHeS is the main national source of information on children's heights and weights.

13.4 Introducing the Biological Module

Experienced bio interviewers recommend that you don't mention the biological module to participants until they reach the correct stage in the interview (which is after the self-completions and consents). Participants are more likely to be happy to proceed with the biological module after you have built up a rapport with them during the main interview and they are become used to the survey process.

Before you begin the biological module you will need to explain what you hope to do during the rest of your visit and to reassure nervous participants that every stage is optional. Once you've explained what you are going to do you should provide the participant with the 'Information for Participants' leaflet (Document code - P7192 IB IL (MEAS)) and ask them to read it before you start. There is now a prompt in CAPI to remind you to do this. The leaflet describes what you will be doing and reiterates that the survey is voluntary and has been approved by an NRES (National Research Ethics Service) ethics committee. **It is an ethical requirement that participants read this leaflet in advance of completing the module.**

14. Survey Documents

For each SHeS assignment you work on you will also be sent a workpack containing the documents below. Most of these documents have been explained elsewhere in these instructions, or have been covered in your briefing. Please ensure you are familiar with all the documents before you start your assignment and make sure you are using 2015 materials. Please read the Physical measures and biological sample collection protocols for more information about equipment required for the biological module.

Name of Document	Colour	Use	Doc Code	Doc No.
Sample cover sheet	Lemon	This document will accompany your set of ARFs. It will list the serial number and addresses in your sample point for you to visit that month. Complete the columns as you work through your assignment.	N/A	1
ARF (Core)	Lilac	Address record form for recording details about interviewer calls made to the Core Version B addresses and the outcome codes for those addresses.	N/A	3
Advance Letter Laminate	SHeS headed paper	Laminated letter that can be used as a reminder on the doorstep. Note the advance letter sent to Core Version B addresses is different than that sent to Core version A addresses.	N/A	15

Name of Document	Colour	Use	Doc Code	Doc No.
Advance Letters (Copies)	SHeS headed paper	Spare copies of the advance letter sent to participants before you call to inform them about the survey. You will only have spares in your pack as advance letters will be sent by the Logistics Team.	N/A	11
Showcards	White	To be used alongside the questionnaire. Contains answer options to certain questions which may be of a sensitive nature or for which there may be a large number of options. You have a spare set of cards to use if you are interviewing at a large household.	U SHCA	22
Frankfort plane	White	Laminated card to be used when measuring height.	N/A	41
Coding booklet	Blue cover	Contains coding details for cereal and fresh fruit sizes coding list. It also contains height and weight conversion charts and look-up charts for 13+ dwelling units/people.	U COBO	23
PARTICIPANT LEAFLETS:				
SHeS survey leaflet	NatCen colours	A leaflet which provides some key information about the survey including some of the main findings from previous years. The leaflet is included with the advance letter but you will be provided with some spares.		7
Information leaflet for adults	Pink	To be given to adult participants. Explains the survey in more detail. Includes information about what is covered in the survey and information participants may want to know about such as confidentiality issues. This should not be used on the doorstep, but should be handed over at the start of the interview (when you are opening your laptop). There is also a brief section on the biological module.	IB IL (A)	18

Name of Document	Colour	Use	Doc Code	Doc No.
Information leaflet for children	Green	To be given to children. Explains what the survey is about to children and what is involved, such as the height and weight measurements. It also has an email address they can contact if they have any questions.	U IL (CH)	20
Physical and Health Measurements visit leaflet (and record card)	Lemon	This leaflet should be handed out to participants at the end of the CAPI interview just before the biological module commences. It contains more detailed information about each of the measurements being collected and also includes space for you to record measurements (if the participant would like a copy). It also lists some websites where participants can get more information on understanding their results. **Please ensure that this leaflet is handed over in advance of the biological module and is left with the participant.**	IB IL MRC	32
Useful Contacts Leaflet	Grey	Some participants will find the questions on depression, anxiety and self-harm difficult to answer and potentially distressing either at the time of interview or afterwards. We want to ensure that participants feel they have somewhere/someone to turn too should this be the case. We have therefore designed a leaflet that contains an extensive list of organisations they can contact. A copy should be left with all participants who answer these questions irrespective of whether they appear to have found the questions distressing or not.	U CONT	33
Door hanger for partial households	Pink	This leaflet should be left with an adult (16+) that has taken part in the main interview to pass on to other people in the household who were not available for interview		54

Name of Document	Colour	Use	Doc Code	Doc No.
		during the first visit (where interviewing took place). This leaflet stresses the importance of speaking to all members of the household to build a picture of the nation's health. This leaflet also mentions the incentives.		
SELF-COMPLETIONS:				
Parents of children aged 4-12	Green	Given to parents at the end of the child's questionnaire. Contains questions on strengths and difficulties.	U SC (4 – 12)	24
Children aged 13-15	Pink	To be completed by the 13-15 year-old themselves. Contains questions on general health.	U SC (13 – 15)	25
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	This is for all 16-17 year olds and 18 & 19 year olds at your discretion. Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)	26
Adults (18+)	Blue	This is for all adults 18+. The exception is on those occasions when you have already decided that an 18-19 year old should get the young adult questionnaire instead (in which case they do not complete this one as well). Contains questions on drinking, general health, gambling, contraception and sexual orientation.	U SC (A)	27

Name of Document	Colour	Use	Doc Code	Doc No.
CONSENTS:				
Scottish Health Records consent form (adults 16+)	Green, carbonised	To be signed by participants if they give permission for their information to be linked with Scottish Health Records. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (A)	28
Scottish Health Records consent form (0-15 year olds)	Lemon, carbonised	To be signed by parent/guardian of children aged 0-15 if they give permission for the child's information to be linked with Scottish Health Records. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (CH)	29
Scottish Government Follow-up research (Adults 16+)	Blue, carbonised	To be signed by participants if they give permission for details to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON SG (A)	30
Scottish Government Follow-up research (0-15 year olds)	Pink, carbonised	To be signed by parent/guardian if they give permission for details of child (aged 0-15 years) to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The participant keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON SG (CH)	31
Samples consent booklet (see section 20 for more details)	Green	Before saliva and urine samples are taken interviewers must obtain written consent in the consent booklet. You should leave a carbon copy for the participant's records. The booklet includes dispatch notes for the storage facility and office.	IB SA CON	34

Name of Document	Colour	Use	Doc Code	Doc No.
OTHER:				
Broken Appointment Card	White	To be left as a reminder at addresses where participants have broken an appointment.		
Translations Card	Black and White	A card in 11 languages explaining the survey and that an interpreter can be arranged to help conduct it.		43
Sticker packs/Pens	-	Can be given to children participating in the survey. Sticker packs are for younger children and the pens are for older children.		44 and 45
General Concerns laminate	Cream	A list of some of the key concerns people often have along with advice on how to reassure them and encourage them to participate.		43
Gift Card		Each participating adult receives a £10 gift card. Receipt of the gift card is not dependant on completing the biological module.		
Sample envelopes		To be used to return samples to the lab. See section 21 for further information on packaging samples.		
Urine / Saliva Tube Labels	White / Red	To be used to label saliva and urine samples. Ensure that correct serial numbers and date of births are recorded for each participant.		37
Physical measures and biological sample collection protocols manual		This is the protocols manual for IBio interviewers on all bio social measures. You should refer to the manual and follow the protocols for all the measurements and samples. These include: Height measurement, Weight, Waist circumference, Blood pressure, Saliva sampling and Urine sampling.		40
Consents laminate for blind and partially-sighted	White	This can be stuck to your laptop, to remind you of what to put on consents if participant blind / partially-sighted.		50

Name of Document	Colour	Use	Doc Code	Doc No.
Interviewer calling card (Sorry I missed you card)	Green	This should be left at households where you do not make any contact with anyone when you visit. Please remember to write-in your name in the space provided.		52

14.1 Document and equipment management

For SHeS 2015 you will be issued with an assignment pack with all the documents you will need on a monthly basis.

You are still required to monitor your own supplies and request additional documents if you need them. The contact details for stationery and equipment are in *Section 1* of these instructions. We now have codes at the bottom right hand corner of SHeS documents see above for the documents that currently have codes. Please use these codes when you are requesting supplies to ensure the correct document is sent.

- You will be sent your documents pack with everything you will need at the start of each assignment
- It will be up to you to then order more supplies as you need them
- All households taking part in the study must be given the leaflets, self-completions and consent forms as set out in the ethical approval we've been given to do the study
- It will not be acceptable for households to miss a leaflet, or to skip a self-completion or consent, because you have not ordered supplies in time
- To cut down on wasted supplies, please do not write on self-completions or consent forms until you are in the household and you know for certain that they are going to be used
- Continue to prepare the supplies you need for a household in advance, just don't write on any of them
- You will also need to make sure that you have enough saliva and urine kits for each participant who would like to take part in the biological module

Please note that as a bio interviewer you are responsible for monitoring and ordering the necessary stock and equipment you need. Once you know that you have a bio assignment please order the necessary equipment you will need. Please consider that the average number of addresses (14) in a bio assignment is a rough guide and you should ensure that you have spare supplies too.

15. Returning work to the office

15.1 CAPI

Where possible, you should transmit any completed households on the same day that you complete them. However, if you are planning to return to a household either to interview an additional household member or to complete a biological module then do not transmit until the whole household is complete.

Before returning work:

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

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

15.2 Paperwork

Remember paperwork must also be returned promptly. You should aim to send them in at least twice a week. However, you should not send these back until a household is complete.

REMINDER: SENDING BACK PAPERWORK

Before sending work back:

- Check all paper documents are completed
- Check all paper documents have correct serial numbers
- Check your ID number is on the Self Completions
- Update your Interviewer Sample Sheet

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

Return work in **two separate envelopes**:

1. SG follow-up research consent form, Health Record consent form and the Saliva and Urine consent Booklet*
2. Self-completions

This is very important to protect the participant’s anonymity. The consent forms contain full names and the self completions contain personal information. For this reason it is vital to keep the two separate.

* Please remember that Consent Booklets for saliva and urine samples must be returned with Page 1 completed even if participant did not consent to either of the samples (See Section 21)

15.3 ARFs

Once you have completed all interviews at an address, and completed and transmitted the admin block, you should shred the front page of your ARF (and any other pages if you have noted any information that might help to identify a household). Double check you have all the information you need before you shred!

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

16. Guidance on completing the household questionnaire

This section will help you ensure the Household Questionnaire is completed accurately. It will also provide answers to questions that participants might ask, for example "why do you need that information?"

Household Grid

Person Numbers

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

Name

You only need to use first names and not surnames on the grid. Full names will be written on the ARF. If someone does not want to give you their first name, enter their initials instead.

DoB and AgeOf

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

Marital

The aim is to obtain the legal marital or same-sex civil partnership status, irrespective of any *de facto* arrangement such as a couple living together (this is established in another question called *Couple*). The only qualification to this aim is that you should not probe the answer "separated". Should a participant query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not).

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

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

Relationships between household members [R]

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

Note that a distinction is made on the card between natural, adoptive, and foster children / siblings. This is because it is important to establish blood relationships between household members which are of interest when analysing the data on health conditions. You need to be aware that this may be sensitive information in some households, and that is why we have a showcard for this question. If possible, try to avoid children looking over their parents' shoulders when they answer this question.

You should treat **same-sex and opposite-sex cohabiting couples** in the **same** way. Participants should be allowed to answer in the way they feel most accurately describes their circumstances e.g. some of them may wish to record their partner's mother as 'mother-in-law' and others may want to record her as a non-relative. If participants ask for advice, the interviewer can explain this and tell them they can record in either way.

'Other relatives' include cousins, nieces, nephews, aunts and uncles.

If you have doubts about any relationship, record as much information as possible in a note.

Household Questionnaire

The rest of the questions on the Household Questionnaire should be completed by the household reference person or their spouse or partner.

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

CAPI Question	Guidance
[HiHNum]	This question establishes the Highest Income Householder, which is then used to determine the HRP (see above). Details about income and employment will be collected for the Household Reference Person at the end of the Household Questionnaire.
PasSm	This question refers to exposure to tobacco smoke in the home. Participants should think about people who smoke **inside** the house or flat. Therefore, if someone only smokes in the garden, they should be excluded. Include anyone who smokes inside the home on most days, even if they are not a household member. Note the question is about **most** days.
SmokHm	This question refers to smoking rules in and around the participant's home. If no one in the house smokes, or the participant does not have any rules, ask them to imagine what rules they would apply if a smoker visited their home. If smokers are not allowed to smoke inside rooms but are allowed to smoke out of a window or at a back door that is open then code 2. If smokers are only allowed to smoke outside in the garden or balcony and the door is closed then code 3.

EatTog	This question asks how often in the last seven days, members of the household have eaten a meal together. Note that this question about the number of **times** they have eaten together, not the number of **days** so if they ate more than one meal together in a day you will need to probe and code 6 (more often than 7 times) if appropriate. We are not offering any definition of a meal here; if queried it is the participant's definition that counts. Participants are asked NOT to count breakfast as a main meal.
Crime Questions **LiveArea, CrimArea, PrevCrim ActQuick DealInc Investig SolvCrim**	These are being asked in the Scottish Government's three large population surveys (SHeS, Scottish Household Survey and Scottish Crime and Justice Survey). The questions include asking how long participants have lived in their local area, their perceptions of crime in the local area and how much confidence they have in their local police force to deal with different situations. Some participants will query why they are being asked these questions in a survey about health. You can explain that we are interested in whether people's health and wellbeing is influenced by their experience and perceptions of crime and policing. Please note that these questions will be randomised so will always be in a different order.
SrcInc	Code the sources of income for the HRP AND SPOUSE/PARTNER only. Do not include income for other adults in the household. **NB Please try to ensure that the HOUSEHOLD GRID is answered by the HRP or their SPOUSE/PARTNER, so that we are able to collect data on household income.** Not all state benefits are listed. Council tax benefit, and Universal Credit (which is being rolled out across the country over the next few years to replace a number of benefits) should be coded as "other state benefits".
JntInc	This first income question asks for the income, BEFORE deductions for income tax, NI and superannuation (pension payments) etc, of the HRP AND SPOUSE/PARTNER. Don't include any income of other household members at this question. If the participant only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI remark (Ctrl M).
HHInc	At this question we want the TOTAL income of the household, ie. including any income of other household members, as well as the household reference person and spouse/partner.

Household Reference person economic activity	The household questionnaire collects the job details of the Household Reference Person (HRP). The question HRPOcc asks if the HRP answered these questions directly or by proxy. If they are answered directly they will not be repeated in the individual questionnaire. If they were answered by proxy then the HRP will be asked them again when their individual interview takes place. The guidance below applies to the questions asked of the HRP and also to the question asked of individual adults in the main interview.
EconAc12	This is a **multi-coded** question and the answer options are: 1 Working as an employee (or temporarily away) 2 On a Government sponsored training scheme (or temporarily away) 3 Self employed or freelance (or temporarily away) 4 Working unpaid for your own family's business (or temporarily away) 5 Doing any other kind of paid work 6 None of the above 'Any other paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some participants may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest participants who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work. Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up. Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect interviewers to probe routinely for this. **More guidance on certain situations is provided below.**
EducCour	People aged 16-64 (apart from those on Govt training schemes) are then asked: “Are you at present enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course). INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS. IF PARTICIPANT IS STUDYING PART-TIME CODE **NO** HERE.” The participant should define for themselves whether they are a full or part-time student. As the instruction states, full-time students on holiday should answer “yes” here, even if they have a vacation job, as long as they are planning to return to their studies when term starts again.

Wk4Look12 **WaitJb12** **Wk2Star12**	People who answer “none of the above”, or were working unpaid for a family business (and not in other paid work) at EconAc12 are then asked if they were looking for work in the past 4 weeks, whether they were waiting to start work, and if they could have started a job had it become available. This will include retired people, full-time students, and other types of people not in work. ‘Looking for paid work' may cover a wide range of activities and you should not try to interpret the phrase for the participant. In the case of those 'looking for' a place on a government scheme the search should be active rather than passive. In other words, a participant who has not approached an agency but who would consider a place if an agency approached him or her should be coded ‘No’. Looking in the papers for vacancies is an active form of search.
YNotWrk	People who are not looking for work, or not waiting to start work, are asked their reason for not looking for work. The options are: 1 Waiting for the results of an application for a job/being assessed by a training agent 2 Student 3 Looking after family/home 4 Temporarily sick or injured 5 Long-term sick or disabled 6 Believes no job available 7 Not yet started looking 8 Doesn't need employment 9 Retired from paid work 10 Any other reason This is a single-coded answer so the participant needs to choose their main reason. Please make sure they have read the whole list before answering.
HJobTitl	Everyone who is currently in work, or has worked in the past, or is waiting to take up a job is then asked about their job. If someone did more than one thing in the past 7 days, e.g. worked as an employee and did unpaid work for a family member’s business, then they should answer the questions in relation to the activity they spent most time doing in the last 7 days. There is an instruction about this at this question.
HFtPtime	Note that full-time work is defined here as more than 30 hours; part-time is 30 hours or fewer.

HNEmplee	We are interested in the size of the 'local unit of establishment' at which the participant works in terms of the total number of employees. The “local unit” is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings. It is the total number of employees at the participant’s workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.

The follow examples might be useful for EconAc12

Participant Situation	What to do
Temporarily sick or on leave	Someone who was temporarily sick or on leave from a job in the reference week should still be coded in whichever category applies to them (e.g. working as employee/freelance/other paid work). Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as employed/in paid work only if full or partial pay has been received by the worker during the absence, and they expect to return to work for the same employer (ie a job is available for them).
Maternity leave	If the participant is a mother on maternity leave, with a job to go back to, this should be coded using whichever of options 1-4 applies to them (but temporarily away).
Career breaks	In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a participant is currently on a career break, (s)he should be coded as being in employment/paid work only if there is an arrangement between the employer and employee that there will be employment for the employee at the end of the break. This is not dependent on his/her receiving payment from the employer during the break. Leave it up to the participant to define whether or not (s)he has a job to go back to.
Seasonal employment	In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between ‘seasons’, participants in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker’s occasional absence, and coded as being in paid work.)
Casual work	If a participant works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.

Unpaid work:	Working unpaid for a family business - the people we expect to pick this option are those whose work contributes directly to a business, farm, or professional practice owned by a relative, but who receive no pay or profits (e.g. a wife doing her husband's accounts or helping with the family farm or business). Unpaid voluntary work done for charity, etc. should not be included.
Training schemes	People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Modern Apprenticeships, Get Ready for Work and Training for Work (used to be called Employment Training or Employment Action).

17 Guidance on completing the individual questionnaire

This section will help you ensure that the Individual Questionnaires are completed accurately. It will also help you provide answers to questions that participants might have.

General Health

CAPI Questions	Guidance
[DBCheck, OwnAge]	These questions provide a check to ensure that these details are correct for each individual interviewed. Always read out the date of birth displayed on screen, even if you entered it very recently. If someone's date of birth is not correct code 2 at DBCheck and enter it in the questions that follow – the original date entered will be displayed there and you can write over it. If you did not collect a date of birth in the household grid then code 3 here and collect it. If someone does not know their date of birth or refuses to tell you, use the following rules: i) If you obtained a DoB in the Household Grid, use this one and enter a note (<Ctrl> + <M>) to this effect. ii) If the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself. Once sampled for the survey by the household grid, it is the **age at the time of the Household Questionnaire** that determines the questions and self-completion document that you administer

What should I do if someone has a birthday between completion of the Household Grid and the Individual Questionnaire?

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

CAPI Question	Guidance
IllsM, More, LimitAct	Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, "I had an operation to sort out my feet." This does not tell us what was wrong with "my feet". Probe, "Can you explain a bit more?" etc. **Only enter information about one condition at the first IllsM then use the "Anything else" probe in order to record any other problems** and to ensure that all long-standing illnesses are recorded. Note that people who have said their health is bad or very bad are likely to have more than one condition. There is a maximum of six IllsM slots. When you have finished entering all the conditions, a further question will ask if any illness limits the participant in any way. From 2012, this question asks whether the illness/condition limits the person a little or a lot. A list of some of the conditions people may mention at the long standing illness question is available on screen if you press **F9**. This is to help you with the spelling. It should not be used as a prompt for participants. It might be worth looking at the list before you start typing your answer. Sometimes a participant might be able to help with the spelling, but if not just write it in how it sounds and the coders will work it out from that.
RG15, RG16a, RG16b, RG17	These questions ask about participants' caring commitments, either within the household or outside it. Exclude care provided in the course of someone's job (e.g. a home help). The questions allow you to code up to two people for whom care is provided. RG16a allows you to code whether care is provided to someone in the household, or to someone outside it (code 97). RG17 codes how much time in total the participant spends per week providing care – so if they told you about two different people they should add the time spent with both people together here. There is a lot of interest in the health of people who provide unpaid care so these questions will provide very valuable data.
RG18	In addition to how many hours a week they care for the person(s) we are also interested in finding out how long they have been a carer for the people they have told us about. To illustrate: Sally has been caring for her mum for 10 years (since 2002), and for her dad for the past 5 (since 2007) • She should answer "10 years but less than 20" as we want to record the longest time spent as a carer if people care for more than one person. John has been caring for his mum for the past 5 years (since 2007), and prior to that was also caring for his dad for 8 years (from 2002 to 2010) • He should answer "5 years but less than 10" as we want to know about his current caring responsibilities, not how much time he has spent as a carer in his life in total.

RG19	Carers aged 16-70 are asked if their caring has had any impact on their current employment, e.g. by having to reduce their hours at work, stop working altogether or not be able to take up work. We are only interested in actions people have taken because of their caring responsibilities, e.g. only code "took early retirement" if the participant did this so they could care for someone. Participants should only answer in relation to their current employment situation, not the total history of the impact of caring on their employment. If the situation is unclear, code "other" and write in the details.
RG20 / RG20b	We want to know what sources of support carers receive to help them with the care they provide. Note that we are interested in the support received by the **carer,** and not the support received by the person being cared for. This question is also asked of young carers (age 4–15) although some of the categories differ.

CVD diagnosis and treatment

This is a very important section and obtains information on experience of cardiovascular diseases (CVD) or other conditions which may be related to CVD. They are not, however, explicitly referred to as cardiovascular diseases; as this could lead people to exclude conditions which they do not realise belong to this category. These CVD questions are for adults (16+).

CAPI Question	Guidance
CVD1-PastYr7	This set of questions records various heart conditions. In your pack you will find a coding booklet which gives some of the common names for some of these illnesses. It is very important that you use this booklet if someone describes a condition in words other than those used in questions *CVD1-CVD8*. For example, if someone says (s)he does not have an abnormal heart rhythm at *CVD5*, but at *CVD6* says (s)he gets palpitations, you should go back to *CVD5* and change the response to 'yes'. This is because there are several follow-up questions which would otherwise be missed.
CVD6	'Other heart trouble' must be described in detail, so that it can be coded later in the office by the survey doctor. In particular, we would like any cases of ischaemic and transient stroke to be coded under this. This is a condition where someone suffers a mini-stroke which can lead to temporary black-outs. Please get as much information as you can.
COPD	If asked for clarification, you can tell the participant that this stands for Chronic Obstructive Pulmonary disease and includes chronic bronchitis and emphysema. We are not interested in a one-off bout of bronchitis after a bad cold that a participant may have had.
DocTold2-7	We are trying to find out whether the condition was medically diagnosed. If the participant had the condition diagnosed when still a small child, then it might be the participant's parents who were informed of the diagnosis rather than the actual participant. This should still be coded 'yes'.
PastYr2-7	Refers to the actual condition or event, not to after-effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.
DocBP	Medical diagnosis of high blood pressure is important to prevent incorrect self-diagnosis. We are interested in diagnosis by proper medical personnel - this will include nurses as well as doctors.
PregBP, OthBP	It is quite common for women to have high blood pressure (HBP) only when they are pregnant, and in this case HBP would not be seen as a condition related to CVD. Therefore, such women are not asked the follow-up questions. This is also true for diabetes and heart murmur.
StopMed	If the participant has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the participant should stop (a medical adviser or the participant), and then code why.
COPDOth	Other treatment can include a wide variety of things. The most common seems to be going for regular check-ups, and changing diet. Keep the definition fairly wide, and if the participant mentions anything that (s)he thinks is 'other treatment', note it down.

Use of Services

This section is to find out about the use of various health services, by those with CVD complaints and those without. People who have a CVD condition have slightly different questions here. It is not designed to investigate need for services. These questions are asked of all ages.

Asthma

These questions cover breathing complaints that the participant may have. These questions are asked of all ages.

CAPI Question	Guidance
EverW	This question asked the participant whether they have ever had wheezing or whistling in the chest at any time.
TweWz	This question asks whether the participant has had a wheezing or whistling attack in the chest in the last 12 months.
ConDr	This asks if the participant's doctor told them they had asthma.

Adult physical activity

CAPI Question	Guidance
Active MainSit WrkAct3H WrkAct3M	The module starts with some questions about physical activity at work . We want to know (roughly) how long people spend sitting on a typical day when they are at work. People who spend most of their time sitting down (e.g. working at a desk, driving a bus) should remember to take some time off for walking round during breaks or other times, and not just say their total working hours.

The following questions in this section all relate to the **four weeks** prior to the interview, so you need to focus the participant's attention on this.

CAPI Question	**Guidance**
Housewrk	This asks about housework - excluding any done as part of the participant's job. It is important that you read the preamble. The first show card asks about general housework, and the second show card focuses in on heavy housework. It is the heavy housework we are interested in - from the card or other similar types of heavy housework. We want to know about the number of days in the last four weeks on which the participant has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn't, so please be careful to stress that we mean heavy housework such as the things on the show card, and not just any housework.
Garden / ManWork	Exclude any work done as part of a job e.g. as a gardener or builder.
Wlk5Int	This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term *any*, including walking to the shops, or home from the bus stop. Do not include walking about while at work.
Wlk15M	We then ask about longer walks of at least 10 minutes. This can include most things – rambles, hill walking, walking to work etc, but exclude: - Walking as part of a sport (e.g. golf) - Walking in the course of one's main job - Just being on your feet for 10 minutes
WalkEff	For this question we want to know how much effort they exert when walking. Rely on the participant's judgment of this.

The next few questions look at recreational sport or exercise. We do not want to double-count anything here. If someone is a professional sportsperson in their main job, their activities as part of that job should not be recorded here. However, if they do sport as part of their second job, which has not been included in the previous questions, then this *should* be recorded here.

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

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

CAPI Question	**Guidance**
WhtAcB	In 2012 we added a new and expanded list of sports and activities. As it is a long list participants can just read out the numbers to you, but check once they have told you everything that you have entered the correct sports.
OthAct	Include any other sports mentioned here, though as the previous two questions will cover most kinds of sports we do not expect this option to be used very often.
ExcHrs/ExcMin	We want to know how much time the participant usually spends doing an activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.
ExcSwt	This is to ascertain the amount of effort that was put into an activity. We need to know whether the level of activity was enough to make them **either** out of breath **or** sweaty (e.g. swimming might make you out of breath, but not sweaty).
ExcMus	This is designed to assess whether an activity will have helped to strengthen muscles. Code "yes" if their muscles felt some tension, shook or felt warm for some of the time, or all the time, that they were doing the activity. Note that this question is only asked for certain sports – don't worry if it doesn't appear for all of them.
ExcMov	This question is for people aged 65+ who report doing "Exercises (e.g. press-ups, sit-ups)" at WhtAcA. It is to help us distinguish between floor based exercises (e.g. press-ups) and activities done standing-up (which help to improve balance).
WkSit2H **WESit2H**	In addition to the question about time spent sitting in front of a screen, we now want to know about other time spent sitting down during people's leisure time on weekdays and at weekends. This includes time spent eating, reading, listening to music, doing puzzles, homework etc. If people have eaten a meal while watching TV, this time must **not** be counted twice – it can be entered at the screen time question or at this new question, but not at both. Participants find this question quite difficult, do not rush them but do not let them spend too much time trying to come up with a precise figure. Note that if a participant is using a screen to do their reading (e.g on a kindle), this should be coded as time spent reading rather than time spent in front of a screen (assuming that reading is the main activity mentioned by the participant).

Child physical activity
This module aims to get a general picture of the child's level of physical activity.

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

For children who are at school, activities that are done as part of school lessons should NOT be counted at any of these questions apart from the specific question at the end that asks about activity during school lessons. Activities done on school premises, but not as part of school lessons (eg. after school clubs, things done during lunch break) SHOULD be included in the main questions about activity and not in the question about **lessons**.

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

CAPI Question	Guidance
DWESp /DWEAct /DSitWE	At these questions we are asking for the time spent per day on Saturday/Sunday of the last week. If the child only did an activity on the Saturday or the Sunday (but not both), then the question asks about time spent on the relevant day only.
WkSpor/ WkActH/ WkSitH	At these questions, enter the amount of time spent doing the activity on EACH weekday. Take an average if the amount of time varied from day to day.
WkSit2H WESit2H	In addition to the question about time spent sitting in front of a screen, we now want to know about other time spent sitting down during people's leisure time on weekdays and at weekends. This includes time spent eating, reading, listening to music, doing puzzles, homework etc. If people have eaten a meal while watching TV, this time must **not** be counted twice – it can be entered at the screen time question or at this new question, but not at both. Participants find this question quite difficult, do not rush them but do not let them spend too much time trying to come up with a precise figure.

Eating Habits
In Core Version B, **only** children aged 2 – 15 are asked the eating habits questions.

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

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

CAPI Question	**Guidance**
UsBread	This is a "code one only question". The definition of bread is wide - it includes rolls, pittas, bagels, nans, chapattis etc as well as standard bread. We are interested in the type of bread normally eaten. The question distinguishes between white, brown and wholemeal bread. Use code 4 if the participant mentions white breads that have been enhanced to make them high in fibre (e.g. “best of both”). For participants who eat different kinds of bread (nans, pittas, parathas, chapattis etc), find out what kind of flour is used (white, brown or wholemeal) to make the bread and code 1, 2 or 3 as appropriate. Generally, you should use code 7 only as a last resort, and if you do please record the type of bread at the next question.
Milk	This asks about the type of milk that the participant usually uses (ie uses most often). Here is a guide to milk bottles: Gold top = Channel Island, Jersey Code 1 Blue or silver top = Whole milk Code 1 Green top = Semi-skimmed Code 2 Red top = Skimmed Code 3 For powdered milks and whiteners that are added straight to tea or coffee you should probe as to whether the powder is skimmed, semi-skimmed or whole and code as if liquid milk. If the powdered milk is made up into liquid milk, probe to see if it is made up with water or milk. If water, code according to the type of powder it is. If it is made up with milk, code it according to the type of milk it is made up with. There are spontaneous (i.e. not to be read out) codes on screen for other types of milk such as goat, soya, oat and infant formula (for young participants!) Only use code 4 (other type) if you cannot use one of the other options on the screen.
Cereal	This question establishes which type of breakfast cereal the participant normally eats. You will need to ask them for the name of the cereal (including brand name if possible) and then use the cereal coding cards in your coding booklet to establish which type of cereal it is e.g. high fibre, low sugar. The cereals are ordered by brand name in the coding book but in some cases the participant may not know who makes the cereal. If possible, ask them to bring you the cereal box to ensure you code it correctly. If you can’t find the cereal on the list just code 5 and type in the full brand and name. Do **NOT** look for an alternative and use its code instead.
Meat	Note that this question does not cover meat products such as pies, sausages etc (these are covered in the next question), but it should include ham, bacon, mince etc.

Cheese	This should include cheese in other dishes, such as cheese on toast, on a pizza or in a lasagne.
ConFec	This includes chocolate bars, not just chocolates that come in a box.
IceCream	This will depend on the time of year, but the survey covers the whole year so seasonal variations will be picked up. Participants should therefore answer with reference to how much ice cream they eat at the moment, around about the time you are interviewing them.

Fruit and Vegetable Consumption

The information collected through this module is the main national reference for fruit and vegetable consumption in Scotland.

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

Although participants aged 2-12 do not answer directly, due to the nature of the questions it is particularly important that they should be present during this module and encouraged to contribute information. In particular, this may be necessary if the child has been at school the previous day.

What is a portion?

We have adopted the following definition of a portion:

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

These definitions are used in the questions themselves. The questions do not use the term ‘portion’. This is deliberate: partly in order to keep the questions as simple as possible and also in case people have an idea about the number of portions of fruit and vegetables they should be eating. For these reasons, please do not use the term ‘portion’ during the interview. To avoid confusion about how big a tablespoon is there is a showcard with spoon sizes to help participants.

What counts as fruit and vegetables?

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

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

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

CAPI Question	**Guidance**
VegSal	This question includes an instruction **not** to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and *VegSalQ*. Salads made **mainly** from beans or other pulses, can **either** be included at this question **or** at *VegPul* – please make sure they are not recorded twice.
VegPul	Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, participants may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can **either** be included at this question **or** at *VegVeg* – please make sure they are not recorded twice. *For information, an average sized can of baked beans (415g size) is equivalent to 10 tablespoons.*
VegDish	This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the **main ingredient**. Vegetable soups should not be included (even if they are home made).
FrtDrnk	This question states that diluting juice, squashes, cordials and fruit-drinks should not be included. In some parts of Scotland these types of drinks are called 'ginger' – if asked you can confirm that ginger should not be counted as fruit juice. Some of the main brand names that should also be excluded are Sunny Delight and JuiceUp.
Frt **FrtQ** **FrtMor** **FrtOth** **FrtNotQ**	These questions are about the consumption of **fresh** fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either *FrtFroz or FrtDish.* For each different kind of fruit which the participant ate yesterday, use **coding list A** to code the size of this fruit at *FrtFrt*. The next question *FrtQ* collects information about the amount of each type of fruit the participant ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at *FrtFrt*. There is capacity to record up to 15 different types of fruit but each should be entered at a separate *FrtFrt*. If the fruit mentioned by the participant is not on the coding list – record the name of this fruit at *FrtOth* and the amount the participant ate at *FrtNotQ*. Please note that some fruits, such as rhubarb and quince, are not on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at *FrtDish*.

FrtDry	Don't include small amounts of dried fruit in cereals, cakes etc.
FrtDish	This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where fruit is not the **main ingredient**. Fruit yoghurts should not be included.
VegUsual **FrtUsual**	These questions give participants the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for participants to be particularly concerned to give a precise answer to these questions.

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

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

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

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

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

Vitamin use
The fruit and vegetable module has some questions at the end about vitamin use.

VitTake	Some questions about vitamin supplements, and folic acid, have been added to the end of this section. We do not need to know what kinds of supplements people take, just whether they take any over a long period. In 2015 children are being asked this question for the first time.
VitaminD *NEW*	New for 2015, if the participant answers yes at VitTake then they are asked if they are specifically taking a vitamin D supplement.
Folic FolPreg FolHelp	Folic acid supplementation is very important for women who are pregnant or who are trying to become pregnant, so women aged 16-49 are asked if they are taking folic acid. If they are, and they are pregnant, they are also asked if they took folic acid before becoming pregnant, and if they have taken it for the first 12 weeks of pregnancy. If they are less than 12 weeks pregnant but have taken folic acid since the start of the pregnancy code "yes" at FolPreg. Women who take folic acid but are not pregnant are asked if they are taking it because they are hoping to become pregnant.

Smoking and Drinking

16-17 year olds

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format for 16 and 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. There are no questions about smoking and drinking for participants aged under 16.

18 and 19 year olds

If a participant is aged 18 or 19 and is in a situation where you feel that you would be likely to get more accurate information by their completing the self-completion booklet than by answering questions in front of parents, ask them to complete the **Young Adult booklet** (lilac) rather than the Adult Booklet. If you are interviewing an 18 or 19 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this participant will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should continue with the interview if you have no reason to suppose that there is pressure on the 18 or 19 year old to "cover up".

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

Smoking

Smoking is an important risk factor in cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns,

cardiovascular symptoms and use of services. The data collected here will allow us to discover what proportion of the population is exposed to this risk factor, and how it relates to other risk factors such as heavy drinking, lack of exercise or high blood pressure. It will also allow us to monitor over time whether smoking habits change.

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

We are interested in looking at ordinary tobacco which is smoked. Ignore any references to snuff, chewing tobacco or herbal tobacco. Include hand rolled cigarettes. The introduction to the smoking questions has been changed for 2015 to this effect.

CAPI Question	Guidance
SmokPreAm	Please read this as written, as it is to make it clear that we are only interested in tobacco products at this stage, not e-cigarettes (which are asked about later). It is also to ensure consistency with other surveys.
SmokEv08	By ever smoked, we mean even just once in their life.
DlySmoke/RolDly	We ask here about daily consumption. Note that if a participant smokes roll-ups and can only tell you how many ounces/grams of tobacco they smoke a day, code `97' as in the instructions on screen. This will route you to ***RolDly***, and ***GramRol*** or ***OuncRol*** which will ask for the amount of tobacco smoked in a day (in either grams or ounces). Please be as accurate as possible, as this information will be used in the office to code back to cigarette number.
NumSmok	If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.
ECigEv **ECigNow**	All participants to the smoking module are asked whether they have ever used an electronic cigarette, irrespective of whether they have ever smoked. Electronic cigarettes (e-cigarettes) tend to look like a cigarette, normally including a small LED to mimic the burning of a cigarette, and contain nicotine. They should not be confused with nicotine inhalers or inhalators, which are licensed nicotine replacement therapy (NRT) products, and tend to be available only on prescription or from pharmacists.
UseNRT, **NRTprec**	These questions are for people who have tried to stop smoking, and people who have quit in the past year. The question wording changed for 2014. We are interested in various products people might have used to help them stop, as well as any support given to them. Both these questions allow you to code all that apply. If someone is not sure what products they used, or who they got their cessation support from code “other” and write in the details. If they have their NRT products to hand they could check the packet to see which type they are. A code for “electronic cigarette” is included, even though this is not an NRT product.

Drinking

We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the participant is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade does have a reasonable alcohol content and so is included.

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

16-17 year olds

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

NBeer, NBeerQ etc

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

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

We are asking participants to answer separately about 'normal strength' beer/stout/cider, and 'strong' beer/stout/cider. 'Strong' has been defined as at least 6% alcohol by volume, and some examples are given as part of the question (eg Tennent's Super, Carlsberg Special Brew). Some participants will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

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

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

For beer/stout/cider/shandy, the amount is coded in **half pints**, so any answers given in pints will need to be multiplied by two before entering eg 3 pints of shandy = 6 half pints. With beer you also have the option to code in small cans, large cans or bottles if the participant answers in this way. If the participant tends to drink cans/bottles and halves

in a usual drinking occasion, then enter both on the questionnaire. If the participant drinks large 2 litre bottles, instruct him/her to convert the amounts into half pints.

If a participant drinks bottled beer CAPI will ask for the brand name. Where possible, try and get specific names and ask for the size of the bottle. For example, 'Carlsberg Special Brew 550ml'.
Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and use <Ctrl> + <M> to make a note. Of course, all these measures should be 'pub measures' not a different size of 'single' measure the participant may pour for him/herself.

SherryQ
Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses. The label "sherry" is now only used to cover sherry which is made in Jerez. Similarly, the term "port" can only be used to cover port which comes from Oporto. Ports and sherries made elsewhere are now called "fortified wines". If a participant has drunk a particular brand of sherry or port for many years, which is now labelled as a fortified wine, it is very likely that they will still think of it as sherry / port and will include it at the question about sherry. But if anyone queries this, then these fortified wines should be recorded at the question called "*Sherry*".

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

WineQ
For wine the answer is recorded in glasses or as parts of bottles, or both. Please use the wine glass showcards as a visual aid for the participant when coding the size of wine glass.

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

One 750ml bottle	=	6 glasses
Half a bottle	=	3 glasses
1/3 bottle	=	2 glasses
¼ bottle	=	1.5 glasses
One litre bottle	=	8 glasses
Half a litre bottle	=	4 glasses
1/3 of a litre bottle	=	2.5 glasses
¼ of a litre bottle	=	2 glasses

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

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

We have introduced a showcard with pictures of wine glasses on (similar to the spoons card in the fruit and vegetable module). This should be used by participants to help gauge the volume of wine they have drunk.

WhichDay
If a drinking session continued beyond midnight, code the day on which it started

DrWher1, DrWith1
These questions are designed to find out where people drink the most alcohol and who they are with when they drink the most alcohol.

Dental Health

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

Classification
The same changes that have been made to the employment classification section at the household questionnaire for the HRP have also been made here.

The questions about ethnicity, religion and education are the same as in 2014. There is also a question asking where the participant was born.

Parental and family Health history
As in 2014, there are some questions about what the participant's parents did for a living when they were aged 14, whether their natural parents are still alive, and if not, what the cause of death was. The questions about what the participant's parents did for a living when they were aged 14 are designed to measure possible *social* influences on a person's health based on their childhood. The parental health questions are specifically about the participant's natural parents as we are interested in *genetic* influences on health. It is therefore possible for a participant to tell you about their step-father's job when they were aged 14 but about their natural father's health status.

This section has questions about diabetes and heart disease among participants' close relatives (living and deceased). These will help us to assess people's risk of disease in the future.

FamDB	It doesn't matter if the participant doesn't know the difference between Type 1 and Type 2 diabetes – we are interested in both kinds. As the instruction suggests, people should include relatives who have died, but exclude non-blood relatives such as in-laws or step-family members. People who are adopted should answer about their birth parents if they know this information, but can also answer about their adoptive family if they wish.
ParCVD **SibCVD** **RelCVD**	These ask about episodes of heart disease or stroke before the age of 60 among people's parents, siblings, aunts/uncles and cousins. If people don't know about their relatives' health then just enter don't know (CTRL+K). An on-screen instruction reminds you that we are not interested in conditions people are born with (e.g. congenital heart disease), just conditions that develop later on.

18. Guidance on completing the Biological Module

As in 2014, the biological module is accessed via parallel blocks to allow for greater flexibility. There will be a separate biological module slot in parallel blocks for each adult included in an individual session (aged 16+). This is different to heights and weights which are also accessed via parallel blocks but which have all session members included in the same block. This is because heights and weights can be carried out concurrently with more than one household member, whereas the biological module has to be completed with one participant at a time.

Please note you will not be able to sign off a serial number until each adult participant has a final outcome code for the biological module This will either be generated automatically by CAPI (in the case of completed biological modules) or manually entered by you if an eligible adult did not complete the biological module.

Prescribed medications

This section asks about drugs prescribed by a doctor or nurse. The purpose of this section is to find out if participants are taking any drugs to control a heart problem or high blood pressure. In addition, for the purposes of analysis we need to find out about any drugs a participant is taking which may affect their blood pressure reading.

CAPI Question	Guidance
BioIntro	This introduction screen has the name of the person allocated to that particular biological module. It is vital that you are in the correct slot for the person you are interviewing.
MedCNJD	All participants are asked if they are taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed to them by a doctor or nurse. It is a yes/no answer.
MedIntro	This question is only asked of those participants who reported particular conditions at the cardio-vascular disease questions earlier in the individual interview. Here you must collect information on all the medicines, pills, syrups, ointments, puffers or injections that have been prescribed to the participant by a doctor or nurse. **It is very important to do this accurately.** If possible ask the participant to show you the packaging for the prescription so that you have the most accurate information.

YTake	At this question the participant is asked if they are taking a particular drug for a heart problem, high blood pressure or another reason.
MedBIA	This question asks the participant if they have taken a particular drug in the past week.

Blood Pressure

CAPI Question	Guidance
BPIntro	This screen explains the purpose of taking blood pressure and what is involved in the measurement.
BPConst	Here you are recording whether the participant agrees, refuses or is unable to have their blood pressure measurement taken for any other reason.
ConSubX, BPRead[1], [2], [3], [4]	If the participant agrees to have their blood pressure measurement taken then you then ask if they have eaten, smoked, drunk alcohol, or done any vigorous exercise in the past 30 minutes. It is at the following question that you record the readings in the following order: Average, Reading 1, Reading 2 and Reading 3.
BPOffer	This screen displays the measurements to enable you to record them on the participant's Measurement Record Card.
NArrBPD	If the participant has refused to have their blood pressure or is unable to have it taken for another reason, please code reason why at this question.

Waist Measurement

CAPI Question	Guidance
WHIntro	This screen explains the purpose of waist circumference and what is involved in the measurement. Please code whether participant agrees, refuses or is unable to have their waist measurement taken.
Measure [1], [2], [3]	This screen is where you should record the waist measurements if the participant agrees. CAPI will ask you to record two measurement and it will also ask for a third measurement if there is a significant difference between the two measurements..
WHRes	This screen displays the measurements to enable you to record them on the participant's Measurement Record Card.
WHPNABM	If the participant has refused to have their waist measurement taken or is unable to have it taken for another reason, please code reason why at this question.

Saliva Sample

CAPI Question	Guidance
Smoke, SmokeY and UseNRT12	These questions ask participants if they smoke at all these days, if they have smoked in the past 12 months and if they have used nicotine replacement products in the past 7 days. These questions are used to analyse the saliva sample for cotinine which is why the reference period is 7 days – they are **not** used to measure smoking prevalence amongst the population. If participants query why they are being asked these questions again, explain to them that the answers to these questions are used to help analyse their saliva sample.
SalIntr1	This screen explains the purpose of taking a saliva sample and what is involved. Please code here whether the participant agrees, refuses or saliva is not obtained for some other reason.
SalWrit, SalInst, SalCod1	Please follow the instructions on these screens as they will ensure that both the Consent Booklet and label for the sample is filled out correctly for participant who have given a sample.
SalYRef SalNObt	CAPI asks you to code the reason why the sample refused or not obtained.

Urine Sample

CAPI Question	Guidance
UriIntro	This screen explains the purpose of taking a urine sample and what is involved. Please code here whether the participant agrees, refuses or urine is not obtained for some other reason.
UriWrit, UriSamp, UrinCod1	Please follow the instructions on these screens as they will you ensure that both the Consent Booklet and label for the sample is filled out correctly for participant who have given a sample.
UriYRef UriNObt	CAPI asks you to code the reason why the sample refused or not obtained.

CASI Depression, Anxiety and Self-Harm

Background

These questions come from the Revised Clinical Interview Schedule (CIS-R) used in the Psychiatric Morbidity Survey, a long-standing survey that NatCen has conducted in England on behalf of the Department for Health. The survey used to cover the whole UK but it has been discontinued in Scotland. These particular questions are a very high priority so from 2008 to 2011 have been asked in the Scottish Health Survey nurse visit instead. The main purpose of the CIS-R is to identify the presence of common mental disorders (neuroses), and where these occur: to establish the nature and severity of neurotic symptoms, so that we can arrive at a specific diagnosis. Note that the full CIS-R consists of 14 sections, only 2 are being included here in addition to the questions about self-harm.

The participant answers these questions themselves using the laptop but on some occasions you may be required to read out the questions so it is important you familiarise yourself with the questions and background to them. The questions are fairly

straightforward but there are some definitions of terms that you will find it helpful to familiarise yourself with. You may well have come across some of these before but they are also explained below.

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

What to do if someone does not want to answer these questions

Most participants will be happy to answer them but as with all parts of the study this section is voluntary. If someone does not want to answer the questions, code 3 at CASIInt. If, after you have handed the computer over to the participant, they do not want to answer a question, instruct them simply code CTRL + R to skip through them. The first three questions about anxiety will not allow you to enter CTRL + R so here just code 2 (No) or ask the participant to do this if they would just like to skip past the first three questions. Please add a notepad to briefly explain why the questions were not answered, this will help flag to us that we need to set all the answers in this section to missing when we receive the data in the office.

Key concepts and definitions

The questions focus on the existence of symptoms within a certain time period and the frequency / duration of such symptoms. Please read these as participants might ask you questions as they are completing the CASI or if they ask you to read the questions to them.

Due to the very sensitive nature of these questions, we have added an introduction at the start of the CAPI programme (*CASIInt*). This explains what this section is about and that they can answer the questions themselves on the interviewers laptop and that their answers will be locked away so that the interviewer cannot see them. It also explains that some parts of the interview involve sensitive questions and that the participant may wish to complete this bit of the interview without others being present. There is a sentence at the start of the depression, anxiety and self-harm questions introducing them to the participant.

Existence and severity of neurotic symptoms

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

For those participants who had such symptoms in the past month, you will be routed to further questions, which ascertain the frequency, duration, severity and the time since onset of the symptoms.

Reference periods
Each section begins by asking whether the symptoms were present in the past month.

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

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

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

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

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

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

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

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

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

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

Onset of symptoms
At the end of each section, all participants who reported symptoms in the past week are asked how long they have had the symptoms that they have described.
For instance question G10 asks:

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

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

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

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

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

Anxiety – specific details

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

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

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

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

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

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

Some people will have both phobic anxiety and general anxiety. The distinction should be explained if necessary to enable the participant to only answer about his/her general anxiety rather than about his/her phobic anxiety.

Depression – specific details

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

If you are reading the questions out to a participant you may find at G1 and G2 that participants have their own words for feeling sad, miserable or depressed. If asked, say to participants that they can answer the questions based on the words that they use to describe these feelings.

Participants are asked about:
(a) feeling sad, miserable or depressed
(b) being unable to enjoy or take an interest in things.
Later, at G4 and G5, when asking about the presence of symptoms in the past week, we ask about (a) and (b) separately rather than as one combined question.

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

Deliberate self-harm – specific details

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

As with the previous questions on this subject it is important to allow participants time to complete the CASI and not watch over them as they answer the questions. Thank participants for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.

19. Biological samples consent booklet

19.1 Completing the consent booklet

The consent booklet contains the following forms the participant has to sign to give written consent for:

- sample of saliva to be taken for analysis of cotinine
- sample of urine to be taken for analysis of sodium

It is a Green A4 booklet and consent forms **must be filled out before any of the samples are taken**. This is because it provides an important check in the office. Every piece of information on the first page is important. You are asked to record the date of birth again. This is an important identity check, along with your ID number and the date of interview.

The consent booklet is in a carbonised booklet format. Ask the participant to write on a firm surface, so that their signatures come through to the carbon copy. Use a black or blue biro when completing the booklets, and ensure that signatures are always in pen, not pencil. Each participant must sign and print their name for each sample to be taken. You should also sign and date the booklet. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

19.2 The structure of the booklet is as follows:

Inside cover

All details on the inside must be completed. Complete items 1 to 6 before you start using the computer to collect information from the participant. The participant's address can be recorded by writing down the house/ flat number (or name) and their postcode. Item 7 is completed during your interview, and you will be prompted by CAPI on how to complete it. You will record, in a box similar to the one below, the outcome of the participant's consent for the saliva and urine samples. By the end of the interview every participant should have one code circled at 7a and once code circled at 7b.

7.	**SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM**	**YES**	**NO**
	a) Sample of saliva to be taken	01	02
	b) Sample of urine to be taken	03	04

When a saliva and/or urine sample has been collected, please record the date of dispatch at Q10 on page 1.

Centre pages (carbonised)

Saliva sample consent form

The participant is to read points (a)-(c) in section one and sign and date the form at the bottom of the page. You will also need to sign the form at this point. It is the signature on the consent form that is important. Without this there is no consent. Leave the original GREEN copy in the booklet to be returned to the office. Tear off the CARBONISED copy and leave it with the participant.

Urine sample consent form

The participant is to read points (a)-(c) in section one and sign and date the form at the bottom. You will also need to sign the form at this point. It is the signature on the consent form that is important. Without this there is no consent. Leave the original GREEN copy in the booklet to be returned to the office. Tear off the CARBONISED copy and leave it with the participant.

There is more information below (Section 20.4) on obtaining and recording written consent from people with visual impairment or who cannot read.

Dispatch note

This is to be completed in full. **It is essential that the information is accurate** (more information about completing the note can be found in Section 20). This page is perforated. Tear it off gently and send with the saliva and urine samples to the lab.

19.3 Questions about the use of saliva and urine samples

Participants may have some queries about the use of the saliva and urine samples. There is a list of FAQs on the back page of the leaflet called "Physical and Health Measurements: Information for Participants". These cover questions about the saliva and urine samples in detail.

19.4 Gaining informed consent from special groups

A signature on a consent form is only valid where the participant is properly informed and capable of understanding. It is important that you allow participants ample time to read the consent forms and that you check that they understand what they are agreeing to. You should also be prepared to answer any questions they might have.

From time to time you may meet participants who are fully capable of meaningful consent but who are blind or have poor eyesight or literacy difficulties. In all such cases it is essential that you carefully explain the required consent to the participant by going through the information leaflet and then read the consent form aloud in full, verbally checking it has been understood. Where possible you should do this (having first sought the participant's agreement) in the presence of a family member or third party. If you have to read out the form, you should make a note at the bottom, and sign the form yourself (see Section 12.5.3 for further information).

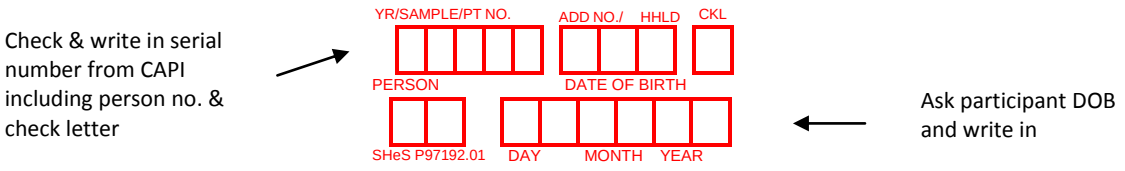
Even if participants refuse the saliva and urine samples you must return the Consent Booklet with Page 1 completed

20. Labelling and Dispatch of Samples

The samples are sent to RVI, a lab based at the Royal Victoria Infirmary in Newcastle. It is important that all samples are sent correctly labeled and safely packaged and that they are dispatched immediately after they have been taken.

20.1 Labeling the saliva tube and the urine tube

Label the saliva and urine tubes after collecting the sample and sealing the tube. It is vital that you do not confuse samples within a household where you have managed to recruit more than one participant. Use the set of serial number and date of birth labels to label the samples. Enter the serial number and date of birth very 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 participant again verbally.



We cannot stress enough the importance of ensuring that you label each sample with the correct serial number for the person from whom the samples were obtained.

20.2 Packaging the samples

You have been provided with a dispatch containers. Do not put samples from more than one participant in each container. **You must use a separate container for each participant that you collect the sample from, even if there are two participants within the same household.**

Lay the collected sample(s) in the indentation in the transparent side of the transporter. It should fit securely but not have to be forced into place. Fold the white side of the packaging over the transparent side. Securely close the packaging by pressing together down on each of the corners until you hear it 'click' closed. It is closed securely once you have heard it 'click' on either side of the packaging.

Once you have finished collecting saliva and urine samples insert the transporter and put into the plastic sample envelope. Complete the lab dispatch note. Tear off the dispatch note from the participant's consent booklet and place in the envelope with the samples. Remove the backing strip from the flap on the envelope. Fold the flap over onto the envelope ensuring that the envelope is securely closed. You must use a separate dispatch envelope for each participant, even if they are from the same household. If you have samples from two participants in one household, make sure you include the correct dispatch note for the samples in each envelope.

20.3 Posting samples

The size of the packaging means that the samples can be posted in a standard letterbox. The samples should be posted AS SOON AS POSSIBLE, within 24 hours of the samples 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 office will notify you of any laboratory closures.

20.4 Weekend posting

If you miss the Saturday post collection, the sample must be posted on the following Monday morning. Please put the samples in a letterbox as soon as possible after collecting them. Make sure that post is being collected daily from the letterbox.

When you have posted the samples, fill in the date of posting on the front of the consent booklet.

20.5 Completing the dispatch note

The Consent Booklet contains a dispatch note which should be filled in with a blue or black ballpoint pen. The dispatch note must be sent to the lab with the saliva and urine samples.

- Enter the participant's serial number very carefully. This should correspond to your entry on the front page of the consent booklet and to the serial numbers you have recorded on the sample labels.
- Circle the sex of the participant.

- Check that the date of birth is correct and consistent with your entry in CAPI and the sample labels.
- Code the smoking status of the participant as appropriate
- Circle saliva sample obtained as appropriate.
- Circle urine sample obtained as appropriate.
- Complete the date the samples were taken.
- Enter your interviewer ID number.

Tear off the dispatch note and send it with the participant's samples to the lab.

21. Contacting the survey doctor

Q. When should I contact the survey doctor?
A. In cases where participants have considerably raised blood pressure (systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg) you will need to contact the survey doctor after leaving the participant's home.

Q. How should I contact the survey doctor?
A. You should phone Dr Dhami. Call Dr Dhami on her mobile number (07715444817) or home phone (0131 664 2024).

Q. What details should I have to hand?
A.

- Your ID number and name
- Your telephone numbers - both landline and your NatCen mobile number
- Date of interview
- Serial number of the interview
- The BP reading
- Participant details (name and contact telephone number)
- When you will be available to speak to the survey doctor over the next 24 hours

Q. What happens if the survey doctor does not answer the phone?
A. Please leave the following information in a message:

- Your ID number and name
- Your telephone numbers - both landline and your NatCen mobile number
- When you will be available to speak to the survey doctor over the next 24 hours
- Date of interview
- Serial number of the interview
- The BP reading

Please do <u>NOT</u> include in the phone message anything which will identify a participant e.g. their name, telephone number, address details)

Q. What happens after I have left a message for the survey doctor?
A. If you are not able to speak to Dr Dhami directly, then she will phone you back to get the participant's details and phone number within 24 hours of you leaving a message.

Please ensure that you provide her with all possible contact numbers for you. If you have limited availability then advise her on a good time to speak to you so that she can collect details and call the participant promptly.

Q. What happens if the survey doctor does not call back within 24 hours?
A. It may be that she has been trying to get hold of you but hasn't been able to speak to you. When leaving a message about a case please be sure to provide as many contact numbers as possible for you and let her know your availability over the next 24 hours. This should minimise the chance of you missing each other. If you haven't heard back from the survey doctor within 24 hours of leaving a message then please contact the Nurse Unit in Logistics on 01277 690 061 or 01277 690 087 to let them know. If you are worried about a participant during this period then again, please contact Nurse Unit in Logistics on 01277 690 061 or 01277 690 087.

Q. What happens after the survey doctor has collected the participant's details?
A. Dr Dhami will phone the participant within 24 hours of receiving contact details from you. Note that the survey doctor is reliant on speaking to you promptly after your phone message, so please ensure you provide all possible contact numbers and advise her of a good time to speak to you.

Note that once you have passed the participant's contact details to Dr Dhami you are no longer required to do anything.

22. Any problems?

If you have any problems with the survey itself, or with the questionnaires, contact your Field Performance Manager in the first instance. If you can't get in touch with them and your query is urgent then please contact the research team or service division team directly. All of the relevant phone numbers are in **Section 1** at the start of these instructions.

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

APPENDIX A: ADULT/ CHILD LIST SHEET

Use when there are more than ten adults (16+) or children (age 0-15):

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

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

ADULT SELECTION CHART

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

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

IF THERE ARE:	13	SELECT CHILDREN --→	10 & 13
	14	----------→	6 & 4
	15	----------→	9 & 14
	16	----------→	2 & 5
	17	----------→	16 & 12
IF THERE ARE:	18	SELECT CHILDREN --→	7 & 6
	19	----------→	16 & 8
	20	----------→	2 & 8
	21	----------→	12 & 3
	22	----------→	14 & 3
	23	----------→	15 & 21
IF THERE ARE:	24	SELECT CHILDREN --→	5 & 22
	25	----------→	19 & 8
	26	----------→	6 & 20
	27	----------→	5 & 20
	28	----------→	12 & 22
	29	----------→	19 & 25
	30	SELECT CHILDREN --→	13 & 18
	31	----------→	29 & 1
	32	----------→	7 & 3
	33	----------→	2 & 21
	34	----------→	9 & 26
	35	SELECT CHILDREN --→	9 & 20

APPENDIX B: Practice serial numbers

We have given you 10 practice serial numbers if you would like to familiarise yourself with the questionnaire.

Year	Sample Type	Point	Address number	Household	Version
8	2	999	11	1	Core B
8	2	999	12	1	Core B
8	2	999	13	1	Core B
8	2	999	14	1	Core B
8	2	999	15	1	Core B
8	2	999	16	1	Core B
8	2	999	17	1	Core B
8	2	999	18	1	Core B
8	2	999	19	1	Core B
8	2	999	20	1	Core B

APPENDIX C: ACCOMPANIED NURSE LAUNCH FOR RECENTLY ACCREDITED IBIO INTERVIEWERS

For interviewers who are new to IBIO training, your first interview you will be accompanied by a qualified nurse who is a NatCen Nurse Supervisor. This is a standard procedure when new NatCen field nurses are launched and the same process applies for IBio interviewers. This is a requirement of our insurance policy and ensures consistency in following the protocols and to ensure your safety as well as the participants'. The Nurse Supervisor will observe you in your first interview and will give you feedback on each of the measurements you will take after the interview. The Nurse Supervisor will need to see you take all the measurements before you can carry on with you assignment, so it may be that they need to accompany you on more than one interview. Ideally, you should try and make 2 or 3 appointments for the day of your accompanied launch to maximise the chance of obtaining all the measurements.

The accompanied launch means that you will not be able to complete a biological module on the first visit or appointment in your assignment. You can carry out the household interview and individual questionnaire with participants and make an appointment to return later with the nurse to complete the biological module. After you have had your accompanied launch, you can proceed with the fieldwork as normal.

The name and contact details of your Nurse Supervisor will have been given to you at the briefing. It is important that you have good communication with your Nurse Supervisor in order to be able to make an appointment(s) that suits their schedule and to successfully complete the accompaniment on your first interview.

APPENDIX D: SUMMARY OF THE IBIO MEASUREMENTS AND SAMPLES

Measure	What the measurement is testing	Consent	Exclusion criteria	Equipment
Height	In conjunction with other measurements (such as weight) height can predict, the nutritional status, performance, and health of a population.	Verbal	• If participant is pregnant • Too stooped to obtain reliable measurement • Too unsteady on feet • If participant is in a wheelchair • Too painful to stand up straight	Portable Stadiometer Frankfort Plane card.
Weight	Weight is measured to estimate prevalence of obesity.	Verbal	• If participant is pregnant • Someone weighs over 20½ stone. Note during fieldwork you will be issued with new scales that have a maximum of 31 1/2 stone • Too unsteady on feet.	Tanita scales
Waist	Measure of distribution of body fat. Important indicator of cardiovascular disease risk	Verbal	• If participant is in a wheelchair • Has a colostomy/ileostomy • If participant is pregnant	Insertion tape
Blood pressure	High blood pressure risk factor for cardiovascular disease	Verbal	• If participant is pregnant	OMRON HEM BP monitor Child/small adult cuff (17-22cm) Standard adult cuff (22-32cm) Large adult cuff (32-42cm)
Saliva sample	Sample will be used to measure cotinine (a derivative of nicotine)	Written	• If participant is pregnant • Participant is HIV positive • If participant has Hepatitis B or C	Salivettes Dental roll Tube
Urine sample	Samples to be analysed for sodium (salt) in the diet.	Written	• If participant is pregnant • Participant are HIV positive • If participant have Hepatitis B or C	Disposable beaker, 10ml Sarstedt urine collection syringe and extension tube, instruction leaftlet, gloves, labels

ScotCen
Social Research

P97192.01

SCOTTISH HEALTH SURVEY 2015

INTERVIEWER CODING BOOKLET

Contents:

Coding frame for heart conditions
Cereal coding list
Fresh fruit sizes coding list
Height conversion chart (cm/inch)
Weight conversion chart (kg/lb)
Look-up charts

Coding Frame for
Heart Murmur, Abnormal Heart Rhythm
and other Heart Trouble

Coding Category	Medical Term	Lay Term
Heart Murmur	Heart Bruit	Heart Murmur
	Valvular Heart Disease (most commonly called mitral and aortic)	Damaged Heart Valves
	Rheumatic Heart Disease	Rheumatic Fever (affecting the heart)
Abnormal Heart Rhythm	Palpitations (heart arrhythmias)	Palpitations
	Tachycardia	Rapid Heart
	Bradycardia (heart block)	Slow Heart
	Heart Fibrillation	Flutter
Other Heart Trouble	Congestive Cardiac Failure	Heart Failure Weakening Heart
	Right Sided Heart Failure	
	Left Sided Heart Failure	
	Congenital Heart Disease	Born with Heart Problem
	Other	Various

This is a list of conditions which might come up in the Diagnosis & Treatment section of the CVD module

CEREAL CODING LIST

Use code 5 for any cereal not listed here

ALDI	
Harvest Morn Chocolate Crisp	3
Harvest Morn Fruit & Fibre	1
Harvest Morn Luxury Fruit Muesli	1
Harvest Morn Instant Hot Oat Cereal (Golden Syrup)	2
Harvest Morn Luxury Fruit Muesli	1
Harvest Morn Maple & Pecan Crisp	2
Harvest Morn Original Swiss Style Muesli	1
Harvest Morn Strawberry Crisp	3
Harvest Morn Sultana Bran	1
Day Honey Wheat Puffs (Lower Sugar)	3
Oat Bran Flakes with sultana and apples	1
Harvest Morn Instant Hot Oat Cereal	2
Malted Wheaties	2
Harvest Morn Crisp Rice	4
Morning Super Quick Oats	2
Oat Bran Flakes	2
Wheat Bisks	2
Harvest Morn Multigrain Hoops	1
Honey Nut Flakes	3
Harvest Morn Choco Pillows	1
Harvest Morn Choco Rice	3
Harvest Morn Honey Hoops	3
Day Honey Wheat Puffs	3
Harvest Morn Corn Flakes	4
Tasty Cereal Flakes Benefit	4
Harvest Morn Cereal flakes etc.	4
Harvest Morn really nutty muesli	4
Scottish porridge oats	2
Wheat Shreds	2
Bitesize wheat shreds	2
Choc hoops	3
Bran flakes	2
Frosted Flakes	3
Luxury Fruit porridge	1
Harvest Morn Fruit Wheats	2
Harvest Morn Multigrain Boulders	3
Harvest Morn Golden Puffs	1
Harvest Morn Swiss Style Muesli	2
Benefit original	4
Benefit with Red Fruit	4
Harvest Morn Honey Numbers	3
Harvest Morn Choco Stars	3
Harvest Morn Crunch Oat Granola Raisin & Almond	1
Harvest Morn Granola Tropical Fruits	1
Harvest Morn Hot Oat Cereal	2

ASDA	
Asda 50% fruit oat, wheat and bran flakes	1
Asda 55 % fruit muesli	1
Asda 55% fruit, nuts and seeds muesli	1
Asda cranberry and muesli praline pecan	1
Asda extra special blackcurrant, apricot & pumpkin seed muesli	1
Asda Extra Special Cereal crisp muesli	1
Asda Extra Special Muesli - luxury	1
Asda extra special oat crisp summer berries	1
Asda fruit and fibre	1
Asda Good for you muesli	1
Asda Hawaiian Crunch	1
Asda honey nut bran flakes	1
Asda maple and pecan crisp	3
Asda Organics superfood muesli	1
Asda simply porridge syrup	4
Asda Smart Price fruit and fibre	1
Asda sultana bran	1
Asda Swiss style muesli	1
Asda Luxury whole-wheat muesli	1
Asda bran flakes	2
Asda cranberry wheats	2
Asda Good For You apple and berry flakes	2
Asda Great Stuff prebiotic multigrain stars	2

Asda high bran	2
Asda Malted oaties	2
Asda malted Wheaties	2
Asda Mini banana wheat bisks	2
Asda Raisin, Honey and almond crunch	1
Asda Ready oats	1
Asda Scottish porridge oats	2
Asda Simply porridge oat original	4
Asda simply porridge original	1
Asda Smart Price Bran Flakes	2
Asda Smart Price Porridge Oats	2
Asda Smart Price Swiss style muesli	2
Asda Swiss style muesli no added salt/sugar	2
Asda wheat bisks	2
Asda whole-wheat muesli with sultanas, dates and nuts - organic	2
Asda choco squares	3
Asda choco flakes	3
Asda choco hoops	3
Asda choco snaps	3
Asda extra special oat crisp autumn fruits	3
Asda frosted flakes	3
Asda golden balls	3
Asda honey hoops	3
Asda honey nut corn flakes	3
Asda maple and pecan crisp	3
Asda multigrain hoops	3
Asda Organics vitality with chocolate, fruit and nuts	3
Asda strawberry crisp	3
Asda cornflakes	4
Asda rice snaps	4
Asda Smart Price Coco Rice	3
Asda Smart Price Cornflakes	4
Asda Smart Price Crispy Rice Cereal	4
Asda Smart Price Rice & Wheat Flakes	4
Asda Starting right	4
Asda Vitality	4
Asda Vitality - red fruit	4
Asda Vitality - tropical	4

CO-OPERATIVE	
Malt Crunchies	2
Frosted Flakes	3
Crisp Rice	4
Wholegrain Wheats	3
Corn Flakes	4
Whole-wheat Biscuits	2
Fruit and Fibre	1
Simply Value Cornflakes	4
Golden Nut Cornflakes	3
Sultana Bran	1
Bran Flakes	2
High Fibre Bran	3
Maple and Pecan Crisp	2
Co-operative rice & wheat flakes	4
Co-operative Rice and wheat flakes with red fruits	4
Simply Value Porridge oats	2
Scottish Porridge Oats	2
Fruit and Nut Muesli	1
Mixed Fruit Muesli	1
Co-operative Fairtrade Muesli	1
Co-operative Sultana Bran	1
Co-operative Swiss Muesli	1
Co-operative Crunchy Oat Cereal 500g	2
Co-operative Healthy Living Porridge Oats with Wheat bran	2
Co-operative Instant Hot Oats	2
Co-operative No Added Sugar Swiss Muesli	2
Co-operative Strawberry Crisp	2
Co-operative Choco Hoops	3
Co-operative Choco Snaps	3
Co-operative Frosted Flakes	3
Co-operative Golden Puffs	3
Co-operative Honey Hoops	3
Co-operative Perfect Choice	3
Co-operative Crunchy Rice & Wheat Flakes	4
Co-operative Maple and Pecan Crisp*	2
Co-operative Corn Flakes-Low Fat	4
DORSET	
Dorset Cereals berries & cherries	1
Dorset Cereals fruit nuts & seeds	1

Dorset Cereals Fruity Porridge apple & raisin fruity porridge	1
Dorset Cereals Fruity Porridge fruit & nut fruity porridge	1
Dorset Cereals Gloriously nutty muesli	1
Dorset Cereals Super Cranberry Muesli	1
Dorset Cereals Super Cranberry, cherry & almond	1
Dorset Cereals super high fibre	1
Dorset Cereals tasty, toasted spelt	1
Dorset Cereals Raspberry Porridge	2
Dorset Cereals Fantastically Fruity Muesli	2
Dorset Cereals tasty low fat flakes- apple cherry raspberry cranberry	2
Dorset Cereals tasty fruit & fibre-raisin date apple	1
Dorset Cereals tasty fruit & fibre-pineapple papaya raisin	1
Dorset Cereals organic fruit, nuts & seeds	1
Dorset Cereals *Simply* Porridge	2
Dorset Cereals simply delicious muesli	2
Dorset Date and Banana Fruity Porridge	2
Dorset Cereals Breakfast Projects no.02 apple	3
Dorset Cereals Breakfast Projects no.01 original	4
JORDANS	
Jordans country crisp - real strawberries	1
Jordans country crisp - four nut *crunch*	1
Jordans country crisp - honey clusters	3
Jordans country crisp - luxury raisins	1
Jordans country crisp - real raspberries	1
Jordans country crisp & flakes	1
Jordans Crunchy oat-raisins, almonds & honey	1
Jordans Crunchy oats-special fruits & nuts	1
Jordans luxury crunchy cereal - luxury fruits & nuts	1
Jordans luxury crunchy cereal - maple & pecan	1
Jordans muesli - special fruit muesli	1

Jordans muesli - special muesli	1
Jordans Muesli fruit & nut	1
Jordans Muesli fruity fibre	1
Jordans Muesli super berry	1
Jordans Muesli- truly fruity	1
Jordans organic crunchy raisins & coconut	1
Jordans Organic fruit & fibre flakes	1
Jordans Organic fruit & fibre flakes	1
Jordans Organic Granola	1
Jordans original crunchy cereal - raisins & almonds	1
Jordans original crunchy cereal - tropical fruits	1
Jordans Superfoods Breakfast flakes	1
Jordans Superfoods Granola	1
Jordans 3 in 1 Strawberry	2
Jordans muesli - natural muesli	2
Jordans Muesli nut & seed	2
Jordans Natural wheat bran	2
Jordans Natural wheat germ	2
Jordans organic muesli	2
Jordans organic multigrain porridge	2
Jordans organic porridge oats	2
Jordans *Chunky traditional porridge)* porridge oats	2
KELLOGG'S	
Kellogg's All Bran bran flakes	2
Kellogg's All Bran bran flakes chocolate	1
Kellogg's All Bran Crunchy Oatbakes	1
Kellogg's All Bran Honey & Oat bar	1
Kellogg's All Bran sultana bran	1
Kellogg's Bran Flakes	1
Kellogg's Bran Flakes Sultana Bran	1
Kellogg's Country Store Muesli	1
Kellogg's fruit 'n fibre	1
Kellogg's Honey Loops	1
Kellogg's Optivita Raisin Oat Crisp	1
Kellogg's Special K sustain	1
Kellogg's All Bran original	2
Kellogg's chocolate wheats	2
Kellogg's frosted wheats	2

Kellogg's Frosted Wheats	2
Kellogg's Luxury Muesli	2
Kellogg's Optivita Berry Oat Crisp	2
Kellogg's Optivita Nut Oat Crisp	2
Kellogg's raisin wheats	2
Kellogg's Raisin Wheats	2
Kellogg's rice krispies multi-grain shapes	2
Kellogg's Coco pops	3
Kellogg's Coco pops coco rocks	3
Kellogg's Coco pops mega munchers	3
Kellogg's Coco Pops Moons & Stars	3
Kellogg's Corn flakes hint of honey	3
Kellogg's Crunchy nut	3
Kellogg's Crunchy Nut Bites	3
Kellogg's Crunchy nut clusters honey & nut	3
Kellogg's Crunchy nut clusters summer berries	3
Kellogg's Crunchy nut nuts about nuts'n fruit	3
Kellogg's Crunchy nut nutty	3
Kellogg's frosties	3
Kellogg's frosties reduced sugar	3
Kellogg's Just Right	3
Kellogg's kashi crunch	3
Kellogg's kashi muesli seven grains	3
Kellogg's Ricicles	3
Kellogg's Special k bliss creamy berry crunch	3
Kellogg's Special k bliss strawberry & chocolate	3
Kellogg's Special k medley	3
Kellogg's Special K Oat & Honey	3
Kellogg's Special k peach & apricot	3
Kellogg's Special k purple berries	3
Kellogg's Special k red berries	3
Kellogg's Special K Sustain Yogurt	3
Kellogg's Start	3
Kellogg's Corn flakes	4
Kellogg's Corn flakes multi-grain	4
Kellogg's rice krispies	4
Kellogg's Special k	4

Kellogg’s Krave Milk Chocolate	3
Kellogg’s Krave Chocolate Hazelnut	3
Kellogg’s Krave White Chocolate Brownie	3
Kellogg’s Froot Loops	3
LIDL	
Goody Oatilicious Oh So Easy Oats (Golden Syrup)	1
Goody Oatilicious Oh So Easy Oats (Original)	2
Nordwaldtaler Fine Wholegrain Oats	2
Bixies Malt Crunchies	2
Simply Sumptuous Swiss style muesli	1
Bixies Swiss Style Muesli (No Added Sugar)	2
Bixies Whole Wheat Biscuits	2
Oat Crunch tropical fruit cereal	3
Master Crumble Crunch Oat Cereal Raisins & Almonds	1
Simply Sumptuous Strawberry Crisp	1
Master Crumble Maple Pecan Crisp	2
Crownfield Fruit & Fibre	1
Crownfield Choco Shells	3
Crownfield Nougat Pillows	3
Crownfield Bran Flakes	2
Crownfield Golden Puffs	1
Choco hoops	1
Crownfield Flakes Honey & Peanuts	3
Crownfield Frosted Flakes	3
Crownfield Corn Flakes	4
Crownfield Rice Snaps	4
Limessa Light Flakes Honey & Peanuts	3
Special Flakes	4
Special Flakes-Red Berries	4
Nut Flakers	4
Light Flakers sugar	3
Caramel Flakes	3
Apple Flakes	3
Rice snaps	4
Flakers choco	3
Choc rice	3
Honey and Choco puffs	3
Banana and choco puffs	3

Deluxe range fruit granola	1
Deluxe range fruit and nut granola	3
Crownfield malt wheaties	2
Oatlicious Porridge Oats	4
Crownfield Cereal cookie	1
Crownfield Honey Hoops	3
Crownfield Multigrain Hoops	2
Crownfield special flakes with chocolate	4
Special flakes red berries	4
Crownfield special flakes rice and wheat	4
Special sumptuous Muesli Luxury Fruit	1
Crownfield Choco Rice	3
Simply Wheat Biscuits	2
Crownfield Apricot Wheats	2
Crownfield Mini Wheats	2
Simply Sumptuous Fruit Granola	2
Simply Sumptuous Muesli Berries & Cherries	1
MARKS & SPENCER	
Malty Flakes with Raspberries	3
Fruit, Nut and Flakes	3
Corn Flakes	4
Frosted Flakes	3
Deliciously Nutty Crunch	4
Strawberry and Almond Crunch	1
Apple and Cinnamon Crunch	3
Triple Chocolate Crunch	3
Wholegrain Wheat Bisks	2
Prebiotic Quick Porridge Oats	2
Quick Apple, Sultana and Cinnamon Porridge	2
Fruit and Fibre	1
Super Luxury Fruit, Nut and Seed Muesli	1
Instant Raspberry and Cranberry Porridge	4
M&S Count On Us tropical fruit and bran multi flakes	1
M&S unsweetened fruit and bran muesli	1
M&S Organic Swiss style wholegrain muesli	2
M&S Scottish porridge oats	2
M&S clementine and chocolate crunch - citrus infused oat clusters	3
M&S berries, cherries and flakes -No longer Count on us	4
M&S Count On Us multifruit and flakes	3
M&S honey, nuts and flakes	3
M&S Organic multigrain jumbo oat porridge	4
Maple & Pecan Flakes	4
Percy's pink porridge	4
M&S Simply bran flakes	2
Three seed & oat granola	2
M&S Porridge	2
Millionaire's Caramel Crunch	3
Apple & Cinnamon Flakes	4
Fruit Nut & Flakes	3
Simply Fruit & Fibre	1
Maple & Pecan Flakes	3
Oatbran	2
5 Grain & Seed Porridge	2
Golden Syrup Porridge	2
MORRISONS	
Right Balance	3
Fruit and Fibre	1
Wheat Biscuits	2
Value Wheat Biscuits	2
Value Cornflakes	4
Corn Flakes	4
Honey hoops	3
Mighty Malties	2
Value Rice Snaps	4
Rice Crackles	4
Frosted Flakes	3
Golden Puffs	3
Choco Crackles	3
Choco Flakes	3
Value Coco Snaps	3
Choco dots	3
Original Porridge Oat Pots	4
Golden Syrup Flavour Porridge Oat Pots	4
Instant Hot Oats	2
Quick 'n' Easy Porridge Oats	2
Organic Fruit Crunchy	1
Strawberry Crispy Clusters	3
Maple and Pecan Crispy Clusters	2
Organic Fruit and Nut Muesli	2

Whole-wheat Muesli	1
Swiss style Muesli	1
Value Muesli	2
Honey nut corn flakes	3
Honey Corn Flakes	3
Honey and Nut Trim Flakes	3
Apple, blackberry, blackcurrant and blueberry Trim Flakes	4
Peach and apricot Trim Flakes	4
Trim Flakes	4
Blueberry Wheats	2
Cranberry Wheats	2
Red Fruit Trim Flakes	4
Puffed Wheats	2
Bitesize Neat Wheats	2
Neat Wheats	2
Sultana Bran	1
High Fibre Bran	2
Bran Flakes	2
Morrisons crispy apple bran	1
Morrisons fruit and nut muesli	1
Morrisons honey nut corn flakes	3
Morrisons Choco Crackles	3
Morrisons instant hot oats - no added salt/sugar	2
Morrisons Organic wheat biscuits	2
Morrisons frosted flakes - reduced sugar	3
Morrisons Organic cornflakes	4
Morrisons Organic Bran Flakes	2
Morrisons Muesli no added sugar	2
Morrisons Oats	2
Morrisons Choco Curls Kid smart	4
Morrisons Ice Flakes	3
Signature range Granola	1
Morrisons Porridge	3
Super Hoops	4
Choco Pillows	3
Mornflake Chocolatey Squares	3
Morrisons Special Flakes	4
Red Fruits Special Flakes	4
Fantastic Fibre	2
Right Balance	3
Porridge Oats	2
Mornflake Orchard Oat Granola	1

Spooky Hoops	3
NESTLÉ	
Nestlé cheerios	1
Nestlé clusters	1
Nestlé coco shreddies	1
Nestlé frosted shreddies	1
Nestlé fruitful shredded wheat	1
Nestlé honey shreddies	1
Nestlé bitesize organic shredded wheat	2
Nestlé bitesize shredded wheat	2
Nestlé honey nut shredded wheat	2
Nestlé cheerios honey nut	3
Nestlé cookie crisp	3
Nestlé Curiously Cinnamon	3
Nestlé fitnesse & fruit	3
Nestlé fitnesse honey & nut	3
Nestlé golden nuggets	3
Nestlé Nesquik	4
Nestlé Oat Cheerios	3
Nestlé oats & more *raisin*	3
Nestlé oats & more almond	3
Nestlé oats & more honey	1
Nestlé fitnesse	4
Nestle Lion Bar Cereal	3
Nestle Toffee Crisp cereal	3
Nestle Coco Caramel shreddies	1
SAINSBURY'S	
Sainsbury's 12 fruit & nut muesli	2
Sainsbury's Basics fruit and fibre	1
Sainsbury's Be Good To Yourself nut, berry and seed muesli	1
Sainsbury's crunch, organic	1
Sainsbury's easy oats - golden syrup	1
Sainsbury's fruit muesli	1
Sainsbury's golden puffs	1
Sainsbury's honey nut bran flakes	1
Sainsbury's sultana bran	1
Sainsbury's Nut & Flame Raisin Crisp	3
Sainsbury's triple chocolate crisp cereal	1
Sainsbury's tropical crunchy oat cereal	1
Sainsbury's whole wheat muesli	1

Sainsbury's wholegrain fruit and fibre	1
Sainsbury's wholegrain fruit and fibre no added sugar	1
Sainsbury's wholegrain raisin wheats	2
Sainsbury's blueberry wheats	2
Sainsbury's apricot wheats	2
Sainsbury's Basics branflakes	2
Sainsbury's Basics breakfast wheat biscuits	2
Sainsbury's Basics muesli	2
Sainsbury's Be Good To Yourself oat muesli	2
Sainsbury's bran flakes	2
Sainsbury's cranberry wheats	2
Sainsbury's easy oats - original	2
Sainsbury's high fibre bran	2
Sainsbury's high fibre bran cornflakes	2
Sainsbury's high fibre cornflakes	2
Sainsbury's ready oat cereal	2
Sainsbury's instant hot oat cereal	2
Sainsbury's malties	2
Sainsbury's mini wheats	2
Sainsbury's natural bran	2
Sainsbury's oat cereal, hot	2
Sainsbury's puffed wheat	2
Sainsbury's Scottish porridge oats	2
Sainsbury's Scottish porridge oats with bran	2
Sainsbury's SO Organic bran flakes	2
Sainsbury's SO Organic oats	2
Sainsbury's SO Organic original easy oat sachets	2
Sainsbury's SO Organic whole wheat biscuits	2
Sainsbury's Taste the Difference whole rolled porridge oats	2
Sainsbury's wholegrain bran flakes	2
Sainsbury's wholegrain apricot wheats	2
Sainsbury's wholegrain mini wheats	2
Sainsbury's whole-wheat biscuits	2
Sainsbury's whole-wheat bisk cereal	2

Sainsbury's wholegrain cranberry wheats	2
Sainsbury's Be Good To Yourself muesli	1
Sainsbury's Be Good To Yourself precise	3
Sainsbury's choco hooplas	3
Sainsbury's choco snaps	3
Sainsbury's chocolate crisp cereal	1
Sainsbury's frosted flakes	3
Sainsbury's honey nut and cranberries	3
Sainsbury's honeynut cornflakes	3
Sainsbury's hot oat golden syrup	1
Sainsbury's pecan and maple crisp cereal	2
Sainsbury's purple berry crisp cereal	1
Sainsbury's yoghurt and raspberry crisp cereal	1
Sainsbury's balanced cereal - crispy rice and wheat	4
Sainsbury's balanced cereal with red fruits	4
Sainsbury's Basics cornflakes	4
Sainsbury's Be Good To Yourself balance	4
Sainsbury's Be Good To Yourself balance with red fruit	4
Sainsbury's cornflakes	4
Sainsbury's crisp rice, basics	4
Sainsbury's crunchy coconut, raisin and honey	1
Sainsbury's rice pops	4
Sainsbury's SO Organic cornflakes	4
Sainsbury's Swiss style muesli - no added salt sugar	4
TESCO	
Tesco Crunchy Oat Cereal with coconut, sultanas and almonds	1
Tesco Crunchy Oat Cereal with tropical fruits	1
Tesco Finest Fruit & Nut Granola	1
Tesco Finest Fruit & Nut Muesli	1
Tesco Fruit & Fibre	1
Tesco Fruit & Nut Muesli	1
Tesco fruit and berries muesli	1
Tesco Light Choices Sultana Bran	1
Tesco Malt Wheats	2

Tesco Micro Oats (Golden Syrup)	1
Tesco Swiss Style Muesli	2
Tesco Value Fruit & Fibre	1
Tesco (Disney) Wholegrain Porridge	2
Tesco Apricot Wheats	2
Tesco Blueberry Wheats	2
Tesco Bran Flakes Value	2
Tesco Cranberry Wheats	2
Tesco Finest Porridge with Raisin & Hazelnuts	2
Tesco Finest Scottish Porridge Oats	2
Tesco Healthy Living Porridge Oats with wheatbran & prebiotics	2
Tesco hi-fibre bran	2
Tesco Instant Hot Oat Cereal	2
Tesco Light Choice Wheat Biscuits	2
Tesco Light Choices Bran Flakes	2
Tesco malt wheats	2
Tesco Maple & Pecan Crisp	3
Tesco Micro Oats	2
Tesco Organic Porridge Oats	2
Tesco Pomegranate & Raspberry Wheats	2
Tesco Scottish porridge oats	2
Tesco Scottish porridge oats with wheat bran	2
Tesco superfood muesli	2
Tesco Swiss Style Muesli (No Added Sugar/Salt)	2
Tesco Value Muesli	2
Tesco Value Porridge Oats	2
Tesco Wheat Biscuits	2
Tesco Whole-wheat Muesli	2
Tesco Choco Snaps	3
Tesco Frosted Flakes	3
Tesco Golden Honey Puffs	3
Tesco Honey Nut Corn Flakes	3
Tesco Multigrain Boulders	3
Tesco Multigrain Hoops	4
Tesco Rice Snaps	4
Tesco value coco snaps	3
Tesco Value Frosted Flakes	3
Tesco Value Rice Snaps	4
Tesco Corn Flakes	4
Tesco organic cornflakes	4
Tesco Specialflakes	4
Tesco Special Flakes with Red Berries	4
Tesco Strawberry Crisp	4
Tesco Value Corn Flakes	4
WEETABIX	
Weetabix minis chocolate crisp	1
Weetabix minis fruit & nut crisp	1
Weetabix minis honey & nut crisp	1
Weetabix Oatibix bitesize with chocolate & raisin	1
Weetabix Oatibix porridge apple & raspberry	1
Weetabix Oatibix porridge chocolate	1
Weetabix Oatibix porridge golden honey	1
Weetabix Oatibix porridge spiced apple & sultana	1
Weetabix Alpen no added sugar	2
Weetabix crunchy bran	2
Weetabix Disney pirates	2
Weetabix Disney princess stars	2
Weetabix Oatibix bitesize	2
Weetabix Oatibix bitesize with sultana & apple	2
Weetabix Oatibix original	2
Weetabix Oatibix porridge original	2
Weetabix Oatibix Flakes	2
Weetabix organic	2
Weetabix original	2
Weetabix power rangers star force	2
Weetabix Ready Brek original	2
Weetabix weetaflakes	2
Weetabix Alpen high fruit	3
Weetabix Oatibix Flakes with raisin, cranberry and blackcurrant	3
Weetabix Oatiflakes with raisin, cranberry & blackcurrant	3
Weetabix Ready Brek chocolate	2
Weetabix weetos chocolate flavour	1
Weetabix Oatibix Flakes	2
Chocolate Weetabix	2

OTHER BRANDS	
Kallo whole earth Swiss style muesli, organic	2
Grapenuts	2
Mornflake oatbran cereal	2
Sugar puffs	3
Country Barn Corn Flakes	4
Country Barn Special Flakes	4
Kallo wholearth organic classic cornflake	4
Mornflake orchard oat crunchy sultana and apple	1
Mornflake classic oat crunchy raisin, honey and almond	1
Mornflake Hawaiian Oat Crunchy Raisin, Banana and Pineapple	1
Mornflake Superfast oats	2
Mornflake Organic oats	2

EATING HABITS MODULE - FRUIT AND VEGETABLE CONSUMPTION

FRESH FRUIT SIZES

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

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6

Centimetres	Feet	Inches
170	5	7
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART

1 kg= 2.2 lb

kg	st	lbs
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6
28.6	4	7
29.1	4	8

kg	st	lbs
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13
50.9	8	0
51.4	8	1
51.8	8	2
52.3	8	3

kg	st	lbs
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6
73.2	11	7
73.6	11	8
74.1	11	9
74.5	11	10
75.0	11	11
75.5	11	12

kg	st	lbs
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0
95.9	15	1
96.4	15	2
96.8	15	3
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7
99.1	15	8
99.5	15	9
100.0	15	10

kg	st	lbs
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8

kg	st	lbs
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

LOOK-UP CHARTS FOR IF OVER 12 DWELLING UNITS OR OVER 12 HOUSEHOLDS IDENTIFIED AT AN ADDRESS

NUMBER OF DU's/HH:	SELECTION NUMBER FOR 1 DU:	SELECTION NUMBERS FOR 3 HOUSEHOLDS
13	12	8, 11, 4
14	8	7, 6, 5
15	11	8, 9, 5
16	7	9, 16, 11
17	13	11, 9, 16
18	3	11, 6, 18
19	14	13, 18, 7
20	2	17, 1, 4
21	14	16, 10, 2
22	8	16, 4, 22
23	13	19, 3, 22
24	5	10, 19, 14
25	12	23, 15, 4
26	6	22, 20, 17
27	17	14, 24, 25
28	17	2, 17, 25
29	2	19, 18, 4
30	21	28, 7, 20

LOOK-UP CHART IF 30 + DWELLING UNITS IDENTIFIED AT AN ADDRESS

Number of DU's	Selection number for 1 DU	Number of DU's	Selection number for 1 DU
31	10	46	35
32	26	47	8
33	8	48	36
34	22	49	15
35	8	50	44
36	3	51	35
37	28	52	2
38	19	53	24
39	25	54	17
40	16	55	49
41	41	56	27
42	32	57	39
43	9	58	3
44	40	59	48
45	7	60	35

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

IF THERE ARE:	13	SELECT CHILDREN ▶	10 & 13
	14	▶	6 & 4
	15	▶	9 & 14
	16	▶	2 & 5
	17	▶	16 & 12
IF THERE ARE:	18	SELECT CHILDREN ▶	7 & 6
	19	▶	16 & 8
	20	▶	2 & 8
	21	▶	12 & 3
	22	▶	14 & 3
	23	▶	15 & 21
IF THERE ARE:	24	SELECT CHILDREN ▶	5 & 22
	25	▶	19 & 8
	26	▶	6 & 20
	27	▶	5 & 20
	28	▶	12 & 22
	29	▶	19 & 25
	30	SELECT CHILDREN ▶	13 & 18
	31	▶	29 & 1
	32	▶	7 & 3
	33	▶	2 & 21
	34	▶	9 & 26
	35	SELECT CHILDREN ▶	9 & 20

Scottish Health Survey

2015

Coding & Editing Instructions

Revisions made to document		
Dec 2014	ReasSprtO MReasSprtO BarSprtO PAWhereO	References to variables not in 2015 removed
	WryOth, CauseOth, InjOth, DentProbO	Codes and backcoding instructions for 2013 Core Version A modules re-inserted (the 2015 version A content is the same as version A content in 2013)
	CosDentO CosSkinO SkinProO CosFaceO CosFatO	New self-completion questions for 2015
	CerOth	Updated cereal code list (appendix 5)
Mar 2015	InjOth	Updated backcoding instructions
	OthAct	Updated list of sports for backcoding
	NRTOth	Updated backcoding instructions
	RG20O	Updated backcoding instructions
	RG19O RG20O CerOth NRTOth SuppOth OthWhit OthMix OthAsi AthAfr	Removed need for listing to researchers

	OthBlk OthEth ReligioSO DrWhere1E DrWith1E BioUno	
Apr 2015	CVDOth	Updated backcoding instructions and removed need for listing to Andy
	IllsM HNotWhat	Updated longstanding illness code frame. Expanded list of unclassifiable (41)

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1. Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Scottish Health Survey 2015. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual session and biological session if applicable. 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 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 back coded to the original question where possible. Other answers can be transferred electronically and so don't require listing.

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

2. Factsheet Definition for CAPI editing

The tables below show the variables that will appear on the factsheet for editing. Variables which are just a simple backcode into a previous variable are not shaded. Variables for which there is more detail in these instructions about how to code are shaded.

Household Qure

SOC2010		Occupational coding
SIC2007		Industry type coding

Indiv Qure

IllsM1-6	3.4	Code to IllCode1-6	Longstanding illness codes
RG19O	3.5	Backcode to RG19	Affect of caring responsibilities on employment
RG20O	3.5	Backcode to RG20	Support receives as a carer
CVDOth	3.5	Code into CVDOthE	Other heart condition
COPDOthO	3.6	Backcode to COPDOth	Treatment or other advice received for COPD /bronchitis/ emphysema
HNotWhat	3.6	HNCode1-3	Other illnesses not already coded
WryOth		Backcode to DrWyr	Where most recent accident happened
CauseOth		Backcode to AxCause	Other cause of accident
InjOth	3.7	Backcode to DrInj	Other type of injury
OthAct	3.8	Backcode to WhtAct / WhtAcB	Other activities codes
BreadOth	3.9	Backcode to UsBread	Other types of bread eaten
CerOth	3.9	Backcode to Cereal	Other types of cereal eaten
FrtOth	3.10	Backcode to FrtC	Type of fruit eaten
FrtNotQ	3.10	Backcode to FrtQ	Amount of fruit eaten
NRTOth	3.13	Backcode to UseNRT	Nicotine replacements products used
SuppOth	3.13	Backcode to SuppOth	Smoking cessation support
Nbottle	3.14	Code to NCodeEq	Brand of normal bottled lager etc (12mths)
Sbottle	3.14	Code to SCodeEq	Brand of strong bottled lager etc (12mths)
OthDrnkA,B, C	3.14	Back code to Nbeer-Pops03	Other alcoholic drinks (12mths)
Nbotl7	3.14	Code to LNCodEq	Brand of normal bottled lager etc (7days)
SbotL7	3.14	Code to LSNcodEq	Brand of strong bottled lager etc (7days)
OthL7TA,B,C	3.14	Backcode to NBrL7-PopsL703	Other alcoholic drinks (7days)
OthQOA,B, C	3.14	Backcode to OthQMA,B,C	What other measure
DrWher1E	3.14	Backcode to DrWher1	Where respondent drinks
DrWith1E	3.14	Backcode to DrWith1	Who respondent drinks with
DentProbO		Backcode to DentProb	Problems visiting the dentist
BirthPlaO	3.16		Other places of birth
OthWhit	3.17	Backcode to Ethnic09	Ethnic background
OthMix	3.17	Backcode to Ethnic09	Ethnic background
OthAsi	3.17	Backcode to Ethnic09	Ethnic background
OthAfr	3.17	Backcode to Ethnic09	Ethnic background
OthBlk	3.17	Backcode to Ethnic09	Ethnic background
OthEth	3.17	Backcode to Ethnic09	Ethnic background
ReligioSC	3.18	Backcode to ReligioS	Religion (other Christian)
ReligioSO	3.18	Backcode to ReligioS	Religion (another religion)
FathTitl & FathSup	3.19		Occupation coding of respondent's father
MothTitl & MothSup	3.19		Occupation coding of respondent's mother

SComp6O	3.20	Backcode to SComp6	Reason self-completion not completed
SDQComp	3.20		Why self-completion not completed
OhiNRel	3.21	Backcode into HiNRel	Unreliable height measurement
NoHitMO	3.21	Backcode into NoHitM	Reasons for refusing height
NoWaitMO	3.21	Backcode into NoWaitM	Reasons for refusing weight
NoHtBc	3.21		
NoWtBc	3.21		
BioUnO		Backcode into BioOut	Reasons for refusing biological module

Self-Completion Booklets

Young adults self-completion

DDlySmok	4.1		Number smoked weekdays
DWkndSMO	4.1		Number smoked weekends
DALCOTA (Q21)	4.3		Had any other alcoholic drink in last 12 months (1)
DALTYPA (Q21)	4.3		Name of first 'other alcoholic drink' drunk in last 12 months
DALFREQA (Q21)	4.3		Frequency of first 'other alcoholic drink' drunk in last 12 months
DGLASSA,DPINTSA, DLARGEA,DSMALLA(Q21)	4.3		Volume of first 'other alcoholic drink' drunk in last 12 months
DALCOTB (Q22)	4.3		Had any other alcoholic drink in last 12 months (2)
DALTYPB (Q22)	4.3		Name of 2nd 'other alcoholic drink' drunk in last 12 months
DALFREQB (Q22)	4.3		Frequency of 2nd 'other alcoholic drink' drunk in last 12 months
DGLASSB,DPINTSB, DLARGEB,DSMALLB (Q22)	4.3		Volume of 2nd 'other alcoholic drink' drunk in last 12 months
DALL7Q1A (Q26)	4.3		How many Glasses of 'other drink (1)
DALL7Q2A (Q26)	4.3		How many Half-pints of 'other 'drink (1)
DALL7Q3A (Q26)	4.3		How many Large cans of 'other 'drink (1)
DALL7Q4A (Q26)	4.3		How many Small cans of 'other 'drink (1)
DALL7Q1B (Q26)	4.3		How many Glasses of 'other drink (2)
DALL7Q2B (Q26)	4.3		How many Half-pints of 'other 'drink (2)
DALL7Q3B (Q26)	4.3		How many Large cans of 'other 'drink (2)
DALL7Q4B (Q26)	4.3		How many Small cans of 'other 'drink (2)
DDrWr080	4.3		Other places where alcohol is drunk
DDRWT08O	4.3	Backcode to DDrWt08	Other people drink most alcohol with
DMTHCONO	4.5	Backcode into DMthCon	Other method of contraception (young adults self-comp)
DNOCONO	4.5	Backcode into DNoCon or DMthCon	Other reason for NOT using contraception (young adults self-comp)
Adults self-completion			
CosDentO (Q39b)	4.4	Backcode to CosDent	Other cosmetic dental treatment
CosSkinO (Q40b)	4.4	Backcode to CosSkin	Other cosmetic skin or soft-tissue treatment
SkinProO (Q41b)	4.4	Backcode to SkinProb	Other problem as a result of treatment
CosFaceO (Q42b)	4.4	Backcode to CosFace	Other cosmetic or reconstructive work to face or neck
CosFatO (Q44b)	4.4	Backcode to CosFat	Other surgical procedure to reduce fat or aid weight loss
MTHCONO	4.5	Backcode to MthCon	Other method of contraception (Adults self-comp)
NOCONO	4.5	Backcode NoCon or MthCon	Other reason for NOT using contraception (Adults self-comp)

Biological Module – Core Version B only

MedBi	5.1		Drug coding
NRTOthB	5.2	Backcode to UseNRTB	Other type of nicotine replacement
OthNBP		Backcode to NAttBPD	Other reason not obtained blood pressure
OthDifBP		Backcode to DifBPC	Other reason difficulty obtaining BP
OthWH		Backcode to WHPNABM	Other reasons for not attempting waist
OthNObt		Backcode to SalNObt	Other reasons why saliva sample not taken
SalYRefO		Backcode to SalYRef	Other reasons why saliva refused
OthNObt		Backcode to UriNObt	Other reasons why urine sample not taken
UriYRefO		Backcode to UriYRef	Other reasons why urine refused

3. Additional CAPI Edits – Household/Individual Questionnaire

3.1 Proxy interviews

Aged 13+ **NoHitMO** and **NoWaitMO** 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 0-12 Proxy interviews are allowed for children aged 0-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWtBC**.

3.2 Age/Date of birth

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

If Age / Date of Birth is missing in the household grid, check whether it was collected in the Individual Questionnaire and if it was then add age and date of birth to the household grid.

3.3 Household/Individual SOC/SIC coding

Soc and Sic 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+K. Where there is insufficient information to code SIC2007 this should be coded as '89'.

3.4 Longstanding Illnesses

IllsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IlsM1-IllsM6**. This should be coded, using the long-standing illness codeframes in **Apendix 2 and 3**, into the variables **IllCode 1-6** (appearing immediately after each instance of **IllsTxt**).

If there are two separate illnesses listed under the same **IlsM** variable, then these should be split as follows. Code first mentioned illness in the **IllCode** code linked to the **IlsM** code, remove the text of the second illness and put it into the first blank **IlsM** variable, and code the appropriate **IllCode** variable accordingly. In addition change the **More** variable (before the **IlsM** 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. Note that code 41 can only be used if there is only one illness mentioned.

If there is more than 1 illness mentioned and one of the illnesses is uncodable then you must go back and change the order of illnesses entered to ensure that the uncodable illness is the last illness coded. For example, if 3 illnesses were recorded: war wound (uncodable), tinnitus (code 12) and angina (code 16), you would need to change the order they were originally entered. They would be entered in the following order: tinnitus, angina and war wound (the illness which is uncodable must be entered last). This should then be coded as 97 to indicate no further coding. Please also remember to enter the correct follow up answers associated with each of the codable illnesses – these will be on the factsheet.

Code 42 Complaint no longer present

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

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

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

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

Illnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to Andy MacGregor, ScotCen for coding using the Coding Queries Response Form.

3.5 Caring Questions

RG190 Affect of caring responsibilities on employment

Recode into *RG19* if possible, otherwise leave.

RG20O Support received as a carer

Recode into *RG20* if possible, otherwise leave.

If support is for person being cared for and not for carer (e.g. help with shopping, washing, etc.) then delete. If no other options selected at RG20 then set RG20 = 11 (no support).

3.6 Cardiovascular Disease

CVDOth Other CVD condition

Backcode to CVD1-CVD5 if possible. Note that other may include multiple conditions, so can backcode to more than one. Consult Andy MacGregor, Scotcen only if unsure how to code.

New codes:
09 Too vague to code
06 Other

Any conditions given which could have been coded at *CVD1-CVD5* or *CVD7* or *CVD8* will be coded 01-05, 07 or 08, but will remain coded under *CVDOth* rather than being recoded.

Conditions which can be backcoded are:

Cardiac arrest = 3 (Heart attack)
Endocarditis = 4 (Heart murmur)
Wolff-Parkinson-White (WPW) syndrome = 5 (Abnormal heart rhythm)
High pulse rate = 5 (Abnormal heart rhythm)
Palpitations = 5 (Abnormal heart rhythm)
Thyroid toxicosis / Thyrotoxicosis / hyperthyroidism / Graves' disease = 5 (Abnormal heart rhythm)
(Third-degree) heart block = code 5 (Abnormal heart rhythm)
(Ventricular) tachycardia = code 5 (Abnormal heart rhythm)
Unknown / being tested = code 9 (Too vague)
Chest pain (and no more information) = code 9 (Too vague)

Conditions which should remain as 'Other' (code 6) include:

(Ischemic) heart disease / cardiovascular disease
Enlarged heart / atria
Enlarged aorta
Hole in the heart
Faulty valve / valve replacement
Cardiomyopathy

Ischaemia (low flow of blood to the heart)
Mural thrombosis
Myocarditis
Patent Ductus Arteriosis (PDA) / ductus arteriosis does not close
(Viral) Pericarditis
Stenosis
TSI
Arteries blocked / narrowed / thickened
Coronary artery disease
Low blood pressure
Aortic aneurysm
Cancerous lump on heart
Scarring on heart
Genetic heart disorder
Thickening / inflammation of heart wall / lining / muscles
Heart virus / infection
Heart muscle damage
Heart (valve) leakage
Heart stopped / heart failure
Heart problems related to circulation
Heart muscle spasm
Fluid in lining of heart
Vessels don't work
Ventricle not functioning properly
Bypass
Stents fitted
Heart transplant
Angioplasty done

If 'High cholesterol' only is mentioned, change **CVD6** to 'No'

COPDOthO Other treatment for COPD/bronchitis/emphysema
Recode into *COPDOth* if possible, otherwise leave.

HnoTWhat Any other illness not already mentioned
We need the answers here to be coded: illness already mentioned at IllsM, other illness not mentioned but unable to code, other illness not mentioned that can be coded. The last category should then be coded as per IllsM. As there are no variables set up to hold these new illness codes. They should not be merged in with IllsCode1-6, need to be extra.

Ilnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to Andy MacGregor, ScotCen for coding using the Coding Queries Response Form.

3.7 Accidents

InjOth: Type of injury

Recode into DrInj if possible.

Code 4 – *Straining or twisting a part of the body* includes whiplash
Code 11 – *Other injury to internal parts of the body* includes concussion

3.8 Physical Activity

OthAct: Other physical activity (adult)

The data can store up to 46 codes (10 from WhtAct, 30 from WhtAcB and a further 6 back-coded from OthAct[11-16]).

All activities at **OthAct** should be back-coded to **WhtAct or WhtAcB** (multi-coded variable) if possible. Note that:

WhtAct

Code 3 *Workout at a gym / Exercise bike / Weight training*: Includes 'body-building', 'kettlebell'

Code 4 *Aerobics/Keep fit/Gymnastics/ Dance for fitness*: Includes any answer mentioning 'fit' or 'fitness' (e.g. 'Wii Fit', 'Metafit' or 'Army fitness programme'). Also includes 'boxercise', 'hula hoop'

Code 5 *Any other type of dancing*: Includes any answer mentioning 'dancing' (i.e. sequence dancing, tap dancing etc.). Does not include Ice dancing, see code 16 (*WhtAcB*) below.

Code 7 *Football/ rugby*: Includes those participating in the sport as referees and linesmen / assistant referees.

Code 10 *Exercises (e.g. press-ups, sit ups)*: Includes any answer mentioning 'exercises' (i.e. back exercises, office exercises etc.) or 'working out'

WhtAcB

Code 1 *Bowls:* Includes indoor, outdoor, crown, green, Petanque

Code 2 *Fishing / Angling*: Include flyfishing

Code 4 *Hillwalking/rambling:* Include fellwalking

Code 7 *Yoga/Pilates:* Include pelvic ball

Code 16 *Ice skating*: Include Ice dancing

Code 17 *Martial arts*: Include Karate

Code 18 *Netball*: Include handball, korfball

Code 20 *Rowing:* Include machine

Code 21 *Sailing:* Include dinghy

Code 25 *Subaqua:* Include Scuba

Code 26 *Surfing / bodyboarding:* Include Hydrospeeding

If the activity from OthAct is backcoded into WhtAct or WhtAcB then please also ensure that the follow-up questions DayExc, ExcHrs, ExcMin, ExcSwt and, if applicable, ExcMus and ExcMov are also backcoded.

Otherwise enter a code from the codeframe given below. If the sport is not listed, then it will need to be coded in one of codes 90-92. Please send listings of any sports not listed below, and which cannot be backcoded, to one of the researchers for instructions on which code to use. To help the researchers establish how vigorous the activity the team should also supply them with the answers to the follow-up questions DayExc, ExcHrs, ExcMin, ExcSwt and, if applicable, ExcMus and ExcMov for the sport mentioned at OthAct. Nothing should be left as code 98 in the final data.

Note: It is possible to have two codes the same if "times" of activity cannot be amalgamated e.g. Badminton = Code 8 and Tennis = Code 8.

Existing code-frame for *WhtAct*

1 "Swimming",
2 "Cycling",
3 "Workout at a gym / Exercise bike / Weight training"
4 "Aerobics/keep fit/gymnastics/dance for fitness",
5 "Any other types of dancing",
6 "Running/jogging",
7 "Football/rugby",
8 "Badminton/tennis",
9 "Squash",
10 "Exercises (eg press-ups, sit-ups)"

New code-frame for *WhtAcB*

1 "Bowls",
2 "Fishing/angling",
3 "Golf",
4 "Hillwalking/rambling",
5 "Snooker/billiards/pool",
6 "Aqua-robics/aquafit/exercise class in water",
7 "Yoga/pilates",
8 "Athletics",
9 "Basketball",
10 "Canoeing/Kayaking",
11 "Climbing",
12 "Cricket",
13 "Curling",
14 "Hockey",
15 "Horse riding",
16 "Ice skating",
17 "Martial arts including Tai Chi",
18 "Netball",
19 "Powerboating/jet skiing",
20 "Rowing",
21 "Sailing/windsurfing",
22 "Shinty",
23 "Skateboarding/inline skating",
24 "Skiing/snowboarding",
25 "Subaqua",
26 "Surfing/body boarding",
27 "Table tennis",
28 "Tenpin bowling",
29 "Volleyball",
30 "Waterskiing"

Coding of *`other' answers (recorded at OthAct)*

Sport	Code
Abseiling/ Paraseiling	11
Adventure playground	12
American football	14
Archery	15
Assault course	16
Back packing	17
Baseball/softball	18
Battle re-enactment	20
Boxing	22
Canal cruising (if resp responsible for working locks)	23
Circuit training	25
Croquet	28
Darts	30
Diving	31
Dog training	32
Drumming (in a group)	33
Fencing	35
Field athletics	36
Fives	38
Hang gliding/parachuting	41
Hiking	42
Hitting punch sack	43
Juggling	47
Kabadi	48
Kick boxing	49
Lacrosse	50

Marathon running	51
Motor sports (ie. Motor-cross, go-karting, etc.)	53
Orienteering	55
Polo	56
Post natal exercise	57
Racketball	59
Riding	61
Roller skating	62
Rounders	63
Shooting	67
Skipping	70
Skirmishing (war games)	71
Skittles	72
Snorkelling	74
Sumo wrestling	75
Swing ball	77
Territorial Army	80
Toning table/bed	81
Trampolining	82
Walking on a jogging machine/treadmill	84
Weight lifting	86
Wrestling	88
Other light exercise (incl mini-trampoline, paddle boarding, harness racing, Alexander Technique)	90
Other moderate exercise (incl tug of war, power-walking, ultimate frisbee)	91
Other vigorous exercise (incl water-polo, ice hockey)	92
Other - don't know energy level (these will all be reassigned by researchers)	98

Special cases:

Alexander Technique - code as other light exercise	(90)
Go-karting - code as motor sport	(53)
Parachuting - code as hang-gliding	(41)

Playing with children – delete, and delete answers to follow-ups DayExc, ExcHrs, ExcMin, ExcSwt, ExcMus and ExcMov

3.9 Eating Habits

BreadOth **Other type of bread**

These are 'Other' answers which are to be coded back to UsBread if possible. Interviewers have been instructed to ask if a bread is white, brown, granary, wheatmeal or wholemeal. If type (white, brown, granary, wheatmeal or wholemeal) is specifically mentioned in UsBread then code appropriately to 1, 2 or 3. If someone says it is a mix of white and wholemeal e.g. ‘best of both’ or ‘50/50’ then this should be code 4 ‘SPONTANEOUS: (Wholemeal/white mixture e.g. ‘Best of Both’)

Code 7 for those 'Other' breads where no flour type was established. For example, if all that is specified is: pitta, naan, chapatis, French bread, baguettes, ciabatta, bagels, etc. and flour type is not given, use Code 7. Gluten free bread should also remain Code 7 if flour type is not mentioned.

For crispbreads and crisprolls, such as Ryvita, use Code 6 "Does not eat any type of bread".

CerOth **Other kinds of cereal**

Please check all notepads attached to *Cereal* in case any can be coded back to it. **Appendix 5** lists all cereals and their respective codes, grouped by brand of cereal. If ‘other’ cereal mentioned appears in the cereal list in appendix 5 then backcode to appropiate code in *Cereal* .

If a cereal mentioned in a notepad or at CerOth is not on the list in Appendix 5 it should be coded 5.

3.10 Fruit and Vegetables

FrtOth & FrtNotQ 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 and the portion guide 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 the ops team should send details of these cases to the researchers during the edit process and decisions will be taken on a case by case basis.

3.11 Fresh fruit size codeframe

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

3.12 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)

3.13 Smoking

NRTOth **Nicotine Replacement Products used**

Recode into *UseNRT* if possible, otherwise leave.

Electronic cigarette is now a specific option at UseNRT.

Inhilator – backcode to 3 (nasal spray / nicotine inhaler)

Nicotine sweets / tablets – backcode to 4 (lozenge / microtab).

Delete if not a NRT or similar product (i.e. delete if only mention book, hypnosis, cannabis, or some form of support) and code 9 at UseNRT if no other products mentioned.

SuppOth **Cessation support**

Recode into *NRTSupp* if possible, otherwise leave.

Phoneline – backcode to 4 (specialist smoking cessation advisor)

3.14 Alcohol

OthDrnkA, OthDrnkB, OthDrnkC / OthL7TA, OthL7TB, OthL7TC Other alcoholic drinks

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

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

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, Amagnac, Clan Dew, Campari, Malibu, Taboo, Pochene (Irish Moonshine), Jello shots/shooters, Vodka Jelly, After Shock.

Sherry (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. Buckfast Tonic Wine, Fortified Wine.

Wine (WineQ/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 (Pops03/PopsL703):
Include: Bacardi Breezer, Metz, WKD ('Wicked'), Smirnoff Ice, Archers Aqua, Red Square Reloaded, Vodka Reef , Mudshake, Baileys Glide, Shotts, Crabbies Alcoholic Ginger Beer, 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:
OthDrnkA-C: Other alcoholic drinks
All `other alcoholic drinks' need to be recoded into the appropriate drinks category. The following rules will apply:

- If the appropriate drinks category is not already coded then information on frequency and amount should be edited into appropriate variables and data in the `other' drinks category deleted.

- If the appropriate drinks category is already coded then the highest frequency and the associated amount should coded. For example if frequency of Spirits is already coded as 2 and Campari, with a frequency of 1, is to be recoded into the Spirits category then the frequency should be changed to 1 and the amount variable should be recoded to that associated with Campari.

- If the frequency of the other alcoholic drink is less than that contained in the drinks category into which it is to be recoded then the information in that `other' alcoholic drink should be ignored.

- If the frequency in the other alcoholic drink and the category into which it is being coded are the same then the amounts should be added together.

- If the frequency of both the `other' alcoholic drink and the appropriate drinks category exceed once or twice a week please contact researchers for advice.

- If someone mentions drinking wine in glasses we can only back code it to WQGl or WL7Gl – the rest will have to be entered as DK (this is because we haven't changed the way we code 'other' types of alcohol that is measured in glasses in line with the wine glass section).

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

Coding of beer bottle sizes

The variables **NBottle/NBotL7** and **SBottle/SBotL7** (the brand of normal or strong beer/lager/stout/cider drunk in bottles), need to be coded into **NCodeEq/SCodeEq** or **L7NCodEq/L7SCodEq** using the bottled lager/cider/beer codeframe below.

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

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

3.15 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Becks	0.48 or 0.58
Amstel	0.58	Bishops Finger	0.88
Asahi	0.58	Black Sheep Ale	0.88
Banks (Mild only)	0.97	Boddingtons (Export draught only)	0.58
Banks Old Ale (nips)	0.32	Bombardier	0.88
Bass (pint bottle)	1.00	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		

DrWher1E Other places where alcohol is drunk
Back code to *DrWhere* if possible.

DrWith1E Other people alcohol is drunk with
Back code to *DrWith* if possible.

3.16 Birth Place

BirthPlaO Other birth place

All countries listed at other birth place (BirthPlaO) should be coded this into the country list on the next screen. NB there is no need to backcode any countries.

3.17 Ethnicity

OthWhit Other White

"Shetlander" should be backcoded to 1 (White Scottish) at Ethnic09

Other white should include:
Other European
White South African
American
Australian
New Zealander
Mixed White

OthMix Mixed ethnicity

Mixed white groups, such as Scottish Polish should be backcoded to 6 (White Other) at Ethnic09. Similarly for mixed Asian, etc.

OthAsi Other Asian

Punjabi should be backcoded to 9 (Indian)
Kashmiri should be backcoded to 8 (Pakistani)

Other Asian should include:
Caribbean Asian
East African Asian
Filipino
Japanese
Malaysian
Nepalese
Sinhalese
Sri Lankan
Tamil
Vietnamese
Mixed Asian (i.e. mixture of descriptions in the Asian section)

OthAfr **Other African**

Should normally be backcoded, to 13 (African) or 6 (White Other) if they have stated they are white (e.g. white South African)

Most common African groups are:
Nigerian
Somalian
Kenyan

Where a North African country is mentioned, such as Morocco, Tunisia, Libya or Egypt, these should be left as Other African

OthEth **Other ethnic group**

It is important that if someone is probably white, they are coded as white. Other ethnic groups are assumed to be non-white for the purpose of analysis.

Where a nationality is named, these should be backcoded if possible, most commonly as 6 (White Other), 12 (Asian Other), or 13 (African) at Ethnic09.

Any European nationality, e.g. German, Russian, Polish, should be backcoded as 6 (White Other)
American, Australian, New Zealander should all be backcoded as 6 (White Other)

African, Asian and mixed nationalities should be backcoded as noted above under OthAfr, OthAsi and OthMix

Ethnicities that cannot be backcoded include ethnic groups such as:
Aborigine
Fijian
Inuit
Maori
Native American Indian
Tongan
Samoan

Where a religion or a region with multiple ethnic groups has been recorded, these should not be backcoded – for example:
Buddhist
Central American
Cuban
Dominican
Hindu
Hispanic
Iranian
Iraqi
Israeli
Jewish
Kurdish
Latin American
Lebanese
Maldivian
Mauritian
Middle Eastern
Moroccan
Muslim
North African
Puerto Rican
Seychellois
Sikh
South American
St Helena

Yemeni

3.18 Religion

ReligioSC **Other Christian**

Check whether any can be recoded.

'Other Christian' should include any of the ORTHODOX churches, so included under this category would be:

Christian Orthodox
Greek Orthodox
Russian Orthodox
Serbian Orthodox

Also included (coded 3 – other Christian) would be:

Anglican
Baptist
Brethren (e.g. Plymouth Brethren)
Calvinist
Christian (with no mention of any denomination)
Christian Scientist (**not** Scientologist)
Church of … (anything except Scotland)
Church of England
Congregationalist
Episcopalian (e.g. Scottish Episcopal Church)
Free Church of Scotland
Gnostic
Jehovah's Witness
Latter Day Saints
Lutheran
Methodist
Mormon
Non-denominational Christian
Orthodox (e.g. Christian Orthodox, Greek Orthodox, Russian Orthodox, Serbian Orthodox)
Presbyterian
Protestant
Quaker
Reformed Church (e.g. Christian Reformed Church, Free Reformed Church)
Salvation Army
Seventh Day Adventist
Unitarian
Wee Free

ReligioSO Another Religion

Check whether any can be recoded.

Examples of 'another religion' might be:

Baha'i
Believer in God, but not Christian
Hare Krishna
Humanist
Satanist
Scientologist
Spirit worship
Spiritualist
Wicca, or white witchcraft

The above religions cannot be backcoded to ReligioS

Another Religion can often be backcoded to Other Christian (code 3) at ReligioS – see above for examples

"Agnostic" and "Atheist" should be backcoded to "no religion" (code 0)

3.19 Parental History

FathTitl, FathSup – use answers given here to assign a SOC code for father's occupation (FathSoc)
MothTitl, MothSup - use answers given here to assign a SOC code for mother's occupation (MothSoc)

These should be coded using SOC2010 (three digits)

3.20 Self-Completion booklet placement

SComp6O **Other reason for respondent needing assistance/not completing**

Recode into **SComp6** where possible, otherwise leave.

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

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

3.21 Height and weight measurements

The soft checks for height and weight have been amended in the edit programme so only extremely unusual heights and weights will trigger these checks. We have put these in as a safety guard against very unlikely results. Please contact researchers if the height or the weight check activates for a particular questionnaire.

OhiNRel Backcode reason for unreliable height measurement where possible.
NoHitMO Backcode "Other" reasons for no height measurement where possible.
NoWaitMO Backcode "Other" reasons for no weight measurement where possible.

NoHitM/NoWaitM Reason no height/weight obtained

For children aged 2-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHitM/NoWaitMo** 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 in the above variables.

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 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 5 'ill or in pain'.

NoHitMo/NoWaitMo

Veiled refusals at **NoHitMo/NoWaitMo** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **RespHts/Respwts**, and the reason for refusal coded at **ResNHi/ResNWt**.

4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables which need a more complex method of checking are detailed in this section.

4.1 Cigarette Smoking – Young adult self-completion

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q6a) and **DWkndSmo** (Q6b).

If range given, take midpoint

Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
12.5 grams tobacco = 18 cigarettes
25 grams tobacco = 36 cigarettes

Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

4.2 Bottles of wine – Young adult self-completion

In the Young Adults Booklet wine can be reported as bottles at **DWIN08Q4** (Q19) and at **DW08L7Q4** (Q26). If the respondent has mentioned part of a bottle then whole bottles should be recoded at **DWIN08Q4/ DW08L7Q4** and the remainder coded into small (125ml) glasses at **DWIN08Q3/ DW08L7Q3.**

½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

For example, if a respondent has written at Q19 that they usually drank '1½ bottles' then code 1 at **DWIN08Q4** and 3 at **DWIN08Q3.**

4.3 Other alcoholic drinks – Young adults self-completion

Coding "other" alcoholic drinks variables:
DALCOTA & **DALCOTB** and **DDRNKDAY**
In the 'Young Adults' Booklet there are other alcoholic drinks listed for drinking in the 12 months (Q21 & Q22) and the last week (Q26) . These 'other' drinks need to be treated in the exact same way as those the equivalent CAPI questions for adults (see section 3.14)

DalCotA, DAlTypA, DAlFreqA, DGlassA, DpintsA, DLargeA, DSmallA (Q21)	Coding first 'other alcoholic drink' drunk in last 12 months
DalCotB, DAlTypB, DAlFreqB, DGlassB, DpintsB, DLargeB, DSmallB (Q22)	Coding second 'other alcoholic drink' drunk in last 12 months

DALL7Q1A, DALL7Q2A, DALL7Q3A, DALL7Q4A (Q26)	Day drunk most in last week – Coding of first other alcoholic drink drunk on that day
DALL7Q1B, DALL7Q2B, DALL7Q3B, DALL7Q4B (Q26)	Day drunk most in last week – Coding of second other alcoholic drink drunk on that day
DDRWR08O (Q37b)	**Other places where alcohol is drunk** Back code to DDRWR08 if possible.
***DDRWT08O* (Q38b)**	**Other people drink most alcohol with** Back code to ***DDRWT08*** if possible.

4.4 "Cosmetic" procedures – Adults self-completion

COSDENTO Other cosmetic dental treatment (Q39b)
Recode into *CosDent* if possible (Q39)

Extra code for CosDent (Q39)

Reconstructive work to teeth	11

Code 11 should be used for crowns and other more major reconstruction following an accident.
Gold crowns should be left as "other".

Otherwise send listings to researchers

COSSKINO Other cosmetic or soft tissue treatment (Q40b)
Recode into *CosSkin* if possible (Q40)

The following should be deleted:

- tattoo (but not tattoo removal)
- mole / wart / cist removal

Extra code for CosSkin (Q40)

Reconstructive work to skin or soft tissue	11
Spa treatment	12

Code 11 should be used for repairs to skin or soft tissue, e.g. following burns
Code 12 should be used for the following:

- facial
- salt scrub / salt glow
- body wrap
- "spa treatment"

Other types of spa treatment should be left as "other".

Otherwise send listings to researchers

SKINPROO Other problem as a result of treatment (Q41b)
Note question wording on self-completion is incorrect.
Recode into *SkinProb* if possible (Q41)
Otherwise send listings to researchers

COSFACEO Other cosmetic or reconstructive work done to the face or neck (Q42b)
Recode into *CosFace* if possible (Q42)

Extra code for CosFace (Q42)

Reconstructive work to face or neck	11

Code 11 should be used where the respondent specifies this is reconstructive work – e.g. "chin fixed following accident"
If respondent does not specify this is reconstructive – e.g. "chin fixed" – then leave as other.
Otherwise send listings to researchers

COSFATO Other surgical procedure to reduce fat or aid weight loss (Q44b)
Recode into *CosFat* if possible (Q44)
Otherwise send listings to researchers

4.5 Contraception – Adults AND Young adults self-completion

MTHCONO Other method of contraception (Adult Q68; Young Adult Q88)
Recode into *MthCon* if possible. (Adult Q67; Young Adult Q87)

NOCONO Other reason for NOT using contraception (Adult Q70; Young Adult Q90)
Recode into *NoCon* (Adult Q69; Young Adult Q89) or *MthCon* (Adult Q67; Young Adult Q87) if possible.
For example

- Menopause can be back coded to code 2 in NoCon
- Respondent or partner sterilised (vasectomy/sterilisation/'snip') can be back coded to 18 in MthCon
- Respondent or Partner uses contraceptive pill can be back coded to 4 in MthCon

Extra codes for NoCon (Adult Q69; Young Adult Q87)

Respondent/partner had hysterectomy	11
Age of respondent/partner (menopause not specifically mentioned)	12
Respondent single/not in relationship	13

5. Biological Module

5.1 Drug Coding

MEDBI

Interviewers have been asked to record in CAPI the names of all the prescribed medicines that certain respondents are currently taking. This is an open question – respondents are asked for the names of medicines, including pills, syrups, ointments, puffers or injections that they are taking that have been prescribed by a doctor. Respondents are only asked which medicines they take if they have reported particular cardiovascular conditions. Respondents have been asked to show the packaging from the medicines so that the interviewer can record the name of the drug accurately in CAPI.

Coders will need to code all the drugs which have been listed in the interview, using a six digit code. The codes are listed in the 'Coding Prescribed Medicines' booklet which lists the 400 most commonly used drugs in alphabetical order and gives their BNF classification. You should always check this booklet **FIRST** but if a code is not found you may then check the BNF book (edition Number 61 – March 2011). If you still cannot find a code for a drug please send a coding query form to Andy MacGregor, ScotCen. If no decision can be made after querying with Andy Macgregor use code 999996.

What you need to enter is a 6 digit e.g. the code you should enter for Premarin tablets is 060401 (ie with no spaces, dashes or full stops). In the 'Coding Prescribed Medicines' booklet Premarin tablets is presented as 06.04.01 and you should type in 060401.

Please note that some drugs have been given additional codes in the Coding Prescribed Medicines booklet. 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 book (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 the Coding Prescribed Medicines booklet. For example:

Lipid-lowering drugs (such as Atorvastatin), formerly coded as 02.12.00 (presented as 2.12 in the BNF book)
Now would be coded as 02.12.01 (see Coding Prescribed Medicines booklet)

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 the Coding Prescribed Medicines 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.

Drug name	How the code looks in the Coding Prescribed Medicines booklet	What to enter in CAPI
Premarin tablets	06.04.01	060401
Aprovel	02.05.52	020552

Drug name	How the code looks in the BNF booklet	What to enter in CAPI
Premarin tablets	6.4.1	060401
Aprovel	2.5.5.2	020552

Drugs which cannot be coded using the BNF need to be sent to Andy Macgregor, ScotCen, for coding using the Coding Queries Response Form. Please send the name of the drug entered (MedBI), answers given in Ytake, CVD 1-8, CVDOth, COPD and Illsm.

5.2 NRT in Biological Module

NRTOthB **Nicotine Replacement Products used**

Recode into *UseNRTB* if possible, otherwise leave. See NRTOth.

Appendix 1: Items Which Need Listing

List to ScotCen researchers (Stephen Hinchliffe and Shanna Dowling) if not otherwise codable:

INTERVIEWER CAPI

OthAct (Please also provide answers to DayExc, ExcHrs, ExcMin, ExcSwt, and if applicable, ExcMus and ExcMov for the sport mentioned at OthAct)

SELF-COMPLETIONS

Adult Q39b CosDentO, Q40b CosSkinO, Q41b SkinProO, Q42b CosFaceO, Q44b CosFatO

List to Andy MacGregor (ScotCen) then send copy of query form to researchers after decision has been taken:

IllsM - illnesses not found in coding frame or the ICD
CVDOth
MEDBI - drugs not found in the BNF
PLBRAND/ DPILBRAN - drugs which fail the edit check

Appendix 2: Longstanding Illness Code Frame

Changed categories:

	From	To
Adenoid problems, nasal polyps	25	14
Astigmatism	09	10
Allergy to dust/cat fur	25	23
Coeliac disease (Coeliac 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

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
Hormone deficiency, deficiency of growth hormone, dwarfism
Hypercalcemia
Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)
Myxoedema (nes)
Obesity/overweight
Osteomalacia
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.

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

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)

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
Diabetic Neuropathy
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)
Postural Neuropathy
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

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

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
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
Cerebral haemorrhage / bleed in brain
Cerebro - vascular accident (CVA) cerebral embolism

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

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

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

Balance problems due to ear complaint = code 13

19 Piles/haemorrhoids incl. Varicose Veins in anus.

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

21 Other blood vessels/embolic
Aneurysm

Arteriosclerosis, hardening of arteries (nes)
Arterial thrombosis
Artificial arteries (nes)
Blocked arteries in leg
Blood clots (nes)
Claudication
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
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
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
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

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
Colitis, colon trouble, ulcerative colitis
Colostomy (nes)
Crohn's disease
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
Gynaecological problems
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

35 Back problems/slipped disc/spine/neck
Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed 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

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
Osteomyelitis

Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Pulmonary tuberculosis (TB)
Ringworm
Schistosomiasis
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
Major organs are a mirror image, i.e. heart on the right side of body
No sense of smell
Nose bleeds
Sleep apnoea
Sleepwalking
Travel sickness
Verbal dispraxia

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

AEF
After effects of meningitis (nes)/ Had meningitis - left me susceptible to other things (nes
Allergy (nes), allergic reaction to some drugs (nes)
Balance problem
Benign essential tremor
Chronic Fatigue Syndrome
Chronic Pain Syndrome
Developmental delay and language disorder
Electrical treatment on cheek (nes)
Embarrassing itch (nes)
Faulty gene
Forester's disease (nes)
General infirmity
Generally run down (nes)
Glass in head - too near temple to be removed (nes)
Global Development Delay
Haemochromatosis
Internal bleeding (nes)
Inversus-situ
Learning to speak again
Micro sensitive
MPS1 Scheia
Pinotaligia
Pituitary gland problems
Polyglaecaemia
Porphyria
Old age/weak with old age
Road accident injury (nes)
Scleroderma
Sclerosis / inflammation of tissues
Situs inversus
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

A	
Abscess in groin	39
Abscess on brain	08
Abscess on breast, mastitis, cracked nipple	33
Abscess on larynx	25
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms	36
Aching arm, stiff arm, sore arm muscle	36

Acne	39
Acoustic neuroma	01
Addison's disease	03
Adenoid problems, nasal polyps	14
Adhesions	40
After effect of cancer (nes)	01
After effects of meningitis (nes)/ Had meningitis - left me susceptible to other things (nes	41
AIDS, AIDS carrier, HIV positive (*previously code 03*)	37
Alcoholism, recovered not cured alcoholic	04
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	01
Allergic rhinitis	24
Allergy (nes)	41
Allergy (nes), allergic reaction to some drugs (nes)	41
Allergy to dust/cat fur	23
Alzheimer's disease	08
Amenorrhea	33
Anaemia, pernicious anaemia	38
Angelman Syndrome	04
Angina	16
Angioplasty	16
Anorexia nervosa	04
Anxiety, panic attacks	04
Aorta replacement	18
Aortic/mitral valve regurgitation	18
Aortic/mitral valve stenosis,	18
Arterial thrombosis	21
Arteriosclerosis, hardening of arteries (nes)	21
Arthritis as result of broken limb	34
Arthritis/rheumatism in any part of the body	34
Arthritis/rheumatism/fibrositis	34
Artificial arteries (nes)	21
Asperger Syndrome	04
Asthma	23
Asthma - allergy to house dust/grass/cat fur	23
Astigmatism	09
Athlete's foot, fungal infection of nail	37
Atrial Septal Defect (ASD)	18
Autism/Autistic	04
	B
Back problems/slipped disc/spine/neck	35
Back trouble, lower back problems, back ache	35
Bad chest (nes), weak chest - wheezy	25
Bad eyesight, restricted vision, partially sighted	09
Bad eyesight/nearly blind because of cataracts	09
Bad shoulder, bad leg, collapsed knee cap, knee cap removed	36
Balance problems due to ear complaint	13
Beckwith - Wiedemann syndrome	03
Bed wetting, enuresis	32
Bell's palsy	08
Bipolar Affective Disorder (manic depressive)	04
Birth mark	39

Blackouts	06
Bladder restriction	32
Blind in one eye, loss of one eye	09
Blindness caused by diabetes	09
Blocked arteries in leg	21
Blood clots (nes)	21
Blood condition (nes), blood deficiency	38
Blurred vision	09
Bone cancer	01
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury	08
Breathlessness	25
breathlessness as a result of anaemia	38
breathlessness due to angina	16
breathlessness due to hole in heart (	18
Brittle bones, osteoporosis	36
Bronchial asthma, allergic asthma	23
Bronchial trouble, chest trouble (nes)	25
Bronchiectasis	22
Brucellosis	37
Buphthalmos	10
Burned arm (nes)	39
Bursitis, housemaid's knee, tennis elbow	36
Bypass	16
C	
CABG (coronary artery bypass graft)	16
Cancer of stomach/bowel	01
cancer of the uterus, womb, cervix, neck of the womb code	01
Cancers sited in any part of the body or system eg. Lung, breast, stomach	01
Carbuncles, boils, warts, verruca	39
Carcinomas	01
Cardiac asthma	18
cardiac asthma	18
Cardiac diffusion	18
Cardiac problems, heart trouble (nes)	18
Carpal tunnel syndrome	08
Cartilage problems	36
Catalepsy	04
Cataract/poor eye sight/blindness	09
Catarrh	25
Cellulitis (nes)	39
Cerebral haemorrhage	15
Cerebral palsy (spastic)	08
Cerebro - vascular accident (CVA) cerebral embolism	15
Chest infections, get a lot of colds	25
Chilblains	39
Chondrodystrophia	36
Chondromalacia	36
Chronic bronchitis	22
Chronic renal failure, chronic kidney disease (CKD)	30
Churg-Strauss syndrome	25
Cirrhosis of the liver, liver problems	27

Claudication	21
Cleft palate, hare lip	29
Coeliac disease	27
Colitis, colon trouble, ulcerative colitis	28
Colostomy (nes)	28
Colostomy due to treatment for by cancer	01
Colour blind	10
Complaint no longer present	42
Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)	28
Complaints of teeth/mouth/tongue	29
Concussion syndrome	04
Conductive/nerve/noise induced deafness	11
COPD – Chronic Obstructive Pulmonary Disease/ Bronchitis/emphysema	22
COPD, Chronic Obstructive Pulmonary Disease, chronic obstructive lung disease	22
Corns, calluses	39
Coronary heart disease	16
coronary thrombosis	16
Coughing fits	25
Cramp in hand	36
Crohn's disease	28
Croup	25
Curvature of spine	35
Cushing's syndrome	03
Cyst in kidney	01
Cyst on eye	01
Cystic fibrosis	03
Cystic fibrosis	03
Cystitis, urine infection	31
	D
Damage, fracture or injury to back/spine/neck	35
damage/injury to spine results in paralysis	08
Damaged lung (nes), lost lower lobe of left lung	25
Damaged testicles	33
Deaf	11
Deaf and dumb	11
Deaf mute/deaf and dumb	11
Deformity of limbs eg. club foot, claw-hand, malformed jaw	36
Degenerative brain disease	08
Delayed healing of bones or badly set fractures	36
Dementia	08
Depression	04
Dermatitis	39
Detached/scarred retina	09
Deviated septum	25
Diabetes (Incl. Hyperglycaemia)	02
Disc trouble	35
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger	36
Disorders of blood and blood forming organs and immunity disorders	38
Disorders of Eustachian tube	14
Disseminated lupus	36
Diverticulitis	28

Dizziness, giddiness, balance problems (nes)	18
Double vision	09
Double/inguinal/diaphragm/hiatus/umbilical hernia	26
Down's syndrome, Mongol	05
Drug addict	04
Dry eye syndrome, trouble with tear ducts, watery eyes	10
Dumb, no speech	40
Dupuytren's contraction	36
Dyslexia	04
	E
Ear aches and discharges	14
Ear infection	14
Ear problem (wax)	14
Ear trouble (nes),	14
Eczema	39
Electrical treatment on cheek (nes)	41
Embarrassing itch (nes)	41
Emphysema	22
Endometriosis	33
Enteritis	28
Epidermolysis, bulosa	39
Epilepsy/fits/convulsions	06
Eye infection, conjunctivitis	10
Eyes are light sensitive	10
	F
Faecal incontinence/encopresis.	28
Fainting	40
Febrile convulsions	06
Fibromyalgia	08
Fibromyalgia	36
Fibrosis of lung	25
Fit (nes)	06
Flat feet, bunions,	36
Floater in eye	10
Food allergies	27
Food allergy	27
Forester’s disease (nes)	41
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	36
Frequent diarrhoea, constipation	28
Friedreich's Ataxia	08
Frozen shoulder	36
Furred up airways, collapsed lung	25
	G
Gastric/duodenal/peptic ulcer	26
General arthroma	01
General infirmity	41
Generally run down (nes)	41
Gilbert's syndrome	03
Glandular fever	37
Glass in head - too near temple to be removed (nes)	41
Glaucoma	10

Gout (*previously code 03*)	34
Grand mal	06
Grumbling appendix	28
Guillain-Barre syndrome	08
Gynaecological problems	33
	H
Haemophilia	38
Haemorrhage behind eye	10
Haemorrhage behind eye	10
Hair falling out, alopecia	40
Hand Arm Vibration Syndrome (White Finger)	21
Hard of hearing, slightly deaf	11
Hardening of arteries in heart	18
Hardening of lens	09
Hayfever	24
Hearing impaired	11
Heart attack, myocardial infarction (MI)	16
Heart disease, heart complaint	18
Heart failure	18
Heart murmur, palpitations	18
Hemiplegia, apoplexy	15
Hereditary cancer	01
Hernia (nes), rupture (nes)	26
Hip infection, TB hip	36
Hip replacement (nes)	36
Hirschsprung's disease	28
Hodgkin's disease	01
Hole in the heart	18
Hormone deficiency, deficiency of growth hormone, dwarfism	03
Horseshoe kidney, cystic kidney	30
Huntington's chorea	08
Hydrocephalus, microcephaly, fluid on brain	08
Hyperactive child	04
Hypercalcemia	03
Hypersensitive to the cold	21
Hypertension/high blood pressure/blood pressure (nes)	17
Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)	03
Hysterectomy (nes)	33
Hysterectomy for cancer	01
	I
Idiopathic Thrombochopenic Purpura (ITP)	38
Ileostomy	27
Immunodeficiences	38
Impacted wisdom tooth, gingivitis	29
Impetigo	39
Impotence, infertility	33
Indigestion, heart burn, dyspepsia	27
Infectious and parasitic disease	37
Inflamed duodenum	27
Ingrown toenails	39
Injury to eye	10

Injury to spine resulting in paralysis	08
Insomnia	40
Intermittent claudication	21
Internal bleeding (nes)	41
Iritis	10
Irritable bowel, inflammation of bowel, IBS (irritable bowel syndrome)	28
Ischaemic heart disease/Heart attack/angina	16
	J
Jacksonian fit	06
	K
Keratoconus	10
Kidney complaints	30
Kidney trouble, tube damage, stone in the kidney	30
	L
Labryrinthitis,	13
Learning disability	05
Legs won't go, difficulty in walking	36
Lennox-Gastaut syndrome	06
Lens implants in both eyes	09
Leukaemia	01
Leukaemia (cancer of the blood)	01
Liver disease, biliary artesia	27
loss of balance - inner ear	13
Low blood pressure/hypertension	21
Lumbago, inflammation of spinal joint	35
Lung complaint (nes), lung problems (nes)	25
Lung damage by viral pneumonia	25
Lymphoma (incl non-Hodgkin's)	01
	M
Macular degeneration	10
Malaria	37
Marfan Syndrome	36
Mastectomy for cancer (nes)	01
Mastoiditis	14
ME	08
Meniere's disease/ear complaints causing balance problems	13
Menopause	33
Mental illness/anxiety/depression/nerves (nes)	04
Mentally retarded, subnormal	05
Metachromatic leucodystrophy	08
Middle/inner ear problems	14
Migraine/headaches	07
Motor neurone disease	08
Multiple Sclerosis (MS), disseminated sclerosis	08
Muscular dystrophy	08
Muscular dystrophy	08
Myalgic encephalomyelitis (ME)	08
Myasthenia gravis	08
Myotonic dystrophy	08
Myxoedema (nes)	03
	N

Nephritis, pyelonephritis	30
Nephrotic syndrome	30
Nerves (nes)	04
Nervous breakdown, neurasthenia, nervous trouble	04
Nervous stomach, acid stomach	27
Neuralgia, neuritis	08
Neurofibromatosis	01
Night blindness	10
No sense of smell	40
No sense of taste	29
Nose bleeds	40
Not Answered/Refusal	99
Numbness/loss of feeling in fingers, hand, leg etc	08
	O
Obesity/overweight	03
Oesophageal pouch	27
Old age/weak with old age	41
Only one kidney, double kidney on right side	30
operation for cataracts, now need glasses	09
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica	34
Osteomalacia	03
Osteomyelitis	36
otitis media - glue ear	14
Otosclerosis	11
Overactive thyroid and swelling in neck	03
	P
Pacemaker	18
Paget's disease	36
Pains in chest (nes)	18
Pancreas problems	27
Paralysis of vocal cords	25
Paraplegia (paralysis of lower limbs), diplegia, quadriplegia	08
Parkinson's disease (paralysis agitans)	08
Part of intestines removed (cancer)	01
Partially paralysed (nes)	08
Pelvic inflammatory disease/PID (female)	33
Perforated ear drum (nes)	14
Pericarditis	18
Period problems, flooding, (menorrhagia),pre-menstrual tension/syndrome	33
Peripheral artery disease	21
Perthe's disease	36
Petit mal	06
Phenylketonuria	03
Phobias	04
Physically handicapped - spasticity of all limbs	08
Physically handicapped (nes)	36
Pierre Robin syndrome	36
Pigeon fancier's lung	25
piles	19
Piles/haemorrhoids incl. Varicose Veins in anus.	19
Pilonidal sinus	39

Pilonidal sinusitis	39
Pinotaligia	41
Pins and needles in arm	08
Pituitary gland removed (cancer)	01
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease	25
Polyarteritis Nodosa (*previously code 21*)	34
Polycthaemia (blood thickening), blood to thick	38
Polyp on bowel	28
Poor circulation	21
Poor hearing after mastoid operation	11
Poor hearing/deafness	11
Post viral syndrome (ME)	08
Pre-senile dementia	08
Prolapse (nes) if female	33
Prolapsed invertebral discs	35
Prolapsed womb	33
prostate cancer	01
Prostate gland trouble	33
Prostate trouble	33
Psoriasis arthritis/psoriatic arthritis (also code psoriasis)	34
Psoriasis, psoriasis arthritis/psoriatic arthritis (also code arthritis)	39
Pulmonary embolism	20
pulmonary tuberculosis (TB)	37
Pulmonary tuberculosis (TB)	37
pulsing in the ear	12
Purpura (nes)	38
	R
Raynaud's disease	21
Recurrent pleurisy	25
Removal of nerve in arm	08
Removal of spleen	38
Renal TB	30
Restless legs	08
Retinitis pigmentosa	10
Rheumatic symptoms	34
Rhinitis (nes)	25
Rickets	03
Ringworm	37
Road accident injury (nes)	41
Rodent ulcer	01
Rodent ulcers	01
	S
Sarcoidosis (*previously code 37*)	38
Sarcomas	01
Scarred cornea, corneal ulcers	10
Schistosomiasis	37
Schizophrenia	04
Schlatter's disease	36
Schuermann's disease	35
Sciatica	35
Senile dementia, forgetfulness, gets confused	08

Sever's disease	36
Shingles	37
Short sighted, long sighted, myopia	09
Sick sinus syndrome	18
Sickle cell anaemia/disease	38
Sinus trouble, sinusitis	25
Skin allergies, leaf rash, angio-oedema	39
Skin allergy	39
Skin cancer	01
Skin complaints	39
Skin rashes and irritations	39
Skin ulcer, ulcer on limb (nes)	39
Sleepwalking	40
Sore throat, pharyngitis	25
Spastic colon	28
Speech impediment, stammer	04
Spina bifida	08
Spondylitis, spondylosis	35
Squint, lazy eye	09
St Vitus dance	18
Stiff joints, joint pains, contraction of sinews, muscle wastage	36
Still's disease	34
Stomach trouble (nes), abdominal trouble (nes)	27
Stomach ulcer/ulcer (nes)/abdominal hernia/rupture	26
Stone in gallbladder, gallbladder problems	27
Strained leg muscles, pain in thigh muscles	36
Stress	04
stroke victim - partially paralysed or speech difficulty	15
Stroke/cerebral haemorrhage/cerebral thrombosis	15
Sty on eye	10
Swollen glands (nes)	41
Swollen legs and feet	21
Syringomyelia	08
Systemic sclerosis, myotonia (nes)	36
	T
Tachycardia, sick sinus syndrome	18
Telangiectasia (nes)	21
Tenosynovitis	36
Teraplegia	08
Tetanus	37
Thalassaemia	38
Throat (oesophagus) trouble - difficulty in swallowing	27
Throat infection	25
Throat trouble (nes), throat irritation	25
Thrombocythenia	38
Thrombocytopenia	38
Thrombosis (nes)	21
Thrush, candida	37
Thyroid trouble and tiredness	03
Tinnitus/noises in the ear	12
Tired heart	18

Tiredness (nes)	41
Tonsillitis	25
Too much cholesterol in blood (hypercholesterolaemia)	03
Torn muscle in leg, torn ligaments, tendonitis	36
Toxoplasmosis (nes)	37
Trapped nerve	08
Travel sickness	40
Trigeminal neuralgia	08
Trouble with eyes (nes), eyes not good (nes)	09
Tuberculosis of abdomen	37
Tunnel vision	09
Turner's syndrome	33
Typhoid fever	37
	U
Ulcer (nes)	26
Ulcer on lung, fluid on lung	25
Ulcers on tongue, mouth ulcers	29
Unclassifiable (no other codable complaint)	41
Underactive/overactive thyroid, goitre (hypo- or hyper-thyroidism)	03
Uraemia	30
Urinary tract infection excluding kidney infection (nephritis)	31
	V
Vaginitis, vulvitis, dysmenorrhoea	33
Valvular heart disease	18
Varicose ulcer, varicose eczema	20
Varicose veins in Oesophagus, Oesophageal varices	21
Varicose veins/phlebitis in lower extremities/pulmonary embolus	20
various ulcers, varicose eczema	20
Vascular dementia	08
Venereal diseases	37
Vertigo	13
Viral hepatitis	37
	W
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)	36
War wound (nes)	41
Water trouble (nes)	32
Water/fluid retention	03
Weak bladder, bladder complaint (nes)	32
Weak heart because of rheumatic fever	18
Weak legs, leg trouble, pain in legs	36
Weakness in intestines	27
Weight loss (nes)	41
Whooping cough	37
Whooping cough (pertussis)	37
Wilms tumour	01
Wilson's disease	03
Wolff - Parkinson - White syndrome	18
Worn discs in spine - affects legs	35
Wright's syndrome	21

Appendix 4: Coding Frame for Heart Trouble

Coding Category	Medical Term	Lay Term
Heart Murmur	Heart Bruit	Heart Murmur
	Valvular Heart Disease (most commonly called mitral and aortic)	Damaged Heart Valves
	Rheumatic Heart Disease	Rheumatic Fever (affecting the heart)
Abnormal Heart Rhythm	Palpitations (heart arrhythmias)	Palpitations
	Tachycardia	Rapid Heart
	Bradycardia (heart block)	Slow Heart
	Heart Fibrillation	Flutter
Other Heart Trouble	Congestive Cardiac Failure	Heart Failure Weakening Heart
	Right Sided Heart Failure	
	Left Sided Heart Failure	
	Congenital Heart Disease	Born with Heart Problem
	Other	Various

This is a list of conditions which might come up in the Diagnosis & Treatment section of the CVD module.

Appendix 5: Cereal Coding List

CEREAL CODING LIST

Use code 5 for any cereal not listed here

Use code 5 for any cereal not listed here

ALDI	
Harvest Morn Chocolate Crisp	3
Harvest Morn Fruit & Fibre	1
Harvest Morn Luxury Fruit Muesli	1
Harvest Morn Instant Hot Oat Cereal (Golden Syrup)	2
Harvest Morn Luxury Fruit Muesli	1
Harvest Morn Maple & Pecan Crisp	2
Harvest Morn Original Swiss Style Muesli	1
Harvest Morn Strawberry Crisp	3
Harvest Morn Sultana Bran	1
Day Honey Wheat Puffs (Lower Sugar)	3
Oat Bran Flakes with sultana and apples	1
Harvest Morn Instant Hot Oat Cereal	2
Malted Wheaties	2
Harvest Morn Crisp Rice	4
Morning Super Quick Oats	2
Oat Bran Flakes	2
Wheat Bisks	2
Harvest Morn Multigrain Hoops	1
Honey Nut Flakes	3
Harvest Morn Choco Pillows	1
Harvest Morn Choco Rice	3
Harvest Morn Honey Hoops	3
Day Honey Wheat Puffs	3
Harvest Morn Corn Flakes	4
Tasty Cereal Flakes Benefit	4
Harvest Morn Cereal flakes etc.	4
Harvest Morn really nutty muesli	4
Scottish porridge oats	2
Wheat Shreds	2
Bitesize wheat shreds	2
Choc hoops	3
Bran flakes	2
Frosted Flakes	3
Luxury Fruit porridge	1
Harvest Morn Fruit Wheats	2
Harvest Morn Multigrain Boulders	3
Harvest Morn Golden Puffs	1
Harvest Morn Swiss Style Muesli	2
Benefit original	4
Benefit with Red Fruit	4
Harvest Morn Honey Numbers	3
Harvest Morn Choco Stars	3
Harvest Morn Crunch Oat Granola Raisin & Almond	1
Harvest Morn Granola Tropical Fruits	1
Harvest Morn Hot Oat Cereal	2

ASDA	
Asda 50% fruit oat, wheat and bran flakes	1
Asda 55 % fruit muesli	1
Asda 55% fruit, nuts and seeds muesli	1
Asda cranberry and muesli praline pecan	1
Asda extra special blackcurrant, apricot & pumpkin seed muesli	1
Asda Extra Special Cereal crisp muesli	1
Asda Extra Special Muesli - luxury	1
Asda extra special oat crisp summer berries	1
Asda fruit and fibre	1
Asda Good for you muesli	1
Asda Hawaiian Crunch	1
Asda honey nut bran flakes	1
Asda maple and pecan crisp	3
Asda Organics superfood muesli	1
Asda simply porridge syrup	4
Asda Smart Price fruit and fibre	1
Asda sultana bran	1

Asda Swiss style muesli	1
Asda Luxury whole-wheat muesli	1
Asda bran flakes	2
Asda cranberry wheats	2
Asda Good For You apple and berry flakes	2
Asda Great Stuff prebiotic multigrain stars	2
Asda high bran	2
Asda Malted oaties	2
Asda malted Wheaties	2
Asda Mini banana wheat bisks	2
Asda Raisin, Honey and almond crunch	1
Asda Ready oats	1
Asda Scottish porridge oats	2
Asda Simply porridge oat original	4
Asda simply porridge original	1
Asda Smart Price Bran Flakes	2
Asda Smart Price Porridge Oats	2
Asda Smart Price Swiss style muesli	2
Asda Swiss style muesli no added salt/sugar	2
Asda wheat bisks	2
Asda whole-wheat muesli with sultanas, dates and nuts - organic	2
Asda choco squares	3
Asda choco flakes	3
Asda choco hoops	3
Asda choco snaps	3
Asda extra special oat crisp autumn fruits	3
Asda frosted flakes	3
Asda golden balls	3
Asda honey hoops	3
Asda honey nut corn flakes	3
Asda maple and pecan crisp	3
Asda multigrain hoops	3
Asda Organics vitality with chocolate, fruit and nuts	3
Asda strawberry crisp	3
Asda cornflakes	4
Asda rice snaps	4
Asda Smart Price Coco Rice	3
Asda Smart Price Cornflakes	4
Asda Smart Price Crispy Rice Cereal	4
Asda Smart Price Rice & Wheat Flakes	4
Asda Starting right	4
Asda Vitality	4
Asda Vitality - red fruit	4
Asda Vitality - tropical	4

CO-OPERATIVE	
Malt Crunchies	2
Frosted Flakes	3
Crisp Rice	4
Wholegrain Wheats	3
Corn Flakes	4
Whole-wheat Biscuits	2
Fruit and Fibre	1
Simply Value Cornflakes	4
Golden Nut Cornflakes	3
Sultana Bran	1
Bran Flakes	2
High Fibre Bran	3
Maple and Pecan Crisp	2
Co-operative rice & wheat flakes	4
Co-operative Rice and wheat flakes with red fruits	4
Simply Value Porridge oats	2
Scottish Porridge Oats	2
Fruit and Nut Muesli	1
Mixed Fruit Muesli	1
Co-operative Fairtrade Muesli	1
Co-operative Sultana Bran	1
Co-operative Swiss Muesli	1
Co-operative Crunchy Oat Cereal 500g	2
Co-operative Healthy Living Porridge Oats with Wheat bran	2
Co-operative Instant Hot Oats	2
Co-operative No Added Sugar Swiss Muesli	2
Co-operative Strawberry Crisp	2
Co-operative Choco Hoops	3
Co-operative Choco Snaps	3
Co-operative Frosted Flakes	3
Co-operative Golden Puffs	3
Co-operative Honey Hoops	3
Co-operative Perfect Choice	3
Co-operative Crunchy Rice & Wheat Flakes	4
Co-operative Maple and Pecan	2

Crisp*	
Co-operative Corn Flakes-Low Fat	4

DORSET	
Dorset Cereals berries & cherries	1
Dorset Cereals fruit nuts & seeds	1
Dorset Cereals Fruity Porridge apple & raisin fruity porridge	1
Dorset Cereals Fruity Porridge fruit & nut fruity porridge	1
Dorset Cereals Gloriously nutty muesli	1
Dorset Cereals Super Cranberry Muesli	1
Dorset Cereals Super Cranberry, cherry & almond	1
Dorset Cereals super high fibre	1
Dorset Cereals tasty, toasted spelt	1
Dorset Cereals Raspberry Porridge	2
Dorset Cereals Fantastically Fruity Muesli	2
Dorset Cereals tasty low fat flakes- apple cherry raspberry cranberry	2
Dorset Cereals tasty fruit & fibre-raisin date apple	1
Dorset Cereals tasty fruit & fibre-pineapple papaya raisin	1
Dorset Cereals organic fruit, nuts & seeds	1
Dorset Cereals *Simply* Porridge	2
Dorset Cereals simply delicious muesli	2
Dorset Date and Banana Fruity Porridge	2
Dorset Cereals Breakfast Projects no.02 apple	3
Dorset Cereals Breakfast Projects no.01 original	4

JORDANS	
Jordans country crisp - real strawberries	1
Jordans country crisp - four nut *crunch*	1
Jordans country crisp - honey clusters	3
Jordans country crisp - luxury raisins	1
Jordans country crisp - real raspberries	1
Jordans country crisp & flakes	1
Jordans Crunchy oat-raisins, almonds & honey	1
Jordans Crunchy oats-special fruits & nuts	1
Jordans luxury crunchy cereal - luxury fruits & nuts	1
Jordans luxury crunchy cereal - maple & pecan	1
Jordans muesli - special fruit muesli	1
Jordans muesli - special muesli	1
Jordans Muesli fruit & nut	1
Jordans Muesli fruity fibre	1
Jordans Muesli super berry	1
Jordans Muesli- truly fruity	1
Jordans organic crunchy raisins & coconut	1
Jordans Organic fruit & fibre flakes	1
Jordans Organic fruit & fibre flakes	1
Jordans Organic Granola	1
Jordans original crunchy cereal - raisins & almonds	1
Jordans original crunchy cereal - tropical fruits	1
Jordans Superfoods Breakfast flakes	1
Jordans Superfoods Granola	1
Jordans 3 in 1 Strawberry	2
Jordans muesli - natural muesli	2
Jordans Muesli nut & seed	2
Jordans Natural wheat bran	2
Jordans Natural wheat germ	2
Jordans organic muesli	2
Jordans organic multigrain porridge	2
Jordans organic porridge oats	2
Jordans *Chunky traditional porridge)* porridge oats	2

KELLOGG'S	
Kellogg's All Bran bran flakes	2
Kellogg's All Bran bran flakes chocolate	1
Kellogg's All Bran Crunchy Oatbakes	1
Kellogg's All Bran Honey & Oat bar	1
Kellogg's All Bran sultana bran	1
Kellogg's Bran Flakes	1
Kellogg's Bran Flakes Sultana Bran	1

Kellogg's Country Store Muesli	1
Kellogg's fruit 'n fibre	1
Kellogg's Honey Loops	1
Kellogg's Optivita Raisin Oat Crisp	1
Kellogg's Special K sustain	1
Kellogg's All Bran original	2
Kellogg's chocolate wheats	2
Kellogg's frosted wheats	2
Kellogg's Frosted Wheats	2
Kellogg's Luxury Muesli	2
Kellogg's Optivita Berry Oat Crisp	2
Kellogg's Optivita Nut Oat Crisp	2
Kellogg's raisin wheats	2
Kellogg's Raisin Wheats	2
Kellogg's rice krispies multi-grain shapes	2
Kellogg's Coco pops	3
Kellogg's Coco pops coco rocks	3
Kellogg's Coco pops mega munchers	3
Kellogg's Coco Pops Moons & Stars	3
Kellogg's Corn flakes hint of honey	3
Kellogg's Crunchy nut	3
Kellogg's Crunchy Nut Bites	3
Kellogg's Crunchy nut clusters honey & nut	3
Kellogg's Crunchy nut clusters summer berries	3
Kellogg's Crunchy nut nuts about nuts'n fruit	3
Kellogg's Crunchy nut nutty	3
Kellogg's frosties	3
Kellogg's frosties reduced sugar	3
Kellogg's Just Right	3
Kellogg's kashi crunch	3
Kellogg's kashi muesli seven grains	3
Kellogg's Ricicles	3
Kellogg's Special k bliss creamy berry crunch	3
Kellogg's Special k bliss strawberry & chocolate	3
Kellogg's Special k medley	3
Kellogg's Special K Oat & Honey	3
Kellogg's Special k peach & apricot	3
Kellogg's Special k purple	3
berries	
Kellogg's Special k red berries	3
Kellogg's Special K Sustain Yogurt	3
Kellogg's Start	3
Kellogg's Corn flakes	4
Kellogg's Corn flakes multi-grain	4
Kellogg's rice krispies	4
Kellogg's Special k	4
Kellogg’s Krave Milk Chocolate	3
Kellogg’s Krave Chocolate Hazelnut	3
Kellogg’s Krave White Chocolate Brownie	3
Kellogg’s Froot Loops	3

LIDL	
Goody Oatilicious Oh So Easy Oats (Golden Syrup)	1
Goody Oatilicious Oh So Easy Oats (Original)	2
Nordwaldtaler Fine Wholegrain Oats	2
Bixies Malt Crunchies	2
Simply Sumptuous Swiss style muesli	1
Bixies Swiss Style Muesli (No Added Sugar)	2
Bixies Whole Wheat Biscuits	2
Oat Crunch tropical fruit cereal	3
Master Crumble Crunch Oat Cereal Raisins & Almonds	1
Simply Sumptuous Strawberry Crisp	1
Master Crumble Maple Pecan Crisp	2
Crownfield Fruit & Fibre	1
Crownfield Choco Shells	3
Crownfield Nougat Pillows	3
Crownfield Bran Flakes	2
Crownfield Golden Puffs	1
Choco hoops	1
Crownfield Flakes Honey & Peanuts	3
Crownfield Frosted Flakes	3
Crownfield Corn Flakes	4
Crownfield Rice Snaps	4
Limessa Light Flakes Honey & Peanuts	3
Special Flakes	4
Special Flakes-Red Berries	4

Nut Flakers	4
Light Flakers sugar	3
Caramel Flakes	3
Apple Flakes	3
Rice snaps	4
Flakers choco	3
Choc rice	3
Honey and Choco puffs	3
Banana and choco puffs	3
Deluxe range fruit granola	1
Deluxe range fruit and nut granola	3
Crownfield malt wheaties	2
Oatlicious Porridge Oats	4
Crownfield Cereal cookie	1
Crownfield Honey Hoops	3
Crownfield Multigrain Hoops	2
Crownfield special flakes with chocolate	4
Special flakes red berries	4
Crownfield special flakes rice and wheat	4
Special sumptuous Muesli Luxury Fruit	1
Crownfield Choco Rice	3
Simply Wheat Biscuits	2
Crownfield Apricot Wheats	2
Crownfield Mini Wheats	2
Simply Sumptuous Fruit Granola	2
Simply Sumptuous Muesli Berries & Cherries	1

MARKS & SPENCER	
Malty Flakes with Raspberries	3
Fruit, Nut and Flakes	3
Corn Flakes	4
Frosted Flakes	3
Deliciously Nutty Crunch	4
Strawberry and Almond Crunch	1
Apple and Cinnamon Crunch	3
Triple Chocolate Crunch	3
Wholegrain Wheat Bisks	2
Prebiotic Quick Porridge Oats	2
Quick Apple, Sultana and Cinnamon Porridge	2
Fruit and Fibre	1
Super Luxury Fruit, Nut and Seed Muesli	1
Instant Raspberry and Cranberry Porridge	4
M&S Count On Us tropical fruit and bran multi flakes	1
M&S unsweetened fruit and bran muesli	1
M&S Organic Swiss style wholegrain muesli	2
M&S Scottish porridge oats	2
M&S clementine and chocolate crunch - citrus infused oat clusters	3
M&S berries, cherries and flakes -No longer Count on us	4
M&S Count On Us multifruit and flakes	3
M&S honey, nuts and flakes	3
M&S Organic multigrain jumbo oat porridge	4
Maple & Pecan Flakes	4
Percy's pink porridge	4
M&S Simply bran flakes	2
Three seed & oat granola	2
M&S Porridge	2
Millionaire's Caramel Crunch	3
Apple & Cinnamon Flakes	4
Fruit Nut & Flakes	3
Simply Fruit & Fibre	1
Maple & Pecan Flakes	3
Oatbran	2
5 Grain & Seed Porridge	2
Golden Syrup Porridge	2

MORRISONS	
Right Balance	3
Fruit and Fibre	1
Wheat Biscuits	2
Value Wheat Biscuits	2
Value Cornflakes	4
Corn Flakes	4
Honey hoops	3
Mighty Malties	2
Value Rice Snaps	4
Rice Crackles	4
Frosted Flakes	3
Golden Puffs	3
Choco Crackles	3
Choco Flakes	3
Value Coco Snaps	3

Choco dots	3
Original Porridge Oat Pots	4
Golden Syrup Flavour Porridge Oat Pots	4
Instant Hot Oats	2
Quick 'n' Easy Porridge Oats	2
Organic Fruit Crunchy	1
Strawberry Crispy Clusters	3
Maple and Pecan Crispy Clusters	2
Organic Fruit and Nut Muesli	2
Whole-wheat Muesli	1
Swiss style Muesli	1
Value Muesli	2
Honey nut corn flakes	3
Honey Corn Flakes	3
Honey and Nut Trim Flakes	3
Apple, blackberry, blackcurrant and blueberry Trim Flakes	4
Peach and apricot Trim Flakes	4
Trim Flakes	4
Blueberry Wheats	2
Cranberry Wheats	2
Red Fruit Trim Flakes	4
Puffed Wheats	2
Bitesize Neat Wheats	2
Neat Wheats	2
Sultana Bran	1
High Fibre Bran	2
Bran Flakes	2
Morrisons crispy apple bran	1
Morrisons fruit and nut muesli	1
Morrisons honey nut corn flakes	3
Morrisons Choco Crackles	3
Morrisons instant hot oats - no added salt/sugar	2
Morrisons Organic wheat biscuits	2
Morrisons frosted flakes - reduced sugar	3
Morrisons Organic cornflakes	4
Morrisons Organic Bran Flakes	2
Morrisons Muesli no added sugar	2
Morrisons Oats	2
Morrisons Choco Curls Kid smart	4
Morrisons Ice Flakes	3
Signature range Granola	1
Morrisons Porridge	3
Super Hoops	4
Choco Pillows	3
Mornflake Chocolatey Squares	3
Morrisons Special Flakes	4
Red Fruits Special Flakes	4
Fantastic Fibre	2
Right Balance	3
Porridge Oats	2
Mornflake Orchard Oat Granola	1
Spooky Hoops	3

NESTLÉ	
Nestlé cheerios	1
Nestlé clusters	1
Nestlé coco shreddies	1
Nestlé frosted shreddies	1
Nestlé fruitful shredded wheat	1
Nestlé honey shreddies	1
Nestlé bitesize organic shredded wheat	2
Nestlé bitesize shredded wheat	2
Nestlé honey nut shredded wheat	2
Nestlé cheerios honey nut	3
Nestlé cookie crisp	3
Nestlé Curiously Cinnamon	3
Nestlé fitnesse & fruit	3
Nestlé fitnesse honey & nut	3
Nestlé golden nuggets	3
Nestlé Nesquik	4
Nestlé Oat Cheerios	3
Nestlé oats & more *raisin*	3
Nestlé oats & more almond	3
Nestlé oats & more honey	1
Nestlé fitnesse	4
Nestle Lion Bar Cereal	3
Nestle Toffee Crisp cereal	3
Nestle Coco Caramel shreddies	1

SAINSBURY'S	
Sainsbury's 12 fruit & nut muesli	2
Sainsbury's Basics fruit and fibre	1
Sainsbury's Be Good To Yourself nut, berry and seed muesli	1
Sainsbury's crunch, organic	1

Sainsbury's easy oats - golden syrup	1
Sainsbury's fruit muesli	1
Sainsbury's golden puffs	1
Sainsbury's honey nut bran flakes	1
Sainsbury's sultana bran	1
Sainsbury's Nut & Flame Raisin Crisp	3
Sainsbury's triple chocolate crisp cereal	1
Sainsbury's tropical crunchy oat cereal	1
Sainsbury's whole wheat muesli	1
Sainsbury's wholegrain fruit and fibre	1
Sainsbury's wholegrain fruit and fibre no added sugar	1
Sainsbury's wholegrain raisin wheats	2
Sainsbury's blueberry wheats	2
Sainsbury's apricot wheats	2
Sainsbury's Basics branflakes	2
Sainsbury's Basics breakfast wheat biscuits	2
Sainsbury's Basics muesli	2
Sainsbury's Be Good To Yourself oat muesli	2
Sainsbury's bran flakes	2
Sainsbury's cranberry wheats	2
Sainsbury's easy oats - original	2
Sainsbury's high fibre bran	2
Sainsbury's high fibre bran cornflakes	2
Sainsbury's high fibre cornflakes	2
Sainsbury's ready oat cereal	2
Sainsbury's instant hot oat cereal	2
Sainsbury's malties	2
Sainsbury's mini wheats	2
Sainsbury's natural bran	2
Sainsbury's oat cereal, hot	2
Sainsbury's puffed wheat	2
Sainsbury's Scottish porridge oats	2
Sainsbury's Scottish porridge oats with bran	2
Sainsbury's SO Organic bran flakes	2
Sainsbury's SO Organic oats	2
Sainsbury's SO Organic original easy oat sachets	2
Sainsbury's SO Organic whole wheat biscuits	2
Sainsbury's Taste the Difference whole rolled porridge oats	2
Sainsbury's wholegrain bran flakes	2
Sainsbury's wholegrain apricot wheats	2
Sainsbury's wholegrain mini wheats	2
Sainsbury's whole-wheat biscuits	2
Sainsbury's whole-wheat bisk cereal	2
Sainsbury's wholegrain cranberry wheats	2
Sainsbury's Be Good To Yourself muesli	1
Sainsbury's Be Good To Yourself precise	3
Sainsbury's choco hooplas	3
Sainsbury's choco snaps	3
Sainsbury's chocolate crisp cereal	1
Sainsbury's frosted flakes	3
Sainsbury's honey nut and cranberries	3
Sainsbury's honeynut cornflakes	3
Sainsbury's hot oat golden syrup	1
Sainsbury's pecan and maple crisp cereal	2
Sainsbury's purple berry crisp cereal	1
Sainsbury's yoghurt and raspberry crisp cereal	1
Sainsbury's balanced cereal - crispy rice and wheat	4
Sainsbury's balanced cereal with red fruits	4
Sainsbury's Basics cornflakes	4
Sainsbury's Be Good To Yourself balance	4
Sainsbury's Be Good To Yourself balance with red fruit	4
Sainsbury's cornflakes	4
Sainsbury's crisp rice, basics	4
Sainsbury's crunchy coconut, raisin and honey	1
Sainsbury's rice pops	4
Sainsbury's SO Organic cornflakes	4
Sainsbury's Swiss style muesli - no added salt sugar	4

TESCO	
Tesco Crunchy Oat Cereal with coconut, sultanas and almonds	1

Tesco Crunchy Oat Cereal with tropical fruits	1
Tesco Finest Fruit & Nut Granola	1
Tesco Finest Fruit & Nut Muesli	1
Tesco Fruit & Fibre	1
Tesco Fruit & Nut Muesli	1
Tesco fruit and berries muesli	1
Tesco Light Choices Sultana Bran	1
Tesco Malt Wheats	2
Tesco Micro Oats (Golden Syrup)	1
Tesco Swiss Style Muesli	2
Tesco Value Fruit & Fibre	1
Tesco (Disney) Wholegrain Porridge	2
Tesco Apricot Wheats	2
Tesco Blueberry Wheats	2
Tesco Bran Flakes Value	2
Tesco Cranberry Wheats	2
Tesco Finest Porridge with Raisin & Hazelnuts	2
Tesco Finest Scottish Porridge Oats	2
Tesco Healthy Living Porridge Oats with wheatbran & prebiotics	2
Tesco hi-fibre bran	2
Tesco Instant Hot Oat Cereal	2
Tesco Light Choice Wheat Biscuits	2
Tesco Light Choices Bran Flakes	2
Tesco malt wheats	2
Tesco Maple & Pecan Crisp	3
Tesco Micro Oats	2
Tesco Organic Porridge Oats	2
Tesco Pomegranate & Raspberry Wheats	2
Tesco Scottish porridge oats	2
Tesco Scottish porridge oats with wheat bran	2
Tesco superfood muesli	2
Tesco Swiss Style Muesli (No Added Sugar/Salt)	2
Tesco Value Muesli	2
Tesco Value Porridge Oats	2
Tesco Wheat Biscuits	2
Tesco Whole-wheat Muesli	2
Tesco Choco Snaps	3
Tesco Frosted Flakes	3
Tesco Golden Honey Puffs	3
Tesco Honey Nut Corn Flakes	3
Tesco Multigrain Boulders	3
Tesco Multigrain Hoops	4
Tesco Rice Snaps	4
Tesco value coco snaps	3
Tesco Value Frosted Flakes	3
Tesco Value Rice Snaps	4
Tesco Corn Flakes	4
Tesco organic cornflakes	4
Tesco Specialflakes	4
Tesco Special Flakes with Red Berries	4
Tesco Strawberry Crisp	4
Tesco Value Corn Flakes	4

WEETABIX	
Weetabix minis chocolate crisp	1
Weetabix minis fruit & nut crisp	1
Weetabix minis honey & nut crisp	1
Weetabix Oatibix bitesize with chocolate & raisin	1
Weetabix Oatibix porridge apple & raspberry	1
Weetabix Oatibix porridge chocolate	1
Weetabix Oatibix porridge golden honey	1
Weetabix Oatibix porridge spiced apple & sultana	1
Weetabix Alpen no added sugar	2
Weetabix crunchy bran	2
Weetabix Disney pirates	2
Weetabix Disney princess stars	2
Weetabix Oatibix bitesize	2
Weetabix Oatibix bitesize with sultana & apple	2
Weetabix Oatibix original	2
Weetabix Oatibix porridge original	2
Weetabix Oatibix Flakes	2
Weetabix organic	2
Weetabix original	2
Weetabix power rangers star force	2
Weetabix Ready Brek original	2
Weetabix weetaflakes	2
Weetabix Alpen high fruit	3
Weetabix Oatibix Flakes with	3

raisin, cranberry and blackcurrant	
Weetabix Oatiflakes with raisin, cranberry & blackcurrant	3
Weetabix Ready Brek chocolate	2
Weetabix weetos chocolate flavour	1
Weetabix Oatibix Flakes	2
Chocolate Weetabix	2

OTHER BRANDS	
Kallo whole earth Swiss style muesli, organic	2
Grapenuts	2

Mornflake oatbran cereal	2
Sugar puffs	3
Country Barn Corn Flakes	4
Country Barn Special Flakes	4
Kallo wholearth organic classic cornflake	4
Mornflake orchard oat crunchy sultana and apple	1
Mornflake classic oat crunchy raisin, honey and almond	1
Mornflake Hawaiian Oat Crunchy Raisin, Banana and Pineapple	1
Mornflake Superfast oats	2
Mornflake Organic oats	2