

Ulster University
Telephone 07751 340 134

Fieldworker Visit Appointments		
	Day	Date
1 st		/
2 nd		/



NatCen
Social Research

ICF

P10041.08	Diet and Health Study 2015	WAVE NUMBER:	«Wave»
		FINAL OUTCOME:	
		FIELDWORKER ID:	
INDIVIDUAL CASE FORM (ICF)			

SER: <<SerialNumber>>

ADDRESS 1 <<Address1>> RESP: <<CatiResp>> GENDER: <<SexTxt>>
 ADDRESS 2 <<Address2>> DOB: <<DofB>>
 ADDRESS 3 <<Address3>> TU STATUS: <<PStatxt>> SERIAL ID: AFFIX LABEL BELOW
 ADDRESS 4 <<Address4>>
 POSTCODE <<Postcode>>

TEL NO. 1: <<SampPhone>>
 TEL NO. 2: <<FAltTel>>

CATI INTERVIEW DATE: <<Intdate>> LOCATION DETAILS: <<FLocation>>

Please affix
serial ID label
ICF (5)

VISIT 1

1. PREGNANCY OR BREASTFEEDING CHECK

Q1
ASK IF FEMALE: Can I just check, are you currently pregnant or breastfeeding?

YES....1	CODE OUT AS 890 (SECTION 5)
NO.....2	GO TO SECTION 2 (PABA)

IF 'YES' THIS PERSON CAN NOT TAKE PART IN THE STUDY.

2. PABA ELIGIBILITY

FIELDWORKER: THE NEXT FEW QUESTIONS ARE TO DETERMINE IF IT IS SAFE FOR THE PARTICIPANT TO TAKE PABA TABLETS.

Q1
Can I check if you are taking any of the following::

- Co-Trimoxazole
- Septrin
- Sulfadiazine
- Trimethoprim
- Sulfamethoxazole
- Monotrim
- Sultrin ?

(THESE ARE ALL SULPHONAMIDES)

YES.....1	GO TO Q3
NO.....2	GO TO Q2

Q2
Can I check, are you allergic or intolerant to any of the following things:

- hair dye
- sunscreen
- dietary supplements/vitamins
- lactose?

YES.....1	GO TO Q3
NO.....2	GO TO Q4

Q3

FIELDWORKER: THIS PARTICIPANT MUST NOT TAKE PABA TABLETS. THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA.

CONTINUE

Q4

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period. This also involves taking three tablets called PABA within the same period so we can see how complete the urine sample is. Please read this leaflet (*Annex 8_PABA leaflet_v2_171114_DHS2015. For use from 01.01.2015*), it explains about what it involves.

FIELDWORKER: EXPLAIN ABOUT THE PABA TABLETS. GIVE PABA INFORMATION LEAFLET TO PARTICIPANT. ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

CONTINUE

Q5

FIELDWORKER: IS THE PARTICIPANT WILLING TO TAKE PABA TABLETS?

YES.....1	GO TO Q6
NO.....2	GO TO Q7

Q6

FIELDWORKER: EXPLAIN TO THE PARTICIPANT THAT YOU WILL NEED TO COLLECT THE PABA PACKAGING WHEN YOU COME BACK TO SUB-SAMPLE THEIR URINE. THIS IS JUST SO THAT YOU CAN SEND IT BACK TO HNR SO THEY CAN BE SURE HOW MANY TABLETS WERE TAKEN AND CAN THEREFORE ANALYSE THE URINE ACCURATELY.

CONTINUE

Q7

FIELDWORKER: ASK THE PARTICIPANT TO INITIAL BOXES 3 AND 4 (ONLY BOX 4 IF PABA REFUSED) ON THE CONSENT FORM AND SIGN AND DATE THE FORM.

GO TO SECTION 3 (DAY OF URINE COLLECTION)

3. DAY OF URINE COLLECTION

FIELDWORKER: ASSIGN A RANDOM DAY TO START THE URINE COLLECTION, ENCOURAGE WEEK DAYS WHERE POSSIBLE (CIRCLE ASSIGNED DAY).

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

GO TO SECTION 4 (URINE APPOINTMENT CHECKLIST)

4. URINE APPOINTMENT CHECKLIST

FIELDWORKER: PLEASE REMEMBER TO DO THE FOLLOWING

- 1) Assign a set of labels to the participant and affix correct labels to the front page of this form (see box 1) and both copies of the consent form and urine collection sheet
- 2) Initial all relevant boxes on the consent form, sign and date the form
- 3) Make an appointment with the participant to collect their sample, ideally on either the day they stop collecting urine or the following day
- 4) Explain the collection protocol
- 5) If the participant is taking PABA, remind them that you will be collection the packaging at your return visit
- 6) Complete **section A** of the 24 hour urine collection sheet
- 7) Give the participant the urine collection sheet and ask them to complete **section B** during the collection period.
- 8) Complete section 5 of this Individual Case Form (ICF)

5. OUTCOME OF ATTEMPT TO INTERVIEW RESPONDENT

REFUSED FIELD VISIT IN INTERVIEW, AND STILL REFUSES:	800
FIELD VISIT MADE:	810
FIELD VISIT NOT MADE:	
no contact made	820
refusal by person	830
proxy refusal	840
broken appointment	850
ill (at home)	860
ill (in hospital)	870
away (other reason)	880
other (GIVE REASON AT SECTION 7)	890

6. COMPLETE IF PERSON REFUSED TO TAKE PART (CODES 830/840 AT SECTION 5)

REASON FOR REFUSAL:	
Cannot/won't find time	1
Feels done enough already	2
Recently had health check/GP knows health	3
Had enough of medical profession	4
Doesn't want to know results/tempt fate	5
Frightened of procedures	6
Other	7

7. COMPLETE IF BROKEN APPOINTMENT, ILL, AWAY OR OTHER UNPRODUCTIVE (CODES 850-890 AT SECTION 5)

GIVE FULL DETAILS

Empty box for providing full details regarding broken appointments, illness, or other unproductive outcomes.

VISIT 2

EXPLAIN THAT YOU ARE HERE TO COLLECT THE URINE SAMPLE

8. URINE COLLECTION

Q1
FIELDWORKER: HAS THE RESPONDENT PROVIDED A URINE SAMPLE?

YES.....1	GO TO Q2
NO.....2	GO TO Q7

Q2
IF YES:

TICK HERE WHEN DONE

NOW WEIGH THE URINE ACCORDING TO PROTOCOL AND FOLLOW SUB-SAMPLING PROCEDURE

ENSURE URINE COLLECTION SHEET IS FULLY COMPLETED

ENSURE CONSENT FORM IS COMPLETED

COMPLETE THE URINE DESPATCH NOTE

GO TO Q3

Q3
FIELDWORKER: ON WHAT DAY OF THE WEEK DID THE PARTICIPANT START URINE COLLECTION?

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

GO TO Q4

Q4
Were you taking any dietary supplements on the same days as you collected the urine sample?

YES.....1	GO TO Q4a
NO.....2	GO TO Q5

Q4a
What dietary supplement(s) were you taking? **FIELDWORKER:** LIST ALL

GO TO Q5

Q5
Were you taking any diuretics or water tablets at the same time as collecting the urine?

FIELDWORKER: IF UNSURE, EXPLAIN THAT COMMON CONDITIONS FOR TAKING DIURETICS ARE ANKLE SWELLING, HIGH BLOOD PRESSURE OR HEART FAILURE.

YES.....1	GO TO Q5a
NO.....2	GO TO Q6

Q5a

What did you take? FIELDWORKER: TICK ALL THAT APPLY.

Frusemide/Furosemide	1
Bendroflumethiazide	2
Indapamide	3
Amiloride Hydrochloride	4
Spirolactone	5
Osmotic diuretics	6
Potassium-sparing Diuretics	7
Diuretics with potassium	8
Metolazone	9
Chlortalidone	10
Cyclopenthiiazide	11
Eplerenone	12
Triamterene	13
Xipamide	14
Bumetanide	15
Torasemide	16
Other – record here.....	17

Q6

THIS IS THE END. THANK THE PARTICIPANT AND GIVE THEM THE £15 GIFT CARD.

Q7

IF NO:

REASON URINE SAMPLE NOT PROVIDED:

No contact with participant	1
Broken appointment	2
Refusal by person	3
Refusal by proxy	4
Participant cannot/won't find time	5
Participant ill or away	6
Other	7

THIS IS THE END. THANK THE PARTICIPANT FOR THEIR TIME.

NOW RETURN THIS DOCUMENT TO:

**Biomedical Sciences Research Institute,
Ulster University,
Coleraine
BT52 2PT**