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P1727

# **THE HEALTH SURVEY FOR ENGLAND: 1998**

## **INTERVIEWER PROJECT INSTRUCTIONS**

## Contents:

1.	Background and Aims .....	p4
2.	The Survey .....	p5
3.	The Research Team .....	p6
4.	Summary of the Survey Design .....	p6
4.1	The interviewer visit .....	p7
4.2	The nurse visit .....	p7
4.3	Summary of the data collected .....	p8
5.	Survey Materials .....	p9
6.	Notifying the Police .....	p10
7.	Your Sample .....	p10
7.1	The sample design .....	p10
7.2	Who to interview and obtaining parental consent .....	p10
7.3	Sampling documents .....	p12
7.4	Address Record Form .....	p12
7.5	Address Record Form B (ARF B) .....	p13
7.6	Completing the ARF .....	p13
7.7	Adult selection procedure .....	p17
7.8	Interviewer Sampling Sheet .....	p18
7.9	Address list .....	p18
8.	Introducing the Survey .....	p20
8.1	Advance letter and survey leaflets .....	p20
8.2	Doorstep introduction .....	p20
8.3	'Thank you' presents for children and young people .....	p21
8.4	Introducing height and weight measurements .....	p23
8.5	Introducing the nurse's visit .....	p23
9.	Liaising with your nurse partner .....	p25
9.1	Making appointments for the nurse visit .....	p26
9.2	Accompanying the nurse .....	p27
9.3	The Nurse Record Form (NRF) .....	p27
9.4	Transmitting information to the nurse .....	p29
10.	The Questionnaires: Introduction .....	p32
11.	Household Questionnaire .....	p32
11.1	Introductory questions .....	p32
11.2	The grid .....	p33
11.3	The rest of the household questionnaire .....	p35
11.4	Joint or concurrent interviewing .....	p39
11.5	Allocating individuals to sessions .....	p40

11.6	Adding and deleting household members .....	p41
12.	Individual Questionnaire .....	p42
12.1	The structure of the questionnaire .....	p42
12.2	Introductory questions .....	p42
12.3	General Health module .....	p43
12.4	CVD module .....	p45
	12.4.1 Chest pain .....	p45
	12.4.2 Phlegm, breathlessness and wheezing .....	p46
	12.4.3 Diagnosis and treatment .....	p47
	12.4.4 Use of services .....	p48
12.5	Child physical activity module .....	p48
12.6	Adult physical activity module .....	p49
12.7	Eating habits module .....	p51
12.8	Smoking module .....	p53
12.9	Drinking module .....	p55
12.10	Employment classification module .....	p56
12.11	Other Classification questions .....	p58
12.12	Presentation of self-completion booklets .....	p58
12.13	Measurements .....	p60
12.14	The National Health Service Central Register .....	p61
12.15	Admin Block .....	p62
13.	Returning Work to the Office .....	p65
14.	Any Problems .....	p66

Height and weight protocols

## 1. BACKGROUND AND AIMS

"The Health Survey for England" is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

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

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

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

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

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

In summary, the survey aims to:

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government's health strategy
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

## 2. THE SURVEY

The Health Survey for England is currently being carried out by Social and Community Planning Research (SCPR) and the Department of Epidemiology and Public Health at University College London Medical School (UCLMS) through their Joint Health Surveys Unit.

It is a large survey with fieldwork carried out continuously throughout the year. In 1995 children aged two and over were introduced into the survey for the first time, and were included again in 1996. The 1997 survey sample boosted the number of children in the sample, but the 1998 sample design has reverted to that used in 1996, with the aim of interviewing 17,000 adults and 4,000 children.

The inclusion of children in the research is extremely important. Health in childhood is increasingly recognised as being an important factor in health in later life. The survey will provide information on a group for which there has previously been relatively little information. Valuable information on the health of the family will also be obtained.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 1998 the major focus of the survey will be on cardiovascular disease (CVD). Topics include: experience of CVD symptoms, physical activity, eating habits, drinking, smoking and general health.

Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in this country. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

According to the Office of National Statistics' mortality statistics, coronary heart disease alone caused almost a third of all deaths in this country in 1994, while strokes were responsible for around one death in ten.

Cardiovascular disease is therefore an issue of great importance. It is also an issue that lends itself well to a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

The last time the Health Survey focused on CVD was in 1994. Updating the information in 1998 will allow us to:

- see whether the proportion of adults in England who have particular cardiovascular conditions has increased or decreased
- see whether the prevalence of certain risk factors associated with CVD has increased or decreased, and look at the extent to which combinations of risk factors are found
- examine the variation in risk factors between population sub-groups, and see how this has changed

This will help to:

- inform policy on preventative and curative health
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government's health strategy (eg changes in blood pressure and obesity levels).

Physical activity levels are of interest in relation to risk of cardiovascular disease, among other conditions. Questions on adults' physical activity were also included in the 1994 Health Survey.

Questions about the physical activity of children were first introduced to the Health Survey in 1997, and these have been improved for 1998.

Information about the survey, its objectives and design have been circulated to all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.

### **3. THE RESEARCH TEAM**

In 1993 SCPR and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

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

The members of the research team for the Health Survey for England 1998 are:

### **4. SUMMARY OF SURVEY DESIGN**

The Health Survey for England is a survey of people living in private residential accommodation in England. The sample - around 13,700 addresses - has been selected from the Postcode Address File.

Each survey point contains 19 addresses. All adults and up to two children will be interviewed at each address.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (19 addresses) will work together as a team. An advance letter is sent to each address explaining briefly the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

All people aged 16 and over and up to two children aged 2-15 at an address are to be interviewed (in up to three households). Fuller details of the sample and associated documents are given in Section 7.

## 4.1 THE INTERVIEWER VISIT

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

For each household there is a short **Household Questionnaire** which establishes who is resident in the household and collects some basic facts about them and the household. Ideally this questionnaire should be asked of the head of the household (see Section 11).

For each household member aged 16 or over and up to two children aged 2-15 there is an **Individual Questionnaire**, which includes a short self-completion section. Joint (simultaneous) interviews may be conducted, where this is practical. This questionnaire and how it should be administered is discussed in more detail in Section 12.

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

At the end of the interview, the second stage of the survey is introduced and the interviewer arranges an appointment for the nurse to visit a few days later.

The average amount of time you will be in a one-person household will be around 30-45 minutes. If you do simultaneous interviews, you will probably find you take around 70-80 minutes in a two-person household. (The interview itself will take around an hour on average.)

## 4.2 THE NURSE VISIT

The second stage of the survey is carried out by a qualified nurse. After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. The nurse calls on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken and to carry out more measurements; arm circumference (for children under 16), waist and hip measurements (for those aged 16+), blood pressure (for those aged 5+), and demi-span (for those aged 65+). Everyone aged 4+ is asked to provide a saliva sample. If the respondent wishes to be given the results of the measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 18+ will be asked to provide a small blood sample (normally 15ml), subject to written permission from the respondent. The blood and saliva samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle upon Tyne for analysis. Details of these analyses are given later in Section 8.5.

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

Details of how to explain the purpose of the nurse visit are given in Section 8.5.

### 4.3 SUMMARY OF DATA COLLECTED

The majority of information to be collected in 1998 is obtained about all those eligible for the survey (aged 2 or over). Some items of information are however limited to particular age groups. The table below summarises the data to be collected.

<b>{ QUESTIONNAIRE ITEMS</b>	<b>RESPONDENT</b>
Household information	Head of Household/spouse
General health	All ages
CVD	16 years upwards
Physical activity	All ages
Eating habits	16 years upwards
Smoking and drinking	8 years upwards
Employment status, educational background	16 years upwards
General Health in Self-completion questions	13 years upwards
Details of prescribed drugs	All ages
<b>MEASUREMENTS</b>	
Height, weight	All ages
Arm circumference	2-15 years
Blood pressure	5 years upwards
Waist and hip circumferences	16 years upwards
Demi-span	65 years upwards
Saliva sample	4 years upwards
Blood sample	18 years upwards
<b>BLOOD ANALYTES</b>	
Haemoglobin	18 years upwards
Total cholesterol	18 years upwards
HDL cholesterol	18 years upwards
C-reactive protein	18 years upwards
Fibrinogen	18 years upwards
Ferritin	18 years upwards
<b>SALIVA ANALYTE</b>	
Cotinine	4 years upwards



## 5. SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have the following supplies.

<i>Document</i>	<i>Colour</i>
<b>Sample related documents</b>	
Interviewer Sample Sheet	green
ARF	green
ARF B	yellow
Adult list sheet	white
Address labels	white
<b>Nurse related documents</b>	
Nurse Record Form (unlabelled)	pink
Appointment Diary	white
Appointment Record Card	white
Plain A4 envelopes	
<b>Interview documents</b>	
Advance letter	white
Appointment letter	white
Stage 1 Leaflet	blue card (A5)
Self-completion booklets:	
- Adult (18+)	white
- Young Adults (16-17 year olds)	blue
- 13-15 year olds	green
- 8-12 year olds	pink
Show cards A-U	white card
Cigarette coding list	purple
Interviewer coding cards (3)	white
Measurement Record Card	grey
Suggestion/problem sheet	white
SCPR leaflets	
Health Survey leaflets	
<b>Other documents</b>	
Project instructions	white
Admin. Notes	white
Stage 2 leaflet (nurse)	pink card (A5)
Interviewer response form A	pale yellow
<b>Equipment</b>	
Stadiometer to measure height	
Frankfort Plane Card	
Scales to measure weight	
Back-up disk	
Presents for children	

## 6. NOTIFYING THE POLICE

You, as the interviewer, are responsible for notifying the police in your area about the work both you and your nurse partner will be undertaking on this survey. You will be given a special form for this purpose. You will need to obtain all the relevant details from your nurse partner (eg make and registration number of car) so that you can complete this form. Before you start any work hand this form in at the police station in your area together with a copy of the advance letter, Stage 1 leaflet and Stage 2 leaflet.

## 7. YOUR SAMPLE

### 7.1 THE SAMPLE DESIGN

The sample for this survey has been drawn from the publicly available Postcode Address File. In the survey, 13,680 addresses (delivery points) have been selected, clustered into 720 postcode sectors (ie 19 addresses per sector). Sixty postcode sectors will be covered each month - 1,140 addresses. The sample has been designed so that each quarter's sample is fully representative of the population of England.

Each month, each interviewer will be given 19 addresses to cover in a postcode sector. At each address, the target is to interview every person aged 16 or over, and up to two children aged between 2 and 15.

The first task of the interviewer at a selected address is to identify how many households are resident. This will normally be one but occasionally an address may contain two or more households. **All** households (up to a maximum of three per address) should be included in the survey.

The interviewer then identifies and interviews all persons aged 16 or over who live in each of these households. If the household contains more than 10 adults, 10 will be selected at random for interview. All children aged 2 to 15, up to a maximum of two, should also be interviewed. If there are more than two children, the computer program will randomly select the two to be interviewed.

### 7.2 WHO TO INTERVIEW AND OBTAINING PARENTAL CONSENT

At each address you should:

- interview all adults aged 16 or over (up to a maximum of 10)
- carry out a Household interview with the Head of Household or spouse

In households containing children aged 2 to 15, you should interview:

- all children, if there are no more than 2 in the household
- two children, sampled at random by the computer, if there are three or more

#### *Interviewing children*

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

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

The parent or "guardian" of a 13-15 year old **must** be present at the time you carry out the interview. They need not necessarily be in the same room but they must be at home and be aware that you are carrying out the interview. This protects both the child and yourself.

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

2 to 7 year olds            You should interview the parent or guardian about the child. As you will be measuring the height and weight of the child, the child has to be present in the home at the time of the interview. Ideally they should be present during the interview as they may be able to provide information about themselves that their parent either does not know or has forgotten.

8 to 12 year olds        Again interview the parent or guardian. Children of this age are asked to complete a self-completion booklet. So make sure that the child is present during the interview and that their parents are happy with the self-completion questionnaire.

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

16 to 17 year olds      It is not necessary to obtain formal parental agreement to interview these young people. It is however courteous to let the parents know that you wish to interview them. This age group is also given a self-completion questionnaire.

Should a parent wish to know the content of the survey, explain briefly the survey coverage (see Section 4.3).

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

*Child aged 13-15:* Code as unproductive.

*Child aged 2-12:* Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.

At *HtResp* and *WtResp* enter "Height/Weight not attempted". At *NoHitM* and *NoWaitM* code "Child away from home during fieldwork period" and enter a note in the notepad to say why.

If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At *SComp3* code "No" and at *SComp6* code "child away from home during fieldwork period" and enter a note in the notepad to say why.

Children who are ill at home for the whole of the period should be treated in the same way, except that at *SComp6*, *NoHitM* and *NoWaitM* code "other" and enter a note in the notepad.

*These are the only occasions when children might not be present for the interview. Even though you are asking a parent about the health of a child aged between 2-12, you must have the child close-by during the interview so that you do not lose height, weight and self-completions. You must ensure that appointments for interviews are made for times when the child(ren) will be available and not at school, visiting a friend or likely to be in bed. This must be stressed to parents when setting up appointments for your interview and the nurse interview.*

### 7.3 SAMPLING DOCUMENTS

Documents associated with sample selection and outcome recording are the Interviewer Sample Sheet, Address Record Form (ARF), Address Record Form B (ARF B), Adult List Sheet and Address List. How each of these documents should be used is described below.

### 7.4 ADDRESS RECORD FORM

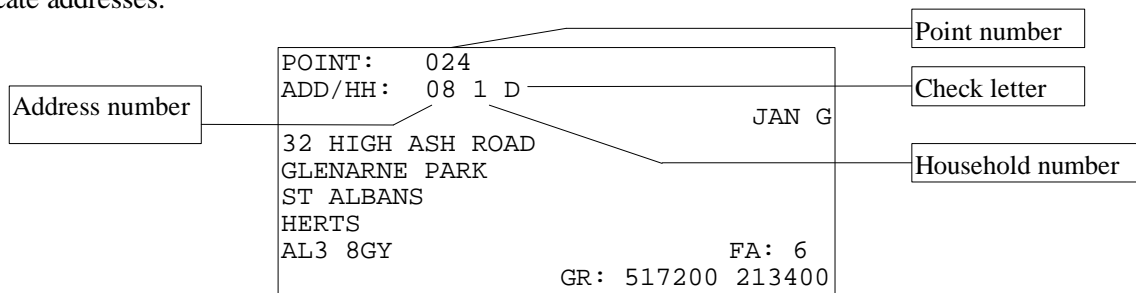
You will receive an **ARF** for each of the 19 addresses in your quota.

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

- three digits for Sample Point (001-720)
- two digits for the Address (01-19)
- a single digit for the Household (called HHold in the CAPI program)
- a check letter.

Make sure that when you open a CAPI questionnaire you select the correct Address number. Always check that you have copied the serial number accurately onto all documents relating to that household.

The address label also gives the OS grid reference for the address. This is to help those in rural areas locate addresses.



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

The selection label on the front page should be used where there are four or more households at the address, and you have to select three at which to interview (see section 7.6).

## 7.5 ADDRESS RECORD FORM B (ARF B)

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

ARF B should be prepared by writing the address, postcode and serial number into the box on the first page. Copy the address and postcode from the original label, but add any details to identify the household, eg. 'Flat 2'. The point and address numbers for the 2<sup>nd</sup> and 3<sup>rd</sup> households are the same as for the 1<sup>st</sup> household; make sure you copy them correctly. The household number (HH box) for the 2<sup>nd</sup> household should be 2, and for the 3<sup>rd</sup> household, 3. Additional households should be allocated the next check letter in alphabetical sequence from the first address (although check letters i, o and u should not be used). So for example, in the example label shown above, the check letter for Household 1 is D; Household 2 at this address would have check letter E, and Household 3 would have check letter F.

You should also write details of the location of the household in the box provided.

## 7.6 COMPLETING THE ARF

Before returning work to the office, always check carefully that the ARF has been fully and accurately completed.

### *Calls record*

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

Any notes about what happened at each call should be made in the notes box. Label the notes with the call number.

### *Questions 1 - 8*

These only appear on the ARF. They guide you through the process of establishing the number of households at the address, and, if there is more than one household, through the household selection procedures.

Follow the routing instructions carefully.

Qn 2 - You should ring codes 09 or 10 only on instruction by the Office. Use code 08 only if none of codes 01-07 apply and you are confident that it is a true 'deadwood' address. Otherwise, query with the office what you should do.

If one of these codes applies, there is nothing else for you to complete on the ARF - hence the instruction END. Open the Household Questionnaire for this serial number on the computer, and go straight to the Admin block.

Qn 3 - a brief résumé of the *household* definition is provided in a box as a reminder. If you circle outcome code 21 or 22, you are asked to go to Q15 on page A6. Give a full description of why you were unable to make contact or received a refusal to provide any information. Include any information that might be useful should we decide to ask another interviewer to make another attempt at getting co-operation.

Qn 4 - This summary sorts addresses into those requiring a household selection process (codes C and D) from those where all households are eligible for inclusion in the survey (codes A and B). Make sure you always follow the skip instructions carefully.

Qn 5 - If there are 4-12 households at your address, list all of them in the grid in the order indicated. Please note that it is only OCCUPIED households that are eligible for selection. An empty flat in a block of flats would not be eligible for selection.

Then use the selection label on the front of the ARF to select the three households to include in the survey. Go along the first row until you reach the number of households at your address, and then look below for the selection codes of the households to include. Ring these codes in the column headed "Selection Code". Then go to Q8 and repeat the location details of the three selected households. An example of a selection label is shown below.

It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your supervisor or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper in the order indicated at Question 5. Then use the look-up chart on the back page of the ARF. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Pin the sheet on which you have listed these households to the back of your ARF.

Qn 8 - Note the difference between the *Household Serial Number* in the left-hand column and the *Selection Code* to be entered in the right-hand column. The latter comes from the grid you completed at Q5 and is only used for helping you make a correct household selection. The pre-numbered Household Serial Number is the number (together with the Check Letter) that should be used on all documents relating to that household. *It is vital that you do **not** confuse the two numbers.*

Having made your selection, you should prepare ARFs for each household. The household listed first at Q8 is Household No. 1. Use the ARF for this household. Write the location of this household in the box provided below the selection label. This is both to remind you of which one it is and to help anyone who subsequently wishes to contact this household.

Make out an ARF B for the second and third households listed at Q8 (see above). Also write the location details of the household in the box provided below the selection label.

An example of a completed page A3 is shown overleaf. Given the selection label shown below, you can see that the first, second and fourth households on the list were selected.

POINT:	601
ADD/HH:	08 1 D
HH:	4 5 6 7 8 9 10 11 12
SEL:	1 3 2 2 1 5 1 1 3
	2 4 3 5 4 6 6 8 6
	4 5 5 7 6 9 9 10 12

The household living in the basement flat becomes the household with serial number 1 (use the ARF for this household), the ground floor flat is household serial number 2 (make out an ARF B for this household; give it HH no. 2), and the household in the back room on the first floor is household serial number 3 (make out another ARF B for this household; give it HH no.3).

**IF 4-12 HOUSEHOLDS, COMPLETE Qs 5, 6 and 8**

5. LIST ALL HOUSEHOLDS AT ADDRESS

■ in flat/room number order

or ■ from bottom to top of building, left to right, front to back

LOCATION WITHIN ADDRESS	SELECTION CODE
Basement flat	01
Ground floor flat	02
First floor - front room	03
First floor - back room	04
	05
	06

LOCATION WITHIN ADDRESS	SELECTION CODE
	07
	08
	09
	10
	11
	12

6. LOOK AT SELECTION LABEL ON FRONT OF ARF, AND SELECT THREE HOUSEHOLDS. RING IN THE GRID ABOVE SELECTION CODE OF EACH SELECTED HOUSEHOLD. REPEAT THEIR DETAILS AT Q8 ENTER SELECTION CODES IN RIGHT HAND COLUMN.

**IF 13+ HOUSEHOLDS**

7. USE LOOK-UP CHART ON BACK OF ARF to select THREE households. Enter their details at Q8.

**IF 2 OR MORE HOUSEHOLDS**

8. LIST THESE (SAMPLED) HOUSEHOLDS BELOW:

■ in flat/room number order, or

■ from bottom to top of building, left to right, front to back

HOUSEHOLD SERIAL NUMBER		IF 4-12 HOUSEHOLDS AT ADDRESS, ENTER SELECTION CODE OF HH
1	Basement flat	01
2	Ground floor flat	02
3	First floor - back room	04



ALWAYS USE THIS HOUSEHOLD SERIAL NUMBER:-

- i) TO ENTER INTERVIEWS ON LAPTOP
- ii) ON "ADDITIONAL HOUSEHOLD" ARFs
- iii) ON ALL DOCUMENTS RELATING TO A HOUSEHOLD.

USE THIS ARF FOR HOUSEHOLD NUMBER 1.

COMPLETE SEPARATE YELLOW ARFS FOR HOUSEHOLDS NUMBER 2 & 3.

**Questions 9-20**

These appear on both the ARF and the ARF B.

Qn 9 - If you use outcome code 23-25 you are asked to go to Q15. Give a full description of why you were unable to make contact, or reasons for refusal, or reasons why you were unable to obtain any information about the household.

Qn 10-11 If you use outcome codes 30-39, you are asked to go to Q15. Give a full description of why you were unable to make contact or reasons for refusal.

Qn 12 - You should complete a column here for **all eligible respondents**. That means all adults aged 16+ (if more than 10, for the 10 sampled), and up to two children aged 2-15 (if there are more than two children aged 2-15 in the household, the Household Questionnaire program will automatically select two).

When you have completed an Individual Questionnaire session enter the outcome codes for the person(s) you have just interviewed. These are recorded and displayed on screens *IOut* and *ARF* of the Admin. block.

When you have completed all work in the household and entered code 5 at the question called *Choice* in the Admin block, you will be shown a screen which shows you exactly which information to fill in at Question 12 on the ARF. Always complete your ARF as you complete this block. Check carefully that your entries correspond exactly to those shown on the screen.

The back page of the ARF gives a list of the Individual outcome codes.

Qn 13 - This can only be coded when you have completed all your tasks for that household.

**Code 41** applies if you obtained an interview with **all** household members eligible for the survey (ie all persons have outcome codes 51 or 52 at Question 12).

**Code 42** applies if at least one person at Question 12 has outcome code 51 or 52.

**Code 44** applies if you were given a refusal (in person or by proxy) or had a broken appointment for every eligible household member.

**Code 45** is for all other combinations.

Screen *PrOut* gives you this code when you complete the Admin. block prior to transmitting data to the office.

Qn 14A - This is a very important grid. If you fail to complete the details, the ARF will be returned to you and your work will **not** be booked in until it is completed.

For each person on the Household Grid who was interviewed, enter their Person Number and age, record their title, their surname and their full initials.

PERSON NUMBER	AGE	TITLE	FULL INITIALS	SURNAME	NURSE VISIT AGREED	
					YES	NO
01	55	MR	M.J.	RICHARDS	1	2



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

- Qn 14B - For each person not interviewed, give a full description of why you were unable to obtain an interview. It is very important to us to know as much as possible about why a person was not covered in this survey.
- Q15 - Record here full reasons why the household was not contacted/refused. Use this page also to record reasons why respondents refused to see the Nurse. This information is used to decide on whether to try again at a reissue.
- Q16- For all unproductive households, give your best guess as to whether another interviewer calling back in a couple of weeks' time would get an interview. This information is used in deciding whether to reissue an address.

### ***Observation Sheet***

Complete Questions 17-19 for all addresses, other than those classified as deadwood at Question 2 (ie outcome codes 01-10). Complete from observation of the area in which the address is located.

Copy the information to the Admin block when you have finished with the household.

- Qn 17 - Ring a code to indicate the type of properties in the immediate area of the address. If the address was on an estate, it would be the type of estate; if in a street, the type of property in that street.
- Qn 18 - Ring a code to indicate the type of *building* lived in by the household. For example, if your address is a whole house, but you find it is occupied by households occupying different flats, then each household would be code 05.
- Qn 19 - Ring a code to indicate the type of *accommodation* lived in by the household.
- Qn 20 - Ring a code to indicate the ethnic mix of the immediate area of the address.

## **7.7 ADULT SELECTION PROCEDURE**

In the unlikely event that you find a household which contains 11 adults (aged 16+) or more, you will have to follow an adult selection procedure. You should take the sheet in your supplies called the 'Adult List Sheet'. List all the persons aged 16 or over in the household, starting with the oldest and working down to the youngest. Then turn to the back page of your ARF. This gives an Adult Selection Chart. Find the column which gives the number corresponding to the number of adults in your household (eg 12). Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

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

## 7.8 INTERVIEWER SAMPLE SHEET (ISS)

This document will accompany your set of 19 ARFs. Your supervisor's name and telephone number will be entered on the sheet. It will also tell you whether you are to be supervised in that Survey Month.

Complete this document as you work through your addresses and retain it carefully. It allows you to keep a full record of what you did. Any queries relating to work you sent to the nurse or to your pay can be sorted out.

The ISS is pre-printed with the Address Serial Number of each address in your point. Beside each Address Serial Number there are three rows, one for each possible household at the address. Record the location details of each household (if a multi-household address).

For each household record the final outcome of your attempts to interview. Take this from the ARF. In the next column record the number of people you interviewed. Then enter the number of people for whom an appointment was made to see the nurse. The information is summarised in the Admin block at the question called NRF. Then record the date on which you sent the nurse his/her Nurse Record Form for this household (see Section 9.3). Finally, enter the date on which you return the ARF to the office.

An example of a partially-completed ISS is shown overleaf.

## 7.9 ADDRESS LIST

In addition to the ARFs, you will be given a paper listing of all the sampled addresses in your survey point. This will also show the previous and next addresses to the sampled address, from the PAF file. This information is for you to use if you have any problems in locating an address. It will also help you to decide whether you need to interview at multiple households at an address. The basic principle is that if a household has a separate listing on the PAF file, then it has had a chance of being sampled for the survey, and so should not be treated as an additional household.

For example, say the sampled address is:

**15 Manor Road**

and the listing shows the previous and next addresses as:

*13 Manor Road* and

*17 Manor Road*

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

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

**15a Manor Road**

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

*13 Manor Road* and

*15b Manor Road*

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

P1727

THE HEALTH SURVEY FOR ENGLAND: 1998  
INTERVIEWER SAMPLE SHEET

POINT: 5 0 1 SURVEY MONTH: 0 7 POSTCODE SECTOR: CA6

INTERVIEWER NAME: Jane Thornton INTERVIEWER NUMBER: 302402

SUPERVISOR NAME: Sandra Thomas To be supervised this month: YES  NO  TELEPHONE NUMBER: 01783 25141

Address serial number	Household serial number	Household location	Address/ hh outcome (01-45)	If 41-42 Number interviewed	Number agreeing to nurse visit	Date NRF posted to nurse	Date ARF posted to office
01	1	-	41	2	2	12 July	12 July
	2						
	3						
02	1	-	04	-	-	12 July	12 July
	2						
	3						
03	1						
	2						
	3						
04	1	-	42	1	1	13 July	13 July
	2						
	3						
05	1	Basement flat	44	-	-	11 July	11 July
	2	Ground floor flat	43	1	0	11 July	11 July
	3	1st floor back room	42	2	2	11 July	11 July
06	1	-	41	5	4	12 July	12 July
	2						
	3						
07	1	-	41	3	3	17 July	17 July
	2						
	3						
08	1						
	2						
	3						

Please turn over

## 8. INTRODUCING THE SURVEY

### 8.1 ADVANCE LETTER AND SURVEY LEAFLETS

A letter describing the purpose of the survey is sent to all sampled addresses a few days in advance of fieldwork. You have been given copies of the advance letter to use as a reminder. You have also been given a Stage 1 leaflet which gives further details about the survey. This should be given to everyone you interview. It should only be given out on the doorstep if you feel it will help to obtain a particular person's co-operation. Read it carefully. It will help you answer some of the questions people might have.

You have also been given Health Survey leaflets, which show some results from the survey. These are for you to use on the doorstep to help obtain co-operation, or to leave behind after the interview, as you feel appropriate.

You also have two copies of the Stage 2 leaflet, which the nurse will hand out. You may find this useful when answering questions. If necessary you may leave a Stage 2 leaflet with the respondent, if the respondent is very persistent in wanting information about the nurse visit. But it is better to leave the Stage 2 leaflet for the nurse to hand out.

You have also been given an Appointment letter. Leave this when you call on an address where there is no-one in. It will remind them of the survey and may help you get hold of the occupants. Do not give up calling at that address. Keep on trying.

### 8.2 DOORSTEP INTRODUCTION

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

**{PRIVATE }Show your identity card**

**Say who you are**

**Say who you work for**

**Say that you are carrying out a *'very important Government survey about health.'***

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

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

***Concentrate on obtaining the interview.*** Do **not** mention measurements and the nurse visit. The letter sent in advance to sampled addresses refers only to an interview. It does not mention measurements or a subsequent nurse visit. We do not want to risk losing an interview because a person is worried about being weighed or measured, or about seeing a nurse. These are decisions they can make later. The interview itself is very important, and we want this even if we do not get any measurements for a person. Our experience to date has shown that nearly everyone is willing to proceed from one stage of the survey to the next. But they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

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

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

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

Once you have identified how many people aged 16+ there are in the household, you know you have to interview all of them. If there are 1 or 2 children aged 2 to 15, you have to interview both of these. If there are three or more children in this age range, you will have to complete the Household Questionnaire (see section 11) before you will know which two you have to interview.

If there are two or more people to interview, it both saves time and helps to encourage co-operation if you are able to interview them in pairs (or even in threes or fours). However, you must be prepared to remain flexible, even if it means going back several times in order to interview everyone. This is explained more in Section 11.4.

### **8.3 'THANK YOU' PRESENTS FOR CHILDREN AND YOUNG PEOPLE**

Given the large demand we are making on the household, particularly in 'child' households, we feel it is appropriate to make a small present to each of the children and young people helping with the survey. You will be given a selection of small 'lucky bags' that contain stickers and puzzles to complete for younger children, and some pens for older children. It is up to you to decide at what point in the interview to give the 'present'; make sure it is clear that all children will be given a 'present', whether or not they agree to all the measurements. In some cases you may also feel you should give a 'present' to a sibling not selected for the survey. This is fine. The pens are intended for older children - not for adults. It will occasionally be tactful to give an older young person (eg. someone aged 16/17) a present as well as his/her younger siblings. We have only a limited number of presents, so please do not be over-generous; each child should receive a pen or a lucky bag - not both.

{PRIVATE } *What you might mention when introducing the survey*

- It is a national (Government) survey (on behalf of the Department of Health)
- It is a very important survey
- It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation"
- It is the largest national survey to look at the health of the general population. Around 21,000 people will take part in 1998.
- It is carried out annually
- It provides the government with accurate and up-to-date information on the health of the population
- It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Paper "Health of the Nation") are achieved
- It is used to help plan NHS services
- The information is available to all political parties
- The information will be needed by whichever government is in office
- Results are published annually and reported in the national press
- The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.
- To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not
- Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned
- Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost
- Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them.
- No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results
- The government only gets a statistical summary of everyone's answers

## 8.4 INTRODUCING HEIGHT AND WEIGHT MEASUREMENTS

The relationship between general build and health is of great interest to the Department of Health. 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. Since 1995 the Health Survey has been the main national source of information on children's heights and weights.

Explain that it will only take a very short time to do and that no one will be asked to undress.

## 8.5 INTRODUCING THE NURSE'S VISIT

Our target is to interview and measure everyone. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

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

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

Try to convince everyone that seeing a nurse is a vital part of the study and that it is non-threatening.

If the person is reluctant, use the arguments given in the box below to try to get them to change their mind:-

{PRIVATE }

Stress that by making an appointment to see the nurse the person is not committing themselves to helping with all, or any, of the measurements

Explain that the nurse is the best person to describe what (s)he wants to do. The respondent can always change his/her mind after hearing more about it

The nurse will ask for separate permission to carry out the various measurements

No pressure will be put on the respondent to give blood. A blood sample is only taken if the respondent gives *written* permission at the time. It is the one of the last things the nurse will do during her/his visit

We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings and the results of the blood tests. If you feel that knowing this will help you get an appointment for the nurse, please explain this. **However, be careful to avoid calling the nurse visit a 'health check' - it is not.** One of the most common reasons given for respondents refusing to see the nurse is 'I don't need a

medical check - I have just had one'. Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

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

*{PRIVATE }Information you may need to know if the respondent asks you questions about the nurse visit*

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey
- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 18+ only). If (s)he likes, this information will also be sent to their GP.
- respondents are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one. The nurse has to obtain **written** permission from a respondent before a blood sample can be taken
- the amount of blood (15ml) the nurse will take is tiny compared to the pint that blood donors give.
- we will not be testing for HIV, or any other viruses
- the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
- over 35,000 people have already given blood samples on this survey
- their local medical ethics committee has been consulted and has given approval to the survey

### ***Summary of nurse tasks and how to describe them to respondents***

The various types of measurements the nurse will ask permission to carry out are listed below. When describing the nurse visit to respondents do not go through all of these. For example, when asked about blood samples, mention the things people might already know about - for example a haemoglobin test to detect anaemia.

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



<b>Arm circumference</b> - (aged under 16 only)	gives information about the distribution of fat around the body (and can indicate nutritional status)
<b>Waist and hip</b> - (aged 16+)	the waist to hip ratio is a measure of the distribution of fat over the body
<b>Blood pressure</b> - (aged 5 and over)	both systolic and diastolic pressures will be taken, together with a pulse reading.
<b>Demi-span</b> - (aged 65 and over)	an alternative to height for elderly people who may not be able to stand completely straight.
<b>Saliva sample</b> - (aged 4 and over)	children dribble into a tube through a wide bore straw. Adults chew on a dental roll. The saliva is tested for cotinine. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke.
<b>Blood sample</b> - (aged 18 and over)	three small tubes of blood will be taken using the safe and efficient vacutainer method. The blood will be tested for the following:
<i>Haemoglobin</i> -	- this is the red pigment in the blood which carries oxygen. If you have a low level of haemoglobin you are anaemic. Anaemia may be caused by a shortage of iron
<i>Ferritin</i> -	- this gives a measure of the level of iron in the body
<i>Fibrinogen</i> -	- this is a protein necessary for blood clotting, and high levels are associated with a higher risk of heart disease
<i>Cholesterol</i> -	- this is a type of fat found in the blood
<i>C-reactive protein</i> -	- the level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease

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

## 9. LIAISING WITH YOUR NURSE PARTNER

It is vital that you and your nurse partner establish a good working relationship. Wherever possible we will arrange for you to attend the same briefing day. If this is not possible, you should arrange to meet up as soon as possible. The success of the survey depends on a good working relationship between the interviewer and the nurse. It is the interviewer's task to initiate this. You must contact **and meet with** your nurse partner before you start work. Respondents often want more information about the nurse. You may want to describe the nurse, so an elderly or concerned respondent knows who to expect.

Things you need to know about your nurse partner include:

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

## 9.1 MAKING APPOINTMENTS FOR THE NURSE VISIT

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have both been given an Appointment Diary covering the relevant survey period. Go through this together before you start work. Note **carefully** the days and times on which the nurse is available to make a visit. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liaise frequently in order to update this information.

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

Try to arrange for everyone in a household to be seen one after the other. Allow 30 minutes for each person aged 8+ and 15 minutes for persons aged 2-7 to be seen by the nurse, plus 15 minutes per household for sorting out equipment etc. You will know how long a nurse will need to get from one address to another if you are making appointments on the same day. Do **not** under-estimate these times.

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

Point out to all respondents the notes at the bottom of the Appointment Record. These tell respondents that we would like them not to eat, drink, smoke or take part in vigorous exercise for half an hour before their appointment, and ask them try to wear light clothing. Children under 16 are asked to wear something sleeveless if possible, as the nurse will be measuring their arm. Adults aged 16 or over are asked not to wear tight clothing, as the nurse will be measuring waist and hip. Light clothing makes it much easier to get accurate measurements.

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

Send the nurse the completed Nurse Record Form for a household as soon as you have finished work there (see Section 9.3). Do not wait until you have a few NRFs, send them immediately. Also if you send a batch of NRFs together (more than 3), split them between envelopes or make sure you weigh them because they become too heavy for standard postal rates and this delays delivery to the nurse. If you have set up nurse appointments before you have completed all interviewing in the household, telephone through the interim appointments. You should telephone the nurse regularly to tell her/him what (s)he should be expecting from you. This is especially important if you have made a nurse appointment for someone within the next day or two, to give the nurse time to prepare her work.

**1998 is the first year that nurses will be using CAPI to collect their data. This means that they will need to pick up addresses from the host machine in the same way that you do, and therefore that you must transmit your work daily as you complete it, even if you have not completed all your work at a household. See section 9.4 for instructions on transmitting information to the nurse.**

## 9.2 ACCOMPANYING THE NURSE

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

## 9.3 THE NURSE RECORD FORM (NRF)

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

This information is communicated via the Nurse Record Form (NRF). The Nurse Record Form (NRF) is the nurse's equivalent of your ARF, and is used for households where you have made an appointment for the nurse to visit.

It is your responsibility to prepare one of these for each **address/household** in your sample. Your sample pack contains a set of NRFs, together with a sheet of address labels for household no. 1.

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

### *Completing the NRF*

It is your responsibility to complete the sections on page 1 and 2 of the NRF. Pages 3 and 4 are for the nurse to complete. Enter your name/number and that of the nurse at the top of the first page. Enter the telephone number. If there is more than one household at the address, describe the location of the household covered by that NRF.

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

Pass onto the nurse any useful tips you can about how to find the address, if this is difficult, or any information of relevance about the residents (eg the occupant is a very nervous, elderly lady; the dog sounds vicious but is quite safe, etc). Because nurses are new to CAPI, it would also be helpful if you could pass on 'laptop tips', eg whether or not you were permitted to use the mains electricity, and where might be a good place to 'plug in', or inquisitive children/pets who might interfere with the machine.

### *Completing Part A*

1. Complete the **Interviewer Outcome Summary** box:

If you have arranged at least one appointment for the nurse, **ring code A**, and complete Part A. If there are no appointments, **ring code B** and forward the NRF to the nurse.

2. Enter the date on which you conducted the **household interview** at that household. (NB This is different to previous years - you used to enter the date of last interview at that household. This is because of nurses now using CAPI.)

3. Copy from ARF Question 9 the **total** number of persons in the household (whether eligible for nurse visit or not). If there are more than 10 adults in the household, enter the total number, not just the 10 who were selected for interview.
4. Complete the grids at Questions 4 and 5 on page 2. The Admin. block has a screen called *NRF*. This shows you exactly what to enter here. Complete the NRF from the screen as you go along, following the instructions. When you complete the Admin Block check your entries on the NRF. This tells you exactly what to enter into these grids.

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

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

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

For each person:

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

For each eligible child under 16 that you enter at Question 5:

- \* enter the Person Number of each "parent" (living in the household)
- \* for each "parent" ring code 1 if they are the natural or adoptive parent or code 2 if they are someone who has legal parental responsibility for the child (see Section 11.2). This again is given on screen *NRF*. That you enter this information correctly is **VITAL**. The nurse will use this information in obtaining consents to measure children and it is only these people who legally have the right to give consent.
- \* Remember that you need to enter these details even if the child has refused a nurse visit or was not interviewed, as it is possible that the situation might change such that a nurse visit may become possible.

Examples of completed pages 1 and 2 of the NRF are shown overleaf (not a very satisfactory household, but it has been filled in to show a variety of outcomes).

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

Read out the information about the respondent/s from the NRF, and give her/him the date of the household interview. The nurse has a form called the **Interim Appointment Record**, it is a copy of the page on the NRF with Q4 and 5 on. The nurse will fill in the respondent's information onto the Interim Appointment Record sheet, including the person number/s of the adult/s who claim legal parental responsibility for any children who are to be seen by the nurse. The nurse will use this until s/he receives the NRF from you. Always make sure you get the nurse to read back the **person number and name** to you so that you are both sure the information has been transferred correctly. The nurse will check the details on the NRF against the Interim Appointment Record when it arrives.

#### **9.4 TRANSMITTING INFORMATION TO THE NURSE**

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

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

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

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

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

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



THE HEALTH SURVEY FOR ENGLAND

On behalf of the Department of Health



P1727

THE HEALTH SURVEY FOR ENGLAND: 1998  
NURSE RECORD FORM (NRF)

SLOT NAME:	
RETURN NO:	
FINAL OUTCOME	

INTERVIEWER NAME: Pauline Fowler

No: 6033D2

NURSE NAME: Elizabeth Sykes

No: 6335N2

ADDRESS LABEL

IF HOUSEHOLD 2 OR 3, WRITE IN:  
ADDRESS:

POSTCODE:

SERIAL NO:

POINT ADD HH CK.L

HOUSEHOLD LOCATION DETAILS

*At the very end of the main road through village, on right hand side.*

TELEPHONE NUMBER

USEFUL TIPS

<b>1. INTERVIEWER OUTCOME SUMMARY</b> At least one nurse appointment made	(A)	<b>INTERVIEWER TO DO</b> Complete PART A below and on page 2	<b>NURSE TO DO</b> Complete PART B on pages 3-4
	B	Send NRF to Nurse	Return NRF to Office
No nurse appointment made			

**PART A: TO BE COMPLETED BY INTERVIEWER**

2. DATE HOUSEHOLD INTERVIEW CONDUCTED:

DAY	MONTH	YEAR
<input type="text"/> 1 <input type="text"/> 8	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 9 <input type="text"/> 8

3. TOTAL NUMBER OF PERSONS IN HOUSEHOLD:

NUMBER OF PERSONS 16+	<input type="text"/> 0 <input type="text"/> 3
NUMBER OF PERSONS 2 - 15	<input type="text"/> 0 <input type="text"/> 3
NUMBER OF INFANTS 0 - 1	<input type="text"/> 0 <input type="text"/> 0

4. COMPLETE GRID BELOW FOR ALL PERSONS AGED 16 OR OVER IN HOUSEHOLD

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTER-VIEW	APPOINTMENT DATE	APPOINTMENT TIME
01	Mr John Smith	① 2	40	1	2	③		
02	Mrs Mary Smith	1 ②	39	①	2	3	21 November	4 pm
03	Mrs Edna Jones	1 ②	66	①	2	3	21 November	4.30 pm
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN AGED 2-15 SELECTED FOR SURVEY

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW/ NO PARENT	APPOINTMENT DATE	APPOINTMENT TIME
04	Miss Ann Smith	1 ②	15	1	②	3		

Parent 1 PERSON NUMBER: 01 TYPE: Parent Legal Parental Responsibility ①  
 Parent 2 PERSON NUMBER: 02 TYPE: Parent Legal Parental Responsibility ①

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW/ NO PARENT	APPOINTMENT DATE	APPOINTMENT TIME
06	Miss Sarah Smith	1 ②	05	①	2	3	21 November	4 pm

Parent 1 PERSON NUMBER: 01 TYPE: Parent Legal Parental Responsibility ①  
 Parent 2 PERSON NUMBER: 02 TYPE: Parent Legal Parental Responsibility ①

<b>{PRIVATE }THE QUESTIONNAIRES</b>
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## 10. THE QUESTIONNAIRES: INTRODUCTION

The survey consists of two CAPI questionnaires:

- Household Questionnaire
- Individual Questionnaire (includes pen and paper self-completion questionnaires)

The Household Questionnaire must be completed before you carry out an individual interview. You cannot open an Individual Questionnaire until there is a **complete** Household Questionnaire. An Individual Questionnaire should be completed for each adult in the household and for sampled children. The CAPI program allows you to interview up to 4 persons concurrently in one session.

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

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

## 11. HOUSEHOLD QUESTIONNAIRE

This questionnaire consists mainly of a household grid. This grid establishes: (a) who lives in the household, (b) who are the parents of any children, and (c) the relationships of everyone to one another. The grid is followed by some questions about the household as a whole.

Wherever possible, complete the Household Questionnaire with the head of household or his/her spouse or partner. If neither is available, you can ask any responsible adult. It will be useful if other household members are present at the time so you can ensure you obtain correct dates of birth, etc.

If you are interviewing in a single-person household, you must complete the household questionnaire with the head of household. If that person is not capable of answering the questions, it is not permissible to collect the information by proxy from someone else, as it has been in previous years.

### 11.1 INTRODUCTORY QUESTIONS

#### *AdrCheck*

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



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

### *IntDate*

Whenever you are asked to enter a date, always enter the **month** in words (using the first 3 letters). For example **3 Jan 98**.

## **11.2 THE GRID**

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

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

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

Before you leave the grid, make sure that you are happy with the information in it. Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid. What to do if you do find errors later is described in section 11.5.

### *Person numbers*

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

### *Name*

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

### *Sex, DoB, AgeOf*

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

## ***Marital***

The aim is to obtain the legal marital status, irrespective of any *de facto* arrangement such as a couple living together (we will know about this from the household grid). The only qualification to this aim is that you should not probe the answer “separated”. Should a respondent query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is legal or not).

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

## ***Par1, Par2***

This question **must always** be read out. Do not make assumptions. This is a very important question as it helps us to establish the person, or people, who have legal responsibility for the child in the household. The nurse has to seek the consent of these people to measure the child - no one else has the right to give such consent. You will be passing this information to the nurse on the NRF. Make sure you complete these questions correctly.

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

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

## ***Relationships between household members***

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

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple is a same-sex couple. That is, the mother of a partner is coded as ‘mother-in-law’. For same-sex cohabiting couples, the mother of a partner should be coded as ‘other non-relative’.

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

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

- (i) to establish whether the "parent" is a parent (in the legal sense) or someone with legal parental responsibility. This information you will pass on to the nurse<sup>1</sup>
- (ii) to establish blood relationships between household members which are of interest when analysing the data on health conditions

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

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<sup>1</sup> As already noted in section 7.2 you may seek permission to interview children from either a parent or someone who can reasonably be considered to be acting *in loco parentis* on a permanent/long term basis.

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

### 11.3 THE REST OF THE HOUSEHOLD QUESTIONNAIRE

#### *HoHNum*

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

In a household containing only a couple (married or living together), and children under 16, the male partner (husband) is always the HoH.

In all situations where there are other relatives in the household, or where some of the household are unrelated you should ask:

*"In whose name is the house (flat) owned or rented?"*

Except that a husband (or male partner) always takes precedence, the person named in reply is the HoH.

Where more than one person has an equal claim to be HoH the following rules apply:

Male takes precedence over female  
Older takes precedence over younger

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

#### *Tenure1, JobAccom, LandLord, Furn1*

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

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

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

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

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

- Someone living in a 'granny flat' owned in someone else's name. (Code as rent-free, unless a formal rental arrangement exists.)
- Someone living in the property of a deceased partner which is held in trust. (Code as rent-free.)
- A divorced/separated person living in the house owned solely by her/his ex-partner who no longer lives there. (Code as rent-free if owned solely in the ex-partner's name; code as owner if house is owned in the name of both partners.)

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

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

*Unusual schemes/arrangements:*

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

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

At *LandLord*, the following rules apply:

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

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

### ***Bedrooms***

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

### ***PasSm, NumSm***

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

Note the question is about **most** days.

### ***Car, NumCars***

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

### ***SrcInc***

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

### ***JntInc***

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

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

If the respondent only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI note (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 head of household and spouse/partner.

### ***Occupation details of Head of Household***

Please note:

- if the HoH has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HoH's Individual questionnaire

- if another household member (eg. spouse) has answered the Household questionnaire and given the job details of the HoH, then the occupation details *will* be asked at the end of the HoH's Individual questionnaire

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

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

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

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

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

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

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

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

People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Youth Training and Training for Work (used to be called Employment Training or Employment Action).

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

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

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

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

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

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

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

If a respondent works from a central depot or office (eg a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work 'from home' have a base office or depot that they communicate with. It may even be true of some people who work 'at home' (eg telecommuter who retains a desk or some minimal presence in an office). If in doubt, accept the respondent's view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

### ***EndDisp***

This display screen tells you who is eligible for an individual interview. If there are more than two children aged 2-15, the program has automatically selected two of them for interview.

## **11.4 JOINT OR CONCURRENT INTERVIEWING**

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

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

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

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

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

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

- \* have a session which only collects information about children aged 2-12 (in which case the parent will be present answering the questions)
- \* have a session which includes a child (or children) aged 2-12 as long as one of the other members of the session is aged 18 or over

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

Be sensitive in your choice of people to be interviewed together. Make sure that everyone is happy with the situation. Remember cross-generational interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose some information about themselves in front of all or some household members.

## 11.5 ALLOCATING INDIVIDUALS TO SESSIONS

When you get to the end of the Household Questionnaire, you can either exit via admin, or allocate individuals to sessions. To do the latter, you should press <1> + <Enter> and put in the person numbers of the respondents you wish to interview in the first session (remember to press <Enter> between each person number). Remember that, if there are more than two children in the household, the computer will only offer you the choice of the two who have been selected for interview.

When you have allocated all the respondents you wish to allocate to a session (a maximum of four), enter '97' to signal to the computer that there are to be no more respondents in that session.

The next time you press <Ctrl> + <Enter>, you will see that the individual session will have become one of the options for you to select. As soon as you are ready to start interviewing on a individual session, you can highlight the session, press <Enter> and you will go straight into the session.

Once you have started the interview proper, you cannot go back and change the allocation of individuals to sessions for that session. (You **can** still change them at the time when you are asking *OwnDoB* and *OwnAge* - see below. So, if you should discover, say, that a child that you thought was aged 2, is actually under 2, you **can** go back and deselect him or her.)

To allocate individuals to a second or subsequent session, enter the Household Questionnaire (via Ctrl+Enter), press <End>, and follow the instructions on the screen.



## 11.6 ADDING AND DELETING HOUSEHOLD MEMBERS

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

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

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

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

- \* **Adding a household member:** Select code 2 'No - more people' at *SizeConf*. This takes you back to the last *More* question in the household grid. Change this from 'no' to 'yes', and continue by completing details of the person you wish to add to the grid.
- \* **Deleting a household member from the grid:** Select code 3 'No - fewer people' at *SizeConf*. This takes you to a new screen, which displays the people you have entered in the grid so far. You then select the person who you wish to delete from the grid.

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

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

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 (HoH or spouse).

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

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

## 12. INDIVIDUAL QUESTIONNAIRE

Once you have completed the Household Questionnaire, try to conduct an individual interview with all adults (aged 16+) and up to two children (aged 2-15)

These interviews should be conducted with the respondent in person, except for children aged 2-12. Questions for these children should be addressed to a parent, although the child should be present. If there is no parent in the household, they should be addressed to the person acting *in loco parentis*.

The rules for seeking permission to interview children are set out in Section 7.2.

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

- \* *they drop out before you complete the general health, CVD and physical activity modules* treat them as unproductive and give them the appropriate outcome code (a refusal normally)
- \* *they complete at least the general health, CVD and physical activity modules* code them as partially productive (outcome code 52).

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

### 12.1 THE STRUCTURE OF THE QUESTIONNAIRE

The individual questionnaire is divided into a number of modules, preceded by 'Jump to' questions:

<b>Jump to question</b>	<b>Module/block</b>
0	General health module
1	Cardiovascular disease (CVD)
2	Child physical activity
3	Adult physical activity
4	Eating habits
5	Smoking
6	Drinking
7	Employment classification
8	Other classification
9	Self-completion booklets
10	Measurements
11	Consents

### 12.2 INTRODUCTORY QUESTIONS

#### ***AdResp***

If the respondent is aged 2-12 you are asked to say which respondent will be answering on their behalf. This should be a parent or, if there is no parent in the household, the person who is acting *in loco parentis*.

## 12.3 GENERAL HEALTH MODULE

This section starts with a question asking for the date of birth, the following questions cover general health.

### *OwnDoB, OwnAge*

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

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

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

- i) if you obtained a DoB in the Household Grid, use this one and enter a note (<Ctrl> + <M>) to this effect.
- iii) if the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself.

If you get the wrong age at *OwnAge*, check that you have entered today's date correctly at the question called *IntDate*.

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

**ELIGIBILITY** to take part in an interview is determined by age at household grid. Even if a child aged one at household grid reaches age two by the time you come to individual interviews, **they are still outside the scope of survey and cannot be interviewed.**

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

### *IllsM, More, LimitAct*

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

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

### ***LastFort***

This is asked of everyone, and asks about any short-term health issues that affected people in the last two weeks.

### ***NDocTalk***

Include visits to the surgery, home visits and telephone consultations. Include talking to a doctor at a district health authority clinic (eg a family planning clinic), or talking to a doctor while abroad.

Exclude talking to a doctor at a hospital - hospital visits are covered later. Exclude contacts only with receptionists or nurses. Exclude social chats with a doctor who happens to be a friend or relative.

The contact could have been made on behalf of another adult household member (but note the instruction to exclude consultations made on behalf of those aged under 16, as these will be covered later). Consultations made on behalf of people outside the household should be excluded.

Those who did talk to a doctor in the preceding fortnight are asked a set of questions about each time they did so (up to a maximum of 9 consultations, in reverse chronological order).

### ***NOutPat, OutPatnt***

Include any visit to a hospital, if the respondent did not stay overnight, eg for psychiatric treatment or minor operations.

Include visits to private hospitals or clinics

Exclude doctors seen abroad, unless Forces doctors.

### ***DayPatnt, NHSPDays***

Day patients are defined as patients admitted to a hospital bed during the course of a day or to a day ward where a bed, couch or trolley is available for the patient's use. They are admitted with the intention of receiving care or treatment which can be completed in a few hours so that they do not require to remain in hospital overnight. If a patient who is admitted as a day patient then has to stay overnight, (s)he should be counted as an inpatient.

Dialysis patients should be included as day patients, if they are admitted only for the day and are not required to stay overnight.

At *NHSPDays*, if more than 97 days were spent as a day patient, enter '97' and put the actual number in a note.

### ***InPatnt, NStays, Nights***

An inpatient stay must be for a least one night.

Include stays in private hospitals or clinics, stays to have a baby, and dialysis patients required to stay in hospital overnight.

At *NStays*, the stay lasts from admission to discharge, so if a respondent was sent home for the weekend during a spell as an inpatient, this just counts as one spell.

At *Nights*, record the number of nights actually spent in hospital on each stay in the last 12 months. Include stays in private hospitals or clinics. If there were more than 6 stays, enter the most recent 6. If there were more than 97 nights, enter '97' and put the actual number in a note.

If a child is still in hospital and you are interviewing the parent about the child, code the number of nights spent in hospital so far.

## **12.4 CVD MODULE**

### **12.4.1 Chest pain**

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

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

Q "Do you get it when you walk uphill or in a hurry?"

A "Well maybe, but I can't really remember"

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

#### ***Chest***

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

#### ***Uphill***

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

#### ***WalkDo***

If the respondent says (s)he takes a tablet (eg GTN, nitroglycerin, trinitrin) or mouthspray (for the heart and not for the wheeze), code '1' (ie (s)he stops walking).

#### ***PainAway***

If the pain goes away after taking a tablet or mouthspray then code '1' (ie the pain goes away after stopping and taking medicines)

### ***ShowPain***

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

### ***SevPain***

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

### ***DocWhat***

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

### ***ECGEver***

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

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

## **12.4.2 Phlegm, breathlessness and wheezing**

These questions come from the ‘Respiratory Questionnaire’ which was designed by the Medical Research Council and is used throughout the world for detecting respiratory symptoms. Some respiratory symptoms are related to cardiovascular conditions.

### ***Flegm***

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

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

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

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

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

### ***SoBUp, SoBAg, SoLev***

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

## ***Wheeze***

If the respondent does not know what wheezing is, you may give a vocal demonstration. The wheezing must occur when breathing out to qualify as a 'yes'. Do not mention asthma.

### **12.4.3 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.

#### ***CVD1-PastYr7***

This set of questions records various heart conditions.

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

#### ***CVD6***

'Other heart trouble' must be described in detail, so that it can be coded later in the office by the survey doctor. In particular, the Department of Health 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.

#### ***DocTold2-7***

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

#### ***PastYr2-7***

Refers to the actual condition or event, not to after-effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.

#### ***OthTrt, OtherAdv, OthDi, OthMur***

Other treatment can include a wide variety of things. The most common seems to be going for regular check-ups, and changing diet. Keep the definition fairly wide, and if the respondent mentions anything that (s)he thinks is 'other treatment', note it down.

#### ***DocBP***

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

### ***PregBP, OthBP***

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

### ***StopMed***

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

#### **12.4.4 Use of services**

This section is to find out about the use of various health services, by those with CVD complaints. It is not designed to investigate need for services.

### ***BPMeas***

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

As part of GP contracts, patients should be offered the opportunity to have their blood pressure regularly checked. These questions find out whether people have been having such checks and what feedback they received.

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

### ***NormBP***

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

### ***CHMeas***

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

## **12.5 CHILD PHYSICAL ACTIVITY MODULE**

This set of questions was first introduced in 1997, and has been slightly modified in 1998. It aims to get a general picture of the child's level of physical activity.

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

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

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



### ***DWESp/DWEAct/DSitWE***

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

### ***WkSpor/WkActH/WkSitH***

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

## **12.6 ADULT PHYSICAL ACTIVITY MODULE**

There is an established association between high levels of habitual physical activity and a low incidence of coronary heart disease. Also, high blood pressure can be controlled to some extent by exercise.

These questions were adapted from the 'Allied Dunbar National Fitness Survey'.

The questions all relate to the four weeks prior to the interview, so you need to focus the respondent's attention on this. We are asking about the last four weeks, as the benefit to the heart is related to physical activity done over this period.

### ***Active***

This asks about physical activity in the respondent's job. If they have more than one job, ask them about their **main** job.

### ***Housework***

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

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

### ***Garden/ManWork***

Exclude any work done as part of a job eg as a gardener or builder.

Again there is a showcard with general building and maintenance tasks on it. Another showcard focuses on heavy manual work. It is the heavy work that we are interested in. Again we want to know the number of days in the last four weeks on which such work was done.

### ***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.

### ***Wlk15M***

We then ask about longer walks of at least 15 minutes. This can include most things - rambles, walking to work etc, but exclude:

- Walking as part of a sport (eg golf)
- Walking in the course of one's main job
- Shorter walks which together add up to 15 minutes
- Just being on your feet for 15 minutes

### ***HrsWlk/MinWlk***

Note that this question relates to the time usually spent walking EACH TIME the respondent did a walk (of at least 15 minutes).

If the amount of time spent walking varies greatly, probe for the most regular duration. For example, if a respondent does a 30-minute walk 3 times a week, but once in the last 4 weeks went on a 2 hour country walk, then enter the 30 minutes of the regular walk.

If the respondent has no regular pattern of walking, and all walks vary in length, probe for the average time spent walking.

### ***ActPhy***

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

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

### ***OthAct***

Include any other sports mentioned here, eg golf.

### ***ExcHrs/ExcMin***

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

### ***ExcSwt***

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

## 12.7 EATING HABITS MODULE

The eating habits module has been substantially changed in 1998, and is based on the Dietary Instrument for Nutrition Education (DINE) questionnaire, which was designed by the Imperial Cancer Research Fund's General Practice Research Group. It will allow us to allocate a 'fat score' to each respondent, and to assess fibre intake.

Diet is an important factor in cardiovascular disease. For instance, high fat intake can increase levels of cholesterol in the blood, which increases the chances of getting heart disease.

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

In many of the questions in this section we ask about what the respondent *usually* eats. By this we mean the type of food the respondent most often eats. If, for example, the respondent says that (s)he eats two types of bread, enter the one which (s)he eats most frequently.

### ***NBreadA***

The definition of 'bread' is wide - it includes rolls, pittas, bagels, naans, chapatis etc, as well as 'standard' bread.

In the analysis we are going to look at wholemeal bread, as this is particularly high in fibre. There may be confusion about different types of brown bread - not all brown bread (such as granary or wheatmeal) is wholemeal. So if the respondent says that (s)he eats brown bread, check if this is wholemeal brown bread or not. If the respondent is confident that it is wholemeal use code 3, if not, use code 2.

If the respondent eats another type of bread not mentioned, try to establish the type and code 1-3 as appropriate. For example, for naans, pittas, parathas, chapatis, etc, find out what kind of flour is used to make the bread and code 1-3 accordingly.

Generally, you should use code 4 only as a last resort. If you do use it, please specify in detail, to allow us to code it later.

### ***NSpread***

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

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

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

If the respondent cannot remember the type of product (s)he uses, or does not know why type it is, do NOT ask him/her to check unless (s)he offers to go and look at the container.

## ***Milk***

Here is a guide to milk in bottles:

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

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

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

## ***TabSalt***

This question is concerned solely with the addition of salt to food after it has been prepared. The use (or otherwise) of salt during cooking is not relevant.

## ***NCereal***

Ask this as an open question. For the purposes of the survey, we are interested in the type of grain from which the cereal is made. Coding Card B lists the most common types of cereal, and you should use this if it is not immediately obvious which code to use.

Please note that porridge counts as a breakfast cereal (code 2).

Use code 3 if the cereal has oat or wheat in its name, but is not on Coding Card B.

Note that 'bran' cereals are those with bran as the main ingredient. If the cereal has bran *and* oat/wheat in its name, we should assume that it has added bran rather than being bran-based, and should therefore code it as being an oat/wheat cereal.

## ***CerQua***

Some people eat breakfast cereal for meals or snacks other than breakfast, and these instances should be counted at this question.

## ***PstRcPot***

This is the first of a set of questions which asks how often the respondent eats 'a serving' of various types of food. The definition of 'a serving' should be left up to the respondent, but it carries the sense of the food being eaten at a single sitting. That is, if a person has two types of vegetables as part of a single meal, this counts as a single serving rather than two servings. If, however, the respondent has vegetables at two separate meals in a day, this would be two servings.

Exclude chips here - there is a separate question about them later.

### ***NBeans***

This question should include all types of pulses, ie baked beans, lentils, split peas, kidney beans, butter beans, chick peas and mung beans, as well as green beans such as broad beans, runner beans, French beans and string beans.

### ***NVeges***

Again, exclude chips.

### ***Cheese***

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

### ***RedMeat/WhitMeat***

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

### ***FriedFd***

The sense of this question is food which has been deep- or shallow-fried in fat or oil. This includes food which has been pre-fried and warmed up in the oven, eg shop-bought samosas or spring rolls.

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

### ***Fish***

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

### ***NCakes***

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

## **12.8 SMOKING MODULE**

Smoking is an important risk factor in cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns and disease. 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 or high blood pressure.

The questions are the same as previous years and this will also allow us to monitor over time whether smoking habits change.

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

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

### ***8-17 year olds***

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

### ***18/19 year olds***

If a respondent is 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 rather than the Adult Booklet. If you are interviewing an 18/19 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this respondent will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should continue with the interview if you have no reason to suppose that there is pressure on the 18/19 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.

### ***SmokEver***

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

### ***DlySmoke, WkndSmok, RolDly, RolWknd***

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

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

### ***CigType, CigBrand, Tar, TarEst***

This is a new set of questions for 1998, which attempts to assess the strength of the respondent's usual brand of cigarettes. If (s)he smokes more than one brand, take the one smoked most often.

You have been given a coding list which lists the most common cigarette brands, and from this list you should assign a three-digit code. It is ordered alphabetically by brand name, and alphabetically by type within brand name.

If you are unable to find a three-digit code which matches the respondent's usual brand, enter '997', and you will then be asked to enter the tar level of the usual brand. This is usually printed on the side of the packet, along with the nicotine content. Be careful not to confuse the two. Tar level is only ever given in whole numbers, whereas nicotine content can have a decimal point. Try to get the tar level from the packet if appropriate, and if this is not possible, code this at *TarEst*.

### *NumSmok*

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

### *PregRec*

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

### *FathSm, MothSm*

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

## **12.9 DRINKING MODULE**

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

### *8-17 year olds*

As with smoking, 8-17 year olds (and 18-19 year-olds at your discretion) are asked about drinking in their self-completion booklet which is presented near the end of the interview.

### *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, stout, cider or shandy is drunk in the last 12 months and then how much was drunk on a drinking day. These questions are repeated for each type of drink. Then, for each type of drink, you will also ask the respondent about their drinking in the previous seven days, which is new for 1998.

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

For the first time in 1998, we are asking respondents to answer separately about 'normal strength' beer/stout/cider, and 'strong' beer/stout/cider. 'Strong' has been defined as at least 6% alcohol by volume, and some examples are given as part of the question (eg Tennants Extra, Carlsberg Special Brew, Diamond White cider). Some respondents will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

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

that the amount they drink on any one day varies greatly, ask them to think of the amount they would drink most often.

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

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

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

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

For wine the answer is in glasses:

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

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.

For the first time in 1998, we are asking separately about 'alcopops', eg alcoholic lemonade. In previous years, you were instructed to include these under 'beer', but they now make up such a large section of the drinks market that we must treat them as a separate category.

### ***AlcOtA***

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

### ***WhichDay***

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

## **12.10 EMPLOYMENT CLASSIFICATION MODULE**

Code the first that applies.

Please note:

- if the HoH has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HoH's Individual questionnaire



- if another household member (eg. spouse) has answered the Household questionnaire and given the job details of the HoH, then the occupation details *will* be asked at the end of the HoH's Individual questionnaire

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

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

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

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

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

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

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

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

People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Youth Training and Training for Work (used to be called Employment Training or Employment Action).

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

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

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

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

## 12.11 OTHER CLASSIFICATION QUESTIONS

### *Qual, QualA, OthQual, QualB*

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

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

### *NEthnic*

We need to know what ethnic group the respondent thinks (s)he is in. Never attempt any judgement of your own, even if the respondent refuses or is unable to answer the question.

### *ConsMaB/ConsPaB*

Note that the question asks if the parent *died* as a result of any of these conditions, not if (s)he suffered from any of them. If the parent suffered from one or more of them but the cause of death was something different, then code 'none of the above'.

This is a single-code question, since it is not possible to die from more than one of these conditions. If the respondent is not sure which of these conditions was the cause of death, code 'don't know', and explain in a note.

## 12.12 PRESENTATION OF SELF-COMPLETION BOOKLETS

The self-completion booklets are as follows:

Title	Age group	Colour	Contents
Adult	18+	White	Drinking experiences, Weight, General health, Contraceptive pill use, Reproductive history, Hormone Replacement Therapy

Young Adult	16-17	Blue	Smoking, Drinking, Drinking experiences, Weight, General health, Contraceptive pill use, Reproductive history
13-15	13-15	Green	Smoking (shorter version), Drinking (shorter version), Activities, Weight, General health
8-12	8-12	Pink	Smoking (shorter version), Drinking (shorter version), Weight, Bicycle helmets

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 *ScIntro/SCIntCh*.

Explain how to complete the booklet.

**Please note that we need the self-completion booklets to be completed in black ink. This is because we will be using a scanning machine to compile the data, and the machine can only read black ink. Make sure you have a black pen to lend to the respondent.**

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

**SComp5A:** Code who was present in the room while the booklet was completed. Remember to INCLUDE yourself.

### ***General Points re Self-Completions***

- \* Encourage respondents to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- \* Encourage respondents to answer all the questions.
- \* Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.

### ***Smoking and drinking***

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. As explained earlier, this Young Adult booklet should also be given to 18/19 year olds if you feel better quality information would be collected by so doing. 13-15 and 8-12 year olds have simplified smoking and drinking sections.

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

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

**Adult self-completion** - if the respondent does not drink alcohol, or drinks less than once or twice a year, CAPI will instruct you to cross out the Drinking Experiences questions before handing over the booklet. Explain to the respondent that the first page of questions is not relevant to them.

### 12.13 MEASUREMENTS

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

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

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at *RelHiteB* and *RelWaitB*. Examples of people who should **not** be measured are:

- \* Chairbound respondents.
- \* If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.
- \* If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- \* Pregnant women are not eligible for weight as this is clearly affected by their condition.
- \* For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights, and the computer will calculate the child's weight.

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

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

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

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

### ***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.

### ***Birthweight***

The natural mother of each child selected for the survey is asked for the child's birthweight, even if that child is not included in the current session. If the birthweight is lower than 2.5kg, she is asked whether or not the child was born prematurely. If so, she is also asked how many weeks early the child was born. Accept an estimate if she is unsure, but say so in a note.

### ***Measurement Record Card***

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

## **12.14 THE NATIONAL HEALTH SERVICE CENTRAL REGISTER**

The National Health Service has a central register, and we would like to flag the names of respondents on this. As the survey is planned to continue for many years, it will be useful to be able to follow up what happens to respondents in the future. For example, looking ahead into the future, we can be informed when a respondent dies and of the cause of their death. This information, linked to the information obtained in the survey, could be extremely helpful to future medical researchers.

However, as this may seem off-putting to the respondent we have worded the question about flagging on the NHS register in a more general way. If the respondent refuses permission, please say why they did so.

It is important to understand that the only information that SCPR/UCL give to the NHS Register is the respondent's full name, date of birth and address, and the fact that (s)he has taken part in the survey. No other information is given, not even the serial number used by the interviewer. A totally different case number is allocated to ensure anonymity.

When the respondent dies, the NHS Register provides the Health Survey team with a replica of the respondent's Death Certificate (something that is publicly available). The information on the Death Certificate is then attached to the data file.

The NHS Register also receives information about certain diseases, notably cancer. It is possible that we will request that information in the future. The procedure would be identical to that outlined above. We will not be able to do this until we have the permission of the British Medical Council, who are primarily concerned with data confidentiality and other ethical issues.

### ***FstNm***

The NHS central register sometimes has trouble locating the records of HSE respondents because in previous years we recorded only their title, initials and surname on the computer. This question has been added in 1998 to allow us to record the first name also.

If you spelled the name incorrectly in the household grid, you should ensure that the spelling is correct here. A mis-spelling could result in our being unable to find the respondent's records on the central register.

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

## **12.15 THE ADMIN BLOCK**

You must never exit the questionnaire without first selecting 'Admin' on the parallel blocks screen. The program will allow you to exit without doing this, so it is up to you to remember to do it. If you do not do it, we will not be able to properly assess the time you spend interviewing, doing admin etc, which means that it will be more difficult to assess the appropriateness of pay levels.

You only need to complete the first few questions (up to and including *Choice*), unless you have completed all work for that household and are preparing to transmit. Once you have done this, you can press <Ctrl+Enter> and press 'X' to exit.

### ***Telephone number***

Type in the respondent's telephone number at *AskNum*. You should also write the number on the ARF - you will need it to write on the NRF. Once you have confirmed that the number is correct at *ConfNum*, the number will be hidden to preserve confidentiality.

If the number you type in does not start with a '0', you will get a check to say that the dialling code has not been entered. If you are unable to give the dialling code, you can suppress the warning, but try to enter it if you can.

### ***AdmNote***

This question allows you to make notes that will appear on the Address menu.

### ***InSess***

Enter a code to indicate what you were doing this time you opened the questionnaire. Code the highest on the list if more than one applies. This information will be used for calculating interview lengths.

### ***Choice***

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

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

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

**fully productive**            you complete the ARF and NRF.

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

**fully unproductive**      you enter the outcome code for the household and complete the ARF  
**NOFHH**

Copy this from the ARF.

***TNC***

Copy this from the ARF.

***AdrConf***

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

***IOut***

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

***PrOut***

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

***Letter***

Copy this from the ARF.

***NOfAd, NOfCh, NOfInf***

Record at these questions the **total** number of adults, children and infants in the household (ie not just the ones selected for interview).

***NRF***

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

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

***NoNurse***

If there is no work for the nurse to do at this household, you will be instructed to ring code B at the Interviewer Outcome Summary on the NRF.

***AskName***

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

***ConfName***

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

***Ttl/OthTitle/Initl/Surname***

For all productive individuals in the household, enter the title, full initials and surname, from ARF Q.14a. This information will be used for generating GP and Respondent letters, and for any flagging on the NHS Central Register. Please be sure to type names correctly. Initials should be entered in capitals; surname should have a leading capital.

### ***ConfGrid***

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

### ***AreaType to EthMix***

Copy this from the ARF.

### ***NIOut***

*NIOut* allows you to check that you have completed Q12 of the ARF correctly.

### ***IntDone***

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



### 13. RETURNING WORK TO THE OFFICE

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

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

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

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

Before returning work:

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

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

Return work in two separate envelopes:

- \* ARFs
- \* Self-completions (to be posted at same time as the ARF)

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

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

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

- \* Make sure that you have taken a Backup of your most recent work.
- \* Do your last Return-of-work via modem, by selecting 'T' for 'Transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.
- \* Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the **Backup disk** for the last time.
- \* Return to Brentwood in **two** separate envelopes, posted at the same time:

(a) - the last batch of ARFs

- (b) - the last batch of Self-Completion Questionnaires
- back-up disk

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

## **14. ANY PROBLEMS**

If you have any problems with the survey itself, or with the questionnaires, contact any of the research team at SCPR (xxxxxx) on 0171 250 1866. If you have a problem with your equipment or supplies, talk to your Area Manager or contact xxxxxxxxxx in Brentwood on 01277 200600.

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

## APPENDIX A

### PROTOCOL FOR TAKING HEIGHT MEASUREMENT

#### A. THE EQUIPMENT

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

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

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

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

#### The rods

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

#### The base plate

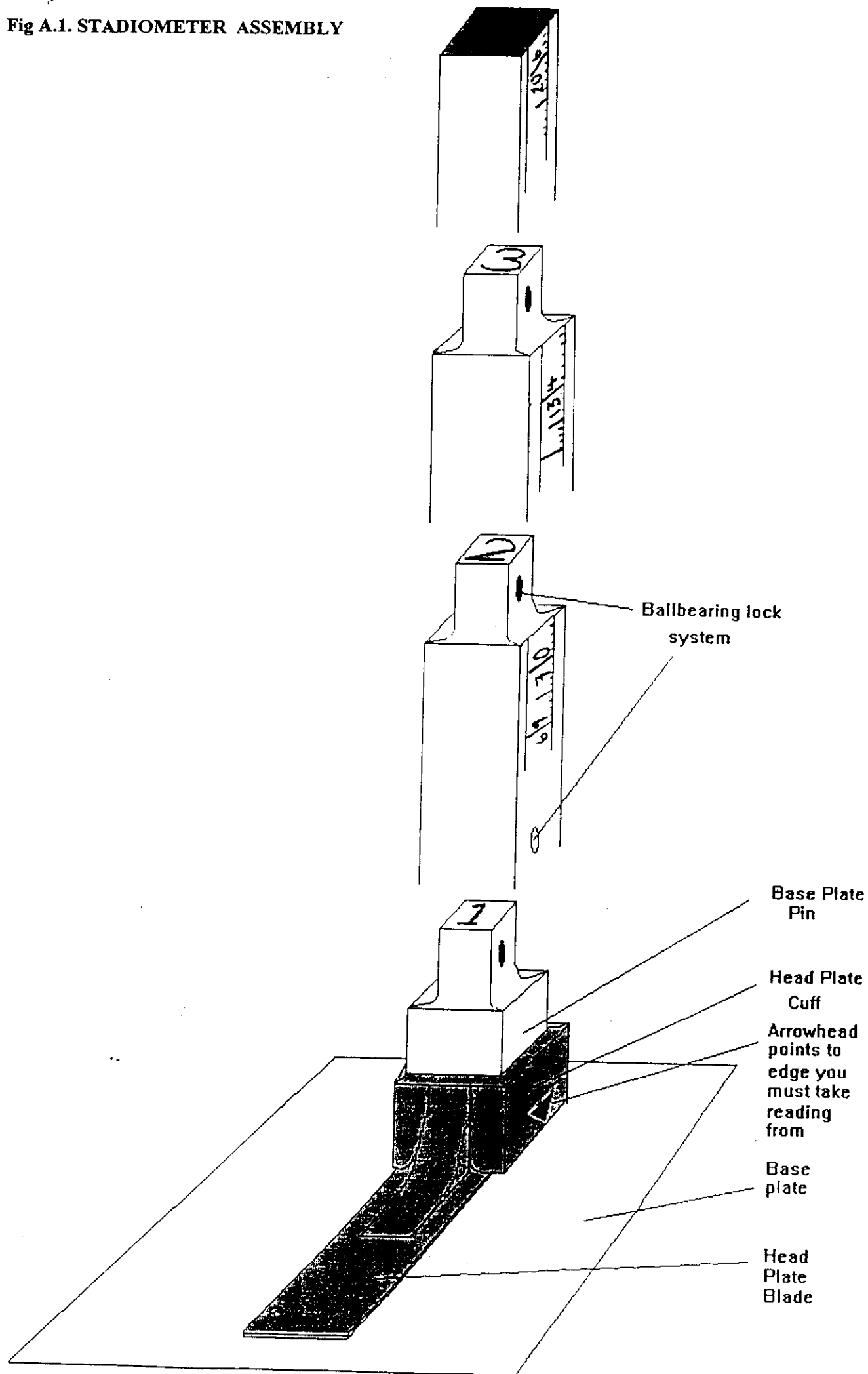
Be careful not damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

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

#### The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive

Fig A.1. STADIOMETER ASSEMBLY



pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

### **Assembling the stadiometer**

See figure A.1.

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

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

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

### **Dismantling the stadiometer**

Follow these rules:-

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

## **B. THE PROTOCOL - ADULTS (16+)**

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.
2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (ie parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram).

This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, ie the top back half.

To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.
6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.
7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123.4, at the question "Height." You may at this time record the respondent's height onto their Measurement Record Card and at the question "MbookHt" you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At RelHiteB you will be asked to code whether the measurement you obtained was reliable or unreliable.
8. Height must be recorded in centimetres and millimetres, eg 176.5 cms. If a measurement falls between two **millimetres**, it should be recorded to the **nearest even millimetre**. Eg, if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

### **C. THE PROTOCOL - CHILDREN (2-15)**

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

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

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

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in you hands, placing the heels of your palms either side of the chin. Your fingers should come to rest just under the ears. (See diagram).
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check that you have entered the child's height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.
11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

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

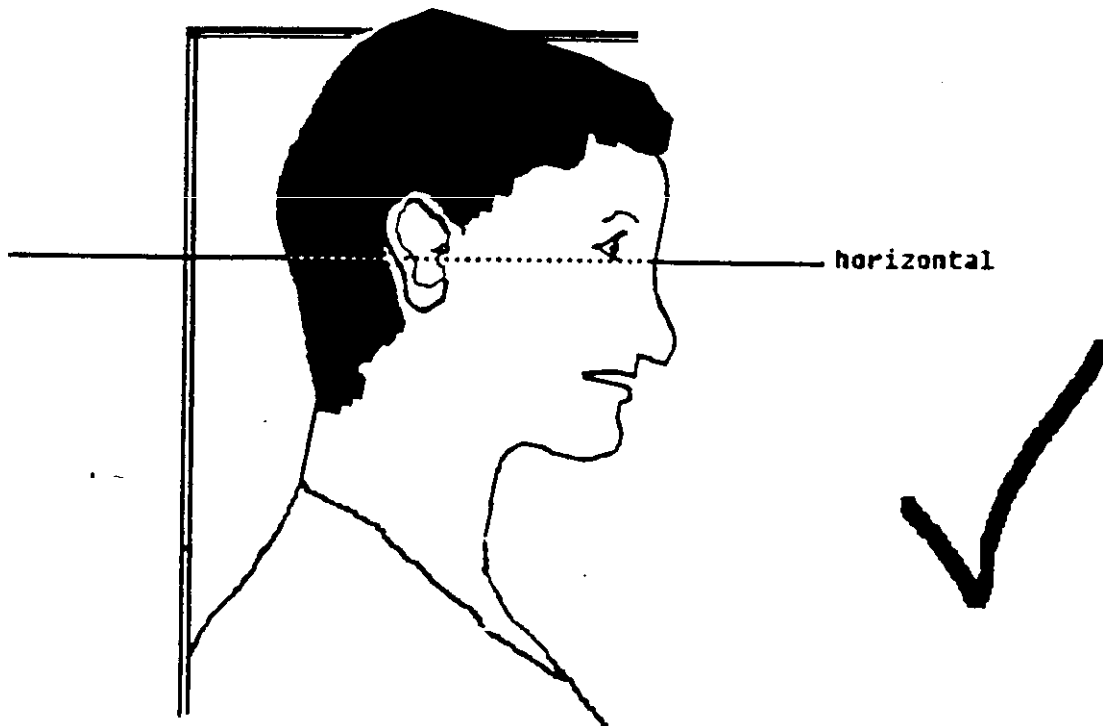
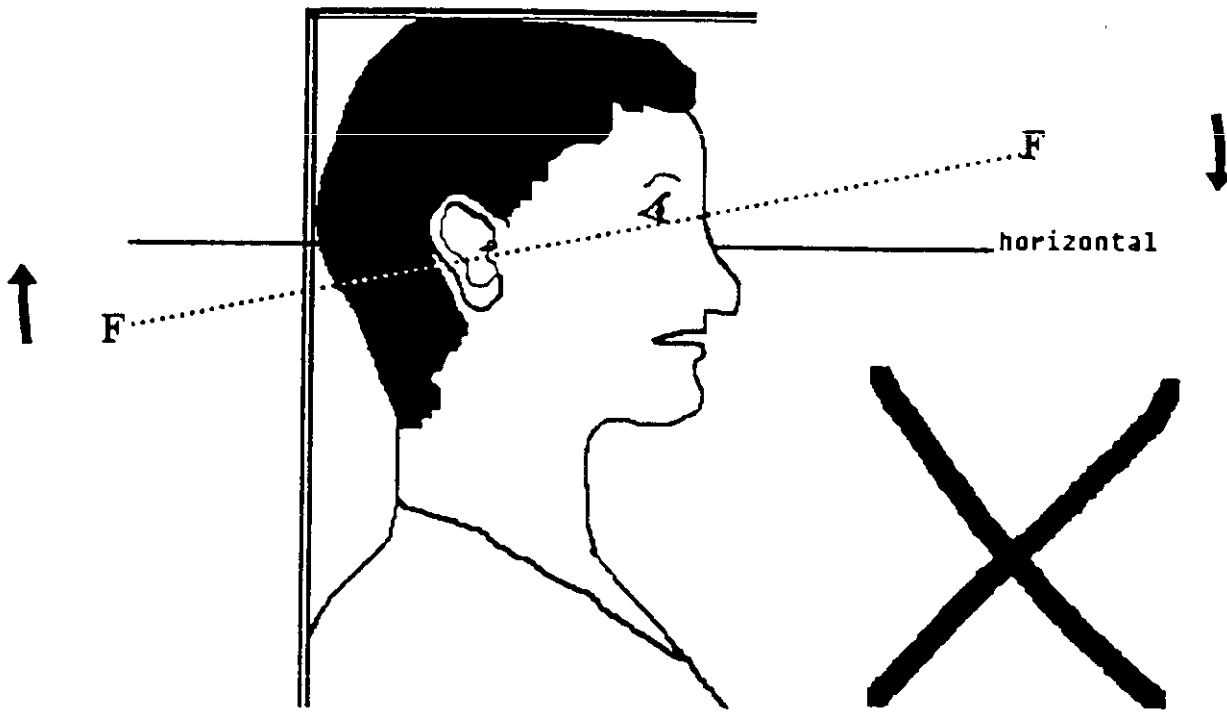
At HtResp you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (ResNH<sub>i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

**E. ADDITIONAL POINTS - ALL RESPONDENTS**

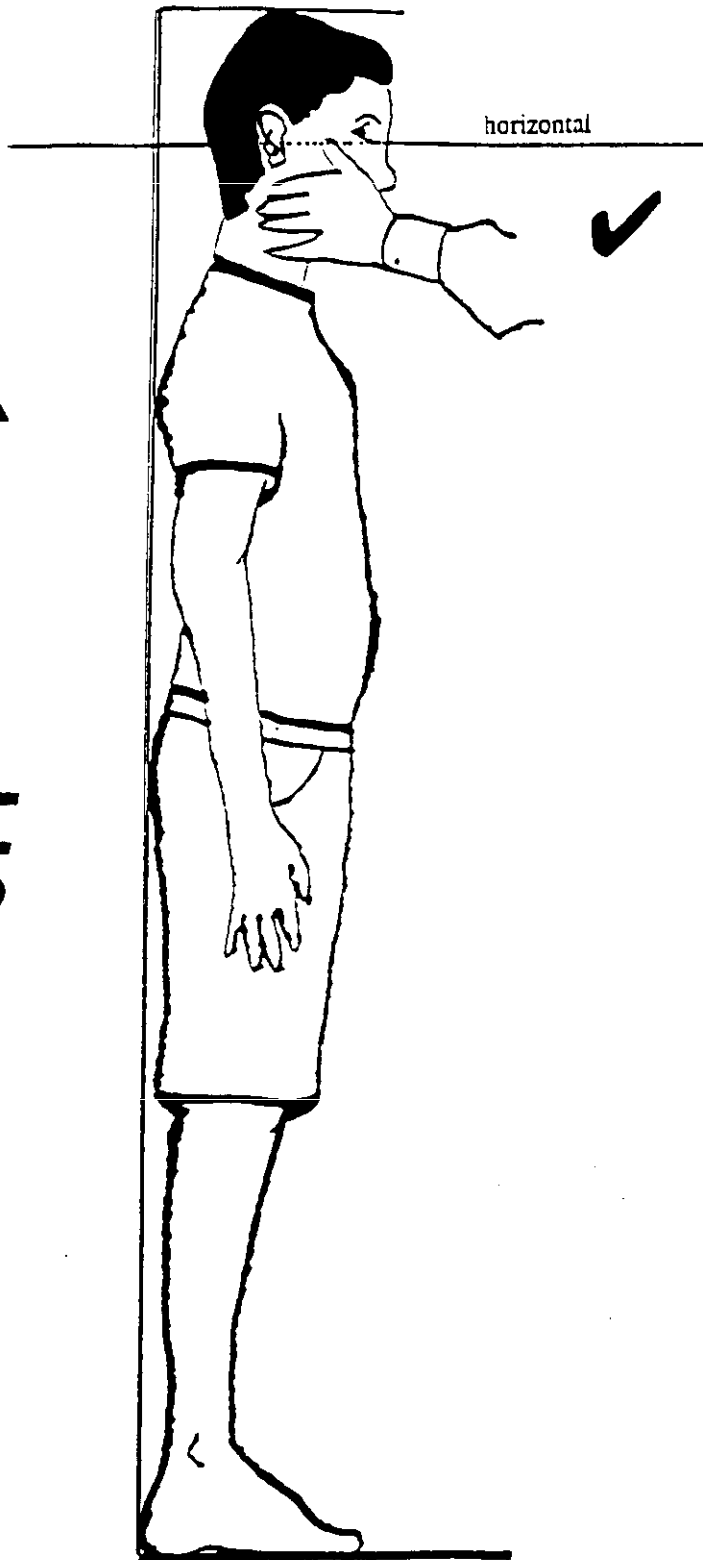
1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (eg those with protruding bottoms) then give priority to standing upright.
2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question "RelHiteB." If it is a hairstyle that can be altered, eg a bun, if possible ask the respondent to change/undo it.
3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.



# FRANKFORT PLANE CARD



## MEASURING CHILDREN'S HEIGHT



① MAKE SURE  
HEAD  
IN  
FRANKFORT  
PLANE

② APPLY GENTLE  
UPWARD  
PRESSURE

## APPENDIX B

### PROTOCOL FOR TAKING WEIGHT MEASUREMENT

#### A. THE EQUIPMENT

The scales come in two different versions. Both work in exactly the same way, but one has a "remote display" (ie the weight reading is shown on a separate handset), while the other shows the weight reading on the scales in the normal way.

The Soehnle scales are turned on by pressing the top of the scale (eg with your foot). There is no switch to turn the scales off, they turn off automatically.

**When you are storing the scales, or sending them through the post, please make sure that you remove the battery - to stop the scales turning themselves on.**

#### *Batteries*

The scales take 1 x 9v rectangular MN1604 6LR61 batteries. It should not be necessary to have to replace the batteries, but if the display indicates .7.2.5, or another series of numbers separated by decimal points, it is indicating low output. Always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. This type of battery is commonly available.

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

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

### ***IMPORTANT WARNING***

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

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

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

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

### **B. THE PROTOCOL**

1. Turn the display on by pressing firmly with your hand or foot on the top of the scales (the scales will turn themselves off after a short while). The readout should display 888.8 momentarily as a check for the operation - if this is not displayed check the batteries, if this is not the cause you may need to report the problem to SCPR. While the scales read 888.8 do not attempt to weigh anyone.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.
3. Turn the scales on with your foot again. Wait for a display of 0.0 before the respondent stands on the scales.
4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at

their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

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

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

#### **WARNING**

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

#### **Additional Points**

If you are using one of the scales that has the read out on a handset, it is possible that skirts, coats and legs can obstruct the beam between the receiver and the transmitter and prevent a reading. Try to ensure that the respondent and their clothing are positioned so as to avoid this.

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

#### **Weighing Children**

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

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

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue." If small children find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

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

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

**Weight refused, not attempted or attempted but not obtained**

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

## APPENDIX C: PRACTICE INTERVIEW CHECK-LETTERS

The following check-letters will be needed to access the HSE98 practice interviews.

Address no.	Check letter
01	P
02	A
03	L
04	X
05	H
06	T
07	E
08	Q
09	B
10	M
11	Y
12	J
13	V
14	F
15	R
16	C
17	N
18	Z
19	K

**Extra households at an address** are given the next check letter in alphabetical sequence (remembering that i, o, and u are not used). So for address 10, the checkletter for Household 1 is M, the checkletter for household 2 will be N and for Household 3 will be P.

If you want to do more practice interviews, open second and third household questionnaires for any of the practice serial numbers.

P1727

**THE HEALTH SURVEY FOR ENGLAND: 1998**

**NURSE INSTRUCTIONS**



## CONTENTS

1.	Background and aims	p4
2.	The survey	p5
3.	Something about SCPR and UCL	p6
4.	The SCPR/UCL team	
	4.1 The research team	p6
	4.2 The Survey Doctor	p6
	4.3 The fieldwork team	p6
5.	Summary of survey design	
	5.1 The sample	p7
	5.2 The interviewer visit	p7
	5.3 The nurse visit	p7
	5.4 Summary of data collected	p8
6.	Survey materials	p9
7.	Notifying the Police	p9
8.	Liaising with your interviewer partner	p9
9.	What the interviewer has told respondents about your visit	p10
10.	Achieving a high response rate	
	10.1 The importance of a high response rate	p12
	10.2 "You won't want to test <u>me</u> ..."	p12
	10.3 Health is interesting and important	p12
	10.4 Respondents are not patients	p12
11.	What to do on initial contact	
	11.1 Keep your introduction short	p12
	11.2 Being persuasive	p14
	11.3 Broken appointments	p14
	11.4 The number of calls you must make	p14
12.	Introducing your measurement task	
	12.1 The introduction	p16
	12.2 The Stage 2 Leaflet	p16
13.	Your sample	
	13.1 The sample design	p16
	13.2 Serial numbers	p17
	13.3 Nurse Sample Sheet (NSS)	p18
	13.4 Nurse Record Form (NRF)	p18
	13.5 Interim Appointment Record Form	p19
14.	Obtaining consent to measure and take blood from minors	p23
15.	Carrying out the interview	
	15.1 Who to interview	p23
	15.2 Interviewing children	p23
	15.3 Interview documents	p23

15.4	General tips on how to use the documents/computer program	p24
15.5	Preparing the documents/computer	p24
15.6	Thank you presents for children and young people	p25
16.	The Consent Booklet	p25
17.	The Nurse Schedule	
17.1	Organising the interview	p26
17.2	Nurse Schedule	
17.2.1	Getting into the schedule	p27
17.2.2	Household information	p28
17.2.3	Individual information	p29
	<i>Prescribed medicines</i>	p30
	<i>Vitamins/dietary supplements</i>	p31
	<i>Smoking/nicotine replacement products</i>	p31
	<i>Mid-Upper Arm Circumference</i>	p31
	<i>Air Temperature</i>	p32
	<i>Blood Pressure</i>	p32
	<i>Demi-Span</i>	p34
	<i>Waist/Hip</i>	p35
	<i>Blood sample</i>	p35
	<i>Saliva sample</i>	p37
17.3	Finishing the interview	p37
17.4	The admin block	p38
17.5	Parallel blocks	p38
17.6	Saving work	p39
18.	Completing the NRF and returning work	
18.1	Recording the outcome of your attempts to interview and measure	p39
18.2	Returning work to the office	p40
19.	Contact names	p41

## THE PROTOCOLS

20.	Mid-upper arm circumference	p42
21.	Ambient air temperature	p44
22.	Blood pressure and heart rate	p45
23.	Demi-span	p51
24.	Waist and hip circumferences	p54
25.	Saliva sample	p57
26.	Blood sample	p59
27.	Sending blood and saliva samples to the laboratory	p62

## 1. BACKGROUND AND AIMS

"The Health Survey for England" is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

In 1992 the Government published a White Paper entitled "The Health of the Nation", which identified key areas for action (coronary heart disease and stroke, cancer, mental illness, HIV/AIDS, and accidents). The White Paper set out a number of targets to be achieved by the year 2000, or in some cases over a longer period. The government's overall aim in setting these targets is to reduce the number of premature deaths and to improve the quality of people's lives.

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

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

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

But good information is vital for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, one of the key recommendations of "The Health of the Nation" was that a major health survey should be carried out, on a continuous basis, to monitor the country's state of health, so that trends over time could be noted and appropriate policies planned.

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

In summary, the survey aims to:

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor progress towards a number of health targets
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

## 2. THE SURVEY

The Health Survey for England is currently being carried out by Social and Community Planning Research (SCPR) and the Department of Epidemiology and Public Health at University College London (UCL) through their Joint Health Surveys Unit.

It is a large survey with fieldwork carried out continuously throughout the year. In 1995 children aged two and over were introduced into the survey for the first time, and were included again in 1996. The 1997 survey sample boosted the number of children in the sample, but the 1998 sample design has reverted to that used in 1996, with the aim of interviewing 17,000 adults and 4,000 children.

The introduction of children in 1995 was an exciting new step. Health in childhood is increasingly recognised as being an important factor in health in later life. The survey will provide information on a group for which there has previously been relatively little information. Valuable information on the health of the family will also be obtained.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 1998 the major focus of the survey will be on cardiovascular disease (CVD). Topics include: experience of CVD symptoms, physical activity, drinking, smoking and general health.

Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in this country. Even when it does not kill, it brings ill-health and disability to thousands of people every year. According to the Office of National Statistics' mortality statistics, coronary heart disease alone caused almost a third of all deaths in this country in 1994, while strokes were responsible for around one death in ten.

Cardiovascular disease is therefore an issue of great importance. It is also an issue that lends itself well to a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

The last time the Health Survey focused on CVD was in 1994. Updating the information in 1998 will allow us to:

- see whether the proportion of adults in England who have particular cardiovascular conditions has increased or decreased
- see whether the prevalence of certain risk factors associated with CVD has increased or decreased, and look at the extent to which combinations of risk factors are found
- examine the variation in risk factors between population sub-groups, and see how this has changed

This will help to:

- inform policy on preventative and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets relating to CVD set in the "Health of the Nation". These targets relate to blood pressure and obesity.

Information about the survey, its objectives and design have been circulated to all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research.

Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.

### **3. SOMETHING ABOUT SCPR AND UCL**

In 1993 SCPR and the UCL Department of Epidemiology and Public Health set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

Social & Community Planning Research (SCPR) is one of Britain's leading social research institutes. It was founded in 1969 as an independent, non-profit making institute specialising in social surveys. Some of SCPR's work is initiated by the institute itself and grant-funded by research councils or foundations. Other work is initiated by government departments, local authorities or quasi-government organisations to collect and interpret information on aspects of social, health and economic policy. SCPR has its own research, interviewing, coding and computing resources.

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

In working on this survey, you are acting as a representative of both these organisations. Both organisations attach great importance to high quality work. We are therefore relying on you to ensure that you have fully mastered the task expected of you before starting work.

### **4. THE SCPR/UCL TEAM**

#### **4.1 The Research Team**

The members of the research team for the Health Survey for England: 1998 are:

#### **4.2 The Survey Doctor**

Dr. xxxxx of UCL is the "Survey Doctor". Dr. xxxxx is responsible for providing nurses with medical support and for liaising with GPs in respect of measurement or blood sample abnormalities which are detected as a result of this survey.

#### **4.3 The Fieldwork Team**

Each nurse will be supported in her/his area by a local fieldwork team consisting of the Area Manager, a nurse supervisor and an interviewer supervisor. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will from time to time accompany you in the field. Your interviewer supervisor is there to help you obtain high levels of co-operation from members of the public. This supervisor will also accompany you in the field from time to time. The supervisors are there to help you do your job to the best of your ability - please consult them whenever you feel you need help. The names of your supervisors are listed in the separate Project Administration notes.

Section 19 gives a list of names and telephone numbers of others to contact if you have problems.

## **5. SUMMARY OF SURVEY DESIGN**

### **5.1 The Sample**

The Health Survey for England is a survey of people living in private residential accommodation in England. The sample - around 13,700 addresses - has been selected from the Postcode Address File.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (19 addresses) will work together as a team.

An advance letter is sent to each address explaining briefly the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

All people aged 16+ and up to two children aged 2-15 at an address are to be interviewed. Some addresses will contain more than one household. Interviewers carry out interviews at all households at an address (unless there are more than three, in which case three are selected at random for the survey). Fuller details of the sample and associated documents are given in Section 13.

### **5.2 The Interviewer Visit**

For each household there is a short CAPI **Household Questionnaire** which establishes who is resident in the household and collects some basic facts about them and the household. For each household member aged 16 or over and up to two children aged 2-15 there is an **Individual Questionnaire**, which includes a short self-completion section.

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

At the end of the interview, the second stage of the survey is introduced and the interviewer arranges an appointment for the nurse to visit a few days later.

### **5.3 The Nurse Visit**

The second stage of the survey is carried out by a qualified nurse. For the first time in 1998, nurses will also be using Computer-Aided Personal Interviewing (CAPI).

The nurse calls on the respondents in their homes in order to ask a few questions about any prescribed medicines that are being taken and to carry out more measurements: arm circumference (for children under 16), waist and hip measurements (for those aged 16+), blood pressure (for those aged 5+), and demi-span (age 65 upwards). All respondents aged 4 and over are asked to provide a saliva sample. If the respondent wishes to be given the results of these measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 18+ will be asked to provide a small blood sample (normally 15ml), subject to their written consent. The blood and saliva samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle-upon-Tyne for analysis. Details of these analyses are given later in Section 5.4.

With the respondent's permission, blood pressure and the results of the blood tests will be sent to his/her GP. This information will also be given to the respondent, if (s)he so wishes.

## 5.4 Summary of data collected

The majority of information to be collected in 1998 is obtained about all those eligible for the survey (aged 2 or over). Some items of information are however limited to particular age groups. The table below summarises the data to be collected.

<b>{ QUESTIONNAIRE ITEMS</b>	<b>RESPONDENT</b>
Household information	Head of Household/spouse
General health	All ages
CVD	16 years upwards
Physical activity	All ages
Eating habits	16 years upwards
Smoking and drinking	8 years upwards
Employment status, educational background	All ages
General Health in Self-completion questions	13 years upwards
Details of prescribed drugs	All ages
<b>MEASUREMENTS</b>	
Height, weight	All ages
Arm circumference	2-15 years
Blood pressure	5 years upwards
Waist and hip circumferences	16 years upwards
Demi-span	65 years upwards
Saliva sample	4 years upwards
Blood sample	18 years upwards
<b>BLOOD ANALYTES</b>	
Haemoglobin	18 years upwards
Total cholesterol	18 years upwards
HDL cholesterol	18 years upwards
C-reactive protein	18 years upwards
Fibrinogen	18 years upwards
Ferritin	18 years upwards
<b>SALIVA ANALYTE</b>	
Cotinine	4 years upwards

## 6. SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

Nurse Identity Card  
Nurse Sample Sheet  
Nurse Record Forms (NRFs) (they will be sent to you by your interviewer partner)  
Consent Booklets  
Sets of labels for blood and saliva sample tubes  
Drug coding booklet  
Appointment Diary  
Interim Appointment Record Form  
Information Leaflets (Stage 2)  
Measurement Record Cards  
Nurse Appointment Record Card  
Broken Appointment Card  
Presents for children (pens and sticker booklets)

### Equipment

Pilot Bag checklist  
British National Formulary (BNF), September 1997 version  
Dinamap 8100  
Demi-span tape  
Short paper tape (for arm circumference)  
Skin marker pen  
Thermometer and probe  
Vacutainer equipment (for blood sample)  
Other blood sample equipment - see Protocol for taking blood in section 26.  
Saliva collection materials - plain 5ml tube and wide bore straw, and dental rolls.

The equipment is described in more detail later in the sections on the measurement protocols.

## 7. NOTIFYING THE POLICE

The interviewer with whom you will be working will notify the police about the survey and inform them that the two of you will be working in the area. Your interviewer partner will need to collect some details about your car so that (s)he can fill in the necessary details on the letter to be left with the police.

You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey worker before agreeing to see you.

## 8. LIAISING WITH YOUR INTERVIEWER PARTNER

You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. Wherever possible, we will arrange for you and your interviewer partner to attend the same briefing/training day. If this is not possible, you should arrange to **meet up** before you start work. The interviewer has been told to make contact with you to set this up. Contact your Area Manager if you do not know who your interviewer partner is.



The formal lines of communication between you and your interviewer are described in the next section. The informal lines are equally important. It has been stressed that an important part of the interviewer's job is to keep you fully informed about the outcomes of his/her attempts to interview people. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

You and your interviewer have both been given an **Appointment Diary** covering the relevant survey period. You should go through this together before you start work. Let the interviewer know the days and times on which you are available for appointments to see respondents. Make sure you keep a careful note of the times you give her/him. You will need to liaise frequently in order to update this information. **Never** put the interviewer in the situation where (s)he makes an appointment for you in good faith, only to discover you have a prior commitment. If you are working on HSE for the first time you must contact your nurse supervisor before agreeing early dates of the month with your interviewer partner because your supervisor will be assisting you on your first visit.

Give the interviewer as much flexibility as possible for making appointments. People lead very busy lives nowadays. They are doing something to help us and may not give it the greatest priority.

The interviewer will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work.

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. (S)he has been told to allow 30 minutes for you to see each person aged 8+ and 15 minutes for each 2-7 year-old, plus 15 minutes per household for sorting out equipment etc. (S)he has also been reminded that you need time to travel between addresses.

Information about each household and details of these for when appointments have been made will be passed to you by the interviewer by telephone and on a Nurse Record Form (see section 13). The interviewer has been asked to give you good warning of all appointments made for you.. Use the Interim Appointment Record Form to help you collect, over the telephone, all the information you need.

Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days' notice, tell the interviewer so that she/he can phone through other appointments too.

## **9. WHAT THE INTERVIEWER HAS TOLD RESPONDENTS ABOUT YOUR VISIT**

The interviewer introduces your visit at the end of the interview by reading out the following:

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

The box below shows the general points given to interviewers to help them answer questions about your visit.

*{PRIVATE }Information you may need to know if the respondent asks you questions about the nurse visit*

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey
- if the respondent wants, they will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 18+ only). If they like, this information will also be sent to their GP.
- they are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if they do not want to help with a particular one. The nurse has to obtain **written** permission from a respondent before a blood sample can be taken
- the amount of blood (15ml) the nurse will take is tiny compared to the pint that blood donors give.
- we will not be testing for HIV, or any other viruses
- the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
- over 35,000 people have already given blood samples on this survey
- their local medical ethics committee has been consulted and has given their approval to the survey

If a person is reluctant, the interviewer is asked to stress the point that all they wish to do is to make an appointment for you to go and explain what is involved. They point out that by agreeing to see you they are not necessarily agreeing to take part in all, or any, of the tests. We hope your general professional approach will convince nervous respondents more effectively than can an interviewer.

At the end of the interview each respondent is given a Stage 1 Information Leaflet (blue) by the interviewer. This leaflet briefly describes the purpose of your visit. You have been given a copy of this leaflet. You will be giving respondents a Stage 2 Information Leaflet (pink). This describes in greater detail the measurements and tests involved at Stage 2.

### ***Appointment Record Card***

The interviewer will give each respondent an Appointment Record Card. This confirms the appointment time and reminds them that we would like them to avoid eating, smoking, drinking alcohol or doing any vigorous exercise for 30 minutes before you arrive. It also asks them to wear light, non-restrictive clothing and to find their medicine containers. A copy of this card is in your supplies for information.

## **10. ACHIEVING A HIGH RESPONSE RATE**

### **10.1 The importance of a high response rate**

The response rate achieved in 1991-1997 has been very good and we must keep this up. Past experience shows that this requires continuous hard effort. A high response rate at both stages of the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey is therefore vital to its success.

### **10.2 "You won't want to test me..."**

Some people think that they are not typical (they are old, they are ill, they are young and healthy, and so on) and that it is therefore not worthwhile (from both your and their point of view) to take part in the survey. You will have to explain how important they are. The survey must reflect the *whole* population, young and old, well and ill. We need information from all types of people, whatever their situation. If someone suggests that you see someone else instead of them, explain that you cannot do this, as it would distort the results.

Our target is to interview and measure all eligible respondents. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

### **10.3 Health is interesting and important**

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. Survey reports receive wide press coverage. In any case, your respondents have already co-operated with the first part of the survey, and have agreed to see you.

Most of these will be looking forward to your visit and will be keen to help. But some may become reluctant to co-operate, perhaps because they have become nervous. You will need to use your powers of persuasion to reassure and re-motivate such people, it is vital that they take part.

### **10.4 Respondents are not patients**

Your previous contact with the public as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional. Your contacts with people in the course of this survey will be quite different. Instead of being patients, they will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.

They are under no obligation to take part, and can decline to do so - or can agree, but can then decline to answer particular questions or provide particular measurements. But of course we want as few as possible to decline, and we rely on your skills to persuade them to participate.

## **11. WHAT TO DO ON INITIAL CONTACT**

### **11.1 Keep your introduction short**

While you will need to answer queries that respondents may have, you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off.

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

{PRIVATE } Show your identity card

Say who you are

*I am a nurse called ..*

Say who you work for

*I work for Social and Community Planning Research*

Remind respondents about your appointment

*" A few days ago you saw an interviewer about the Health Survey for England and (s)he made an appointment for me to see you today."*

For most people this will be enough. They will invite you in and all you will have to do is explain what your visit will cover and what you want them to do. Others will be reluctant and need further persuading. Build on what has gone before. Be prepared to answer questions about the survey. Some respondents may have forgotten what the interviewer told them about the survey's purpose or about what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example, about how the household was sampled. Some points you might need to cover are shown in the following box.

Only elaborate if you need to, introducing a new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part. Do not quote points from the boxes except in response to questions raised by the respondent.

**Be careful to avoid calling your visit a "health check"** . One of the most common reasons given for respondents refusing to see the nurse is "I don't need a medical check - I have just had one". Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

- \* *who you are working for* - SCPR and UCL (see Section 3)
- \* *who the survey is for* - for the government (it has been commissioned by the Department of Health)
- \* *why the survey is being carried out* (see Sections 1 and 2)
- \* *what you are going to do* (see Section 12)
- \* *how the respondent was selected* - it was the address that was selected. 19 addresses in this area were selected from the Postcode Address File. This is a publicly available list of addresses to which the Post Office delivers mail. The way addresses have been selected means that the people living in these addresses are a true cross-section of the whole population of England. At each address selected this way we want to interview everyone aged 16 or over and up to two children aged 2-15. Once an address is selected, we cannot replace it with another address. Otherwise we would no longer have a proper sample of the population.
- \* *the confidential nature of the survey* - individual information is not released to anyone outside the research team.
- \* *how much time you need* - this varies a bit but it is best to allow 30 minutes per person plus another 15 minutes per household (to put equipment away and so on). Young children will be much quicker (around 15 minutes per child).

## 11.2 Being persuasive

It is essential to persuade reluctant people to take part, if at all possible.

You will need to tailor your arguments to the particular household, meeting their objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to your Nurse Supervisor (or your Area Manager).

## 11.3 Broken appointments

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

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card** at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Add a personal note to the card. Try telephoning them and find out what the problem is. Only telephone respondents if you are confident that you can deal with the situation on the telephone, as it is easier for respondents to refuse or try to put you off re-visiting on the telephone than it is face-to-face. Allay any misconceptions and fears. Make them feel they are important to the success of the survey. A chat with your interviewer partner might help. (S)he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

## 11.4 The number of calls you must make

You are asked to keep a full account of each call you make at a household on page 3 of the **Nurse Record Form** (see Section 13.4). Complete a column for each call you make, include telephone calls to the household as well as personal visits. Note the exact time (using the 24-hour clock) you made the call, and the date on which you made it. In the notes section keep a record of the outcome of each call - label your notes with the call number.

You must make at least **4 personal visits per respondent** before you can give up. Each of these calls must be at different times of the day and on different days of the week. However, we hope you will make a lot more than four calls to get a difficult-to-track down respondent. If you fail to make contact, keep trying.

*{PRIVATE }What you might mention when introducing the survey*

- \* It is a national (Government) survey (on behalf of the Department of Health).
- \* It is a very important survey.
- \* It was set up at about the same time as the government's White Paper "The Health of the Nation".
- \* It is the largest national survey to look at the health of the general population. Around 21,000 people will take part this year.
- \* It is carried out annually.
- \* It provides the government with accurate and up-to-date information on the health of the population.
- \* It gives the Government information on health trends and monitors how well the health targets set by the Government (in the White Paper "Health of the Nation") are achieved.
- \* It is used to help plan NHS services.
- \* It is used to help plan private medical services.
- \* The information is available to all political parties.
- \* The information will be needed by whichever government is in office.
- \* Results are published annually and reported in the national press.
- \* 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 - information about these people is vital.
- \* To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.
- \* Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.
- \* Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost.
- \* Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.
- \* no-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.
- \* the government only gets a statistical summary of everyone's answers.

## 12. INTRODUCING YOUR MEASUREMENT TASK

### 12.1 The introduction

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. (S)he will have told respondents that you are the best person to explain what your visit is about.

So, before you make any measurements, you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings and the results of the blood test.

### 12.2 The Stage 2 Leaflet

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

Give the **Stage 2 Leaflet** to household members after you have explained what you are going to do and the order in which you wish to see them. Ask them to read it while you get your equipment ready. This will give them something to do, give them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

## 13. YOUR SAMPLE

### 13.1 The sample design

The sample for this survey is a random probability sample. This means that all addresses in England have an equal chance of being selected.

13,680 addresses have been drawn from the publicly-available Postcode Address File. This is a file which is compiled by the Post Office, and it lists all addresses to which mail is delivered. Sampled addresses are clustered into 720 postcode sectors (a sector is an area about the size of an electoral ward) - 19 addresses per sector have been selected. Sixty postcode sectors will be covered each month. The sample has been designed so that each quarter-year's sample is fully representative of the population of England.

Each month, each interviewer will be given 19 addresses to cover in a postcode sector. The interviewer's first task is to make contact at each sampled address and identify how many households are resident. In most cases there will only be one household, but occasionally an address will contain two or more households (eg a house may be split into flats that are not separately identified by the address). All households (up to a maximum of three) will be included in the survey. (If there are more than three, the interviewer will select three for the survey.)

The interviewer then identifies and interviews all persons aged 16 or over who live in each of these households. If the household contains more than 10 adults, 10 will be selected at random for interview.

All children aged 2 to 15, up to a maximum of two, will also be interviewed. If there are more than two children, the computer program will randomly select the two to be interviewed.

All persons who are interviewed are eligible for the second stage of the survey - the nurse visit. The interviewer will arrange an appointment for you to call. In some cases however the respondent will refuse to co-operate with this second stage.

The interviewer will provide you with full details of appointments made and households at which no-one co-operated with the survey (on the telephone and on the Nurse Record Form).

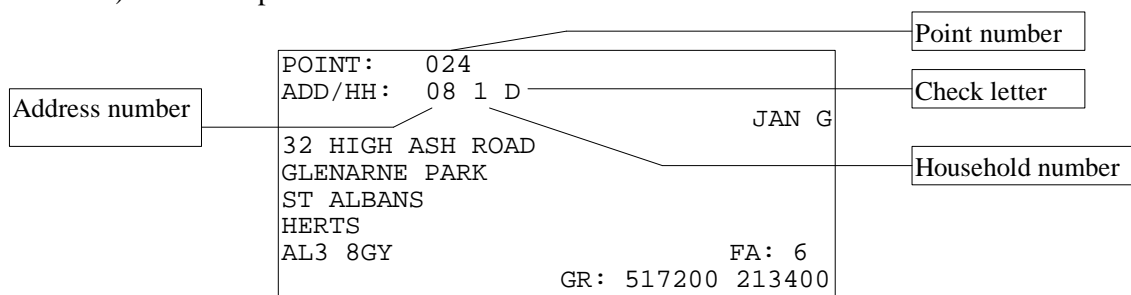
If you come across someone who originally refused to see the interviewer, but who subsequently changes his/her mind during your visit, try to persuade him/her to see the interviewer in person. Explain that without the information obtained in the interview the measurements obtained by the nurse have little meaning. Do not take measurements until they have been interviewed in person by the interviewer.

### 13.2 Serial Numbers

Each address/household/person in the survey has been assigned a unique identity number. This number is called the Serial Number. It allows us to distinguish which documents relate to which person. It is made up of different components:

- Point number** a three-digit number for the postcode sector (the sampling point). All addresses you will have in a month will have the same point number
- Address number** a two-digit number for the address sampled from the postcode file. These run from 01 to 19 in each postcode sector
- Household number** one-digit number for each sampled household at the address (number 1, 2 or 3)

The Point number, Address number and Household Number (plus a check letter - see below) are all found on the address label at the top of the Nurse Record Form which the interviewer sends you (see Section 13.4). For example:



The label also give the Ordnance Survey grid reference for the address. This is to help those in rural areas to locate addresses.

- Check letter (CKL)** a letter of the alphabet which allows the computer to check that a correct serial number has been entered
- Person number** a two-digit number assigned by the computer to each person aged 2 or over in a household. Each person in a household is given a person number, whether or not they are interviewed. There is no particular order in which they are assigned by the computer to people within a household.

The Person Number is the number beside the name on page 2 of the Nurse Record Form (NRF). An example of pages 1 and 2 of the NRF is provided at the end of Section 13. In this example, Sarah Smith's person number is 06. Her full serial number is:

661 04 1 Y 06

The serial number of the respondent must be recorded on all documents for that respondent. **Great care** must be taken to ensure that the correct serial number for a particular person is used. It is vital that the information the interviewer collects about someone is matched to the information you collect about them. If the wrong serial numbers are entered on documents or on blood samples, data from one person will be matched with that of someone else.



In the few cases where the interviewer finds more than one household at an address, address details for the second and third households will be hand-written onto the NRF by the interviewer, rather than on a printed label.

### 13.3 Nurse Sample Sheet (NSS)

At the start of each month's fieldwork you will be given a list of the 19 addresses in the point you and your interviewer are covering. You will also be given a Nurse Sample Sheet (NSS). This tells you the postcode sector in which you will be working, and its point number.

The NSS is divided into 19 rows; one for each address sampled in the postcode sector. These have been numbered 01 to 19. The purpose of this sheet is to let you keep an account of the work you receive from the interviewer. At the end of the interviewer's fieldwork period you should have been able to account for all 19 addresses on your NSS. Keep your NSS for a couple of months after you finish your month's fieldwork, as they are sometimes useful when sorting out a query from the field office.

Each address row has been sub-divided into three, to allow for up to three households at an address (see above). Where there is only one household at an address, that household is automatically Household No. 1. If there are additional households to be covered, the interviewer will have given these Household Serial Numbers 2 and 3.

### 13.4 Nurse Record Form (NRF)

For all addresses (even where there is no work for the nurse to do), you will receive a **Nurse Record Form (NRF)**. If there is just one household at a sampled address, you will receive one NRF. If the interviewer finds two or more productive households at an address, you will receive one for each sampled household. Each time you receive an NRF enter the date of receipt on your NSS.

At the end of your assignment, you should have received information about all 19 addresses from the interviewer. Check that all addresses have been dealt with by the interviewer-nurse team, and that none has been missed by either of you.

The Nurse Record Form has two functions. It tells you the outcome at the household of the interviewer's attempts to obtain interviews and arrange appointments for you. It is also the form on which you report to the office how successful you have been at those households where appointments have been made for you.

The NRF will arrive with pages 1 and 2 completed by the interviewer. At the top of page 1 you will find the address, the household serial number, the location of the household within the address (if there is more than one household living there), any tips about the household location or the occupants that the interviewer feels you might find useful, and the household's telephone number, if known.

In the box labelled **Interviewer Outcome Summary** the interviewer will have ringed code A if there is something for you to do at that household, and code B if there is nothing for you to do at that household. If code B is ringed, all you need to do is note the outcome of that address on your NSS and return the NRF to the office.

The interviewer will have completed Part A on pages 1 and 2 of the NRF. (S)he will have:

- entered the date on which (s)he conducted the household interview at that household
- recorded the total number of adults aged 16+, children aged 2-15 and infants below 2 years, living in the household - regardless of whether or not they were interviewed and whether or not they agreed, or are eligible, to see you



You will, of course, receive a NRF from the interviewer. The NRF replaces the Appointment Record Form. Check it against the NRF and query any discrepancies with the interviewer - is it you or the interviewer who is wrong? Sort it out. The important thing to remember is that the Person number assigned to someone **by the interviewer** is the number that **must be used on every document and every blood and saliva tube for that person**. If you discover you have done something wrong and you cannot sort it out before work is posted (for example, if you have already sent blood to the laboratory), telephone Loretta Curtis on 01277 200600 immediately and explain the problem. Hopefully, it will be able to be corrected.

***WHAT DO I DO IF A RESPONDENT HAS A BIRTHDAY BETWEEN THE INTERVIEWER AND NURSE VISIT?***

The age of the respondent is 'frozen' at the time the interviewer has made her/his visit and administered the household questionnaire. The age that has been **entered on the NRF** by the interviewer is the age you must use. This means that even if an individual has had a birthday which moves them into a category where they would have had a particular measurement you **do not do that particular test**. For example, if a child was 3 years old at interview but becomes 4 years old by your visit, do not take saliva even though (s)he is 4 years old when you see him/her. If parents query this or ask you to perform the measurement/test you must explain to them that you are not able to because the age of the individual is based on the **age at interview**. . The computer will automatically calculate which measurements you should take in this situation.



THE HEALTH SURVEY FOR ENGLAND

On behalf of the Department of Health



P1727

THE HEALTH SURVEY FOR ENGLAND: 1998  
NURSE RECORD FORM (NRF)

SLOT NAME:	JAN
RETURN NO:	01
FINAL OUTCOME	-

INTERVIEWER NAME: Pauline Fowler

No: 2033D2

NURSE NAME: Elizabeth Sykes

No: 2335N2

ADDRESS LABEL

POINT: 661  
ADD/HH: 04 1 Y  
MOSS VIEW  
ROCKLIFFE  
CARLISLE  
CA3 8GY  
FA: 2  
GR: 517200 213400

JAN G

HOUSEHOLD LOCATION DETAILS

At the very end of the main road through village, on right-hand side

TELEPHONE NUMBER

01892 45923

USEFUL TIPS

1. INTERVIEWER OUTCOME SUMMARY

At least one nurse appointment made

**A**

INTERVIEWER TO DO

Complete PART A below and on page 2

NURSE TO DO

Complete PART B on pages 3-4

No nurse appointment made

**B**

Send NRF to Nurse

Return NRF to Office

PART A: TO BE COMPLETED BY INTERVIEWER

2. DATE HOUSEHOLD INTERVIEW CONDUCTED:

DAY

1	8
---	---

MONTH

0	1
---	---

YEAR

9	7
---	---

3. TOTAL NUMBER OF PERSONS IN HOUSEHOLD:

NUMBER OF PERSONS 16+

0	3
---	---

NUMBER OF PERSONS 2 - 15

0	3
---	---

NUMBER OF INFANTS 0 - 1

0	0
---	---

4. COMPLETE GRID BELOW FOR ALL PERSONS AGED 16 OR OVER IN HOUSEHOLD

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW	APPOINTMENT DATE	APPOINTMENT TIME
01	Mr John Smith	① 2	40	1	2	③		
02	Mrs Mary Smith	1 ②	39	①	2	3	21 Jan	4pm
03	Mrs Edna Jones	1 ②	66	①	2	3	21 Jan	4.30pm
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN AGED 2-15 SELECTED FOR SURVEY

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW/ NO PARENT	APPOINTMENT DATE	APPOINTMENT TIME
04	Miss Ann Smith	1 ②	15	①	2	3	21 Jan	5pm

Parent 1 PERSON NUMBER: 01 TYPE: Parent Legal Parental Responsibility ① 2

Parent 2 PERSON NUMBER: 02 TYPE: Parent Legal Parental Responsibility ① 2

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW/ NO PARENT	APPOINTMENT DATE	APPOINTMENT TIME
06	Miss Sarah Smith	1 ②	05	①	2	3	21 Jan	4pm

Parent 1 PERSON NUMBER: 01 TYPE: Parent Legal Parental Responsibility ① 2

Parent 2 PERSON NUMBER: 02 TYPE: Parent Legal Parental Responsibility ① 2

## 14. OBTAINING CONSENT TO INTERVIEW MINORS

The rules to follow depend on whether the minor is aged 16/17 years or is between 2-15 years of age. **Never break any of these rules .**

**16/17 year olds:** Apart from gaining consent from the respondent, you do not need parental consent to interview someone of this age. If the respondent lives with their parent(s), out of courtesy, advise the parents what you will be doing.

**2-15 year olds:** For children in this age range, the interviewer will have obtained information on which of the people living in the household are their parents, or have legal parental responsibility on a permanent basis, for them. This information is recorded on the Nurse Record Form (NRF) in order that you know in advance of your visit who to speak to, to obtain permission to interview and measure a child.

The term 'parent' means the child's natural or adoptive parent. All other people who claim parental status have been classified on the NRF as having legal parental responsibility.

Verbal consent to interview and measure someone aged 2-15 has to be obtained from someone with legal parental responsibility. If this is not forthcoming, then you cannot interview/measure that child. The agreement of the child should of course also be sought.

Always give priority to someone defined as a parent when obtaining permission. If possible, when seeking consent obtain it from the mother.

If disagreement arises between parents and/or parent and child about whether or not to co-operate, always respect the wishes of the non co-operator.

## 15. CARRYING OUT THE INTERVIEW

### 15.1 Who to interview

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

### 15.2 Interviewing children

The rules for obtaining consent to interview and measure children are given above.

For children of all ages (2-15) you should always ensure that a parent is present during your interview. This is both to protect the child and yourself. You will also require their presence in order to obtain written consents during the interview.

Children aged 13-15 were interviewed personally by the interviewer. Treat them in the same way whilst referring to their parent(s) as appropriate. Information about younger children was collected direct from the parent, although the child was present and children aged 8 upwards were asked to complete a self-completion questionnaire.

### 15.3 Interview documents

The Nurse Schedule is no longer on paper, but on computer. Rather than you having to work out which sections to complete, once it knows the respondent's age, it will tell you which questions to ask and which measurements to take.

As well as the computer schedule, you will use one other document during the interview itself: the **Consent Booklet**. The Consent Booklet contains the forms the respondent has to sign to give written consent for:

- blood pressure readings to be sent to their GP
- a sample of blood to be taken
- the results of some of the blood sample analyses to be sent to their GP
- a small amount of blood to be stored for possible future analyses

The Consent Booklet also contains the despatch note which accompanies the blood and saliva sample tubes when they are sent to the laboratory.

The Nurse Schedule and the Consent Booklet are designed to work together. Full instructions on completion of the two are given in Sections 16 and 17.

#### **15.4 General tips on how to use the documents/computer program**

Read out the questions in the Nurse Schedule **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Enter the code number beside the response appropriate to that respondent (eg at the question called *PregNTJ*, if the respondent is pregnant, you would enter code 1) indicating the answers received or the action you took.

Some questions take the form of a "CHECK" - see *UPreg* for an example. This is an instruction to you to enter something without needing to ask the respondent a question. The convention is that, if a question appears in capital letters, you do not read it out.

When you get a response to a question which makes you feel that the respondent has not really understood what you were asking or the response is ambiguous, repeat the question. If necessary, ask the respondent to say a bit more about their response.

#### **15.5 Preparing the documents/computer**

**Before you leave home**, you should connect your computer to the modem (separate instructions about this are provided) and pick up any work which is ready for you. To ensure that the information from the interviewer has been transferred onto your computer, you should view the household schedule(s) for the household(s) which you intend to visit on that trip. If the interviewer's information has been successfully transferred, the computer will show you the information about the members of that household, and you can go ahead with that household. If the information has not been transferred electronically, it will ask you if you want to enter the information manually. It is better to wait until the information is transferred electronically, but if you have an imminent appointment, you will need to enter it manually from the NRF or Interim Appointment Record. Entering the data manually will take several minutes, so you should do this before you leave home, or at least before you enter the respondent's household.

When you arrive at the household, you should enter the household schedule and check that it is the right one by looking at the serial number and/or viewing the information about the household members.

Immediately before you start to carry out measurements on a respondent, complete the first half of page 1 of the Consent Booklet. **Never do this in advance of the visit to the household.**

Check carefully that you have entered that person's correct serial number (see Section 13.2). **Never** prepare the Consent Booklet in advance of your visit. There is a serious danger that you will use the wrong one for the wrong person. It is all too easy to do in the stress of the moment.

## 16. THE CONSENT BOOKLET

Use a blue pen when completing the booklet, and ensure that signatures are always in pen, not pencil. Use capital letters and write clearly. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

Write the address at which you are interviewing in the box at the top of the Consent Booklet. Write the survey month next to the box, and then fill in the serial number boxes. Accuracy is vital.

Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2.

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

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

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

***Items 7 to 9 are completed during the course of your interview.***

At Item 7 you write in the name, address and telephone number of the respondent's GP, if the respondent gives consent for blood pressure and/or blood test results to be sent to the GP. If a respondent does not know the name of her/his GP, leave the top line blank (otherwise the computer will send out nonsense letters like *Dear Dr. Ash Grove Practice*).

Fill in the full name and address of the GP on every Consent Booklet for a household, even when all members have the same GP. Each individual is treated separately once they reach the office.

At Item 8 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, then ring code 1.

Item 9 is very important. Throughout the visit you record here the outcome of your requests for permission for:

- a) The blood pressure results to be sent to the GP
- b) A sample of blood to be taken
- c) The results of some of the blood sample analyses to be sent to the GP
- d) A small amount of blood to be stored for future use
- e) Some of the blood sample results to be sent to the respondent

(Note that cotinine test results from the saliva sample will not be sent to the GP or the respondent.)

By the end of the interview every respondent should have **FIVE** codes ringed at Item 9.

There are three Consent Sheets contained in this booklet:

**BP(A) and BP(C)** - Blood pressure information to GP consent forms. BP(A) is for adults aged 16+ to sign and BP(C) is for the parent or person with legal parental responsibility of children under 16 to sign.

**BS** - Blood sample consent form. This form is in three parts - part I obtains consent to take blood, part II obtains consent to give the results to the GP and part III obtains consent to store part of the blood.



The last two pages of this booklet are despatch notes for blood samples to be sent to the laboratory. **Despatch 1** is a tear-off sheet to go with the samples and **Despatch 2** is to be returned to the office with the rest of the booklet.

## 17. THE NURSE SCHEDULE

### 17.1 Organising the interview

**Before setting out to carry out any interviews, you must check to make sure that you have either received the household information via electronic transfer or through manual input (see section 15.5). You will not be able to conduct the interview without having done this.**

When you arrive at the household, before starting to carry out your interview, check whether any of the people you have come to see have eaten, smoked, drunk alcohol or done any vigorous exercise in the last 30 minutes. This could affect their measurements. If someone has done any of these things, arrange to see other members of the household first in order to give time for the effects to wear off.

Similarly if someone in the household wants to eat, smoke or drink alcohol in the near future (eg one person is going out and wants a snack before they leave) then try to measure that person first. Adapt your measurement order to the needs of the household.

You may feel that if you try to rearrange things in this way, you are likely to lose an interview with someone you may not be able to contact again. In such cases, give priority to getting the interview, rather than rearranging the order.

Below is a grid which shows which measurements apply to which age group. The computer will automatically take you to the correct measurements for each person, so you do not need to know this off by heart. However, you may find it useful to know this information when making your introduction to respondents.

Measurement	Age group
Arm circumference	2-15
Blood pressure	5 and upward
Demi-span	65 and upward
Waist/hip	16 and upward
Blood	18 and upward
Saliva	4 and upward

Make sure you fully understand the differences in the protocols for children and adults (see Sections 20 to 27).

When you are at a household where you will be interviewing a girl aged 10-15, start off by making a general statement to everyone of all ages: "Before I start, can I check if anyone is pregnant? I need to know as some measurements do not apply to pregnant women." This will give a pregnant girl the opportunity to tell you, if she wishes to. We have not put a formal question into the Schedule as we do not wish to embarrass girls of this age group in front of their parents. In the unlikely event you encounter a pregnant girl aged below 16 years, question *UPreg* will prompt you to enter this fact once you have asked the questions which apply to all respondents. The computer will then terminate the interview at the appropriate point.

## 17.2 Nurse Schedule

### 17.2.1 Getting into the schedule

Once you have switched on and entered the keyword, you will see the Project Menu on screen. The Project Menu will look something like this, with a separate code number for each month's fieldwork:

CODE	PROJECT	PERIOD
1	N1727	PRACTICE
2	N1727	JAN
3	N1727	FEB

(The menu will change automatically each month you work, by adding the new month.)

To get into the nurse schedule, type in the number next to the relevant survey month (in the above example, if you were working in January you would type in <2> and press <Enter>). You will then be asked to enter the password for HSE, which will be given to you at the briefing. This done, you will be taken to the Action Menu, where you should type <I> if you want to enter information.

You will then see the Address Menu, which shows the serial numbers of all the addresses in your sample point, and will look like this (but longer):

ADDRESS MENU				
SURVEY: N1727		PERIOD: JAN		
SERIAL	NOTES	OUTC	DONE	RET
001011		00		
001021		00		
001031		00		
001041		00		

Using the arrow keys, move the highlight bar until it rests on the household in question, then press <Enter>. The highlight bar will start off on the first address, which in the above example would be serial number 001011. If you wanted to work on, say, serial number 001041, you would press your down arrow three times then press <Enter>.

(When you pick up your work at the start of the month, the Address Menu will contain all 19 addresses which are allocated to your interviewer partner. As the month goes on, each time you connect to the modem, the list of addresses will be automatically updated according to the information received from your interviewer partner. Therefore, some addresses may 'disappear' from your Address Menu - this signifies that the interviewer has informed Head Office that there is no work for you to do at that address.)

The next menu you will see is the Household Menu, which, for the example serial number given above (001041), would look like this:

HOUSEHOLD MENU			
Survey: N1727		Period: Jan	Area: 001 Addr: 04
HHOLD	NOTES	OUTC	DONE
HHOLD1		00	
HHOLD?	[ OPEN NEW HHOLD QUESTIONNAIRE ]		

You only need to use the Household Menu if there is more than one household at that address (the interviewer will have told you about this and made out a separate NRF for each household). In the unlikely event that you need to open up a new household, move the highlight bar down to:

'HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]'

and press <Enter>, then follow the instructions on the screen. Otherwise, just press <Enter> to get into Household 1.

Then you will get a screen which asks you to enter the check letter, which you will find on the NRF. The first time you enter a particular serial number, you will get a Warning screen, which says: 'Blaise data files do not exist for this data model'. All you need to do here is press <Y>. The next time you go into that serial number, the warning will not appear.

You are now in the nurse schedule and ready to start entering data.

If you want to practice at home before 'going live', at the Project menu you should type in the number next to the N1727 Practice slot (in the above example, this would be number <1>) and press <Enter>. Then follow the instructions as above. Some 'dummy' households have been put into this slot for you to practice on.

### **17.2.2 Household information (to be checked/completed before entering household)**

#### ***ScrOut***

This screen will be displayed only if the information has not yet been received electronically from the interviewer. If you need to enter the information manually, you should enter code '1'. If there is no work for you to do at that household (ie because no-one was interviewed or no-one agreed to the nurse visit), you should enter code '3'. If you are able to wait until the information does arrive electronically, you should enter code '2'.

#### ***HHDDate***

This is necessary to allow the computer to calculate the respondent's age at the time of the interviewer visit, as this is the age which dictates which sections of the schedule apply. You will find this date at Q.2 on the NRF or the Interim Appointment Record.

#### ***Intro - NatPs2***

This set of questions only appears when you have elected to enter the household information manually. It asks you to enter the data found on page 2 of the NRF, ie person number, name, sex, age, outcome of interviewer visit and (for children) details of parents in household. From this information, the computer will work out how many individual schedules are required, and which questions should be asked of each individual.

*It is important that you enter the individuals in ascending order of person number. Otherwise, you will find it very confusing to find your way around the computer program (see Section 17.5).*

#### ***More***

If you are entering the household information manually, at the end of the information for each individual, the computer will ask you if there is anyone else who was seen by the interviewer. If you enter 'yes', another row on the household grid will be created for you to complete. If you enter 'no', that signifies that you have entered details of all eligible persons in that household.

If, after entering 'no' at *More*, you realise that there are other household member(s) to be added, you can do this by pressing <End> then the Up Arrow key, and changing *More* from 'no' to 'yes'.

## ***OpenDisp***

If the household information has been electronically transferred, this will be one of the first things you see. If you have entered the household information manually, it will summarise the information which you have entered, so that you can check it is correct before proceeding. Note that it will only display information about individuals who were interviewed by the interviewer, as these are the only individuals who *you* can interview. Other household members may be listed on the paper documents, but they will not be listed on the computer.

For all individuals who were seen by the interviewer, *OpenDisp* shows the person number, name, sex, age, and whether or not a nurse visit was agreed. For those aged 2-15, it will also show the person numbers of the parent(s) (under the columns headed Par1 and Par2), and their status, ie natural/adoptive parent (“parent”) or person with legal parental responsibility (“guardian”). The parental status is shown under the columns headed NatPs1 and NatPs2, for Parent 1 and Parent 2 respectively.

Once you have checked the grid at *OpenDisp*, press <Ctrl+Enter> to bring up the Parallel Blocks screen (see section 17.5), from which you can either exit the household (by pressing <X>), or select an individual schedule (by highlighting the schedule and pressing <Enter>), or go into the admin block (see section 17.4).

### **17.2.3 Individual information (to be collected when in the household)**

#### ***Info***

If the respondent has already agreed to a nurse visit, this question will check that you wish to interview him/her. You should code ‘yes’ if you want to carry on with the interview straight away, and ‘no’ if the respondent has changed his/her mind about being interviewed. If neither of these options apply, you should press <Ctrl + Enter> and select one of the other individual schedules.

#### ***Change***

If the respondent did not agree to a nurse visit, you still have to enter a small amount of information. This is because people sometimes change their minds about seeing the nurse, once they see other household members being measured. If a ‘refused’ respondent does have a change of heart, code ‘yes’, and the schedule will continue. If you code ‘no’, you will be taken right to the end of the schedule.

#### ***StrtNur/NurDate***

The start time and date are necessary because the computer’s internal time is not always right, and we need to know the age of the saliva sample to interpret the analysis. The date is also used to check the respondent’s age.

#### ***NDoB***

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

#### ***CParNo - children only***

If the child is aged 2 to 15, you must select the parent/person with legal parental responsibility who gave permission for the child to be interviewed.

#### ***PregNTJ - adult women only***

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

### ***Prescribed medicines - all respondents***

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

Do not probe for contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. Pills for hormone replacement therapy should also be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

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

Check the name of the medicine very carefully and type it in accurately. Record the brand name or generic name so that you can code it.

One of your tasks is to enter a six-digit code for the drug. You do not have to do this as soon as you enter the names of the drugs, but the computer will not let you leave the schedule until it is done, as it will give you the chance to query any hard-to-find drugs and to ask a respondent what a drug is used for if it has several uses. There are also one or two new follow-up questions to ask if the drug is one commonly prescribed for CVD conditions, to find out whether or not it has been prescribed for one or more of these conditions.

You can do the drug coding whenever you wish, by pressing <Ctrl+Enter> and selecting 'DrugCode'. If you are doing more than one interview in a household, you will be given the choice of several drug coding blocks. You should choose the one which matches the individual schedule, eg if you are completing 'NurSched1', that person's drug coding block will be called 'DrugCode1'. If you go into the wrong drug coding block by mistake, just press <Ctrl+Enter>, then select the right one.

To get out of the drug coding block, press <Ctrl+Enter> and select whichever 'NurSched' you are currently completing. This will take to back to the start of that individual schedule, so you will have to press <End> to get back to where you were before.

The ideal time to code the drugs is while the respondent is resting with the cuff on prior to the blood pressure measurement. With practice, you will get to know the more common drugs and will be able to code them quickly.

Drugs are to be coded using their British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate.

You have a copy of the BNF (make sure it is the September 1997 edition), in your Dinamap bag. You also have a Drug Coding Booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* tablets as an example, the alphabetic listing gives the entry 06 04 01. Enter this as a continuous string of numbers, ie 060401 (no spaces or dashes). Alternatively, if you had looked up *Premarin* (tablets) in the BNF itself, you would have found it listed in section 6.4.1.1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6.4.1. With leading zeros, this becomes 06 04 01.

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

If you cannot find a drug in the BNF, or it has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for.

If the respondent takes aspirin record the dosage, as this can vary.

### ***Vitamin (Dietary supplements) -all respondents***

This is just asking about non-prescribed diet supplements eg multi-vitamins, iron tablets, or any other "health-food supplements". Any dietary supplements that are prescribed should be recorded in the previous set of questions.

### ***UPreg - girls aged 10-15***

Be careful not to read this question to the respondent - only code 'yes' if the information has already been given to you.

### ***Smoke/LastSmok - Adults only***

These are new questions for 1998, and they have been included to help with the analysis of the blood pressure readings.

### ***UseGum-UseNas (Nicotine Replacement Products) - adults only***

We want to check whether the respondent has been exposed to nicotine other than by smoking or passive smoking, as this may affect some of the blood tests. We are only interested if they have used any of these products in the last seven days.

If the respondent has used nicotine chewing gum in the last seven days, check if it was 2mg or 4mg. If they used both, code the strength used most recently.

*NicPats* asks about nicotine patches. There are many types of nicotine patch on the market. Most of them have similar names and many of them have different strengths within a brand. Ask for the name and strength of the product that the respondent uses. **Do not** prompt the respondent, as they are likely to pick one of the names you say (since so many of them have similar brand names). Ideally, try to see the packet.

If they have used more than one brand or strength within the last 7 days, code the most recently used.

Nicotine sprays or inhalants (*UseNas*) are fairly rare but some respondents may have used them.

### ***MUACInt-ArmRes (Upper Arm Circumference) - children only***

All children aged 2 to 15 are eligible for this measurement. It is very important that the parent is present during this measurement as you will be asking the child to bare his/her arm.

The protocol is described in Section 20. It is essential that you follow this protocol precisely so that all nurses take this measurement in an identical way.



pressure. Interpretation of blood pressure in children is more complex and needs several factors, such as age, sex and height, to be taken into account. By telling the parent in advance that you cannot interpret the readings, you will avoid the embarrassment of seeming to be covering up afterwards.

*BPConst* If you code 'refused' here, the computer will skip you past the measurement. You should code 'unable' if the respondent is prepared to co-operate, but for some reason it is not possible to take the measurement (eg the Dinamap is broken or there is some physical reason).

*ConSubX* Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply.

*DINNo* Always note down the SCPR number for the Dinamap you are using. Sometimes we identify an equipment problem and wish to be able to track down all readings that have been taken using the particular piece of equipment.

*CufSize* See Section 20.4 for how to select the correct cuff size. Remember that the child cuff may not be the most appropriate cuff to use for a child. If you have a particularly large respondent and the large adult cuff is too small, contact your Nurse Supervisor. She holds a small stock of "thigh" cuffs which can be used to take the blood pressure of very large people. These are used on the arm in the same way as the ordinary cuffs. If you use one of these cuffs, record on the Schedule *Extra large adult cuff* used.

*Readings* Record the blood pressure readings in the order shown on the screen. Double check each entry as you make it to ensure you have correctly entered the reading. If you have got to this point and then become aware that you are not going to be able to get a reading after all, you should enter '996' then press <End>. This will automatically enter '999' in each box, to save you having to type it in 12 times.

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

*NAttBP* If you failed to get a reading, or you only managed to obtain one or two readings, enter a code to show what the problem was. If necessary, write in full details at *OthNBP*.

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

*GPRegB-* If you obtained at least one blood pressure reading, you are asked to collect details of the respondent's GP. If the person agrees to the results going to their GP, turn to the second page of the Consent Booklet (**Blood Pressure to GP Consent Form - sheet BP(A) for adults and BP(C) for children under 16 years**). Explain you have to get written consent in order to send the blood pressure readings. Fill in the respondent (parent/child) name at the top of the form. Ask the respondent/parent to sign and date the form.

Then turn to the front of the Consent Booklet and ring consent code 01. Ask the respondent for the name, address and telephone number of their GP. If possible, obtain the postcode. Record this at items 7 and 8 of the Consent Booklet (if you have not already done so). If your respondent does not know their GP's full address and/or postcode, look it up in the relevant telephone directory later (public libraries hold telephone directories for



the whole country). Do your best to get hold of the phone number as well - including the local area code. You may find it useful to keep a notebook containing the address details of local GPs given by previous respondents, as if you are working the same area, you will almost definitely come across several people with the same GP, and this will save you having to keep looking up the same GP's details if a respondent cannot give them to you.

Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the Measurement Record Card (MRC). If an adult respondent has a raised blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC. The interviewer should have given them a MRC with the height and weight recorded on it. If the respondent has lost it, or claims never to have had one, make out a new one, ensuring the name is on the front of the card.

It is not the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. As already stated, as you are not in a position to comment on a child's blood pressure, you will have already warned parents of this. Section 20.7 contains detailed guidelines on how to inform adult respondents about their blood pressure readings. Make sure you are very familiar with this guidance. We wish it to be strictly followed. It is very important that as little anxiety as possible is caused but at the same time we have a duty to advise people to see their GPs if blood pressure is raised.

#### ***SpanInt-DSCard (Demi-span) - aged 65+***

This measurement is to be taken only of those aged 65 or over. The protocol for taking a demi-span measurement is explained in Section 23. It is essential that all nurses take the measurement in the same way. Two readings are taken. Explain to the respondent that this is to improve accuracy.

Record the two measurements to the nearest even millimetre (see Section 23.5). *Always record the response to one decimal point (eg 55.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 56cm, you must enter '56.0'.* If you do enter a measurement ending in '.0', the computer will ask you to confirm this.

If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement.

*Amend a previous response if:* you have made a mistake when entering the measurement, eg entered '65.2' instead of '75.2'.

*Take a third measurement if:* there is another reason for the measurements being different.

If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use.

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

Offer to write the measurements onto the respondent's Measurement Record Card. If the respondent would like the measurement in inches, there is a conversion chart on the back of your drug coding booklet.

### ***WHMod-WHRes (Waist and hip circumferences) - all adults***

Waist and hip measurements are taken from all respondents aged 16+, except those who are pregnant. Each measurement is taken twice, to improve accuracy. Fuller details of how to do this are given in Section 23.

Record the two measurements to the nearest even millimetre (see Section 23). *Always record the response to one decimal point (eg 95.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 96cm, you must enter '96.0'.* If you do enter a measurement ending in '.0', the computer will ask you to confirm this.

If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement.

*Amend a previous response if:* you have made a mistake when entering the measurement, eg entered '65.2' instead of '75.2'.

*Take a third measurement if:* there is another reason for the measurements being different.

If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use. If you do decide to take a third measurement, the computer will ask you to enter both waist and hip measurements again, even if only one of the two sets of measurements was more than 3cm apart.

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

At *WJRel* and *HJRel*, record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered (eg. clothing the respondent was wearing), this should be counted as unreliable.

Offer to write the measurements on the Measurement Record Card.

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

### ***BlIntro-SnDrSam (Blood Sample) - aged 18+***

All persons aged 18+, who give consent, are eligible for a blood sample to be taken. The only exceptions to this rule are pregnant women, people with clotting or bleeding disorders, and people with a history of fits or convulsions. As long as you enter this information accurately onto the computer, it will automatically filter you round the blood sample section of the schedule if necessary.

Explain the purpose and procedure for taking blood.

Check if the respondent has a clotting or bleeding disorder. These are very uncommon. If you find someone with these problems, **do not** attempt to take blood, even if the disorder is controlled.

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, ie. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:

- a) the integrity of their veins is extremely precious
- b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction, an embolus are NOT considered to have clotting disorders.

Some respondents might be taking anticoagulant drugs such as Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case, then do not take a blood sample. You will need to check this out, particularly with elderly respondents.

Aspirin therapy is not a contraindication to blood sampling.

Respondents who have ever had a fit (eg epileptic fit, convulsion) should not be asked to provide a blood sample. This applies even if the fit(s) occurred some years ago.

If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

### *Obtaining consents*

As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent in all cases. If you cannot obtain written consent, the computer will direct you to ring consent codes 06, 08, 10 and 12 on the Consent Booklet and filter you round the remaining questions.

As there are two other written consents we wish to obtain in respect of blood sampling - consent to send the results to the GP and consent to store a small amount of the blood - you should seek to obtain all these consents before you take any blood. On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

The **Blood Sample Consent Form (BS)** is divided into three sections - one for each of these consents. If the respondent agrees to all three, (s)he will have to sign the Consent Form three times.

Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely not involve a test for viruses (eg HIV (AIDS) test).

The questions on the Schedules take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable. In summary, what you do is:

- \* Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain to the respondent the need for written consent and how important it is.
- \* Obtain written consents on **Blood Sample Consent Form**. Remember to enter your name at the head of this form before asking the respondent to sign.
- \* Obtain consent to send results to GP
- \* Obtain consent to store blood.
- \* Check that you have ringed the correct consent codes on the front of the Consent Booklet. There should be a code ringed in each row at Item 9b)-9e).

### *Taking a blood sample*

Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the protocol in Section 26 for how to proceed. If you obtain a sample, note down any problems at *SamDif*. If you do not manage to get any blood, explain why not at *NoBSM*. If you do not get any blood ring consent codes 06, 08, 10 and 12 on the Consent Booklet. If you have already ringed codes 05, 07, 09 and 11, you should cross these codes out.

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

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

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

### ***SalIntr1-SalNObt (Saliva Sample) - aged 4+***

Saliva will be analysed at a laboratory for cotinine. Cotinine is a derivative of nicotine and will be present in saliva if the respondent has been exposed to tobacco smoke - either because they smoke or have because they have been exposed to other people's smoke. See section 25 for the full protocol.

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

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

## **17.3 Finishing the interview**

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

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

Once you have finished entering information onto the computer, you should press <Ctrl+Enter> then <X> (for eXit (after admin)). The computer will ask you if you wish to save the data, and your only options are 'yes' or 'cancel'. If you select 'cancel', you will stay in the schedule, so to get out you must press 'yes'.

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

Complete the Despatch 1 and Despatch 2 forms in the Consent Booklet. Pack the blood and saliva tubes. Full details of how to despatch the blood/saliva samples to the lab is described in Section 27.

## 17.4 The admin block

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

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

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

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

You will need to enter the details for each individual at a household, even if they have the same GP.

The computer will not consider the household as complete until the admin block is fully completed.

## 17.5 Parallel blocks

The computerised nurse schedule consists of four main components:

1. The household information
2. The individual schedule
3. The drug coding block
4. The admin block

Each component is known as a ‘parallel block’. This means that you can enter any component at any time, no matter where you are in the schedule. For example, you can enter the drug coding block at any convenient moment in the individual schedule.

The way to move between parallel blocks is by pressing <Ctrl+Enter>, which brings up a screen called ‘Goto parallel blocks’. This screen is the ‘gateway’ to the other components of the schedule. It lists all the possible blocks you could go into, and looks like this:

Goto parallel blocks	
Parallel blocks	
+ NURSEHH	
+ Nursched[1]	
+ Nursched[2]	
- Nursched[3]	
+ Drugcode[1]	
- Admin	

The list of blocks will vary depending on the number of people in the household and the extent to which you have completed the drug coding. There will always be a ‘NURSEHH’ and an ‘Admin’ for each

household. In addition, there will be a 'Nursched' for each eligible individual in the household (in the above example, there are three eligible individuals). As soon as you tell the computer that an individual has some prescribed drugs, it will create a 'Drugcode' block for that individual. Thus, you may have fewer 'Drugcode' blocks than 'Nursched' blocks, since a 'Drugcode' block will not be created for individuals who have no prescribed drugs.

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

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

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

The final thing to note about the parallel blocks screen is the '+' or '-' which precedes each block. All blocks will have a '-' to start with, and this will turn into a '+' when the computer is satisfied that that block has been fully completed. In the above example, the nurse has completed the household grid, the schedule for the first two people in the grid, and the drug coding for the first person. (The fact that (s)he has completed the schedule for the second person and there is no 'Drugcode[2]' on the list means that the second person had no prescribed drugs.)

## 17.6 Saving work

It is a good idea to save your work regularly while in the interview, especially if you are having to get up and leave the computer to take measurements etc. It has been known for children or pets to interfere with the computer and cause nurses to lose their work while they were not looking. A good habit to get into is to save the schedule every time you stand up to do a measurement, using <Shift+F2>.

## 18. COMPLETING THE NRF AND RETURNING WORK

### 18.1 Recording the outcome of your attempts to interview and measure

You should complete sections 6 to 9 of the **Nurse Record Form (NRF)** to report to the office the outcome of your attempts to interview persons in households at which the interviewer obtained at least one interview.

*Question 6* Record all attempts to make contact with the household. Note all personal visits and telephone calls, even if there was no reply.

*Question 7* Complete a column for each person in the household listed by the interviewer in the grids on page 2, and coded 1 to 3. Your entry here tells the outcome of your attempts to interview these people. The codes in this column are referred to as Outcome Codes.

Enter each person's Person Number and first name at the head of the column. Enter them in the order listed on page 2. Then for each person ring one of the codes 80-89 to indicate the outcome of your attempts to interview them.

Use code 80 if the person was coded 2-3 on the grid. There is nothing for you to do.

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

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

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

Codes 87-89 should be used only if the respondent is unavailable for interview for these reasons throughout the whole of your fieldwork period. If they are likely to return, and be fit to be seen, during that time, then try again later.

*Question 8* Complete this for each person who refused to allow you to interview them (ie those you coded 83-84 at Question 6).

*Question 9* Complete Question 9 for each person coded 85-89 at Question 7.

Finally, before returning the NRF to the office, you must complete the three boxes on the top right-hand side of the front page (these are essential to calculate pay in CAPI). To do this, you will need to make your way to the address menu on the computer, and locate the serial number which corresponds with that address.

The *Slot name* can be found at the top right of the address menu screen, next to the word 'Period'. It will be the first three letters of the field month. Copy this into the 'Slot Name' box.

The *Return number* can be found in the column on the far right of the screen, headed 'RET'. Copy this number into the 'Return No' box.

The *Final Outcome* box can be left blank.

## 18.2 Returning work to the office

If you are measuring everyone in a household at one time, post the NRF and the Consent Forms back to the office the same day as you send the blood samples (or in time the following day to catch that day's post). Transmit the nurse schedules on the same day as you post the paper materials.

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

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

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

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

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

Before returning CAPI work:

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

CAPI questionnaire data will be transferred back to the office via the modem. The computer will decide what to transmit - you do not need to tell it which addresses to take and which to leave. Remember you still need to return the paper documents.

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

- \* Make sure that you have taken a Backup of your most recent work.
- \* Do your last Return-of-work via modem, by selecting 'T' for 'transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.
- \* Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the **Backup disk** for the last time.

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

## 19. CONTACT NAMES

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

Your nurse supervisor should be contacted if you have any problems using your equipment or need to discuss protocols. Your interviewer supervisor will be able to help and advise on any aspects of "survey work" - getting co-operation, completing the documents, etc. If there are any problems with the interviewer liaison, you should contact your Area Manager.

If you need more supplies or need to contact the Field Department, please phone xxxx or xxxx at Brentwood on 01277 200600.

The SCPR team (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) will be happy to answer any queries you have about the survey itself or about any of the documents you are using. You can contact them on 0171 250 1866.

The Survey Doctor is Dr. xxxxxxxx. She can answer any medical queries. During office hours you can contact her on xxxxxxxxxxxx. Out of office hours you can contact her via her pager - xxxxx ask for "UCL 1".

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

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



## THE PROTOCOLS

### 20. MEASUREMENT OF MID UPPER ARM CIRCUMFERENCE

#### 20.1 Purpose

The mid upper arm circumference is a key indicator of the nutritional status of children, being reduced substantially in the undernourished and being substantially increased in children who are overweight.

#### 20.2 Eligibility

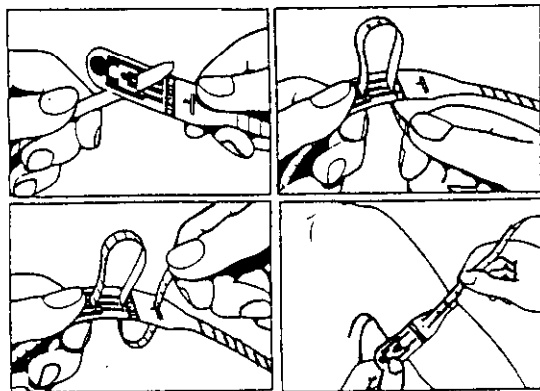
All respondents from age two to age fifteen inclusive are to be measured. (The computer will automatically exclude any child who is known to be pregnant.)

#### 20.3 Equipment

You will be provided with a short tape. One end of this tape is broad and on it you will see the words "READ HERE", with a small arrow. This is the start of the tape. You will first use this tape to measure the length of the arm and then, having found the mid point of the arm, you will measure the circumference of the arm.

When measuring the circumference of the arm, the tape is threaded as indicated in the illustration below. Pull the tapered end up through slot 1, down through slot 2 and up through slot 3.

#### Illustration



## 20.4 PROCEDURE

The child must have a bare arm and shoulder for this measurement. The interviewer will have asked the child to wear a sleeveless garment for your visit. Explain to the child and parent the importance of the accuracy of the measurement and that clothing can substantially affect the reading. If the child is wearing a sleeved garment ask her/him to slip their arm out of the garment or to change into a suitable garment.

Where possible the left arm should always be used. If the left arm cannot be used e.g. because it is in plaster then carry out the measurement on the right arm and record that you have done so on the schedule at the question called *CUpMeas*.

### *Measuring the length of the respondent's upper arm*

1. The respondent should be standing with their left arm across their body and held at a right angle at the elbow.
2. Using the skin marker pen, mark the process of the acromium; this is the bony tip of the shoulder.
3. Mark the process of the olecranon of the child, this is the bony tip of the elbow.
4. Using the paper tape, measure the distance between the two points marked. Divide this measurement in half. This will be the mid point of the upper arm. Mark this using the skin marker pen.

### *Measuring the arm circumference*

5. Now let the arm hang loosely by the side, just away from the body. Thread the tape through and slip it up the child's arm to the mid-point you have marked. The tape should be centred on the mid-point mark i.e. it should lie on top of the mark. Check that the tape is passing horizontally about the arm (not sloping) and that it is in continuous contact with the skin. It should not be loose, but neither should it be puckering the skin. Read off the measurement where the "READ HERE" arrow appears on the tape.
6. Enter the measurement on the nurse schedule in centimetres and millimetres, eg 20.3cm. Should the measurement lie between two millimetres, then round it to the nearest even millimetre. For example if the measurement is half way between 20.3 and 20.4 round up to 20.4. If the measurement is between 20.8 and 20.9 round down to 20.8.
7. The computer expects a response in centimetres and millimetres, so if you try to enter a response just in centimetres (eg '20') without adding the decimal point, it will give you a warning and ask you to enter the answer in full. If the measurement is exactly 20cm, all you need to do is suppress the warning, and it will automatically fill in '.0' for you. Otherwise you will have to go back and amend your response. As a further check, it will also ask you to confirm that a measurement ending in '.0' is correct.
8. Repeat all the above procedure (points 1 to 6) to obtain a second measurement and record this on the nurse schedule. **DO NOT** re-measure the circumference using the original marks - remark the positions.
9. Indicate on the schedule the position of the child when the measurement was taken. Also give reasons why if it was not possible to take a measurement or if only one measurement was obtained.

If the two measurements are more than 1.5cm apart, the computer will give you a warning. If you have made a mistake when entering the figures (eg typed 18.2 instead of 19.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

## **21. RECORDING AMBIENT AIR TEMPERATURE**

### **21.1 The Thermometer**

You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (eg coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it when the computer prompts you to do so. Always switch it off after taking a reading, to avoid battery problems. The thermometer automatically switches off if you have left it on for more than 7 minutes.

Place the thermometer on a surface near the Dinamap. Do not let the probe touch anything - you can for example let it hang over the edge of a table. Do not put it on top of the Dinamap as it will be warm.

Please note that you must enter the temperature to one decimal place - do not round it to the nearest degree. For example, enter '21.2', not just '21'. If you do not enter a decimal point, the computer will give you a warning. If the temperature is exactly, say, 21 degrees, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, it will also ask you to confirm that a temperature ending in '.0' is correct.

### **21.2 Instructions for using the thermometer**

1. The probe plug fits into the socket at the top of the instrument.
2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.
3. Before taking a reading off the display, ensure that the reading has stabilised.
4. Be careful of the probe - it is quite fragile.
5. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
6. The battery in your thermometer is a long-life battery and should last at least one year. However, should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

## 22. BLOOD PRESSURE MEASUREMENT AND HEART RATE READINGS

### 22.1 Eligibility

High blood pressure is an important risk factor for cardiovascular disease. It is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure targets set in the Health of the Nation.

All children aged 5 and over are eligible for this measurement. The technique is exactly the same as with adults. The survey equipment is not suitable for taking the blood pressure of younger children.

The only people not eligible for blood pressure measurement are those who are pregnant. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the computer.

### 22.2 Equipment

Dinamap 8100 blood pressure monitor

Blue pneumatic hose

Power Cord

Cuffs:

Child cuff (12-19cm)

Small adult cuff (17-25 cm)

Standard adult cuff (23-33 cm)

Large adult cuff (31-40 cm)

Extra large cuffs are also available from your Nurse Supervisor, should you require one.

The Dinamap 8100 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure, mean arterial pressure (MAP) and pulse rate automatically at pre-selected time intervals. On this survey three readings are collected at one minute intervals.

{PRIVATE }The Dinamap is equipped with a rechargeable battery, which can run for a minimum of six hours when fully charged. It is essential to keep the battery charged as fully as possible. A yellow battery light will flash as a warning sign on the monitor to alert the user when the charge has fallen below 10%. To recharge the battery, connect the monitor to the mains and press the rear panel AC power switch to the **ON ('I')** position. The green MAINS AC light will indicate that the battery is charging. An overnight charge (eight hours) will provide about four hours of operation.

**!! PLEASE REMEMBER TO CHARGE THE BATTERY !!**

When the Dinamap is switched on the monitor momentarily displays eights (888) in all the digital displays and all indicators will flash as a check for the operation of all LEDs. The audio alarm is also sounded as a check for its operation. If on turning on the monitor any of the displays fail to show the 888s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

### 22.3 Preparing the respondent

The respondent should not have eaten, smoked, drunk alcohol or taken vigorous exercise during the 30 minutes preceding the blood pressure measurement. If possible, arrange the order of the respondents to ensure that this is the case.

Ask the respondent to remove outer garments (eg jumper, cardigan, jacket) and expose the right upper arm. The sleeve should be rolled or slid up to allow sufficient room to place the cuff. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

As with adults, a child's blood pressure reading on a single occasion is not enough to define whether a child's blood pressure is normal or abnormal. In addition the level at which a child's blood pressure is considered to be abnormal will be dependent on that child's age, height and sex. Because of this, unlike the adult situation, you will not be given statements to read out regarding blood pressure for children. Instead we wish you to explain to the parents in advance of the measurement, what the measurement will mean. The Child's Nurse Schedule contains a detailed statement (*BPBlurb*) which you should read out to all parents **before** taking a child's blood pressure. This procedure must always be followed. Otherwise, the parent may feel you are withholding information later because a child has an unsatisfactory result.

### 22.4 Selecting the correct cuff

#### Adults aged 16+

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

#### Children aged 5-15

It is important to select the correct cuff size. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff.

You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require a small adult cuff or a standard adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

#### Adults and Children

The appropriate cuff should be connected via the blue pneumatic hose to the two cuff connectors at the bottom of the display. It is important to ensure these screw connectors are properly connected to avoid any air leak. However do not overtighten. The pneumatic seal is not made by tightening the connector.

### 22.5 The Procedure

Wrap the correct sized cuff round the upper **right** arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the computer when it prompts you to do so. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 2 cm above the cubital fossa (elbow crease).

Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so that the right arm will be resting at a level to bring the antecubital fossa (elbow) to approximately heart level. If a child is being measured beside a low table it may be necessary to use cushions or a pillow under the arm. They should be seated in a comfortable position with cuff applied, legs uncrossed and feet flat on the floor.

Explain to the respondent that before the blood pressure measurement we need them to sit quietly for five minutes to rest. They should not smoke, eat, drink or read during this time. Explain that during the measurement the cuff will inflate three times and they will feel some pressure on their arm during the procedure.

It is important that children as well as adults rest for five minutes before the measurement is taken. However, making children sit still for five minutes can be unrealistic. It is allowable for them to move around a little. They should not be running or taking vigorous exercise. As with adults, they should not eat or drink during this time.

After five minutes explain you are starting the measurement. Ask the respondent to relax and not to speak until the measurement is completed as this may affect their reading.

- a. Switch the monitor '**ON**'.
- b. Press the **SILENCE** button until the yellow triangle above it lights up.
- c. Press the **AUTO/MANUAL** button until the green triangle above it lights up. The cuff will now start to inflate and take the first measurement.
- d. Press the cycle **SET** button until the number **1** lights up in the minutes box. Blood pressure will then be recorded at one minute intervals thereafter. After each interval record the reading on the schedule.
- e. It is possible to retrieve any of the 3 readings if they need to be checked or if you didn't record them for any reason. To do this, wait until the 3 readings have been taken, then press the **AUTO/MANUAL** button followed by the **PRIOR DATA** button. This will display the previous reading ie the second blood pressure. Press the **PRIOR DATA** button again to display the first blood pressure reading, and once again to return to the final reading. The minutes display indicates how long ago the measurement was taken. **IT IS NOT POSSIBLE** to retrieve the readings once the monitor has been switched off.
- f. After the three measurements are complete and recorded on the schedule switch the monitor '**OFF**' and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the red cancel button or the power OFF button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

## **22.6 Error readings**

The most common error reading is 844. This is displayed if one measurement exceeds 120 seconds. This is usually caused by the respondent moving during the measurement. Ask the respondent to sit as still as possible and take the measurement again. **Do not palpate the pulse and do not tell the respondent that their pulse is erratic.** If you still get another 844 error reading, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Other error readings are detailed on the side of the Dinamap itself.

Do not carry out more than three measurements.

## 22.7 Informing respondents of their blood pressure readings

If the respondent/parent wishes, record details of the three readings on their Measurement Record Card. If the respondent is an adult, record what advice you have given (see 22.7b).

### a) Child respondents (age 5 to 15)

We do **not** wish you to comment on the child's blood pressure readings to the parents. If they seek comment, reiterate what you have already said about not being able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be abnormal and if they have given consent for the results to go to the GP, then the GP will get in touch to have the measurement repeated. This rule applies for **all** readings you obtain.

### b) Adult respondents (aged 16+)

In answering queries about an adults blood pressure it is very IMPORTANT to remember that it is **not** the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say in each situation has been agreed with the Department of Health, and will be displayed on the computer screen for you to read out. It is very important that **you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading**. Read the instructions below very carefully and make sure you always follow these guidelines.

**Base your comments on the last two of the three readings.** The computer will disregard the first reading when working out which advice to display. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Department of Health has decided to adopt the ones given below for this survey. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown below.

{PRIVATE }		<b>ADULTS ONLY</b>	
<b>SURVEY DEFINITION OF BLOOD PRESSURE RATINGS</b>			
<b>For men aged less than 50 and all women</b>			
<u>Rating</u>	<u>Systolic</u>		<u>Diastolic</u>
Normal	< 140	and	< 85
Mildly raised	140 - 159	or	85 - 99
Moderately raised	160 - 179	or	100 - 114
Considerably raised	180 or more	or	115 or more
<b>Men aged 50 or over</b>			
Normal	< 160	and	< 95
Mildly raised	160 - 169	or	96 - 104
Moderately raised	170 - 179	or	105 - 114
Considerably raised	180 or more	or	115 or more
NB:	< = less than; > = greater than or equal to		

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

**Normal:**

'Your blood pressure is normal'

**Mildly raised:**

'Your blood pressure is a bit high today.'

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

'You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.'

**Moderately raised :**

'Your blood pressure is a bit high today.'

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

'You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.'

**Considerably raised:**

'Your blood pressure is high today.'

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

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

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

**22.8 Action to be taken by the nurse after the visit**

The action you should take **after** the visit in respect of raised blood pressure readings, differs for children and adults. If you need to contact the Survey Doctor, do not do this from the respondent's home - you will cause unnecessary distress.

**Pulse** - for all respondents the survey doctor routinely checks fast and slow pulse rates so no further action is necessary.

**a) Children**

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



## b) Adults

The chart below summarises what action you should take as a result of the knowledge you have gained from taking an adult's blood pressure readings. **For this purpose you should only take into account the last two readings** as the first reading from the Dinamap is prone to error for the reason stated above.

The Survey Doctor is Dr. xxxxxxxx of the Department of Epidemiology and Public Health, at UCL. She is available on xxxxxxxx during working hours. Out of office hours, Dr. xxxxxx has a pager on which you can leave a message for her to get back to you. To leave a message phone 0181 345 6789 and ask for "UCL 1." You will then be able to give a short message. You should leave the following details on the pager:

Your name

Contact telephone number

If you want the Survey Doctor to ring you back at a specific time etc, leave those details as well.

There is no need to say things like 'I am a nurse working for SCPR' or 'I have had a respondent with high blood pressure', as the pager is only used for this purpose.

NEVER leave any details about the respondent on the pager, eg. respondent's name or telephone number, as this would constitute a breach of confidence.

Do not hesitate to contact her whenever you feel you need advice about what to do after seeing a respondent. If you require to speak with the Survey Doctor in the evening please try to do so before 9.30pm. If you cannot make contact with Dr. xxxxxx, speak to xxxxxxxxxxxxxxxxxxxx who will contact her on your behalf.

{PRIVATE }BLOOD PRESSURE	ACTION
<p><b>Normal/mild/moderate bp</b></p> <p>Systolic &lt; 180 mmHg <b>and</b> Diastolic &lt; 115 mmHg</p>	<p>No further action necessary</p> <p>If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.**</p>
<p><b>Considerably raised bp</b></p> <p>Systolic &gt; 180 mmHg <b>or</b> Diastolic &gt; 115 mmHg</p>	<p>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP.**</p> <p>If the respondent has any symptoms of a hypertensive crisis* contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.**</p>

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

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

All high or unusual readings will be looked at by the Survey Doctor when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent's GP. If the respondent is not registered with a GP, or has refused consent for us to contact their GP, the respondent will be contacted directly.

## 23. MEASUREMENT OF DEMI-SPAN

### 23.1 Eligibility

Only those aged 65 or over are eligible for the demi-span measurement.

Respondents aged 65 or over who cannot straighten either arm, should not have this measurement taken. Question *SpanInt* should be coded 3 (or similar code at *YNoSpan*) and *NotAttM* coded 1.

### 23.2 Purpose

When the interviewer visited the respondent s/he attempted to measure the respondent's height and weight. However, measuring height can be quite difficult if the respondent cannot stand straight or is unsteady on their feet. This can occur with some elderly people, and with people who have particular disabilities. Additionally, height decreases with age. This decrease varies from person to person, and may be considerable.

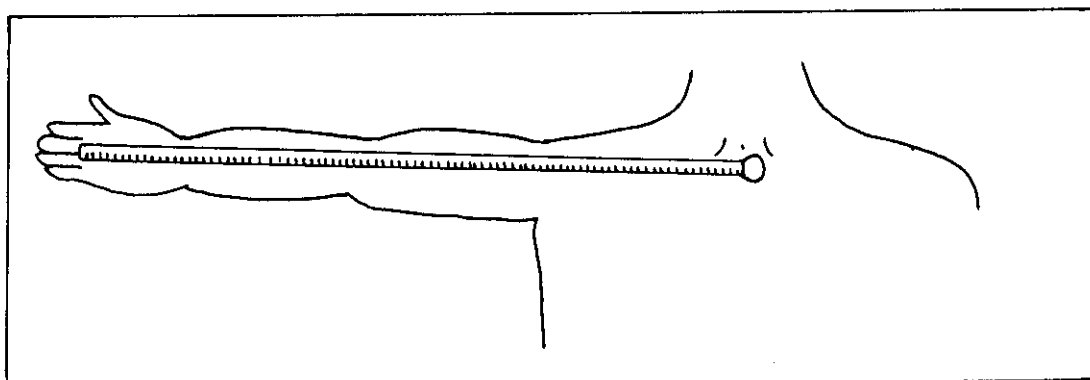
Prior to the 1991 Health Survey there had been no attempt to measure the height of respondents older than 64 years. However, it is becoming more important to have information about the health of the elderly. Therefore an alternative measure of skeletal size, the demi-span, was developed which can be measured easily and does not cause unnecessary discomfort or distress to the elderly or disabled.

The demi-span measurement is the distance between the sternal notch and the finger roots with arm out-stretched laterally.

### 23.3 Equipment

- a thin retractable demi-span tape calibrated in cm and mm
- a skin marker pencil

A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch (see illustration below). The tape is easily damaged if it is bent.



### 23.4 Preparing the respondent

The measurement is made on the right arm unless this arm cannot be fully stretched. In which case the left arm may be used and this should be recorded on the computer.

Although the measurement requires minimal undressing, certain items that might distort the measurement will need to be removed. These include:-

- Ties
- Jackets and thick garments such as jumpers
- Jewellery items such as chunky necklaces/bracelets
- Shoulder pads
- High heeled shoes

Shirts should be unbuttoned at the neck.

If the respondent does not wish to remove any item that you think might affect the measurement, you should record this on the computer but still take the measurement.

### 23.5 Protocol

1. Locate a wall where there is room for the respondent to stretch his/her arm. They should stand with their back to the wall but not support themselves on it. Ask the respondent to stand about 3 inches (7cm) away from it.
2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.
3. Ask the respondent to raise their right arm until it is horizontal. The right wrist should be in neutral rotation and neutral inflexion. Rest your left arm against the wall allowing the respondent's right wrist to rest on your left wrist.
4. When the respondent is standing in the correct position **mark the skin at the centre of the sternal notch** using the skin marker pencil (explain to the respondent that this mark will wash off afterwards). It is important to mark the sternal notch while the respondent is standing in the correct position.

If the sternal notch is obscured by clothing, use a piece of tape (eg Sellotape or masking tape) on the clothing. Note this on the schedule. Use tape that will not mark the clothing.

If the respondent will not allow use of either the marker pencil or the tape, proceed with the measurement but record on the schedule that you were not able to mark the skin.

5. Ask the respondent to relax while you get the demi-span tape.
6. Place the hook between the middle and ring fingers so that the tape runs smoothly along the arm.
7. Ask the respondent to raise their arm. Check they are in the correct position, the arm horizontal, the wrist in neutral flexion and rotation.
8. Extend the tape to the sternal notch. If no mark was made, feel the correct position and extend the tape to this position.
9. When ready to record the measurement ask the respondent to stretch his/her arm.

Check that:

- the respondent is in the right position; no extension or flexion at the wrist or at the shoulders;
- the hook has not slipped forward and the zero remains anchored at the finger roots;
- the respondent is not leaning against the wall.

10. Record the measurement in cms and to the nearest mm at *Span* on the Nurse Schedule. If the length lies half-way between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter '70.2', not just '70'. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 70cm, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, the computer will ask you to confirm that a measurement ending in '.0' is correct.
11. Ask the respondent to relax and loosen up the right arm by shaking it.
12. Repeat the measurement from steps 4-11.

If the two measurements are more than 3cm apart, the computer will give you a warning. If you have made a mistake when entering the figures (eg typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

### **23.6 Using the tape**

The tape is fairly fragile. It can be easily damaged and will dent or snap, if bent or pressed too firmly against the respondent's skin. Also the ring connecting the hook to the tape is a relatively weak point. Avoid putting more strain on this ring than necessary to make the measurements.

When extending the tape, hold the tape case rather than the tape itself as this puts less strain on the hook and tape.

When holding the tape to the sternal notch, do not press into the sternal notch so much that the tape kinks.

### **23.7 Points to watch**

Make sure that the respondent does not flex their wrist or move their trunk or shoulder when stretching their arm.

Be careful that the corner of the hook acting as the zero point does not move away from the finger root so affecting the point from which the measurement is taken.

### **23.8 Seated and lying measurements**

If the respondent is unable to stand in the correct position, or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. Still try to support the arm if possible. You may need to sit or kneel to take the reading.

If the respondent is much taller than you, take the measurement with the respondent sitting.

If the respondent finds both standing and sitting in the correct position difficult, the measurement can be taken lying down.

If the respondent's arm is much longer than yours, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder as this will not provide sufficient support.

## **24. MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES**

### **24.1 Purpose**

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

### **24.2 Equipment**

Insertion tape calibrated in mm, with a metal buckle at one end.

The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape.

### **24.3 Eligibility**

The respondent is ineligible for the waist and hip measurement if:

- a. Pregnant (pregnant women will be automatically filtered round this measurement)
- b. Chairbound
- c. Has a colostomy/ileostomy.

If (b) and/or (c) apply, record this on the computer (question *WHPNABM*). If there are any other reasons why the measurement was not taken, record this on the computer and type in the reason.

### **24.4 Preparing the respondent**

The interviewer will have asked the respondent to wear light clothing for your visit. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading.

If possible, without embarrassing you or the respondent, ensure that the following items of clothing are removed:

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- shoes with heels
- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

If the respondent is wearing a belt, ask them if it would be possible to remove it or loosen it for the measurement.

Pockets should be emptied.

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at questions *WJRel* and/or *HJRel*.

If possible, ask the respondent to empty their bladder before taking the measurement.

## **24.5 Using the insertion tape**

All measurements should be taken to the nearest millimetre. If the length lies half-way between two millimetres, then round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter '78.2', not just '78'. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 78cm, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, the computer will also ask you to confirm that a measurement ending in '.0' is correct.

Ensure the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides.

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

Pass the tape around the body of the respondent and insert the plain end of the tape through the metal ring at the other end of the tape.

To check the tape is horizontal you have to position the tape on the right flank and peer round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent.

Hold the buckle flat against the body and flatten the end of the tape to read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

## **24.6 Measuring waist circumference**

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.
2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.
3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.
4. Repeat this measurement again.
5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

## **24.7 Measuring hip circumference**

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.
2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, eg 95.3.
3. If clothing is significantly affecting the measurement, record this on the schedule.
4. Repeat this measurement again.

## **24.8 General points**

The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be folded before the measure is taken.

If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around.

If your second waist or hip measurement differs by 3cm or more from the first, the computer will give you a warning. If you have made a mistake when entering the figures (eg typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

## **24.9 Measuring the waist circumference**

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger. If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

## **24.10 Recording problems**

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

## 25. SALIVA SAMPLE COLLECTION

We wish to obtain a measure of exposure to passive smoking. This can be detected by measuring the level of cotinine in saliva. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke. Cotinine can also be detected in serum, and this method was used in 1997 for those aged 16-24 while collecting salivary cotinine for children. For 1998, it has been decided to obtain a saliva sample from adults as well as children. Note that respondents' cotinine analysis results will not be sent to them or their GP.

### 25.1 Eligibility

A saliva sample should be obtained from all respondents aged 4 and over.

### 25.2 Equipment

*For adults (aged 16+):*

Plain 5 ml tube

Dental roll

Kitchen paper

*For children (aged 4-15):*

Plain 5 ml tube

Short wide bore straw.

Kitchen paper

The straw makes it easier for children to direct their saliva sample into the tube. Its use will also minimise the amount of other items that are included in saliva, such as crumbs, which might enter the tube.

### 25.3 Procedure

The aim is to get as much saliva as possible into the tube.

*For adults:*

The procedure is very simple, but it is crucial to make sure that an adequate amount of saliva is collected.

1. Instruct the respondent to take the dental roll from the tube, insert it in his/her mouth and leave it there until soaked. The aim is to get the dental roll *saturated* with saliva.
2. Moving the dental roll about the mouth, without chewing, helps to ensure thorough wetting. For most people, 3 minutes will be ample to ensure thorough wetting.
3. If the respondent complains of a dry mouth, and you think you will have difficulties in filling the roll, you can ask them to drink some water before starting the procedure. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.
4. When the respondent has finished, ask her/him to remove the dental roll from her/his mouth and place it in the plain tube.
5. Check that the roll is well soaked. The tube should feel noticeably heavier than an unused one. If the dental roll rattles around in the tube like a pea, it is not sufficiently wet, and you should ask the respondent to put it back in her/his mouth for a further period.



6. Record on the computer that you have taken the sample, and mention any problems you might have encountered.

*For children:*

1. Remove the cap from the plain tube.
2. Give the straw to the child. Explain that you want him/her to gather up their saliva (spit) in their mouth and then let it dribble through the straw into the tube. Make sure that you are not getting sputum i.e. that the child is not clearing their chest for the spit.
3. Allow the child about three minutes to do this. Collect as much as you can in this time. The saliva will be frothy, so it is easy to think you have collected more than you actually have, so do not give up too soon.
4. If children find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.
5. If the child's mouth is excessively dry and they can not produce saliva allow them to have a drink of plain water. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.
6. Record on the computer that you have taken the sample along with any problems you may have encountered.

#### **25.4 Packaging the saliva sample**

1. Make sure that the lid of the salivary tube is secure.
2. Label the tube (using the green labels provided for blood samples). Enter the respondent's serial number and date of birth on the label.
3. Wrap the tube with kitchen towel and put into a resealable plastic bag. Pack this bag into the envelope, either together with that respondent's blood container (if blood was obtained), or on its own.
4. Put the despatch note in the envelope.
5. If you have 'saliva-only' samples from the **same** household, they should be separately wrapped in kitchen towel and put into a resealable plastic bag as above. They should then all be packed in the same envelope, up to a maximum of four per envelope. Put the relevant number of despatch notes loose into the envelope. **NB this only applies to respondents for whom a blood sample was not collected.** If there are more than four 'saliva only' samples in a household, you will need to use more than one envelope.

Continue to pack as instructed from point 6 onwards in Section 27.2 'Packing the blood samples'.

## 26. BLOOD SAMPLE COLLECTION

### 26.1 Eligibility

All persons aged 18 and over, with the following exceptions, are eligible to give blood.

- a. Pregnant women
- b. People with clotting or bleeding disorder (see note below)
- c. People who have ever had a fit
- d. People who are not willing to give their consent in writing.
- e. People who are **currently** on anticoagulant drugs, eg Warfarin therapy.

For a fuller description about clotting or bleeding disorders see section 17.2 of this document (The Nurse Schedule); in particular the part referring to question *ClotB* (adult) and *CClotB* (children).

### 26.2 Purpose

The blood will be analysed for: haemoglobin, ferritin, total cholesterol, HDL cholesterol, fibrinogen and C-reactive protein.

Haemoglobin and ferritin are being measured because they are indicators of nutritional status, being reduced if there is an inadequate iron supply in the diet. Frequently, an inadequate iron supply can imply a more general nutritional problem.

Total cholesterol and fibrinogen are being measured because raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.

The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.

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

### 26.3 Equipment

Tourniquet	Vacutainer holder
Alcohol swabs	Vacutainer needles 21G (green)
Dental rolls	Butterfly needles 23G
Rubber gloves	Needle disposal box
Adhesive dressing	Vacutainer plain red tubes
Plastic postal containers	Vacutainer EDTA purple tubes
Padded envelopes	Vacutainer citrate blue tubes
Sealable plastic bags	Vacutainer needles 22G (black)
Kitchen roll	
Micropore tape	
Set of labels for blood sample tubes	

**Three** tubes need to be filled for both adults and children. They should be filled in the following order so that, if a situation arises where there will be insufficient blood to fill all the tubes, the analyses with the highest priority can still be undertaken.

1. **Plain (red, large) tube.** Only use tubes with white inset in lid.
2. **EDTA (purple, small) tube.**
3. **Citrate (blue, small) tube.**

### 26.4 Obtaining consent

It is not sufficient to simply have one signature at items I-III on the BS page of the Consent Booklet. You must make sure you have all three relevant signatures.

## **26.5 Preparing the respondent**

Ask the respondent if they have had any problems having blood taken before.

1. Explain the procedure to the respondent. They should be seated comfortably in a chair, or if they wish, lying down on a bed or sofa.
2. Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface. Ask them to remove their jacket or any thick clothing, if it is difficult for them to roll up their sleeve.

The antecubital fossae may then be inspected. It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly.

Do not ask the respondent to clench his/her fist.

3. Select a suitable vein and apply the tourniquet around the subject's arm. However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time. Do not leave the tourniquet in place for longer than 2 minutes.

Ask the respondent to keep his/her arm as still as possible during the procedure.

4. Put on your rubber gloves at this point.

Clean the venepuncture site gently with an alcohol swab. Allow the area to dry completely before the sample is drawn.

## **26.6 Taking the sample**

Venepuncture is performed with a green twenty one gauge vacutainer needle or butterfly.

Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured. Place your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.

Remember to take the tubes in the correct order. The first tube should always be the large plain tube with the red cap followed by the purple EDTA tube then the blue citrate tube. The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservative.

Release the tourniquet (if not already loosened) as the blood starts to be drawn into the tube. Remove the needle and place a dental roll firmly over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.

If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, DO NOT attempt to try again. Record the number of attempts on the Schedule.

Record which arm the sample was drawn from (or both).

Remove the needle from the vacutainer holder by inserting it into the slot at the top of the needle

disposal box. Push it towards the narrow end of the slot until the hub fins are engaged. Twist the holder anti-clockwise to unthread the needle. Then slide the holder towards the centre of the slot, allowing the needle to drop into the container.

{PRIVATE }*IMPORTANT WARNING*

**Never re-sheath the needle after use.**

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

Check on the venepuncture site and affix an adhesive dressing, if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.

### **26.7 Fainting respondents**

If a respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down.

If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.

### **26.8 Disposal of needles and other materials**

Place the used cotton wool balls in the sharps box and put gloves etc in the self-seal disposal bag. The needle disposable box should be taken to your local hospital for incineration. Telephone them beforehand, if you are not sure where to go. If you come across any problems with the disposal, contact the Survey Doctor who will contact your local hospital. The sealed bag can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood.

### **26.9 Needle stick injuries**

Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform xxxxxxxx at UCL.

### **26.10 Respondents who are HIV or Hepatitis B positive**

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

## 27. SENDING BLOOD AND SALIVA SAMPLES TO THE LABORATORY

The blood samples are sent to the Royal Victoria Infirmary Laboratory in Newcastle-upon-Tyne. It is important that the blood is sent properly labelled and safely packaged and that it is despatched immediately after it has been taken.

### 27.1 Labelling the Blood Tubes

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

Use the set of serial number and date of birth labels (green) to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very **clearly** on each label. Make sure you use **blue biro** - it will not run if it gets damp. Check the Date of Birth with the respondent again verbally.

Stick green label over the label already on the tube. The laboratory need to be able to see on receipt how much blood there is in the tube.

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

### 27.2 Packaging the blood samples

Pack the tubes for each respondent separately from those of other members of the household. All the tubes from one person can be packed together in one container.

The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

1. You are supplied with plastic containers designed to take three tubes. Place the filled tubes in a container. Press the two halves of the container firmly together.
2. Wrap a piece of kitchen towelling paper around the plastic container.
3. Place the wrapped container into the resealable plastic bag (in your supplies), with the opening of the bag covering the hinged part of the plastic container. Ensure that the bag is sealed.
4. Place the wrapped container into the pre-addressed envelope, inserting it so that the opening of the plastic bag goes in first (ie away from the entrance to the envelope).
5. Put the Blood Sample Despatch Note in the envelope.
6. Fold over the end of the envelope, and seal firmly with **sellotape**. Wrap the tape right round the envelope.

#### **NEVER use staples to seal the envelope**

Staples can cut post office workers' hands. When blood is transported this can be dangerous.

7. Post the envelope immediately. It will go special delivery. This ensures that it arrives the next day.  
If you do your interview too late to catch the last post, post it to catch the next post. If you miss the Saturday post collection, take the envelope to a box that has a Sunday collection. The blood should not be refrigerated.
8. When you have posted the blood samples, fill in the **time and date of posting** on the office copy of the Blood Sample Despatch Note.

### 27.3 Completing the Blood Despatch Note (DESPATCH 1)

The Consent Booklet contains a Despatch Note that should be filled in and sent to the laboratory with the blood sample.

- \* Enter the respondent's serial number very carefully. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial numbers you have recorded on the tubes.
- \* Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with entry on nurse schedule and tube label. Do not forget to code which age group category the respondent belongs to.
- \* Complete item 5.
- \* At Item 6 ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 9d on the front page of the booklet.
- \* At Item 7 enter your SCPR Nurse Number.

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

Complete the **Office Despatch Note (Despatch 2)** on the last page of the Consent Booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

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



8. COMPLETE FOR EACH PERSON REFUSING TO TAKE PART (CODES 83/84 AT Q7)

ENTER PERSON/CHILD NO.	03							
ENTER FIRST NAME	Edna							
REASON FOR REFUSAL:								
Cannot/won't find time	1	1	1	1	1	1	1	1
Feels done enough already	2	2	2	2	2	2	2	2
Recently had health check/GP knows health	3	3	3	3	3	3	3	3
Had enough of medical profession	4	4	4	4	4	4	4	4
Doesn't want to know results/tempt fate	5	5	5	5	5	5	5	5
Frightened of procedures	6	6	6	6	6	6	6	6
Other	7	7	7	7	7	7	7	7

9. COMPLETE IF BROKEN APPOINTMENT, ILL, AWAY OR OTHER UNPRODUCTIVE (CODES 85-89 AT Q7)

PERSON/CHILD NO.	GIVE FULL DETAILS