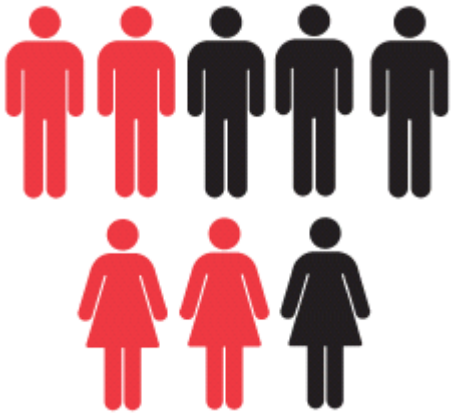
P2827

NatCen
National Centre for Social Research

# Health Survey for England 2008

# Interviewer Project Instructions



Contents

# 1 Using these instructions

These instructions are designed to give you all the information you need to work on the Health Survey for England . They are a reference for both experienced interviewers and for those who have not worked on HSE before.

To help you identify the information that you need, we have added icons next to some questions:

Some information is broken down into 'Question and Answer' style to make it easier for you to find the information you need. These are indicated by a question mark.

To illustrate some key points we have put examples or reminders in a box. These are indicated by a star.

**Section 1** Some of the sections in these instructions overlap. To avoid repetition you may be directed to look at another section for further information.

**Must-read sections**
Some sections of the instructions are particularly important for you to read, even if you are an experienced HSE interviewer. These are because they contain information that is new to 2008:

**Section 5** 2008 Survey Design
**Section 7** The actigraph
1.1.2 **Section 10** Liaising with your nurse partner

# 2 Contact details

This section contains a quick reference of contacts on HSE. A full list of office staff is in **section 3.2**.

| | | |
|---|---|---|
| **Project Number** | P8727 | |
| **Purple team contacts** | Lesley Mullender – Project Controller | 01277 690060 |
| | Sue Roche – Deputy Project Controller | 01277 690061 |
| | Rod Cox - Equipment & supplies | 01277 690064 |
| **Research contacts** | Simon Holroyd – Research Director | |
| | Rachel Craig – Research Director | |
| | Joanne Thompson – Senior Researcher | |
| | Deanna Pickup – Researcher | |
| | Soazig Nicholson – Researcher | 020 7549 7016 |

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

# 3 General information

## 3.1 Background and aims

**"The Health Survey for England" is the title of a series of annual surveys commissioned by the Information Centre for health and social care (the IC), which is part of the National Health Service (NHS).**

**Their objective is to monitor trends in the nation's health.**

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. What did exist were statistics on the number and causes of deaths. Some other statistics (such as hospital admissions) were derived from people's contacts with the National Health Service, but these statistics were concerned only with very limited aspects of health. For example, they were likely to record the particular condition treated rather than the overall health of the patient. While information was also available from other sources, such as other surveys, it tended to deal with specific problems, not with health overall. Even the wider-ranging surveys did not provide measures of change over time.

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

The Health Survey for England is that survey. It 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 is used to help plan NHS services to meet the health needs of people in England.

**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 preventative and curative health.

The Health Survey for England is carried out by **the National Centre for Social Research** and the **Department of Epidemiology and Public Health**

**at University College London Medical School (UCL)**, who together form the **Joint Health Surveys Unit.**

HSE is a large survey with fieldwork carried out continuously throughout the year. The survey includes adults and children from age 0 upwards.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics are brought back at appropriate intervals in order to monitor change. For example, cardiovascular disease was the focus of the 1998, 2003 and 2006 surveys.

In some years the survey boosts people in certain groups to get a more detailed picture of their health. Recent examples include the 2005, 2006 and 2007 surveys which boosted the number of children and young people and the 2005 survey which boosted the number of people aged 65 and over and also included people in care homes.

## 3.2 The Health Survey Team

In 1993, the *National Centre for Social Research* and the UCL Department of Epidemiology set up the Joint Health Surveys Unit so their joint expertise could be utilised in undertaking health surveys.

The office-based members of the Health Survey for England team for the 2008 survey are:

| National Centre | | UCL |
|---|---|---|
| **London** | **Brentwood** | |
| Rachel Craig (Research Director) | Lesley Mullender (Project Controller) | Dr Jenny Mindell (Health Survey Doctor) |
| Simon Holroyd (Research Director) | Sue Roche (Deputy Project Controller) | Barbara Carter-Szatynska |
| Joanne Thompson (Senior Researcher) | and the Purple team: | Mo Chaudhury |
| Deanna Pickup (Researcher) | Elaine Brown | Kerina Tull |
| Soazig Nicholson (Researcher) | Maureen Slater | Vasant Hirani |
| | Ruth Barron | Dr Nicola Shelton |
| | Elaine James | |
| | Tamara Lovell | |
| | For **equipment**: Rod Cox | |

In addition to the office-based staff above, every fieldwork area has a Health Manager who is responsible for the day-to-day running of the project in their region. Your Health Manager will speak to you and your Team Leader regularly and can help with any queries or questions you may have when working on HSE.

## 3.3 HSE website for respondents

The Health Survey for England has its own website. It is designed to give respondents more information about the survey. You can refer respondents to the website if the respondent would like further information. The website address will also be on advance letters, and information leaflets.

The website address is:

**www.healthsurveyforengland.org**

# 4 Overview of HSE 2008

## 4.1 What's new in 2008

In 2008 there is a dual focus to the survey:

- physical activity and fitness
- obesity in children

**Sample**
- 'Full size' general population sample
- Child boost
- Actigraph (activity monitor) to be placed at some addresses
- Three types of sample point:
  - Core and screening combined (non actigraph)
  - Core (with actigraph)
  - Boost (with actigraph

**New Modules**
- Enhanced Adult Physical Activity module
- New Child Physical Activity module
- **NO** knowledge and attitudes, social capital or social exclusion questions in self-completion booklets

### 1.1.1 Actigraph
- New measure of physical activity
- Placed in the interview
- Collected by either the interviewer or the nurse

**Nurse Visits**
- Nurse visit for everyone aged 0+ in **core** addresses only (both actigraph and non-actigraph)
- No nurse visit for boost addresses
- Nurse will collect blood samples this year

**Self-Completion Questionnaires**
- Self completions shorter than in 2007

## 4.2 Physical activity and fitness

HSE has collected data on physical activity several times since 1991. Data from HSE is used to obtain estimates of the percentage of the population meeting the government recommendations for physical activity. In the lead up to the mainstage 2008 survey we conducted development work to improve the physical activity questionnaire used on HSE. The Information Centre for health and social care are keen to maintain the trends data for adult physical activity so that we can compare with previous HSE years. In light of this we modified the adult and child questionnaires and the new versions were cognitively tested. The questionnaires have since been tested in two pilots.

In spite of these improvements, physical activity remains a complex topic which is difficult to quantify using a questionnaire. Because of this, we are also including an objective measure of physical activity in HSE 2008: the **actigraph.** The actigraph is a small monitor which is worn on a belt around the respondent's waist. We are asking respondents to wear the actigraph for seven consecutive days, starting the day after the interview. **This is the first national study to use an activity monitor to collect information about physical activity within the general population.** It will provide invaluable information about actual levels of activity, which will be used to supplement the data from the questionnaires.

Although it is important for us to measure physical activity, there is some evidence that physical fitness may be an important health risk factor, regardless of the amount of how physically active a person is. We will therefore be including a **step test** in the nurse visit as an objective measure of physical fitness. This means we will be able to build a picture of not just how active the nation is, but also how physically fit.

# 5 2008 Survey Design

## 5.1 Overview of the sample and interviewer workload

In HSE 2008 there is a **full size** core sample (approximately 16,000 adults and 4,000 children) and an additional child boost (approximately 4,000 children).

The sample is split into three sample types:

1. **Core and screening combined (non actigraph)**
   - 13 core addresses (up to ten adults and two children 0-15)
   - 16 screening addresses (two children 2-15 only)

2. **Core actigraph**
   - 15 addresses (up to ten adults and two children 0-15)

3. **Boost actigraph**
   - 33 addresses (two children 2-15 only)

The interview will be followed by a **nurse visit** for all core addresses but no boost addresses.

## 5.2 Sample types

The table below gives a summary of the different assignment structures:

| | CORE AND BOOST (NON ACTIGRAPH) POINT | | CORE ACTIGRAPH | BOOST ACTIGRAPH |
|---|---|---|---|---|
| | Core | Screening for children aged 2-15 | | |
| **Addresses** | 1-13 | 14-29 | 1-15 | 1-33 |
| **Who is eligible?** | Up to 10 adults aged 16+ **AND** Up to 2 children aged 0-15 | Up to 2 children aged 2-15 | Up to 10 adults aged 16+ **AND** Up to 2 children aged 0-15 | Up to 2 children aged 2-15 |
| **Nurse visit** | All interviewed (aged 0+) | No nurse visit | All interviewed (aged 0+) | No nurse visit |
| **Eligibility for actigraph** | None | None | Up to 2 interviewed respondents | Up to 2 interviewed children |
| **ARF colour** | Pink | Green | Pink | Green |
| **Document code** | C | B | CA | BA |

- **Core and screening combined (non actigraph)**

  In 2008, a core point is made up of core addresses (1-13) and boost (screening) addresses (14-29). At screening addresses, you will be interviewing up to two **children aged 2-15**. You will need to ask a screening question on the doorstep to establish whether there are any people in the household of the required age (further guidance on screening can be found in **section 6.3**).

- **Core actigraph**

  A core actigraph point is made up of only core addresses (1-15). Up to two respondents at each address will be eligible for the actigraph.

- **Boost actigraph**

  A boost actigraph point is made up of only screening addresses (1-33). At these addresses, you will be interviewing up to two **children aged 2-15**. You will need to ask a screening question on the doorstep to establish whether there are any people in the household of the required age (further guidance on screening can be found in **section 6.3**). Two children at each address will be eligible for the actigraph.

## 5.3 Overview of the survey structure

At **core addresses**, there are two stages to the survey.

**STAGE 1**: **The interviewer visit**. You obtain individual interviews with everyone eligible in the households, take height and weight measurements, and Introduce Stage 2.

**STAGE 2**: **The nurse visit**. You obtain agreement for the nurse to visit, and leave a special leaflet about the nurse visit with the respondent. During Stage 2, the nurse asks medical questions and takes measurements.

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, your job is not complete until you have introduced the second stage, and have attempted to obtain agreement to the nurse visit. You should also make an appointment for the nurse to visit. Response to date has been good at both stages and we expect this to continue.

At **boost addresses**, there is **no second stage** to the survey. You obtain individual interviews with up to two children aged 2-15, and take height and weight measurements.

## 5.4 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. The household reference person or spouse should answer this questionnaire.

For each household member eligible for interview there is an ***Individual Questionnaire*** which includes a self-completion section for those aged 8 and over. Joint (concurrent) interviews may be conducted simultaneously where this is practical with up to four individuals at a time.

Towards the end of the interview, you measure each person's height and weight.

**Estimated Timings**
The interview length will vary depending on the individual's age and circumstances, and whether or not anys actigraph are placed. The table below gives estimated timings for different sized households based on data from the dress rehearsal:

| Session Type | Estimated mean interview length including household questionnaire and household grid |
|---|---|
| One-person (adults aged 16-64) | 51 minutes |
| One-person (adults aged 65+) | 46 minutes |
| Two-person (adults aged 16+) | 61 minutes |
| Three-person (one adult aged 16+, two children aged 0-15) | 72 minutes |
| Four-person (two adults aged 16+, two children aged 0-15) | 98 minutes |

## 5.5 The nurse visit

Stage 2 is a visit carried out by a qualified nurse.

At the end of the Individual Interview you will introduce the nurse visit and make an appointment using the availability that the nurse has given you.

**It is really important that you contact the nurse to let him/her know that an HSE appointment has been made.**

In the core addresses all interviewed respondents are eligible for a nurse visit. In the child boost addresses there are no nurse visits.

When the nurse visits, they will ask the respondent about prescribed medicines, vitamins and nicotine replacement therapies. They will also ask the respondent's permission to take some measurements and samples. See **section 5.6** for a summary of these measurements and samples. The nurse will gain written consent before taking blood and saliva samples.

In 2008 one of the nurse measures will be a measure of physical fitness: the **step test**. This involves stepping up and down to a beat for up to 8 minutes. The nurse will gain written consent before the respondent starts the test.

If the respondent wishes to be given the results of the blood pressure, waist and hip and infant length measurements, the nurse enters this information onto their Measurement Record Card. With the respondent's permission, blood pressure readings can be sent to their GP.

**Estimated timings:**

| Respondent | Estimated mean nurse visit length |
|---|---|
| Adult (without actigraph collection or step test) | 32 minutes |
| Adult (with actigraph collection and step test) | 53 minutes |
| Children | 5-13 minutes (depending on age) |

## 5.6 Summary of data collected

Interviewer questions:

| Module/Section | Children aged 2-15 (screening within core & boost | Children aged 0-15 (core only) | Adults aged 16+ |
|---|---|---|---|
| Household questionnaire | λ | λ | λ |
| General health (age 0+) | λ | λ | λ |
| Fruit and vegetables (5+) | λ | λ | λ |
| Children's eating habits (2-15) | λ | λ | |
| Children's physical activity (2-15) | λ | λ | |
| Smoking (18+) | | | λ |
| Drinking (18+) | | | λ |
| Background classifications | λ | λ | λ |
| Self completions (8+) | λ | λ | λ |
| Parent self-completion | λ | λ | |
| Height and weight measurements (0+) | λ | λ | λ |
| Actigraph (4+, actigraph points only) | λ | λ | λ |
| Consents (0+) | | λ | λ |

Nurse schedule:

| Nurse Measurements & Questionnaire | Respondent Ages |
|---|---|
| Immunisations | Over 6 weeks but less than 2 years |
| Infant length measurement | Over 6 weeks but less than 2 years |
| Prescribed medications | All ages |
| Folic acid supplements | Women aged 18 to 49 years |
| Nicotine replacement therapies | 16 years upwards |
| Blood Pressure | 5 years upwards |
| Saliva sample (for cotinine) | 4 years upwards |
| Step test | 16 to 74 |
| Waist and hip circumference | 11 years upwards |
| Blood sample analytes: | 16 years upwards |
| - Total and HDL cholesterol | |
| - Glycated haemoglobin | |
| Eating habits self completion | 16 years upwards |

# 6 Who to interview

## 6.1 Overview

<table>
<tr><th colspan="2">Core and Boost combined points (non actigraph)</th></tr>
<tr><th>Core addresses (1-13)</th><th>Boost addresses (14-29)</th></tr>
<tr><td>At each core address you should:<br>• Identify who is in the household and attempt to interview everyone aged 0 and over (up to a maximum of 2 children and 10 adults).<br>• Offer all interviewed a nurse visit.</td><td>At each boost address you should:<br>• Identify anyone in the household aged 2-15.<br><br>Then, in households where younger people have been identified:<br>• Carry out a Household Interview with the Household Reference Person or spouse<br>• Interview up to a maximum of 2 children, aged 2-15</td></tr>
<tr><th colspan="2">Core points (actigraph)</th></tr>
<tr><td colspan="2">At each address (1-15) you should:<br>• Identify who is in the household and attempt to interview everyone aged 0 and over (up to a maximum of 2 children and 10 adults).<br>• Offer the actigraph to those respondents who have been selected for the actigraph (up to 2 per household)<br>• Offer the nurse visit to all interviewed.</td></tr>
<tr><th colspan="2">Boost points (actigraph)</th></tr>
<tr><td colspan="2">At each boost address you should:<br>• Identify anyone in the household aged 2-15<br><br>Then, in households where younger people have been identified:<br>• Carry out a Household Interview with the Household Reference Person or spouse<br>• Interview up to a maximum of 2 children, aged 2-15</td></tr>
</table>

Note: The CAPI will make it clear to you exactly who you do or do not need to interview.

## 6.2 Proxy interviews

Apart from interviews with children aged under 13 years (see **section 6.4**) you should **not** complete any interviews by proxy. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physical or mentally incapable). If the respondent does not speak English you should not complete the interview even if you speak their language.

## 6.3 Screening for children

| At all **boost addresses** you will screen for children **aged 2-15**. |
|---|

At boost addresses, you will need to ask a screening question at the doorstep to establish whether there are any people in the household of the required age. An **introductory question** could be:

*"I'm (your name) from the National Centre for Social Research. I'm working on the Health Survey for England, sponsored by the Information Centre for health and social care. We're interested in the health of younger people, can I just check, is there anyone living in this household who is aged between 2 and 15?"*

On the doorstep, **introduce the survey** (as above) and always **remind respondents about the advance letter**. If they can't remember it, give them another. Find out if any of the household members are willing to be interviewed and check whether the willing respondents fall into the age ranges you required.

- **Tips**

At screening and boost addresses, we are looking for children aged 2-15. We are therefore looking for people from what might be seen as a 'vulnerable' group. You need to think carefully about your doorstep approach in these cases and be ready with explanations if questioned by household members.

- This survey is sponsored by the Information Centre for health and social care, which is part of the Department of Health.
- You have registered at the local police station before starting to work in this area. If the police station stamped a copy of the advance letter you can show this to respondents. If you have CRB clearance this may also help to reassure people.
- The main reason we are targeting people in this age group is to get an accurate picture of health and lifestyles from all different people, including those who are younger.
- The health of children is very important to us so we need to interview more people of this age to get accurate data. This is why in some areas we will be focusing our attention on children.
- Interviewers all over the country are looking at the health of people of different ages. You have been asked to focus on children's health.
- Make it clear to parents that you can only interview children if the parent or legal guardian is present.
- There is a freephone number on the advance letter if the respondents want further clarification. Members of the Purple Team and the research team would be happy to answer any questions they may have.

- **Translated screening document**

  In your HSE starter packs you will receive two translated screening documents, one is **green** and one is **purple**.

  This was developed following a suggestion from an interviewer for use at screening addresses where the person on the door step does not speak English. This will enable you to screen out addresses with no children aged 2-15, even if no-one at the address speaks English.

  A small paragraph about the Health Survey and the reason why you, the interviewer, is calling at the address, has been translated into the 7 major languages used in 2004 when we did a minority ethnic boost, and also into Polish.

  **The multi-language screening card has been split into two separate documents.**

  - **The green sheet** is for those who speak and read **Polish or Chinese (traditional or simplified)**
  - **The lilac sheet** is for those who speak and read **Bengali, Hindi, Punjabi, Urdu, or Gujarati.**

***How do I use the translated screening document?***

At **Q1** the respondent is asked to tick whether there are children living in the house.

- If they tick **no** you should code **772** on your screening ARF
- If they tick **yes** then the respondent needs to answer the second question on the multi-language screening card..

**Q2** asks whether there is anyone in the house who can speak English.

- If the respondent ticks **yes**, you should find out whether there is a **parent** in the house who speaks English. If so you can interview the children (providing they speak English too) when the parent is present.
- **If no parent speaks English** you should follow the rules set out below:

**REMINDER – IF NO PARENT SPEAKS ENGLISH IN THE HOUSEHOLD:**

If there is no parent who speaks English but there is an English-speaking adult relative (e.g. sibling aged 16+ or aunt) and the child speaks English then

- **If the child is aged 13-15** the adult relative can answer the household questionnaire and the child can do the individual questionnaire **providing the child's parent gives permission and is present.** This permission will need to be obtained by using another family member as an interpreter and you should only proceed if you feel confident that the parent has given **informed consent.** In this case the SDQ questionnaire cannot be completed

- **If the child is aged 12 or younger**, then **the interview cannot be carried out** and you should code **541** on your ARF.

Please send this document back to the Purple team once used.

## 6.4 Interviewing children

- **Obtaining consent**

  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 you. But note, **you should never be left in a room by yourself with a child**.

  If there is any disagreement between parents, or between parent and child, regarding willingness to co-operate in the survey, **always** 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.

  When interviewing children:

| | |
|---|---|
| ***0 to 7 year olds*** | • Interview parent / guardian about the child<br>• Child **must** be present for heights and weights<br>• Child should **ideally** be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten |
| ***8 to 12 year olds*** | • Interview parent / guardian about the child<br>• Child **must** be present throughout interview because of self completions and heights and weights |
| ***13 to 15 year olds*** | • With parental consent, interview child directly<br>• Parent must be at home |
| ***16 to 17 year olds*** | • Parently agreement **desirable** but not compulsory |

**6.4.1**

- **FAQs about interviewing children**

***What should I do if a child needs help answering the questions***?
You should always try to assist the child, rather than letting the parent help

***What should I do if there is a child in the household who is away from home for the whole of the fieldwork period?***
This may apply to children away at boarding school (who do not come home at weekends), on an extended visit / holiday away from home, or ill in hospital. In this situation you should do the following:

| | |
|---|---|
| Child aged 13-15 | Code as unproductive. |
| Child aged 0-12 | Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information. |
| At HtResp & WtResp | Enter “Height/Weight not attempted”. At NoHitM and NoWaitM code “Child away from home during fieldwork period” and enter a note in a remark to say why. |
| At Scomp3 & Scomp6 | 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. |
| At SComp6, NoHitM & NoWaitM | 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. |

***Are there any other circumstances where the child might not be present for interview?***
No, these are the only occasions where children might not be present. Even though you are interviewing parents about children aged between 0-12, you must have the child close-by during the interview so that you do not lose height, weight and self completions. You should ensure that you make appointments when the child will be available and not at school, visiting a friend, or in bed. This must be stressed to parents when setting up appointments for your interview and the nurse interview.

- **‘Thank you’ presents for children and young people**

  Given the large demand we are making on the household, particularly in households with children, we feel it is appropriate to give a small present to each of the children and young people helping with the survey. You will be given a selection of small ‘surprise packs’ that contain **stickers** for younger children (NB these are not suitable for children under 3). There are **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 (e.g.. 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 surprise pack - not both.

# 7 The actigraph

The actigraph is a new and exciting aspect of HSE in 2008. It will enable us to build an accurate picture of the amount of physical activity people do in England. Although the actigraph has been used in other studies, this is the first national survey to use this tool.

Working on an actigraph point requires you to be organised as there is a lot to think about. This section gives you all the information you will need to start work on an actigraph point. It also gives some Frequently Asked Questions about the actigraph from our two pilot studies. If you have any further questions that are not answered in this section please do not hesitate to ring the office.

## 7.1 About the actigraph

The actigraph is a small lightweight accelerometer which measures energy expenditure. It is worn on a belt above the right hip. Selected respondents will be asked to wear the actigraph for seven consecutive days while they are awake and remove it when they are sleeping, swimming, showering or having a bath. The seven day period will start on the day after the interview.

**Respondents will be given a £20 voucher as a thank you for wearing the actigraph.**

If a respondent agrees to wear the actigraph they will also need to fill in an activity log booklet to record when they wear the actigraph and what they did when they were not wearing it. The booklet is very valuable as it will enable researchers to find out whether respondents did any activities that were not recorded by the actigraph, for example if someone went swimming, and how long for.

The actigraph is battery powered and has a battery life of a maximum of 14 days continuous use. For more information on charging the actigraph see **section 7.3.2**.

**★ ACTIGRAPH DEADLINES**

**YOU CAN ONLY PLACE ACTIGRAPHS IN THE FIRST FIVE WEEKS OF FIELDWORK.**

Because of their cost we only have a limited supply of actigraphs. We need to have all of the actigraphs back in the office as soon as possible after the six-week fieldwork period so that they can be sent out to interviewers working on other fieldowork months. If you placed an actigraph in the sixth week of fieldwork it would have to be collected outside the fieldwork period which would mean that it would not arrive back in the office on time.

It is also important for data purposes that they actigraphs are and collected within the fieldwork period. That way we can look at how physical activity varies at different times of year.

YOU SHOULD NOT AGREE TO WORK ON AN ACTIGRAPH POINT UNLESS YOU CAN COMMITT TO THESE DEADLINES.

## 7.2 Eligibility for the actigraph

In each household **up to two** respondents are eligible for the actigraph. The CAPI program will automatically select respondents for the actigraph component according to the following eligibility rules:

- Only those **aged 4 and above** are eligible for the actigraph
- In **core households** no more than one child will ever be selected for the actigraph
- In **boost households** no more than 2 children will ever be selected

Please note that this will be a random selection, and if a respondent does not want to take part we cannot replace them with another member of the household.

***Why were only two respondents in the household eligible to wear the actigraph?***

We want to look at the activity levels of a range of different types of people. If we asked everyone in one household they may have similar activity patterns to each other than people in different households. However, it is more efficient to place actigraphs within the same household so we are allowing up to two actigraphs per household.

## 7.3 Actigraph equipment and documents

- **Actigraphs**

  You will be issued with several actigraphs in your workpacks. However, we do not have enough actigraphs to issue you with as many as you will need from the start of the month. We will re-program and re-number them as they are sent back to the office and then send them back out to interviewers.

  When you are running low on actigraphs you should get in touch with the office to request some more. Please do this in good time so that they reach you when you need them.

  Once an actigraph has been used it needs to be returned to the office as soon as possible because we will need to send it out to another interviewer. If you have any actigraphs that you do not think you will use, for example because you are going on holiday, please let the office know so that we can give them to another interviewer.

- **Chargers**

  You will be provided with a 7-port charger, which allows you to charge up to seven actigraphs at a time.

#### *7.3.1.1 Charging procedure*

When you receive the actigraphs they will have been fully charged and programmed. However, the battery life is only 14 days so before you hand the actigraphs to respondents you should boost the charge on the actigraph.

**CHARGING ACTIGRAPHS:**

- Plug each acitgraph into the charger using the leads provided
- Plug the charger into the mains supply, via the adaptor provided
- When the actigraph is fully charged it will display a steady red light

**You should NEVER plug the actigraph into your computer.**

***How long will it take to charge the actigraphs?***

Charging time varies depending on how run down the battery is. To charge from flat takes three hours. When you first receive them, the battery will already have been charged by the Purple Team so it will just need a top-up charge which will take around one hour.

***7.3.1.2 What does it mean if the red light flashes?***

The red light on the actigraph displays different statuses to indicate how much battery is left:

| ***7.3.1.3 Red is…*** | ***Battery life:*** |
|---|---|
| *Off* | Fine. The actigraph is collecting data. |
| *Flashing steadily* | Fine. The actigraph is collecting data.* |
| *Flashing twice every three seconds* | Battery is low. Actigraph needs recharging. |
| *On (steady, not flashing)* | This should only occur when the actigraph is plugged into the charger and indicates that the monitor is charging. |

*Most HSE actigraphs will have the flash disabled so that it only flashes if the battery is low. However if you receive one that constantly flashes (a steady flash) do not worry – the battery is fine.

- **Belts for actigraphs**

  You will be given lengths of elastic in your workpacks. This means that you will be able to cut the belt to the right size for the respondent. If you would rather not carry the whole roll with you when you go out to addresses you can cut it into smaller sections to take with you. However, please bear in mind that some respondents will need more elastic than others, which is why we haven't already cut them to size for you. For this reason you might want to keep some spare elastic in your car.

  You will also be given belt clips to attach to the elastic.

  If you need to purchase scissors to cut the elastic you can claim for these.

***What should the respondent do if they are finding the actigraph belt uncomfortable to wear?***

They can wear the belt over a thin layer of clothing and we would suggest doing this to avoid rubbing. They can also adjust the length of the belt if it is too tight. However they should make sure the belt is not too loose, otherwise it will record its own movement as it flops around rather than just the respondent's movement.

- **Actigraph instructions card (laminated)**

  There is a lot to remember when you are working on an actigraph point so we have created a laminated card to help you in the field. It outlines all the information you will need to convey to respondents.

- **Actigraph information leaflets**

  This information leaflet has been produced to answer any questions that adult respondents might have about the actigraph component of the study. CAPI will prompt you to give this to adult respondents when you introduce the actgraph.

  There is another leaflet that has been designed to present information about the actigraph in a child-friendly format. You should give this to children when you introduce the actigraph.

  **Please note that these leaflets are different from the general survey information (stage 1) leaflets. You should familiarise yourself with these documents so that you don't give out the wrong one by mistake.**

- **Activity booklet**

  The actigraph provides us with valuable objective data about the respondent's physical activity. However, there are some things that the actigraph does not record:
  - Cycling
  - Rowing

  This is because the monitor can only record **up and down movement**.

  There are some things that the respondent will have to take the actigraph off for. These include activities such as swimming and playing contact sports. We will be able to see from the data that the respondent took the monitor off, but we would not know what they were doing when they were not wearing it, and whether or not they were doing something physically active.

  For these reasons, each respondent needs to fill in this booklet for each day they wear the actigraph. There are two versions of this booklet, one for children aged 4-12 (**green**) and one for children aged 13+ and adults (**yellow**). The CAPI program will prompt you to give this to the respondent and explain to them how to fill it in.

  The booklet will be collected along with the actigraph (see **section 7.5**) and the information will be keyed by the operations team. The information will be used when we are analysing the actigraph data. It is therefore important to spend as much time as necessary to make sure that the respondent understands what they need to do. Please see **section 7.4.2** for more information about explaining the activity booklet.

***Why does the respondent have to record the days of the week and time of day they wore the monitor?***

The monitor is constantly recording movement from the moment it is sent out in the post from Brentwood. We need to programme our software to look at the exact dates the actigraph was worn to give us the correct data. Recording the times it was put on and taken off will mean that if there are any queries with the data we have something to check against, for example if we suspect two actigraphs have been mixed up.

- **Coloured stickers**

  In some households you will place two actigraphs. We are concerned about the risk of respondents mixing the two actigraphs and wearing the wrong one. If this were to happen it would be very difficult (and in many cases impossible) for us to use the data as we could not be sure exactly who it comes from.

  In your workpacks you will be provided with a sheet of assorted coloured stickers (round dots). You should stick corresponding coloured stickers on the actigraph monitor and activity log of each respondent. By using different colours for the different respondents in a household you will make it easy for respondents to wear the correct actigraph.

- **Actigraph output example sheet (laminated)**

  You will be provided with an example of the sort of data that the actigraph collects for so that you can show it to respondents. This will help them understand the actigraph.

  Please note that we will **not** be able to provide individual feedback to respondents from their week of wearing the actigraph. Although we do understand that some respondents would like this, the data is analysed on a population level and it would be very expensive to provide results on an individual level. There is a note on the laminate which explains this to respondents.

- **Teacher letter (HSE headed paper)**

  You should give this letter to child respondents, who may wish to give it to their teachers or other responsible adults. The letter gives background information about the study and the actigraph and has the telephone number for the Purple Team in Brentwood in case the teacher has any questions.

  You should give this to the child or their parent/guardian when you place the actigraph and explain that they should give it to their teacher to avoid any misunderstandings about the actigraph. You will be given enough of these letters to give two to each child.

- **Despatch note**

  If you are making the collection visit (see **section 7.5**) you will need to complete a despatch note. This should be sent back to the Purple Team with the corresponding actigraph and activity booklet in the **pre-paid jiffy bags** provided. Please only send **one** despatch note, actigraph and activity booklet per jiffy bag. For more information about despatch procedures see **section 7.5**.

## 7.4 Actigraph procedures

- **Preparation for actigraph addresses**

  **1.** Make sure you have enough actigraphs and if necessary request more from the Purple Team.

  **2.** Make sure your actigraphs are fully charged.

  **3.** Prepare your actigraphs and belts.

  ***Tip:***

  3 Some interviewers in our pilots found it saved time in the field if they attached the belt clips to one end of the elastic before they set off.

- **Placing the actigraph**

  The actigraph is introduced in CAPI after the nurse visit.

#### *7.4.1.1 Explaining the actigraph – essential information*

Note: If the respondent selected for the actigraph is a child you will need to explain the procedures to both the child and their parent.

**1.** Show the actigraph to the respondent and ask them to fasten the belt round their waist. Explain to the respondent the **protocol for putting on the actigraph**:

- The actigraph works best if it is worn against the skin, underneath clothing, or on top of light indoor clothing. It should not be worn on top of thick outdoor clothing like coats.
- The actigraph should be positioned above the right hip. It does not matter if it rides up but the best place is above the right hip so it does not move around their waist. We ask everyone to wear the belt in this position.
- Respondents must adjust the belt to be snug but not too tight. It should not 'flop around'.
- The respondent should know how to adjust the belt size. This is important in case they wish to loosen or tighten the belt to make sure it stays snug but not too tight throughout the day.

***Does the respondent have to wear the actigraph around their waist?***
Yes. We need to be able to compare the actigraph data for all of the respondents who agree to wear it. We cannot do this unless they all wear the monitor in exactly the same way. The monitor measures up and down movements and is designed to be worn on a belt around the waist.

**2.** You will also need to explain to the respondent **when to wear the actigraph**:

- They should wear it for **seven full days** (beginning the day after the placement visit).
- They should put on the actigraph **first thing in the morning** on the day after the visit. If they have a bath/shower immediately after they get up then they can put it on afterwards.
- They should keep it on at all times when they are awake during the day and take it off last thing at night. Again, if they have a bath or shower immediately before going to bed they do not need to put it back on in between.
- They should not wear the actigraph if they are doing any contact sport where the device could be struck. Examples of such sports include rugby, wrestling, or karate. This is to protect the people doing the sport rather than the device. Explain to the respondent that if they are concerned about safety while playing any sport they should take it off.
- The actigraph is **not waterproof** so the respondent cannot wear it when swimming or in the bath or shower. It is splash proof so it will not get damaged in the rain. If a respondent gets the actigraph wet by mistake the respondent will not be harmed.

***When should the respondent start wearing the actigraph?***
We will be looking at the data recorded by the actigraph for seven days starting on the day after your visit. It is very important that the respondent puts on the actigraph as soon as they get up each day and wear it until they go to bed.

Some respondents may like to wear the actigraph on the day of your visit, to get used to wearing it. This is fine and you should encourage them to do so as it means they will be more likely to remember to put it on the next day. However, they only need to start filling in the activity booklet from the day after your visit.

**3.** Explain that they will need to fill in the **activity booklet**:

When you place the actigraph, the CAPI will prompt you to hand the activity booklet to the respondent. There are two different activity booklets: one for **children aged 4-12** and one for **children aged 13+ and adults**. The difference between them is that we are asking parents of children aged 4-12 to fill in the booklet on their child's behalf.

Show the respondent the relevant activity booklet and complete the following tasks:

- **Fill in the respondent's details** on the front page (name, serial number and dates they will wear the actigraph from and to)
- Point out to the respondent that there are some **instructions** on page 2 of the booklet.
- **Fill in the days of the week** in both the **weekly activity log (page 3)** and the **daily events log (pages 4-7).** This should begin with the day after the placement visit.
- Explain to the respondent that they will need to fill in the **weekly activity log** every day, recording the time they put on the actigraph at the start of the day, the time they took it off at the end of the day and whetehr or not they took it off at any time in between. We are asking respondents to fill this in using 24-hour format. There is a table on page 2 to help them with this if they are unsure.
- Ask them to record in the weekly activity log any time they spent **cycling or rowing** as the actigraph does not record these movements.
- If the respondent took off the monitor at any point during the day they will also need to fill in the details of this in the **daily events log (pages 4-7)**. There is a space for them to record the time they took it off, their reason for taking it odd and the time they stopped the activity. They may have done more than one activity in the time they took the monitor off. These activities should be recorded on separate lines and there is a box they should tick to say whether they put the monitor back on again after each activity.
- Finally, point out that there is further helpful information on the back of the booklet.

***Why do respondents need to fill in these booklets?***
To enable us to see what they were doing when they were not wearing the actigraph and adjust our analysis accordingly (See **section 7.3.6** for a detailed explanation).

The information in the activity booklet will also help us to check the actigraph data if we need to, for example checking that the dates and times given by the data match those in the booklet.

**O Example – filling in the activity booklet**

Jonathan is 15. He wore the actigraph from Monday 8th January until Sunday 14th January.

On Tuesday he cycled to and from school, which is a 20 minute journey each way.

He also had swimming practice after school so he took the monitor off for one hour. 50 minutes of this was spent actually swimming, and 10 minutes was spent showering before he put the monitor back on.

In the **weekly activity log** on **page 3** of the booklet Jonathan should have ticked '**yes**' at column 3 and written in the **total** number of minutes he spent cycling:

| **2. What time did you take the monitor off at the end of the day?** | **3. Did you take the monitor off at any other time that day?** (This includes taking it off to go swimming or play contact sports like rugby or martial arts) | | **4. How many minutes that day did you spend cycling or rowing?** Please include using an exercise bike or rowing machine. If you did not cycle or row please write in '0' |
|---|---|---|---|
| | **YES** | **NO** | |
| | Please tick √ Please record the details in the daily events log (pages 4-7) | Please tick √ | |
| *23.15* | ***7.4.1.2*** *3* | | *40 mins* |

Because Jonathan took off the monitor during the day, he should then have turned to **page 4** to fill in the **daily events log** for Tuesday:

*7.4.1.2.1.1*

**Day 1** *Tuesday*

| **1. What time did you take the monitor off / start this activity?** Please use the 24 hour clock | **2. What was your reason for taking it off?** | **3. What time did you finish this activity?** Please use the 24 hour clock | **4. Did you put your monitor back on immediately afterwards?** Please tick 3 | |
|---|---|---|---|---|
| | | | YES | NO |
| *18.00* | *Swimming* | *18.50* | ☐ | 3 |
| *18.50* | *Showering* | *19.00* | 3 | ☐ |

***Why does the respondent have to record cycling and rowing in the activity booklet?***

The actigraph measures up and down movements, but does not accurately measure sideways movements like cycling and rowing. We need the respondent to record these in the booklet to make it possible for us to adjust the data from the actigraph if necessary.

***Why does the respondent have to record the days of the week and time of day they wore the monitor?***

The monitor is constantly recording movement from the moment it is sent out in the post from Brentwood. We need to programme our software to look at the exact dates the actigraph was worn to give us the correct data. Recording the times it was put on and taken off will mean that if there are any queries with the data we have something to check against, for example if we suspect two actigraphs have been mixed up.

## 7.5 Collecting and returning the actigraph

In most cases the nurse will collect the actigraph when he/she visits the household. However, if everyone refuses the nurse visit you will have to arrange to go back to the household to collect the actigraph. This will always be the case in boost households, because there is no nurse visit. This section outlines what you need to do if **you** are collecting the actigraph. More information on making an appointment for your nurse to collect the actigraph can be found in **section 8.3.5**.

- **Arranging a collection appointment**

  You will need to make sure that the actigraph-wearer will be present when you go back to collect the actigraph (rather than having them leave the actigraph with another member of the household). This is because you will need to ask them a few questions and go through the activity booklet with them. For **children under the age of 16** you should arrange the collection appointment at a time when their parent/guardian will be present as well, as you would with a normal interview.

- **Mid-week phonecall**

  If you are going back to collect the actigraph you will need to make a **mid-week phone call** to the respondent to check their progress. This enables you to check whether they are experiencing any problems with the actigraph and also confirms your collection appointment date and time. Experience has shown that if respondents are going to lose interest and stop wearing the monitor it is usually around the fourth day. More importantly respondents to keep wearing the actigraph for the full seven days.

- **Actigraph collection and despatch**

  **During the collection visit** you need to make sure you complete the following tasks:

  1. Collect the actigraph and activity booklet
  2. Administer a short CAPI questionnaire. This will prompt you to go through the activity booklet with the respondent and check that it is completed and all the information is accurate
  3. If any information is missing or incorrect in the activity booklet, go through it with the respondent and fill it in
  4. Give the respondent a promissory note for a **£20 High Street Voucher**. The voucher will be automatically sent out from the office

  **After the collection visit** you need to send back the actigraph, booklet and despatch note to Brentwood.

  1. Complete the despatch note. Be careful that you have entered the correct serial numbers for the respondent and the actigraph
  2. Send despatch note, activity booklet and actigraph back to Brentwood in the pre-paid jiffy bag provided

***It is very important that you do not send more than one actigraph, booklet and despatch note per jiffy bag otherwise we risk confusing the data for different respondents. Please send back your actigraphs as soon as you can as they are in short supply and will need to be used by you and other interviewers.**

***How many days does the respondent have to have worn the actigraph for to qualify for the incentive?***

The respondent would have to have worn the actigraph for 3 full days before we would give them the incentive. Any fewer than this and we will not be able to use the data at all.

***What do I do if I think the respondents in a household might have switched their actigraphs during the week.***

If you collect two actigraphs from a household and they have been mixed up (i.e. the coloured stickers do not match those on the booklets) then you should ask the respondents whether they know when the mix-up might have occurred. You should then pass this information on to the office when you send the actigraphs back.

## 7.6 Actigraph serial numbers

Each actigraph will be given a unique serial number by the operations team. This will be different from the respondent serial number and will be used to identify the respondent's data when the actigraph is received in Brentwood. You will be asked to record the actigraph serial number in the CAPI when you place the actigraph. You will also need to write it on the despatch note when you send the actigraph back to Brentwood.

The serial number consists of 4 digits and a check letter, prefaced by the letters ACT. For example:

**ACT 1234R**

Once the actigraphs are returned to Brentwood the data on them will be downloaded by a member of the Purple Team. The memory will be cleared and the actigraph will be given a new serial number. It will then be recharged and sent back to you or another interviewer.

✯ Some other surveys are also using actigraphs. It is important that you only use HSE actigraphs on HSE.

# 8 CAPI

The CAPI questionnaire is easy to follow and most questions give instructions on the screen. Here we will highlight some of the **key points,** but will not go through each question. If you have any queries about the CAPI questionnaire please contact a member of the research team, who will be happy to help explain the questions.

The interview consists of two CAPI questionnaires:

- Household Questionnaire
- Individual Questionnaire (which includes CAPI questions, self completions and measurements)

You cannot open up an Individual Questionnaire until you have completed the Household Questionnaire.

The CAPI program allows you to **interview up to four individuals concurrently** in one session. If you have more than four people in the household you must do more than one session.

You will be sent two sets of **showcards** before you start your first HSE 2008 assignment.

Please refer to your **NatCen Laptop Instructions** for help with using the laptop and the CAPI program.

## 8.1 The Household Grid and the Household Questionnaire

The **Household Grid** establishes:

- who lives at the household
- who are the parents of any children, and
- the relationships of everyone to each other.

This is followed by the **Household Questionnaire**, which asks questions about the household as a whole.

HSE is one of a few surveys that use both Head of Household and Household Reference Person classification.

> ✯**REMINDER: HEAD OF HOUSEHOLD (HoH)**
> The Head of Household is always the husband in a household containing only husband, wife and dependent children (and boarders). Similarly when a couple are living together (cohabiting) the male partner is 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"*
>
> Where more than one person has an equal claim to be HoH:
> - male takes precedence over female
> - older take precedence over younger.

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

> ✯**REMINDER: HOUSEHOLD REFERENCE PERSON (HRP)**
> This is the person with the highest income in the household. If there is more than one person with the same income then the HRP is the eldest

***Is the order in which respondents are entered on the Household Grid important?***

The order in which you enter the respondents is not crucial, but you can make your (and the nurse's) life easier by entering them roughly in age order, or at least by entering the details of parents before those of children.

***Why do we need to separate natural children from adopted children?***

We need to do this for two reasons:

1. to establish whether the 'parent' is a parent (in the legal sense) or someone with legal parental responsibility
2. to establish blood relationships between household members which are of interest when analysing the data on health conditions.

This may be sensitive information in some households, which is why we have a showcard for this question.

***Do I need to establish relationships between household members even if the relationship is obvious?***

Yes. The relationship may seem obvious but you should never make assumptions about any relationship. If you have doubts about any relationship you should record as much information as possible in a note.

***Do relatives of co-habiting partners need to be coded differently from those of married couples?***

No, unless the couple is a same-sex couple. For example, the mother of a partner should be coded as 'mother-in-law'. For same-sex cohabiting couples the mother of a partner should be coded as 'other non-relative'.

***Who should answer the questions in the Household Questionnaire?***

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

***How important is the person number given in the household grid?***

Person numbers are allocated automatically by the program. The Person Number is a vital part of the survey serial numbering. Each person must be uniquely identified at each survey stage (for example individual interview, self completion, actigraph, nurse visit) so that all the documents and information about that person can be linked together correctly. The person number is given in the first instance at the household grid, and this is the number that should be used for that person on **all** documents.

- **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 make 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.

**REMINDER – ADDING A HOUSEHOLD MEMBER**

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

**REMINDER – DELETING A HOUSEHOLD MEMBER**

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

Once you have deleted someone, 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 the HRP or as responsible for answering the Household Questionnaire. If you made an error in entering the person you originally coded as the HRP (and you want to delete them from the grid) you will need to go back through the questionnaire and identify the correct HRP.

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

**Once you have begun allocating household members to Individual Questionnaire sessions, you will not be able to change the household grid in this way.** If you discover errors after this point, use <Ctrl> + <M> to make a note to explain what happened.

***Can I change other information in the grid?***
You cannot change dates of birth given in the grid 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 to the household grid. Leave the information as it is and make absolutely sure that the information in the **Individual Questionnaire** is correct. The computer will subsequently update the Household Grid. You should also use Ctrl> + <M> to make a note to explain what happened.

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

## 8.2 Setting up interviewing sessions

- **Joint or concurrent interviewing**

  This survey differs from many NatCen surveys in that several individuals in a household are interviewed. Ideally we 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 put respondents off. You may find that carrying out a joint or concurrent interview is the best way of obtaining co-operation. We therefore encourage you to carry out joint interviews where appropriate.

  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.

***Should I always try to interview four people at a time?***
No, you do not have to interview four people at the same time. You can interview one, two or three people at a time if you prefer. The computer allows you to code "no-one else" once you have allocated the required number of people to a session. Some concurrent interviews can be very labour intensive for interviewers and respondents, so while there are facilities for up to four people to be interviewed concurrently you need to think about whether it is appropriate before setting up.

***How do I open an Individual Questionnaire?***
Once you have set up a session in the Household Questionnaire, an Individual Questionnaire is created automatically. You open the Individual Questionnaire by pressing **<Ctrl> + <Enter>** and highlighting the session you wish to open. You can open as many Individual Questionnaires as you like per Household Questionnaire.

***Are there any rules about who can and cannot be interviewed together?***
You should be sensitive about your choice of people to be interviewed together. Make sure that everyone is happy with the situation. Cross-generational interviews may be difficult. If possible, for example, you should avoid interviewing a teenager in the same session as a 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.

Also remember there are rules for interviewing children aged 12 or under.

You **can:**

✓ Have a session which only collects information about children aged 0-12. In this case the parent with legal responsibility will answer the questions.

You **cannot:**

× Have a session which includes a child (or children) aged 0-12 without a parent or legal guardian **present**. We want you to collect information about children aged 12 or under from their parent or guardian, not from other household members.

- **Allocating individuals to sessions**

  You allocate respondents to sessions at the screen *EndDisp*. Here you press **<Ctrl> + <Enter>** at the same time to bring up the parallel block. Select "Individual_Session" from the parallel block. This is an empty session to which you can allocate the people you want to interview.

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

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

## 8.3 Individual Questionnaire

- **Structure of the questionnaire**

  The table below outlines the content of the Individual Questionnaire in 2008.

| Age: | 0-1 | 2-4 | 5-7 | 8-9 | 10-12 | 13-15 | 16-64 | 65+ |
|---|---|---|---|---|---|---|---|---|
| **CAPI interview** | | | | | | | | |
| General health, longstanding illness, limiting longstanding illness, acute sickness, fractures, childhood diabetes | • | • | • | • | • | • | • | • |
| Smoking | | | | •[a] | •[a] | •[a] | •[a] | • |
| Drinking (heaviest day in the last week) | | | | •[a] | •[a] | •[a] | •[a] | • |
| Fruit and vegetables | | | • | • | • | • | • | • |
| Eating Habits (fat & sugar) | | • | • | • | • | • | | |
| Adult physical activity | | | | | | | • | • |
| Child physical activity | • | • | • | • | • | • | | |
| Economic status / occupation | | | | | | | • | • |
| Educational attainment | | | | | | | • | • |
| Ethnic origin | • | • | • | • | • | • | • | • |
| Reported birth weight | • | • | • | • | • | • | | |
| **Self completion** | | | | | | | | |
| Perception of weight | | | | • | • | • | | |
| Strengths and difficulties for children aged 4-15 [b] | | • | • | • | • | • | | |
| GHQ12 | | | | | | • | • | • |
| EUROQOL (5 item) | | | | | | | • | • |
| **Physical measurements** | | | | | | | | |
| Height measurement | | • | • | • | • | • | • | • |
| Weight measurement | • | • | • | • | • | • | • | • |
| Objective measure of physical activity (actigraph) [c] | | •[d] | • | • | • | • | • | • |

[a] Smoking and drinking modules administered by self-completion for all aged 8-17 and some aged 18-24.

[b] Strengths and difficulties questionnaire filled in by a parent about children aged 4-15

[c] Actigraph included for a actigraph households only

[d] Respondents aged 4 and over are eligible for the actigraph

- **Suspending / aborting the questionnaire**

  Sometimes respondents may terminate the interview before you have completed the Individual Questionnaire. There is a break point in the questionnaire for you to choose to abort (or suspend) the interview for a particular individual. The respondent will be asked no more questions. If the respondent drops out after this break point you will need to code all remaining questions in the session as refusal (**<Ctrl> + <R>)**.

***Can I go back and collect the rest of the information from the respondent later?***

Yes, we would encourage you to do so if appropriate. Go back to that interview session, to the '*Suspend/abort*' question and change to code '**1 - continue**'.

***What outcome code should I use for an individual whose interview was suspended?***

If a respondent drops out **before** you complete the **general health and fruit and vegetable modules** this is treated as **unproductive**. If they have completed these modules this is **partially productive**.

- **Presentation of the self-completions**

  The self completions in the 2008 survey are considerably shorter than those used in 2007. There are different self-completion booklets for different age groups.

| Questionnaire | Colour | Content |
|---|---|---|
| 8-12 | orange | Contains questions relating to perception of weight, smoking and drinking which children may be more likely to answer honestly in a self-completion booklet rather than face to face interview. |
| 13-15 booklet | yellow | Questions relating to perception of weight, smoking and drinking |
| Young adult booklet | blue | Questions relating to smoking, drinking and general health. |
| Adult booklet | sand brown | General health questions |
| Booklet for parents of 4-15 year olds<br><br>***Used for addresses in screening within core points, and boost points only.*** | lilac | Standard question about children's strengths and difficulties used in 2007. |

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

In some cases it may be appropriate to let a child take the self-completion into a different room so that they can complete it in private. It is important to make sure that they cannot discuss their answers with anyone else if you are not present in the room.

Encourage respondents to fill in all the questions. You should look through **all** self-completion booklets when returned to check that they have been completed. If a respondent has missed large sections, you should query this with them by saying things like *"did you miss this page by mistake?".* It may be that they have just turned over two pages at once and missed those questions.

***When should I use the young adults self-completion booklet?***
This booklet should be used for all respondents aged 16-17. However, you may feel that some respondents aged 18 to 24 would be more likely to give accurate information about their smoking and drinking behaviour by answering the questions in a self-completion booklet, rather than aloud. In this case you should give them the young adults self-completion. CAPI will ask you at the beginning of the smoking module 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 in CAPI.

The self completion does not gather as much information as the CAPI questions. Therefore if you do not think that there is any pressure on the respondent to 'cover up' you should continue with the face to face smoking and drinking modules.

- **Measurements**

  Detailed protocols of how to take height and weight 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, how to take the measurements and how to complete this section of the questionnaire. Further information about introducing the height and weight measurements can be found in **section 9.2**.

  You should introduce the heights and weights by reading 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.

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

  You are asked to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as **unreliable**.

  When you have taken the respondent's height and weight, offer the respondent a record of his/her measurements. Fill 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. **The Measurement Record Card should be left with the respondent.**

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

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

- **Chairbound respondents**
- If after discussion with a respondent it becomes clear that they are too **unsteady on their feet** for these measurements
- If the respondent finds it **painful** to stand or stand straight, do not attempt to measure **height**
- If an **elderly respondent is too stooped** to obtain a reliable **height** measurement
- **Pregnant women** are not eligible for **weight** as this is clearly affected by their condition
- **Children under the age of 2 years** do not have a **height** measurement taken.

***How do I weigh young children?***

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.

***What do I do if a respondent refuses to have his/her weight measured?***

Some respondents may not be willing to have their height or weight measured. They may say they are too busy or already know their measurements. If this is the case, code **Refused** at *RespHts/RespWts* and code the reason for refusal at *ResNHi* or *ResNWt*.

DO NOT use the 'Not attempted' code for these cases.

The respondent will then be asked to estimate their height and weight. You will be given a choice of whether to enter their estimate in metric or imperial measurements.

***What is the difference between the core and the boost measurement record cards?***

The core and boost Measurement Record Cards (MRC) both have a space to record height and weight. However, the core MRC also has space for the nurse to record some other measures, for example waist and hip measurement and blood pressure. It also has some information about the nurse visit and a space to record the nurse appointment time and date.

***What do I do if the respondent wants to know their Body Mass Index (BMI)***

We do not want to put you in the position of having to explain BMI to respondents. However, respondents are often keen to know about BMI and

find out what theirs is. For this reason the MRC has the address of a website which they can type their height and weight into to find out their BMI. This website also provides details on how to interpret this information.

Note: BMI calculations only apply to adults aged 16 and over. For this reason, the web address is not given on the boost MRC.

- **Introducing the nurse visit and actigraph**

  The nurse visit is introduced at the *Nurse* screen in CAPI. You should read this introduction exactly as worded. Useful information about introducing the nurse visit can be found in **section 9.3**.

  In non-actigraph Core households you will then make an appointment for the nurse.

  IN ACTIGRAPH HOUSEHOLDS ONLY: Just after the nurse visit is introduced, you will introduce the actigraph component to the eligible respondents in that session. This introduction is part of the CAPI questionnaire. If none of the eligible respondents are in that session CAPI will move straight onto the nurse appointment question.

  Before you go into detail about the actigraph, there is a short series of questions which determine whether the respondent is eligible to take part in the actigraph component. Note that if they are not eligible they cannot be replaced by another household member who was not selected by the computer program.

  Once you have established that the respondent is eligible you are directed by CAPI to explain to the respondent more about the actigraph and the activity booklet.

  You will then make an appointment for the nurse to visit all those respondents who have agreed the nurse visit. The nurse will also make a mid-week phonecall to the respondents who have agreed the actigraph, and will collect the actigraph when he/she visits.

  Further information about the actigraph can be found in **section 7**.

***Who collects the actigraph if the respondent agrees the actigraph but refuses the nurse visit?***

This will depend on whether there are any other respondents being interviewed in that session who agree to the nurse visit. If everyone in that session refuses the nurse visit then you will arrange to go back and collect the actigraph. You will also need to make the mid-week phone call to ensure that the respondent is still wearing the actigraph and confirm your collection visit.

If **at least one other person being interviewed in that session agrees the nurse** visit then the nurse will collect the actigraph even though the actigraph respondent has refused the nurse visit. We will need them to be present to answer a few questions about the actigraph, but please explain to the respondent that the nurse will not try to take any measurements from them.

In these circumstances you will need to arrange the nurse visit to be at least 8 days after your interview. This is because the actigraph respondent will need to wear the actigraph for seven full days (beginning the day after your interview) so the nurse will not be able to collect it until then.

If it is not possible to arrange the nurse visit at a time when the nurse respondent(s) and the actigraph respondent are both at home you will need to pick up the actigraph at a separate time from the nurse visit. This should obviously be avoided as much as possible so that you are not having to make unnecessary visits.

***What if the respondent refuses the actigraph but agrees the nurse visit?***
That is fine, you will just make a nurse appointment in the normal way.

***What if there are two respondents in the household eligible for the actigraph but I cannot interview them both in the same session?***
Although it would be more efficient for you to place and for you or the nurse to collect both actigraphs at the same time, this will not always be possible. You should follow the placement and collection rules for each interviewing session you do regardless of any other sessions you plan to do within that household. This is because you do not know whether the other actigraph respondent will agree to an actigraph or a nurse visit, or even whether they will agree to be interviewed!

You may end up placing the two acitgraphs with respondents in different sessions and making two separate appointments for the nurse to collect them. This is fine, but you should let your nurse know as soon as you have placed the second actigraph because she might want to phone the household and rearrange the appointments for the same day.

- **Frequently asked questions about the Individual Questionnaire**

***Why do we ask for the respondent's date of birth twice?***
We ask for each respondent's date of birth in both the Household Grid and the Individual Questionnaire. This is because the respondent completing the Household Grid may give incorrect dates of birth when answering for other household members. The date of birth of a respondent is vital information which is used in all our analysis. It is also used to check person numbers on documents. We therefore need to ask for it again in the Individual Questionnaire to make sure we have the correct date of birth.

***What if the respondent refuses to tell you or doesn't know their date of birth?***
If you have obtained a DoB in the Household Grid use this one and enter a note (**<Ctrl> + <M>**) to that effect. If the DoB is not in the Household Grid use the **don't know** and **refused** codes. You will be asked to get an age estimate or to make an estimate yourself.

***What should I do if someone has a birthday between completion of the Household Grid and the Individual Questionnaire?***
It is the age at the time of the Household Questionnaire that determines the questions asked in the Individual Questionnaire, which self-completion document you administer and the measurements the nurse will take.

Therefore if a child has crossed an age threshold in between completion of the Household Questionnaire and the Individual Questionnaire, the Individual Questionnaire routing will treat them as being the age at the Household Questionnaire.

If a child aged 12 at the Household Questionnaire turns 13 before the Individual Questionnaire you should still ask the parent to answer on behalf of the child. CAPI will direct you to do this.

***How do I code the amount of wine a respondent has drunk if they have drunk both glasses and bottles?***

You are asked to code whether the respondent gave their answer in glasses, bottles or parts of a bottle, or both glasses and bottles. Here you would code '**3 – both glasses and bottles**'.

If the respondent has drunk wine in **bottles or parts of a bottle** then you are asked to code the umber of glasses within that bottle. Guidance is provided on screen about how many glasses there are in a 750ml standard bottle and in a 1 litre bottle.

If the respondent was drinking **wine from a glass** you must code the number of glasses (in total) then the size of the glass. This is a **multicode** question as respondents may drink from different sized glasses on the same day of drinking. You will need to code how many of each sized glass the respondent drank on that day (which should add up to the total number of glasses you coded earlier).

**If a respondent says they drank from a small glass in a pub or wine bar this is likely to be a standard (175ml) measure and NOT a 125ml measure.**

***Is it OK to help respondents with the smoking and drinking sections of the self-completion booklets?***

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 if they are having difficulty, but take care to preserve the anonymity of the respondent's information.

## 8.4 Admin block

The admin block is very similar to the standard NatCen admin block. This section outlines the key differences.

The admin block will prompt you to fill in the NRF. There is a new screen which sets out the actigraph outcomes as a reminder to you. This will tell you whether an actigraph has been placed and whether it is you or the nurse that will be picking it up. The information on this screen will be fed forward to the nurse via the nurse link.

The interviewer observations have changed this year. They are now in line with the standard NatCen ARF. This means that you **will** have to fill in interviewer area observations for office refusals.

**REMINDER: SPECIAL REPORT FORMS**
You are given special report forms to record anything unusual that has happened in the field. There is a screen in the CAPI admin block that asks you to code whether or not you have filled in a special report form, and also whether you intend to. Remember you should be careful not to enter the wrong code here. If you code that you intend to fill in a special report form an email will be sent to Mary Holmden in Brentwood and she will be expecting it!

# 9 Introducing the different survey stages

## 9.1 Doorstep introduction

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

The way the survey is introduced is vital to obtaining co-operation. Before you go out into the field make sure you know about the 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:

**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.'**

- ***Tips for introducing the survey:***
  - Only elaborate if you need to
  - Introduce one new idea at a time
  - Concentrate on obtaining the interview
  - Introduce the height and weight measurements when the interview has been completed. Occasionally you may feel that mentioning the measurements is likely to encourage a particular household to respond. If this is the case you may mention them earlier, of course.
  - Introduce the nurse visit after those measurements have been carried out
  - Do <u>not</u> go into depth right away – you will not have learned what is most likely to convince that particular person to take part
  - Do <u>not</u> mention measurements and the nurse visit. The advance letter refers only to an interview. We do not want to risk losing an interview because a person is worried about being weighed or measured. These are decisions they can make later. Our experience shows us that nearly everyone is willing to proceed from one stage of the survey to the next, but that they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.
  - Do <u>not</u> enter the house with your stadiometer and scales. Leave your car somewhere where you can retrieve them. You will not require them until the end of the interview and they can look off-putting

- ***Things you can mention on the doorstep:***

| | |
|---|---|
| ***Government Related*** | • It is a national (Government) survey (on behalf of the NHS Information Centre for health and social care).<br>• It was set up as a result of a special recommendation in the Government's White Paper "The Health of the Nation" and is also part of the more recent "Our Healthier Nation" White Paper.<br>• The current White Paper "Choosing Health" covers many health issues which are investigated in HSE and HSE will be important in monitoring progress towards the targets set.<br>• It provides the Government with accurate and up-to-date information on the health of the population.<br>• It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Papers "Our Healthier Nation"and "Choosing Health") are achieved.<br>• The information will be needed by whichever government is in office.<br>• The information is available to all political parties.<br>• It is used to help plan NHS services. |
| ***Confidentiality*** | • No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.<br>• Results are published as aggregate statistics |
| ***Signify its importance & status*** | • It is a very important survey.<br>• It is the largest national survey to look at the health of the general population. In 2008, about 24,000 people will take part.<br>• Results are published annually and reported in the national press.<br>• It is carried out annually. |
| ***Describe population coverage & why certain groups should participate*** | • 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.<br>• Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been specially selected - not the one next door. No-one else can be substituted for them.<br>• 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.<br>• 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.<br>• Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost. |
| ***What previous respondents have said about the survey*** | • "I found the survey enjoyable and interesting!"<br>• "I was happy to do the survey over a cup of coffee!"<br>• "I found the survey quite friendly, sociable and good-natured. There was nothing where I thought mind your own business!"<br>• "I think doing the survey is great!" |

- **General concerns laminate**

  You will be given a laminate sheet with further tips for introducing the survey on the doorstep. It might help to have a quick look at this for ideas before you approach an address.

## 9.2 Introducing height and weight measurements

The relationship between general build and health is of great interest to the NHS Information Centre for health and social care, and a new ‘obesity taskforce’ is using data collected on HSE. 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 - other than remove shoes (and socks in the case of children). The respondent can have a record of their height and weight measurements but if they would prefer not to have them written down this is okay.

## 9.3 Introducing the nurse's visit

Our target is to interview and measure everyone eligible. All respondents interviewed at core addresses are eligible for the nurse visit. 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. Your job is only complete when you have attempted to arrange an appointment for the nurse to visit.

The introduction to the nurse visit is given by the CAPI program at the question *Nurse*. This should be read exactly as worded. 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 respondents 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: -

- 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
- 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
- The nurse will ask for separate permission to carry out the various measurements
- We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements

If the respondent wishes, they and their GP can be given their blood pressure readings. If you feel that 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.

**REMEMBER – We don't access the medical records of the respondents, so the only way to obtain medical information on them is to have a nurse visit. As with the doorstep introduction, say as little as possible in order to gain co-operation.**

**Some of the things you might say when introducing the nurse visit:**

- "(name of nurse) is a really lovely lady and is very professional"
- "I'm not a nurse so I can't do the measurements, but the nurse is highly trained, and very experienced, and there is no need to worry about her visiting you"
- "NatCen have a team of professional nurses who are highly qualified. They all have extensive experience working in hospitals, health centres etc and have been specially trained for this survey"
- "the nurse is covered by the Data Protection Act and anything you say will be treated in the strictest confidence"
- "she will answer any questions you have, and you don't have to do anything you don't want to. The nurse will ask separate permission for each test, so you can decide at the time if you don't want to help with a particular one"
- "If you want, you will be given the results of some of your measurements. Some measurements can also be sent to your GP if you would like"
- "The Multi Centre Research Ethics Committee has given approval for the survey"

- **The Stage 2 leaflet**

  You will be given copies of the Stage 2 leaflet to give to all respondents at core addresses who agree a nurse visit. This gives details of some of the measurements and gives other information that respondents might need to know before the nurse arrives. It is not your job to explain this leaflet. The nurse will go through all of the measurements when he/she visits.

- **Nurse visit content**

  **Section 5.6** gives an overview of the different measurements and samples taken by the nurse. This is for your information, we do not suggest that you go through this with respondents.

## 9.4 Introducing the actigraph

The actigraph is introduced towards the end of the Individual Interview, together with the nurse visit. They are introduced together because in many cases the nurse will be collecting the actigraph so from the respondent's point of view it is logical for the actigraph to be tied in with the nurse visit.

**You should not mention the actigraph on the doorstep.**
We do not want to lose any interviews because a respondent does not wish to take part in the actigraph component. You should not mention the £20 voucher in case the respondent answering the door is not selected, or turns out to be ineligible for the actigraph.

Before entering into a detailed explanation and mentioning the voucher, CAPI will take you through some exclusion questions to see whether the respondent is eligible to wear the actigraph.

If the respondent is eligible, you should read the introduction as it appears on CAPI and give the respondent the actigraph information leaflet (see **section 7.3.5**). The respondent may have questions about the actigraph so it is worth familiarising yourself with **section 7** of these instructions.

If the respondent agrees to wear the actigraph, CAPI will prompt you to follow the actigraph placement procedures:

1. Explain to the respondent how to wear the actigraph
2. Explain to the respondent when they should wear the actigraph
3. Go through the activity booklet with the respondent and explain how to fill it in.

Details of these procedures can be found in **section 7.4.2**.

You will then arrange for the actigraph to be collected (see **section 7.5**).

# 10 Liaising with your nurse partner

Interviewers and nurses are assigned to a survey point as a team. As the nurse visit follows on from the interview, the workload of the nurse is entirely dependent on the interviewer getting agreement for the nurse visit during the interview.

## 10.1 What information do interviewers and nurses need from each other?

To make the survey work, interviewers and nurses need to know several things at different stages of fieldwork.

| **BEFORE FIELDWORK STARTS** | |
|---|---|
| **You** need to know…<br><br>• Your nurse's **name**<br>• Your nurse's **availability** for the fieldwork month (as much as they know at this stage). For further information see **section 10.2**.<br>• The make, registration number, model and type of their car, to put on the **police letter**<br>• **Personal info** such as their job and former job, whether they work as a nurse in a hospital/clinic/in the community (this information can be very reassuring for respondents)<br>• How well they know the area you are both working in<br>• How you are both going to **keep in touch** | The **nurse** needs to know…<br><br>• Whether you have any holiday planned<br>• Whether there are any times you know you will definitely not be working on HSE, for example if you are working on a different project<br>• How you are both going to keep in touch |

| DURING FIELDWORK | |
|---|---|
| **You** need to know… | The **nurse** needs to know… |
| • An **update** of the nurse's availability. He/she will give you some availability before you start fieldwork but you will obviously need an update as his/her plans change | • Where **appointments** have been made and the details of these appointments (time, number of respondents, their names and ages, whether or not an **actigraph** needs to be collected)<br>• Any households that agreed the nurse visit, but where you were **unable to make an appointment** so the nurse needs to make it<br>• Any households where **nobody has agreed** a nurse visit, so that he/she can cross these households off his/her worklist<br>• In actigraph households the nurse will make the **mid-week phonecall** wherever they are collecting the actigraph. In this case they need to know on which day to make this phonecall<br>• An **update** of when you will not be working on HSE. |

***What other information might it be helpful to find out before I start fieldwork?***

It is useful to know as much as you can about your nurse and the nurse visit before you start fieldwork. Here are some suggestions:

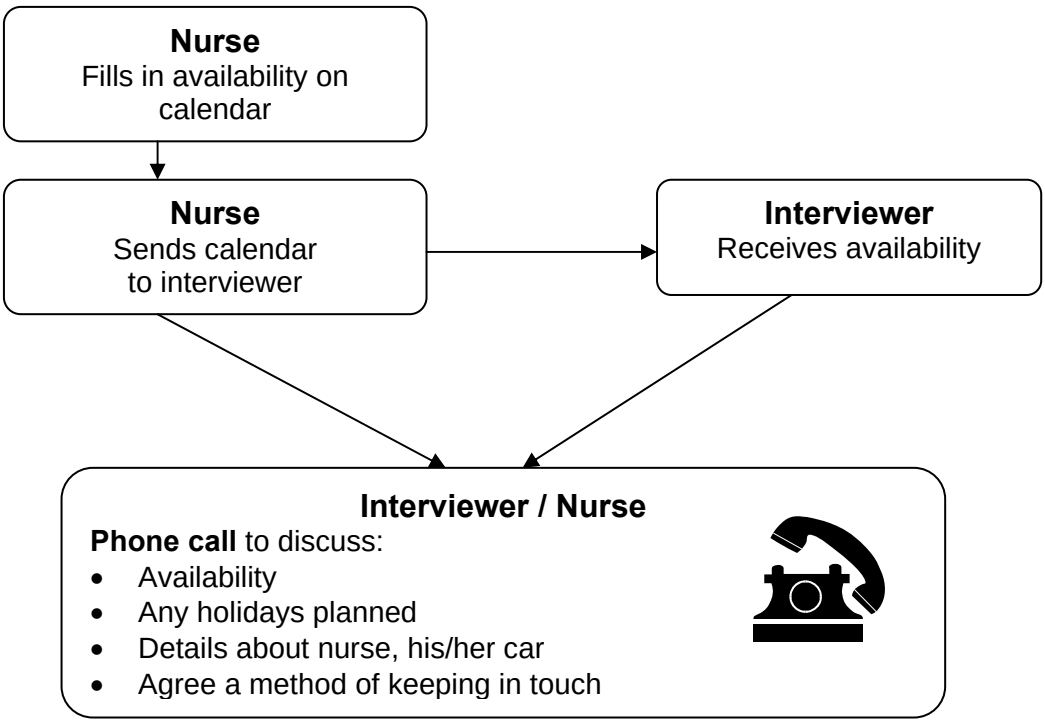
- His/her preferences for making appointments, for example how long to leave in between each one, whether they prefer to have work arranged close together or whether they prefer to just do one appointment at a time.
- You might want to find out more about the nurse visit by **accompanying a nurse** in the field.

## 10.2 How should interviewers and nurses let each other know this information?

As you can see, this means a few key pieces of information need to be shared between yourself and the nurse. You are both very busy people who manage your own workload, which can sometimes make it hard to give all of this information at any one point in time. The key is therefore regular communication between you and your nurse.

The following pages outline our recommendations for making sure that you both have all the information you need throughout fieldwork.

***Before fieldwork starts:***

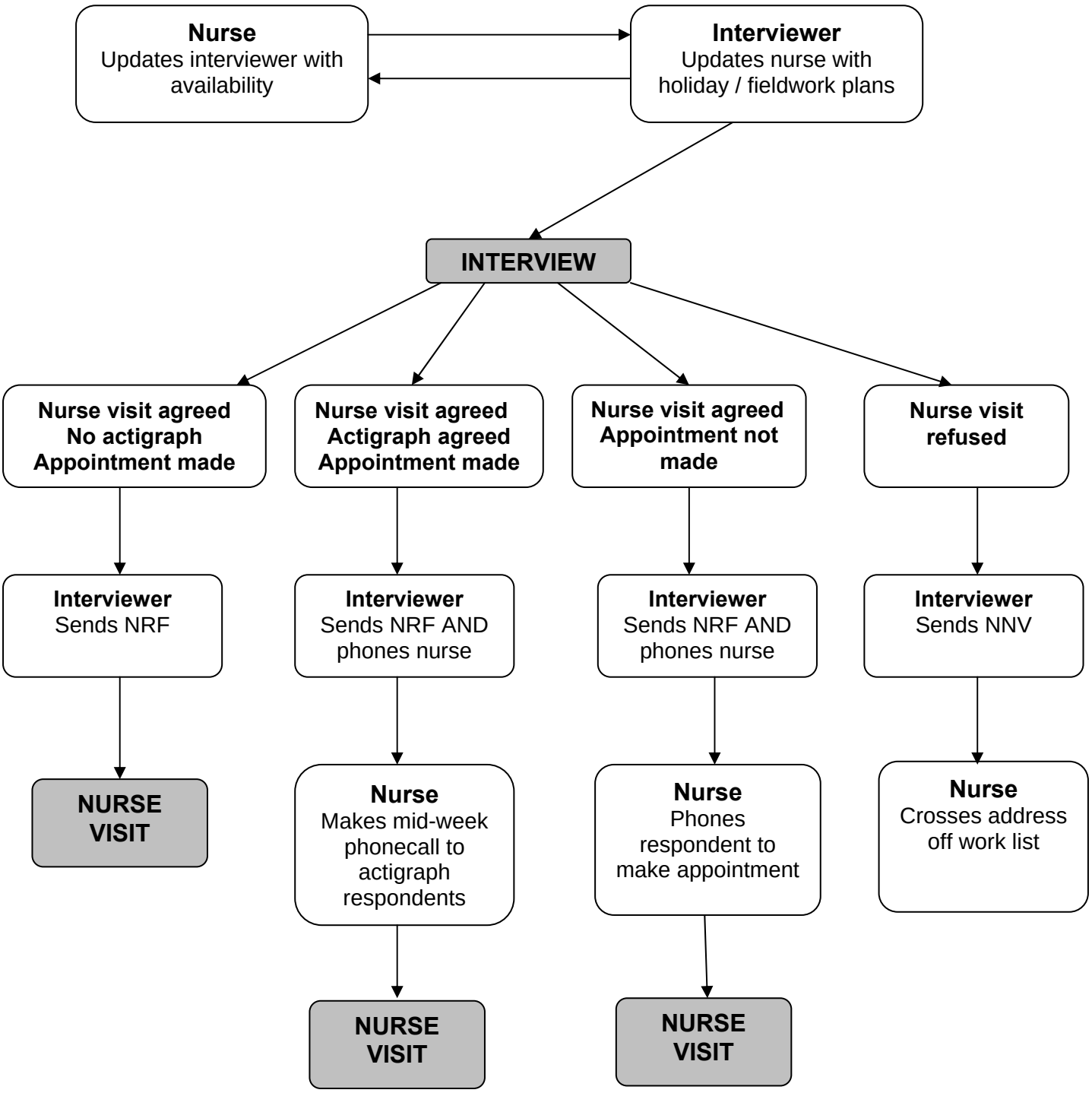



***Whose responsibility is it to make the initial phone call?***
You will need to confirm that you have received the nurse's availability calendar so it makes sense for you to discuss these other things when you do that. If you do not receive your nurse's availability by the beginning of fieldwork you should ring him/her anyway to find it out.

***What sort of availability should the nurse be giving me?***
We have asked nurses to give availability for the four-week period beginning on the 14th of the month. We have asked nurses to dedicate a few slots each week to HSE. However, your nurse might not be able to give you all of this from the beginning of your fieldwork period as theirs does not start until two weeks later. For example, your nurse might give you one weekday, one evening and one weekend morning in the first week of his/her fieldwork and then give you availability for the other weeks later on.

***What if my nurse does not give me availability?***
Your nurse might not be able to give you much before you start work. In this case the nurse should ring you nearer the start of his/her fieldwork period to give you availability. If your nurse refuses to give you any availability then you should discuss this with your team leader or health manager.

***During fieldwork:***



***Whose responsibility is it to make phonecalls during the fieldwork period?***

Your nurse should phone you to keep you updated on his/her availability. However, you should also phone your nurse if your work plans change. You will also need to ring your nurse when you have made an appointment for him/her to collect an actigraph, because he/she will have to make the mid-week phonecall three days later.

It is a good idea to phone your nurse regularly to let him/her know what work you have sent to them, as the post can be unreliable.

***How can I be sure that the nurse is going to be available for the appointments I am making?***

You have been given an appointment diary to keep a note of your nurse's availability. When the nurse gives you availability this constitutes a commitment from the nurse to work on HSE on those days. However, if you have not spoken to your nurse in a while it is worth giving them a quick phonecall to check that their availability hasn't changed.

***How do I know how far apart to make the appointments?***

Find out from your nurse how long they think it will take them to complete an interview and how close together they like them to be. You will know how long it takes to get from one address to another from your own fieldwork. Please do not underestimate these times.

***Will I ever accompany my nurse when he/she goes back to visit a household I have interviewed?***

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 accompany them when they visit. If you feel that this is the case, obtain clearance from your Area Manager to accompany the nurse.

Both you and your nurse will be juggling various different commitments and demands on your time. You should discuss with your nurse the best way to keep in touch throughout the fieldwork period as the scenario outlined above will not suit everyone.

## 10.3 Documents relating to the nurse visit

- **Stage Two leaflet**

  See **section 10.3.1** for information about this leaflet.

- **Appointment record card**

  The appointment record card is on the back of the CORE Measurement Record Card (light blue). Complete this when you have made a nurse appointment. Remember to always fill in the household serial number in case a respondent has to telephone the office to rearrange the appointment. At the bottom of the appointment record card are some notes about what they should and shouldn't do before the nurse visit.

  ***Q. Why are some respondents asked to wear light clothing?***
  A. Light clothing makes it much easier to get accurate measurements.

- **The Nurse Record Form (NRF) and No Nurse Visit Sheet (NNV)**

  The nurse has a list of the core addresses in the point being covered. He/she needs to know the outcome of your visit to each address in order to plan his/her own workload. This includes any deadwood addresses and any additional households identified. This information is communicated via the Nurse Record Form (NRF) and No Nurse Visit sheet (NNV) and also by telephone calls.

  **NRF**
  This is the nurse's equivalent of the ARF and is used for households where you have made a nurse appointment.

  **NNV**
  This is for households where there is no work for the nurse to do. This could be because the address was deadwood, or unproductive, or because it was a productive household but all members refused a nurse visit.

  For combined Core and Boost points there is no need to complete a NNV for **Boost** addresses, as the nurse is only concerned with the core addresses.

  Your workpack contains a set of NRFs and NNVs, together with a sheet of **address labels** which replicate the address labels on your ARFs.

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

***How do I complete the Nurse Record Form (NRF)?***
You need to complete the sections on **page 1 and page 2** of the NRF. Pages 3 and 4 are for the nurse to complete.

**★REMINDER: COMPLETING THE NRF**

**Basic information**

1. Enter the nurse appointment time and date at the top
2. Enter the telephone number and main contact name and the alternative number and contact name (if you have them)
3. If there is more than one household at the address, describe the location of the household covered by that NRF.
4. Either **stick the address label** on the address box, or if this is a second or third household at the address **write in** the address, postcode and serial numbers.
5. Pass on any useful tips about how to find the address, if this is difficult

**Completing Part A**

1. Complete the **Interviewer Outcome Summary** box. If you have arranged at least one appointment for the nurse, ring **code A**.

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

3. Write in the **total** number of persons in the household aged 16 or over, 5-15 and 0-4 (copied from the ARF)

4. Complete the grid at questions 4 and 5 on page 2. The admin block has a screen called *NRF* which shows you exactly what to enter here.

   **Make sure you enter household members in the same order as they appear on this screen because the person number used for the nurse must be identical to the person number assigned by the computer to that person.**

   - 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 to see the nurse. If there were more than ten adults in the household list only those who were selected for the survey (these will be the ones who are listed at *NRF* in the admin block).
   - At **question 5** complete one row for each **selected** child under 16. The *NRF* screen will only display these children.
   - Enter each person's details in the grid and ring the appropriate code to say whether the person agreed the nurse.

**Examples of completed pages 1 and 2 of the NRF are shown overleaf.**

***How do I complete the No Nurse Visit sheet (NNV)?***
Stick the address label on the NNV and ring the code to indicate why there is no nurse visit. CAPI will prompt you to do this when you complete the admin block. Although you can fit several address labels onto an NNV, please do not wait until this sheet is full before sending it to the nurse. You should send these sheets regularly (at least once every week).

***What do I do if I have set up nurse appointments before I have completed all interviewing in the same household?***

You should phone your nurse to let him/her know about these appointments. Fill in the details on the NRF and then read out this information to your nurse. Your nurse will have an interim appointment record, which is a copy of pages 1 and 2 of the NRF so that they can fill in this information. The nurse will use this until he/she receives the NRF from you. It is essential that the nurse has the correct **person number and name** so please get your nurse to read this back to you.

- **Posting documents to your nurse**

  An A5 prepaid envelope will hold a **maximum** of **three NRFs** or **two NRFs and one NNV**. If you fill the envelope with more than this the nurse will have to pay excess postage because of the new postage system of price in proportion to size, rather than just weight. This will cause delays to the nurse's fieldwork. Therefore, if you have more than three NRFs to send you should split them between envelopes.

## 10.4 Transmitting information to your nurse

In most cases the information your nurse needs to carry out the nurse visit (i.e. names, ages etc) will be transmitted automatically via modem. You simply need to connect to the host machine. The necessary information will then be extracted and made available to your nurse when he/she connects to the host.

You should therefore 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 and transmit and the host machine will take only the information it needs to pass to the nurse.

Of course, you will still need to send your nurse the NRF and notify him/her about the appointment over the phone, in case the nurse does not pick up the information from the host in time.

# 11 Survey documents

## 11.1 List of survey documents and equipment

Before you start working on HSE you will be given a starter pack containing:

| Document | Colour |
|---|---|
| Advance letter laminate | Headed paper |
| Showcards (including coding and Frankfort plane) | White/pale pink |
| Interviewer instructions | |
| General concerns laminate | Yellow |
| Interviewer suggestion sheet | White |
| Translated screening document | Green/Lilac |

For each HSE 2008 assignment you work on you will also be sent a workpack containing:

| Document | Colour |
|---|---|
| ARFS | Pink/Red |
| Spare Advance letter | Headed paper |
| Follow-up letters | Headed paper |
| Police letter | Headed paper |
| HSE Red leaflet | Red |
| Stage 1 leaflet | Green |
| Stage 2 leaflet (CORE ONLY) | Blue |
| Self completion booklets | See **section 8.3.3** for colours of different booklets |
| Consents | Blue/Yellow |
| Measurement Record Card (MRC) | Blue/Red |
| Nurse appointment diary (CORE ONLY) | Green |
| Surprise packs | |
| Pens | |

If you are working on an actigraph assignment, your workpack will also include:

| Document | Colour |
|---|---|
| Actigraph instructions card (laminated) | White |
| Actigraph information leaflets | Orange/Yellow |
| Activity booklets | Pale Green/Pale Yellow |
| Actigraph output example sheet | White |
| Teacher letter | Headed paper |
| Despatch note | White |
| Coloured stickers | |

Your workpack will also contain all of the actigraph equipment (actigraphs, charger, adaptor, belt elastic, belt clips).

Some of these documents have been explained elsewhere in these instructions (check contents/index). Others are explained in this section.

## 11.2 Document codes

To help you distinguish between the different documents needed at different types of address, the HSE documents are labelled with document codes:

**C** = Core (non-actigraph) households

**B** = Boost (non-actigraph) households

**CA** = Core actigraph households

**BA** = Boost actigraph households

The codes can be found in the bottom right hand corner of most documents and look like this:


If there is no code on the document, then you can assume that the document can be given to respondents in all types of address.

## 11.3 HSE ARF

The HSE ARF is very similar to those used in other NatCen surveys, which are described in the Interviewer manual. The main differences are highlighted in this section.

You will receive an **ARF A** for each of the addresses in your sample point. These will be different colours depending on the type of address and point you are working on.

- The Core ARF A is **pink**
- The Boost ARF A is **green**

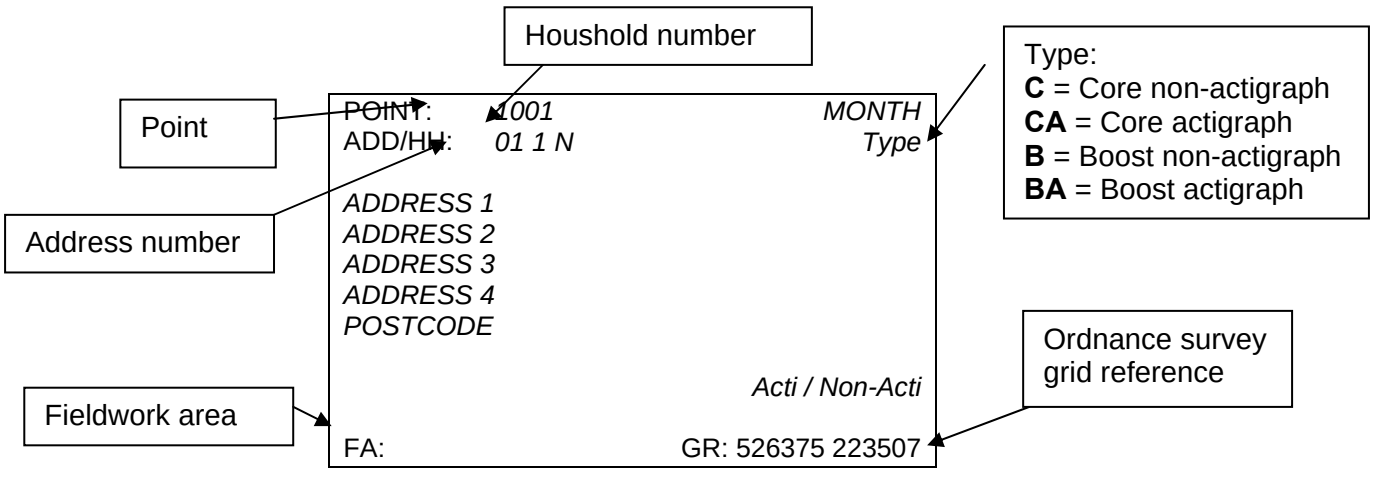
> **REMINDER: THE 'ONE-WAY' ARF**
>
> In 2007 we moved to the 'One-Way ARF' on HSE. The aim of this system is to improve efficiency in operations by eliminating NatCen's dependence on information written on the ARF by interviewers. All the information we require from you is now recorded in CMS.
>
> Your use of the ARF as a document remains unchanged. There have been some changes to the admin block to enable you to record all of the necessary information. Before returning work to the office always check that you have recorded everything written on the ARF into the **CAPI admin block**.

- **Address label and HSE serial number**

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

  - four digits for the Point number
  - two digits for the Address number
  - a single digit for the Household (called HHold in the CAPI program)
  - a check letter.
  - In the example address label below, the HSE serial number is: 1001011N

  Each unique ARF address label consists of (see example below).



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

You also use this serial number to access the interview in the CAPI. When you open a CAPI questionnaire you should make sure that you select the address number that corresponds to the address number of the ARF label.

- **Dwelling Unit selection**

**O REMINDER: DEFINITION OF A DWELLING UNIT**

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

***How do I know if an address is split into different dwelling units?***
If you have made contact with someone at the address you could ask…
*"Can I just check, is this (house / bungalow) occupied as a single dwelling, or is it split into flats or bedsits?"*

**OR:**

Sometimes it will be clear that the selected address has been *divided* into separate dwelling units.

**EXAMPLE – DWELLING UNITS**

The selected address on the ARF label is

*123 High Street*

but you find doorbells for these flats: 123a, 123b, 123c, 123d.
This is called a **'Divided address'**. You must first establish whether the extra dwelling units (flats a, b, c) were on the PAF or not by checking the address list you have been given.

If the address list looks like this:

Serial Number 101011G 123 High Street, London, SW15 6HY
*Prev*: 122 High Street, London, SW15 6HY
*Next*: 124 High Street, London, SW15 6HY

then it is clear that 123a, 123b, 123c and 123d High Street were **not** on the PAF, and so did not have a chance of selection for the survey. You will therefore need to ensure they have this chance, by listing them and making a selection.

***What do I do if there is more than one dwelling unit at the address?***

HSE only allows **one dwelling unit** within an address to be selected. If there is more than one dwelling unit a **random selection** has to be made. List all the addresses at **A4** on the ARF. Looking along the selection label on the front of the ARF, go along the first row called DU (number of dwelling units at the address) until you reach the right number of dwelling units. The code below this (SEL) tells you which dwelling unit to choose.

In the example above (123 High Street) there were four dwelling units, so you would choose the fourth one listed (123d High Street).

```
Serial no: 601 08 1 D

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

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

***What do I do if there are more than 13 dwelling units at an address?***

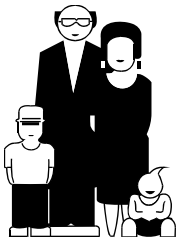
It is very unlikely that you will come across an address with 13 or more dwelling units. List the dwelling units on a separate sheet of paper in the order indficated at B3. Then use the look-up chart on the back page of the showcards. For example, if you have 13 dwelling units, the dwelling unit to be included in the survey will be the one with the selection code 12.

- **Household Unit selection**

**O REMINDER: DEFINITION OF A HOUSEHOLD**

A household is one person or a group of people living in a dwelling unit who either **share a meal a day** or **share living accommodation** in a household.

Shared kitchens and bathrooms do not count as shared living accommodation.



***How do I allocate people to households?***
If there is only one person for whom the dwelling unit is their only or main residence then that person constitutes the household.

If more than one person lives there as their only or main residence, then you will need to establish whether they are all members of the same household or whether there is more than one household at the address. Many dwellings will be occupied by a single family (e.g. a couple or single adult with or without children). For others, you will have to check whether the group of residents are members of the same household using the definition above.

***How do I find out if there are different households?***
You can use the following questions to establish who is resident at the dwelling and to identify households. Start off by asking:

*"Who lives here?"*

If there could be any doubt about whether the people living there are all in the same household use a probe such as:

*"Do you all share a living room?"*

*"Do you all usually share at least one meal a day?"*

These probes should **always** be used when the residents do not consist of just a 'typical family'.

***What do I do if there are different households at an address?***
On HSE, we allow **up to 3 households per dwelling unit** to be included in the survey. If there are more than three households, a random selection has to be made.

**★EXAMPLE – DWELLING UNITS**
The selected dwelling unit contains three households as follows:

1. A couple called Mike and Anne
2. Anne's mother Edna who lives in a self-contained granny flat
3. Peter, a lodger who lives in a self-contained attic flat
4. Susan, another lodger who also has a small self contained attic in the flat of the same dwelling

List the household members at **C3** on the ARF. Looking at the **selection label** on the front of the ARF, go along the row called HH (the number of households and that address) until you reach the correct number. The code below this (SEL) tells you which households to choose.

```
Serial no: 601 08 1 D

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

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

So for this example you would select the households with the selection codes 1, 2 and 4 (Annie and Mike, Edna and Susan).

**C3.** **IF 4+ HOUSEHOLDS:**
List households in **alphabetical order of names (if more than one adult per household, list in alphabetical order within household)**. Identify households by the first names or initials of adult members of the household. (Continue on separate sheet if necessary, staple to front of ARF and return to Brentwood)

| Names/Initials | HH selection code | Names/Initials | HH selection code |
|---|---|---|---|
| *ANNE and MIKE* | (01) | | 07 |
| *EDNA* | (02) | | 08 |
| *PETER* | 03 | | 09 |
| *SUSAN* | (04) | | 10 |
| | 05 | | 11 |
| | 06 | | 12 |

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

It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your 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 then use the lookup chart on your showcards. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th.

***What do I do after I have selected the households?***

You need to create new serial numbers for the additional households.

Enter the *selection code* of the household at **C4** on the ARF. This comes from the grid you completed at C3.This is used only for helping you make a correct household selection. It doesn't matter which order you write in the selection codes. However, it does make sense to make the household you are talking to and getting information from household 1.

The 2nd and 3rd selection codes will determine the household number for the other two households. Having made your selection, you should prepare ARFs for each household. Use ARF A for household 1 and make out new **ARF B**s for households 2 and 3. You will need to write the full address onto each ARF B and copy across the serial number.

**REMINDER - SERIAL NUMBERS AND ADDITIONAL HOUSEHOLDS**

The point number and address that make up the serial number for an **ARF B** are the same as the ARF A. However, the household number and the checkletter change.

On an ARF B, the household number will either be 2 or 3, and the checkletter increases by one place in the alphabet from the original printed on the ARF A – excluding I, O, U.

For example:
If the original ARF A serial number was:

100 19 **1 C**

The serial number for two extra households (entered on an ARF B) would be:

100 19 **2 D**
100 19 **3 E**

*You must copy this new serial number onto the ARF B for each additional household.*

*The CAPI program will also allow you to add new households, and will provide you with an adjusted serial number for each additional household. Note – CAPI does not provide a check letter for new households, you must derive this yourself following the above rules.*

*Also write the location details of the household in the box provided below the selection label.*

**Part F – Individual outcome and the actigraph**

This grid is similar to the HSE 2007 ARF, but we have included a space to record whether an actigraph was agreed:

**F1** **RECORD DETAILS OF ALL PEOPLE ELIGIBLE TO TAKE PART IN THE SURVEY BELOW**

Complete Grid A if individual has been interviewed (either fully or partially, o/c 11 or 21)
Complete Grid B if individual was not interviewed (o/c's 34 to 59)

**Grid A** IF INTERVIEWED:

| Person No | | Age | | Title | Full initials | Surname | Outcome code | | Agreed nurse | | Agreed actigraph | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yes | No | Yes | No | ineligible |
| *0* | *1* | *3* | *5* | *Mr* | *G* | *Brown* | *1* | *1* | (1) | 2 | 1 | (2) | 3 |
| | | | | | | | | | 1 | 2 | 1 | 2 | 3 |
| | | | | | | | | | | | | | |

***Who will be coded as ineligible for the actigraph?***
Respondents in the non-actigraph sample will be coded as a '3' (ineligible). Some respondents in the actigraph sample will be coded as a '3' (ineligible) because they were not selected for the actigraph, or because they were excluded at the eligibility questions.

**It is very important to transfer the information on this grid into the CAPI admin block accurately, otherwise we may follow up the wrong respondent, for example by sending blood pressure results to the wrong person.**

**Part H – Interviewer observation of addresses**
These questions have changed on this year's ARF. They are now in line with the standard NatCen interviewer observation questions. You should complete these observations for ALL addresses, including office refusals.

- **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 use the sheet at the back of these instructions (Appendix C) called the '**Adult List Sheet**'.

1. List all the persons aged 16 or over in the household, starting with the eldest and working down to the youngest.
2. Also in Appendix C is an Adult Selection Chart. Find the column which gives the number corresponding to the number of adults in your household (e.g. 12).
3. Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

**OEXAMPLE – USING THE ADULT LIST SHEET**

You visit an address and find that 12 adults live there as one household.

1. List all the adults, starting with the eldest and working down to the youngest
2. Looking at the Adult Selection Chart (appendix C) you would eliminate those in rows 3 and 9.
3. Cross these individuals off the Adult List Sheet
4. Enter the remaining 10 adults into the household grid.

THESE ARE THE ADULTS YOU SHOULD ATTEMPT TO INTERVIEW.

## 11.4 Address List and maps

In addition to the ARFs, you will be given a paper listing of the sampled addresses in your survey point and a map showing their location. The paper list 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.

### O Example 1

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.

### O Example 2

The sampled address is:
**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).

If you still have trouble locating addresses it may help to search by postcode on an internet map website such as

| | |
|---|---|
| www.streetmap.co.uk | www.upmystreet.co.uk |
| www.multimap.com | www.easymap.co.uk |

## 11.5 Interviewer sample cover sheets

This document will accompany your set of ARFs. It will list the serial number and address for all addresses in your sample point for you to visit that month. Complete the columns as you work through your assignment. Your health manager or team leader will ask you for these details, so please remember to complete this document.

**Things to record:**

- Whether the address is **in scope or deadwood**
- **Screening addresses:**
  - **4** if you have identified that someone is eligible for interview
  - **7** if you have screened them out
  - **n/a** if not applicable.
- Enter details of appointments made or interviews in progress in the space provided.
- Enter number of **actigraphs** placed in the household
- **Nurse appointment:** Enter
  - **A** if the nurse visit was agreed and the appointment made by you
  - **4** if agreed but appointment not made
  - **7** if refused
  - **n/a** if not applicable
- Enter the **final outcome** of the interview and the **date transmitted** to office.
- There will also be a column for you to enter whether **heights and weights** were taken.

## 11.6 Letters

- **Advance letter**
  - The advance letter is sent out from the office a few days before fieldwork starts
  - The office will print your name onto the advance letters
  - There are different advance letters for **core** and **boost** households
  - You will be given copies of the advance letter to show as a reminder for respondents as well as a laminated copy to show on the doorstep
  - If you know that you are not going to be able to get out to addresses at the start of the month you can ask the office to delay sending your letters

- **Follow up letter**
  - Use this when you have visited a household but have not made contact
  - There is space for you to write your name
  - Post it through the letterbox to remind respondents that they have been selected and to expect you to call again

- **Police letter**

  You, as the interviewer, are responsible for notifying local police stations that both you and your nurse partner will be interviewing in the area. You will need to obtain all the relevant details from your nurse (e.g. registration number of car) to put on the police letter. Before you start work you must hand this document in at the local police station together with a copy of the advance letters, Stage 1 leaflet and Stage 2 leaflet.

  There is a BOOST version of the letter to use in Boost Actigraph points.

***What should I do with the police letter?***
Fill out the relevant details (e.g. registration number of car) for yourself and the nurse. You will need to contact the nurse before fieldwork starts to get this information.

You will be given three copies of the police letter. Leave one at the police station, send one to the nurse with the first batch of NRFs/NNVs and keep one yourself. Request more copies of the letter if you need to register at more than one police station.

You can find out which police station serves the area in which you are interviewing by checking the web-page: http://www.upmystreet.co.uk. Remember to check whether the station is open to the public and the opening hours. If you don't have access to the internet you can ask the Purple Team at Brentwood to check for you.

Occasionally, it is not possible to assign a nurse partner to all interviewers before the interviewer registers at the police station. In this case let the station know that you will be assigned a nurse partner later and then phone the nurse details through to the same police station as soon as you know them.

## 11.7 Leaflets

- **Red HSE leaflet**
  - Use this on the doorstep to help obtain co-operation or leave it behind after the interview

- **Stage 1 leaflet**
  - Give this to **everyone** you interview
  - Only give this on the doorstep if you feel it will help obtain co-operation
  - Read this leaflet before you start work as it will help you to answer some of the questions people might have
  - There are different stage one leaflets for **core** and **boost** addresses. Please make sure you give out the correct leaflet:

| Stage 1 leaflet | Colour | Who for? |
|---|---|---|
| Core | Green | Core households, Adults aged 16+ |
| Boost | Yellow | Adults (information for parents) |

- **Stage 2 leaflet**
  - Explains the nurse visit
  - Give to all interviewed respondents at **core addresses** who agree to the nurse visit
  - Give at the end of the interview
  - It is not your job to explain this leaflet to the respondent. The nurse will go through all of the measurements when he / she visits

## 11.8 Measurement Record Card

There are two different types of measurement record card. A **light blue MRC for core** addresses who have a nurse visit, and a **red MRC for boost addresses**, where there is no nurse visit.

More information about the MRC can be found in **section 8.3.4**.

## 11.9 Consents

Respondents aged 16 and over are asked if they will consent to have their name flagged on three separate registers: the **NHS Central Register**, the **Cancer Registry** and the **Hospital Episode Statistics Register**. Ideally we would like permission for all, but respondents may choose to give permission for NHS Central Register and the Cancer Registry but not for the Hospital Episodes Statistics or vice versa. Respondents must give permission jointly for NHS Central Register and Cancer registry together because if they are flagged for one they are flagged for the other.

We would like to flag the names of respondents on these three lists. A marker will be put against the respondent's name to show that they took part in the Health Survey. 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, if somebody who has taken part in the survey goes into hospital, dies or gets cancer, the reason for their visit, cause of death or type of cancer can be linked with their answers to the survey. Such information could be extremely helpful to future medical researchers.

It is important to understand that the only information that the *National Centre*/UCL give to the NHS Register and the Cancer Registry is the respondent's full name, date of birth and address, and the fact that (s)he has taken part in the survey. The respondent's details are already on the register (they are put there when they receive their NHS number). We could ask for respondents' NHS number but not many people are likely to know this. For this reason we ask for other details which will help us identify them on the register.

The HES consent is slightly different. The names of respondents do not receive a 'flag' against their name on the HES database. If a respondent gives permission for their data to be linked to that of the HES database, then their NHS number will be stored in a separate file until a request is made to link HES data to Health Survey data. Before to obtaining information from the Hospital Episode Statistics (HES) register, ethical approval would be required and the application would also have to be reviewed by the Patient Information Advisory Group and the Security and Confidentiality Advisory Group. A separate request for HES data would have to be obtained for each approved study.

Once ethical approval has been obtained, the NHS numbers of HSE respondents who have consented to linkage will be sent to the HES database.

No other information is given, not even the serial number used by the interviewer. A totally **different** case number is allocated to ensure anonymity.

If a respondent wishes to cancel this permission at any time in the future, they can do so by writing to us.

Further information on the three separate registers is given below.

***NHS Central Register***
The National Health Service has a Central Register, which lists all the people in the country and their NHS number. 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.

***Cancer Registry***
The national Cancer Registry is run by the Office for National Statistics, and collects details about all types of cancer. If a respondent is diagnosed with cancer, a code indicating which sort of cancer it is will be added to the data file.

***Hospital Episode Statistics Register***
This register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, nature of illness, type of operation, maternity care and waiting time.

Although the information collected relates to individual patients, patients' confidentiality is protected as direct access to the Hospital Episode Statistics is not allowed and any data that might allow individuals to be identified would be removed before the data was released by HES.

The linking of HSE data with the Hospital Episodes Statistics Register will enable us to learn more from our HSE data - for example it will be possible to calculate the average number of hospital visits for respondents who report good or bad general health.

**Once the respondent has signed the consent form please return the top copy to the office. The bottom copy is for the respondent to keep**

## 11.10 Nurse appointment diary

This is designed for you to record your nurse's availability. You can then take it out in the field with you and write in any appointment you have made.

This is an optional tool to help you manage your nurse appointments. You may have another system which you prefer to use.

# 12 Returning work to the office

You should transmit **CAPI work** at the end of each day. It is very important that work is returned promptly for two reasons:

- It gives plenty of time for the information to be transmitted to the nurse
- 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. In these situations delays in getting in touch with the GP/respondent could be very serious.

**REMINDER: TRANSMITTING 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.

**Don't forget to back-up work regularly.**

***Do I need to complete the admin block before transmitting?***
No. It is important that you transmit after each day's work, so you should not wait until a household is complete before returning your work. The nurse needs to be able to pick up his/her work daily and cannot do that unless you have returned yours. You can complete the admin block at a later point.

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

**REMINDER: SENDING BACK PAPERWORK**

Before sending work back:

- Check all paper documents are completed
- Check all paper documents have correct serial numbers
- Update your Interviewer Sample Sheet

Return work in **two separate envelopes**:

1. ARFs and consent forms
2. Self-completions

This is very important to protect the respondent's anonymity. The ARFs and consent forms contain names and addresses and the self completions contain personal information that can be matched to the ARF by serial number. For this reason it is vital to keep the two separate.

### 12.1.1 Screening progress

In the office, we need to check the progress at the screening addresses. We will be able to do this through the new CMS by looking at call status codes. We often need to give this information to our clients at the Information Centre for health & social care, but is also useful for the Health Managers, as they will be able to see what your workload is and offer support if it is too great.

Please complete this information accurately and promptly.

### 12.1.2 Last return of work

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:

- From the main menu system select **Working at Home/Support < Alt + S > / Technical Support Details** to display Support menu screen.

- Select '**End of Assignment clear out**' and follow on-screen instructions. For further help, consult page 73 of the CMS User Guide.

- Return to Brentwood in **two** separate envelopes, posted at the same time:
  - the last batch of ARFs
  - the last batch of consent forms
  - the last batch of Self-Completion Questionnaires

**YOUR ASSIGNMENT IS NOT COMPLETE UNTIL THIS PROCEDURE HAS BEEN CARRIED OUT.**

## 13 Any problems

If you have any problems with the survey itself, or with the questionnaires, you can either contact Lesley Mullender or Sue Roche in Brentwood on 01277 200600 or any of the research team at the *National Centre*. If you have a problem with your equipment or supplies, talk to your Area Manager/Health Manager.

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.

# 14 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.

If you have any problems with your stadiometer, report these to Brentwood immediately. Do not attempt measurements with a stadiometer that is broken or damaged.

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

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

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

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

headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

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

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

1. Lie the base plate flat on the floor area where you are to conduct the measurements.

2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.

3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.

4. Take the remaining rod and put it onto rod 3.

**Dismantling the stadiometer**
Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate

2. Remove one rod at a time

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

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

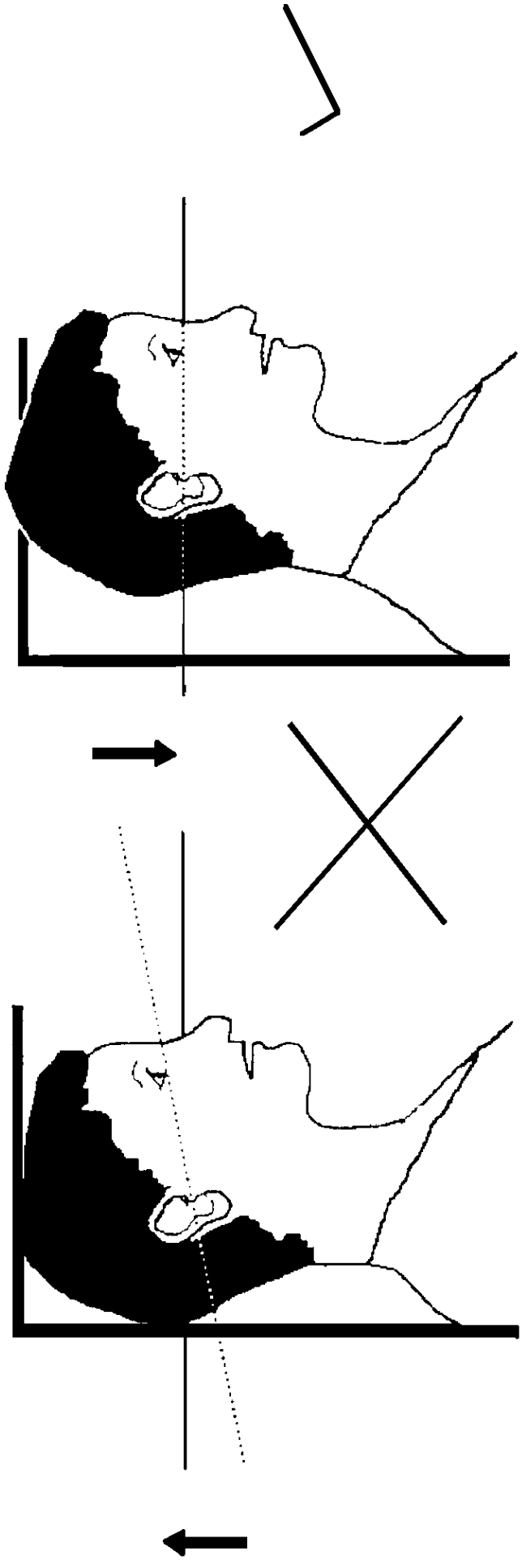
2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.

4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

## FRANKFORT PLANE – ADULTS



6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123**.**4, at the question *Height*. You may at this time record the respondent's height onto their 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, e.g. 176.5 cms. If a measurement falls between two **millimetres,** it should be recorded to the **nearest even millimetre.** E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

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

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

The protocol for measuring children differs slightly to that for adults. You must get the 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 your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).

7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.

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

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

10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” At the question “MbookHt” you will be asked to check that you have entered the child's height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.

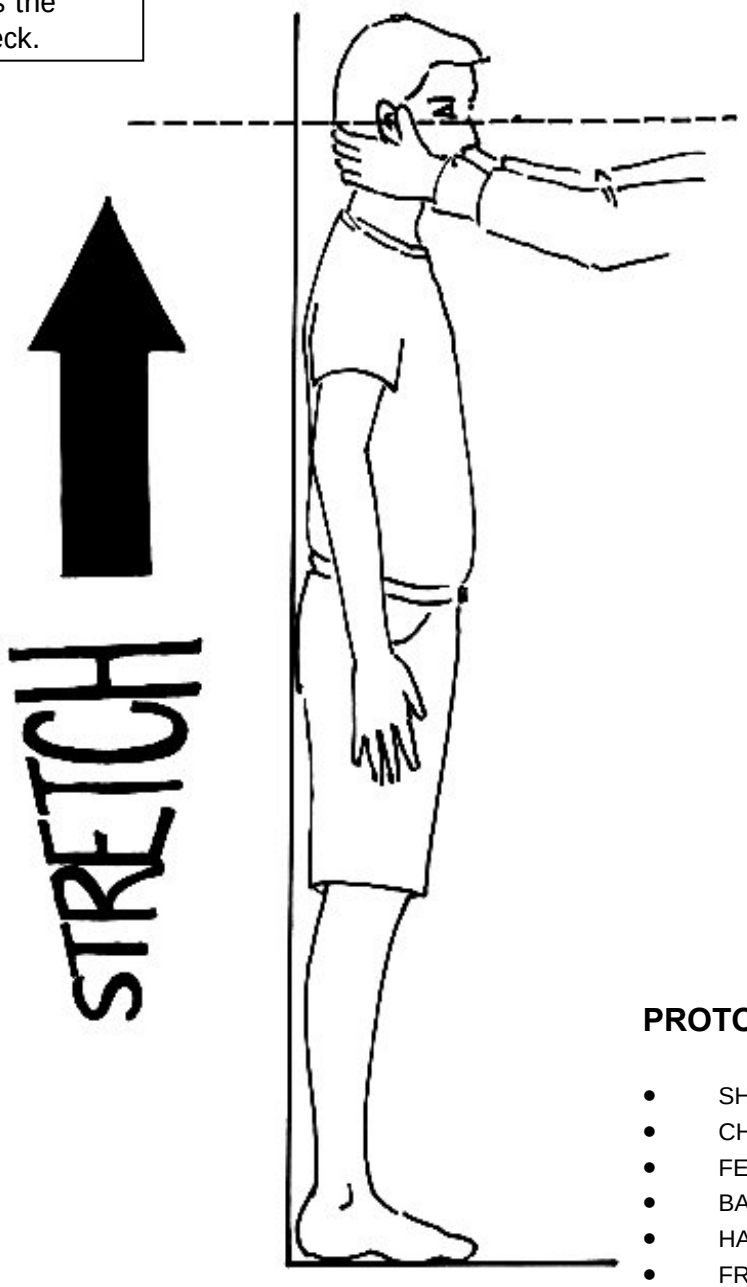
11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

**REMEMBER YOU ARE <u>NOT</u> TAKING A HEIGHT MEASUREMENT FOR CHILDREN UNDER 2 YEARS OLD**

## D. <u>HEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED</u>

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

Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.




**PROTOCOL**

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

## E. ADDITIONAL POINTS - ALL RESPONDENTS

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a 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 *RelHite.* If it is a hairstyle that can be altered, e.g. 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.

PLEASE NOTE: the child head stretch on HSE is different to that used on Child of the New Century. Please use the HSE stretch when measuring children for HSE interviews.

# 15 APPENDIX B: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

## A. THE EQUIPMENT

There are several different types of scales used on the Health Survey. They differ in the type of power supply they use, where the weight is displayed and the way the scales are turned on. Before starting any interviewing check which scales you have been given and that you know how they operate. The most common types are:

**Soehnle Scales**

- These scales display the weight in a window on the scales.
- The Soehnle scales are turned on by pressing the top of the scale (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 1 x 9v rectangular MN1604 6LR61 batteries.

**Seca 850**

- These scales display the weight in a window on the scales.
- The Seca 850 is switched on by pressing the top of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 4 x 1.5v AA batteries/1 x 9v rectangular MN1604 6LR61.

**Seca 870**

- These scales display the weight in a window on the scales.
- The Seca 870 is switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. **NB** You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.
- The scales have an fixed battery which cannot be removed.

**Tanita THD-305**

- These scales display the weight in a window on the scales.
- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.
- The scales take 4 x 1.5v AA batteries.

**When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on. (This does not apply to the Seca 870 scales)**

**Batteries (Soehnle, Seca 850 and Tanita)**
It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

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

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

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

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

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

a) You have to have a second or subsequent attempt at measuring the same person

b) Two respondents appear to be of a very similar weight

c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

If you have any problems with your scales, report these to Brentwood immediately. Do not attempt measurements with scales that are broken or damaged.

## B. THE PROTOCOL

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the *National Centre* at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

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

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check that you have entered the respondent's weight into 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). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit code them as “Weight not attempted” at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

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

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

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

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

a) Code as “Weight obtained (child held by adult)” at *RespWts*

b) Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult*.

c) Weigh the adult and child together and enter this into the computer at *WtChAd.*

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's 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.

# 16 APPENDIX C: ADULT LIST SHEET

Use when there are more than ten adults in the household and you need to make a selection

LIST ALL ADULTS AGED 16+ IN HOUSEHOLD IN DESCENDING ORDER OF AGE.

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

**ADULT SELECTION CHART**

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

# 17 APPENDIX D: PRACTICE SERIAL NUMBERS

| Serial | Sample Type |
|---|---|
| 2001011 | Core Actigraph |
| 2001021 | Core Non-Actigraph |
| 2001031 | Boost Non-Actigraph |
| 2001041 | Core Actigraph |
| 2001051 | Boost Actigraph |
| 2001061 | Core Non-Actigraph |
| 2001071 | Boost Non-Actigraph |
| 2001081 | Core Actigraph |
| 2001091 | Boost Actigraph |
| 2001101 | Core Non-Actigraph |
| 2001111 | Boost Non-Actigraph |
| 2001121 | Core Actigraph |

## 18 APPENDIX E: Principles of best practice

# HEALTH SURVEY FOR ENGLAND

## PRINCIPLES OF BEST PRACTICE

**Making a start…**

- Start work on the first of the month
- Plan your route
- Give HSE a couple of days attention when you start your point
- Know your diary
- Tell your team-leader when you're planning on starting
- Check your equipment before you go out
- Contact your nurse before you go out

**In field…**

- Always follow exact height and weight protocols
- Do your very best to get height and weight measurements
- Introduce the nurse visit by reading the script on the CAPI.
- DO NOT apologise for introducing the nurse visit
- Record full details of refusals, who you spoke to etc on ARF
- Make sure you record phone number correctly
- Make a start in the household – you don't have to wait until everyone is together
- Have variety of call patterns, week days, evenings, weekends

**Your nurse…**

- Register the nurse at the police station
- Keep them up to date with when you are working
- Post nurse documents immediately
- Go out with your nurse (at least once)
- Find out personal details about your nurse (i.e. job, name, type of car, etc) to make them seem human to the respondent!

**Monitoring progress…**

- Contact your teamleader regularly to let them know about your progress
- Keep your sample cover sheet up to date
- Have your progress information ready when contacting team leader
- Discuss refusals with teamleaders first (before sending them back to the office)

**And lastly…**

- Pass equipment on quickly (if not working in the next month)
- Stick to deadlines
- Transmit regularly

# 19 APPENDIX F: The Importance of the Health Survey

## The Importance of the Health Survey

The Health Survey for England is an annual survey designed to measure health and health related behaviours in adults and children living in private households in England. Each year the Health Survey for England focuses on a different demographic group or disease condition and its risk factors and also looks at health indicators such as eating habits and levels of physical activity. The information provided by the Health Survey has numerous uses and is important for a number of reasons.

The survey can be used by the Government to monitor the progress of targets that have been set to improve the health of the population. For instance, the 2002 survey provided figures relating to the prevalence of obesity in children aged between 2 and 10 years. One of the Public Service Agreement (PSA) targets is to halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole. The Health Survey for England will be the primary data source for measuring the progress of this target.

Another Government Target highlighted in the 1998 White Paper 'Smoking Kills' is to reduce the levels of smoking within the general population to 24% by 2010. The Health Survey has been able to show levels of smoking among the general population and additionally highlight the differences in levels of smoking among ethnic minority groups. Such information is therefore significant as there would be no other way of obtaining this information without the survey.

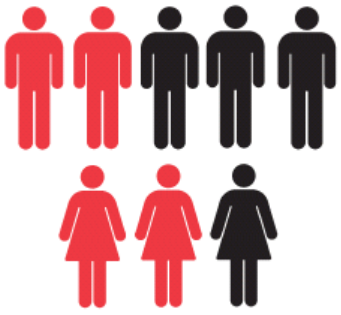
The survey is also able to look at how people's health related behaviours compare to recommended suggestions about lifestyle, such as eating healthy amounts of fruit and vegetables, meeting the required guidelines for levels of physical activity and drinking sensible amounts of alcohol.

# 20 Index

# The Health Survey for England 2008

## Nurse Project Instructions

## P8827



# Contents

# 1 CONTACTS PAGE

| | | |
|---|---|---|
| **Project Number** | P8827 | |
| **Purple team contacts** | Lesley Mullender – Project Controller | 01277 690060 |
| | Sue Roche – Deputy Project Controller | 01277 690061 |
| | Ruth Barron – Purple Team | 01277 690136 |
| | Rod Cox - Equipment & supplies | 01277 690064 |
| **Research contacts** | Rachel Craig – Research Director | |
| | Simon Holroyd – Research Director | |
| | Jenny Harris – Senior Researcher | |
| | Joanne Thompson – Senior Researcher | |
| | Soazig Nicholson – Researcher | 020 7549 7016 |
| | Deanna Pickup – Researcher | 020 7549 7021 |
| **UCL contacts** | Dr Jenny Mindell – Survey Doctor | |
| | Mobile (8.00am to 10.30pm) | 07770 537238 |
| | Office | 020 7679 1269 |
| | Barbara Carter-Szatynska (secretary) | 020 7679 5646 |

| | | |
|---|---|---|
| **HSE Nurse Supervisors** | Area 0 | Caroline Southall |
| | Area 2 | Rita Moore |
| | Area 3 | Josie Birley/Liz Grant |
| | Area 4 | Jean Foster/ |
| | | Julia Sharp/Jayne Hudson |
| | Area 6 | Evelyn Malloy |
| | Area 7 | Angela Pini |
| | Area 8 | Rosemary Berry |
| | Area 9 | Sarah White/Lesley Maloney |

# 2 HOW TO USE THESE INSTRUCTIONS

This manual sets out the survey procedures for nurse assignments in the Health Survey for England 2008.

The instructions are divided into sections explaining:

- Background information about the Health Survey for England 2008
- Overview of the fieldwork structure and sample design
- Content and procedures of the various stages of the HSE interviewer and nurse visits
- Useful information about liaising with your interview partner
- Tips about your initial contact and achieving high response
- Introducing your measurement task and carrying out the interview

This manual must be used in conjunction with the Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPG's).

# 3 BACKGROUND & AIMS

## 3.1 Key features of HSE

| | |
|---|---|
| **Subject** | Health behaviours, lifestyle, and physical activity and fitness |
| **Sponsor** | The Information Centre for health and social care (IC) |
| **Eligibility** | A maximum of 10 adults (aged 16+) and up to 2 children (aged 0-15) living in private residential accommodation in England |
| **Sample size** | 16, 000 adults and 8, 000 children |
| **Data collection method** | Face-to-face CAPI interview, self completion, objective measurements |

## 3.2 The Purpose of HSE

The Health Survey for England is the title of a series of annual surveys commissioned by The Information Centre for health & social care (IC) which is part of the NHS. It is carried out to monitor trends in the nation's health and health-related behaviours.

Before the Health Survey for England began 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.

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 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.

The Health Survey for England is that survey. It 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.

## 3.3 Data collected

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. For example, cardiovascular disease was the focus of 1998, 2003 and 2006 surveys.

In 2008, there will be a full size general population sample to examine physical activity and fitness and to monitor trends set by the Department of Health in key areas such as smoking and drinking, and fruit and vegetable consumption. We are aiming to achieve interviews with 20, 000 adults and children.

Information about the survey, its objectives and design has been submitted to a Multi-Centre Research Ethics Committee (MREC), which approves the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have approved the 2008 Health Survey for England.

## 3.4 Further information about HSE

If you would like to see the latest copy of the HSE report you can visit the IC website:

www.ic.nhs.uk

Other information about the survey can be found at:

www.natcen.ac.uk

www.healthsurveyforengland.org.uk

# 4 THE NATIONAL CENTRE & UCL TEAM

## 4.1 The Research Team

In 1993 the National Centre for Social Research and the Department of Epidemiology and Public Health at the University of London Medical School (UCL) together formed the *Joint Health Surveys Unit* which carries out HSE.

## 4.2 The Survey Doctor

Dr. Jenny Mindell of UCL is the 'Survey Doctor'. Jenny is responsible for providing nurses with medical support and for liasing with GPs in relation to blood pressure abnormalities that are detected as a result of this survey.

The survey doctor is available most of the time (apart from between 10.30pm and 8.00am). If you leave a message the doctor will get back to you in good time.

## 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 a Health Survey manager. The Nurse Supervisor is the person you should consult if:

- You have any queries about your equipment and how to use it in field,
- You have other problems about carrying out the interview and measurements.

The nurse supervisor will from time to time accompany you in the field.

The Health Survey manager supervises interview work on the Health Survey within each field area (including allocation of work to interviewers and fieldwork progress), and will work with the Nurse Supervisor to oversee nurse progress. 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 on page 4 of the instructions.

# 5 HSE IN 2008

## 5.1 Summary of what's new in 2008?

**Dual focus (see section 5.2)**
- Physical acitivity and fitness
- Health of children aged 2 to 15 (monitor trends in obesity)

**Sample (see section 7)**
- Full size core general population sample (16, 000 adults & 8, 000 children)
- Three types of sample point – of which 2 involve a nurse visit.

1. **Core and boost combined (non actigraph & non step test):**
   - 13 core addresses (up to ten adults 16+ and two children 0 to 15)
   - Nurse visit for all interviewed (aged 0+) as part of **core addresses** (address no's 0-13)
   - 16 boost addresses (up to two children aged 2 to 15)
   - No nurse visit for boost addresses (address no's 14-29)

2. **Core (actigraph & step test):**
   - 15 core addresses
   - Up to two respondents eligible for actigraph, including adults and children
   - Nurse visit for all interviewed, including step test for adults aged 16 to 74

3. **Child boost (actigraph):**
   - 33 boost addresses (up to two children aged 2 to 15)
   - Actigraph placed & collected by interviewer
   - No nurse visit for boost addresses

**Nurse visit content (see section 6.3.2)**
- Core actigraph points:
  - Actigraph collection interview
  - Objective measure of physical fitness – step test
- New questions on folic acid supplements – women aged 18 to 49
- Blood samples (aged 16+)
  - no Ametop gel offered to respondents
  - 2 tubes of blood (plain red , EDTA)
- No cigarette brand questions
- No demi-span measurement
- No urine sample

**Nurse documents (Appendix B)**
- Office copy of the consent booklet
- Step test information leaflet
- Step test heart rate record card
- New step test showcards
- New nurse protocols manual

**Nurse visit length (see section 6.4)**
**Adults:**
- 33 minutes average without step test and actigraph collection interveiwer
- 53 minutes with step test and actigraph collection interview

## 5.2 Focus on physical activity & fitness

In HSE 2008, there will be a dual focus:

- Physical acitivity and fitness
- Health of children aged 2 to 15 years

Physical activity is an important public health issue. There is evidence that physical inactivity is associated with many chronic conditions, including ischaemic heart disease, diabetes, osteoporosis, certain types of cancer, and obesity. In England, physical inactivity is estimated to cost £8.2 billion a year. Therefore the government's White Paper sets out the objective of increasing exercise to reduce the risk of major chronic diseases and premature ill health.

### *5.2.1 Objective measure of physical activity*

In addition to core topic areas, the interviewer visit will include improved questions on physical acitivity for adults and children. This data will be supplemented with an objective measure of physical activity using a small activity monitor called an **actigraph**. The actigraph is a lightweight accelerometer which measures energy movement.

Up two selected respondents aged 4 and over will be asked to wear the actigraph for seven consecutive days while they are awake, and remove it when they are sleeping, swimming, showering or bathing. The seven-day period will start on the day after the interview. The actigraph is worn on a belt above the right hip. The actigraph records their energy expenditure by recording respondents' movements in its digital memory.

Actigraph respondents will also be asked to fill in an **activity booklet**. This collects information about physical activity that the actigraph cannot measure, such as swimming and rowing, and also about time when respondents have taken off their actigraph (such as to go swimming, bathe, or engage in contact sports).

The information recorded by the actigraph will be used to give us objective data about how much physical activity people do.

### *5.2.2 Objective measure of physical fitness*

Research suggests that physical fitness may be a health risk factor independent of obesity i.e. being lean and unfit may have has greater health consequences than being obese and fit. By including a measure of physical fitness on HSE we will be able to:

- Collect useful data about an individual's overall level of fitness.
- Combine the data with other aspects of health and lifestyle such as smoking and drinking, blood pressure and diagnosed conditions that are already collected on HSE.

Physical fitness will be measured through a stepping exercise called the 'step test' developed by researchers at the Medical Research Council (MRC) Cambridge. The test provides a measure of functional aerobic work capacity (VO2max) which is used to assess cardio-respiratory fitness levels and predict aerobic work capacity. Aerobic work capacity is known to have the potential to respond to training and lifestyle changes. Therefore, it is important to collect such data so that physical fitness interventions can be designed and implemented.

The inclusion of new objective measures of physical acitivity and fitness will offer HSE unique opportunities to link behavioural data collected as part of the interviewer and nurse visits to objective information obtained from these new measures. This is important as we can

compare how active people say they are with an objective measure of how active they actually are.

# 6 FIELDWORK OVERVIEW

## 6.1 Stage 1: the interviewer visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI). For each household member eligible for interview there is an **Individual Questionnaire**, a list of topics covered is on the next page.

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. These height and weight measurements are the national reference for height and weight, and are used to calculate body mass index which identifies those who are overweight or obese.

In core actigraph and boost actigraph points, selected respondents (including adults and children over the age 4) will be asked to wear an actigraph for seven consecutive days and complete an acitivity booklet.

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 week later. All respondents in core addresses are eligible for a nurse visit.

## 6.2 Stage 2: the nurse visit

A qualified nurse carries out the second stage of the survey. A list of nurse measurements are on the next page.

Measurements include an infant length measurement (aged 6 weeks and under 2 years), blood pressure (age 5+), and waist and hip measurements (11+). These results can be written on the Measurement Record Card which was started by the interviewer for each person. With the respondent’s permission, blood pressure readings will be sent to their GP.

Respondents aged 4 years and over are asked to provide a saliva sample. Respondents aged 16+ will be asked to provide a small blood sample (approximately 10ml or two teaspoons), subject to written permission from the respondent. The blood samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle-upon-Tyne for analysis. Respondents can have their blood results sent to them and their GP if they wish. Note that cotinine test results from the saliva sample will not be sent to the GP or the respondent.

In core actigraph points, eligible adults aged 16 to 74 will be asked to complete the step test.

## 6.3 Summary of data collected

Some items of information are limited to particular age groups. The tables below summarise the data to be collected during the interview and the data and measurements included in the nurse visit.

### 6.3.1 Interviewer content summary

| Module/Section | Core & Boost (non actigraph) | | Core actigraph | | Boost actigraph |
|---|---|---|---|---|---|
| | Adults | Children | Adults | Children | Children |
| Household questionnaire | • | • | • | • | • |
| General health (age 0+) | • | • | • | • | • |
| Smoking (18+) | • | | • | | |
| Drinking (18+) | • | | • | | |
| Fruit and vegetables (5+) | • | • | • | • | • |
| Children's eating habits (2-15) | | • | | • | • |
| Adult physical acitivity (16+) | • | | • | | |
| Children's physical activity (2-15) | | • | | • | • |
| Background classifications | • | • | • | • | • |
| Self completions (8+) | • | • | • | • | • |
| Height measurements (2+) | • | • | • | • | • |
| Weight measurement (0+) | • | • | • | • | • |
| Actigraph placement (4+) | | | • | • | • |
| Consents (0+) | • | • [a] | • | • | |

[a] Nurse visits only offered to core addresses.

### 6.3.2 Nurse content summary

| Nurse Measurements & Questionnaire | Respondent Ages |
|---|---|
| Actigraph collection visit [a] | |
| Immunisations | Over 6 weeks but less than 2 years |
| Infant length measurement | Over 6 weeks but less than 2 years |
| Prescribed medications | All ages |
| Folic acid supplements | Women aged 18 to 49 |
| Nicotine replacement therapies | 16 years upwards |
| Blood pressure | 5 years upwards |
| Saliva sample (for cotinine) | 4 years upwards |
| Step test [b] | 16 to 74 |
| Waist and hip circumference | 11 years upwards |
| Blood sample analytes: | 16 years upwards |
| - Total and HDL cholesterol | |
| - Glycated haemoglobin | |
| Eating habits self completion | 16 years upwards |

[a] Core actigraph points.

## 6.4 How long will the nurse visit take?

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. The table below shows the estimated average time required to carry out the nurse visit with different sample types and with individuals of different ages. The interviewers have also been given this information. You will of course also need some time to introduce yourself to the household and set up the equipment.

These estimates are likely to vary slightly from nurse to nurse and with different respondents of the same age. If you feel that your interviewer is not generally allowing you enough time for visits let him/her know.

| Age of respondent | Estimated length of a nurse visit per person | |
|---|---|---|
| **Adults 16+** | Core (non-actigraph)<br>28-30 minutes | Core (actigraph with step test)<br>53 minutes<br>[Step test 20 minutes & actigraph collection 5 minutes] |
| **Children 0-15** | 5 to 17 minutes (dependent on age) | |

The above times are the length of the CAPI, you will often be in a household at least 15 minutes longer than this. We have taken account of this fact when calculating fees.

# 7 THE SAMPLE

## 7.1 Sample design

The sample consists of three different sample types – of which **two** involve a nurse visit.

| | SAMPLE TYPE 1: CORE & BOOST (NON ACTIGRAPH) | | SAMPLE TYPE 2: CORE ACTIGRAPH POINTS | SAMPLE TYPE 3: BOOST ACTIGRAPH POINTS |
|---|---|---|---|---|
| **Add no's** | **Core 01-13** | **Boost 14-26** | **Core actigraph 01-15** | **Boost 01-33** |
| **Eligibility** | Up to 10 adults aged 16+<br>2 children aged 0-15 | Up to 2 children aged 2-15 | Up to 10 adults aged 16+<br>2 children aged 0-15<br>2 selected for actigraph (incl. adults and children aged 4+) | Up to 2 children aged 2-15<br>Up to 2 children selected for actigraph |
| **Nurse visit eligibility** | All interviewed aged 0+<br>(No step test) | NO nurse visit | All interviewed aged 0+<br>(Including step test aged 16-74) | NO nurse visit |

Nurse visits will only take place for those interviewed at **core addresses.**

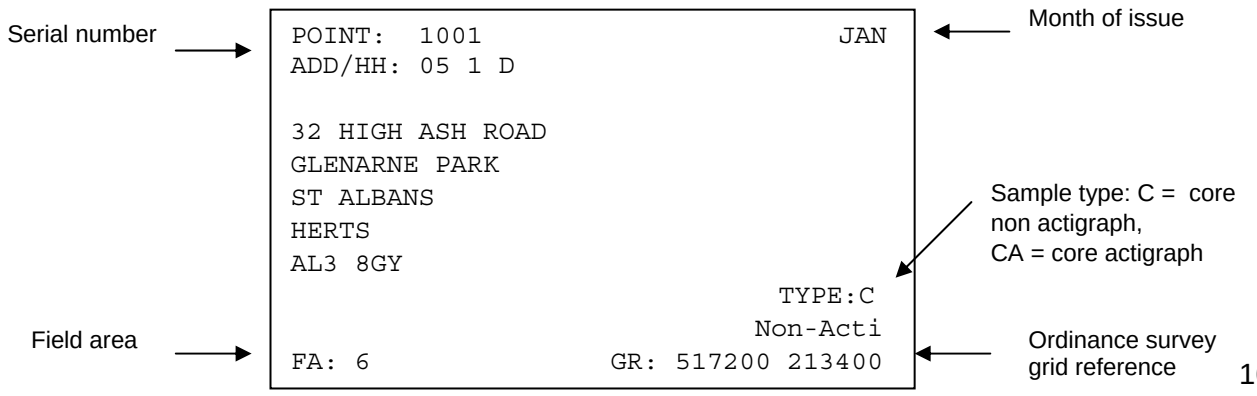
- Sample type 1: Core and boost points – no actigraph, nurse schedule for core addresses, no step test. No nurse visit for boost addresses.
- Sample type 2: Core actigraph points – actigraph, core nurse schedule, step test
- Sample type 3: Boost actigraph points – children interviewed as part of the boost only addresses will not be eligible for a nurse visit.

Workload will vary from point to point, but it is expected that one month's work for a nurse will be approximately 8 to 9 core households in sample type 1 and 10 to 12 core households in sample type 2.

The interviewer will provide you with full details of the appointments made, as well as informing you about households at which no one co-operated or households where no one was eligible. If you come across someone who originally refused to take part in the interview stage but has subsequently changed his/her mind, try to persuade him/her to see the interviewer in person. Explain that without the information obtained at the interview stage, the measurements obtained by the nurse will have little meaning. Do <u>not</u> take measurements from a respondent until they have been interviewed in person an interviewer.

## 7.2 NRF labels

The NRF address label looks like this:



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. The serial number consists of the following:

| | |
|---|---|
| **Point number** | Four-digits for the sampling point (postcode sector). |
| **Address number** | Two-digit number for the address sampled from the postcode address file (core non-actigraph 01-13 & core actigraph 01-15). |
| **Household number** | One-digit number for the sampled household at the address. Usually this will be 1 for the first sampled address, but may be a 2 or 3 if the interviewer has found extra households at the address. |
| **Check letter (CKL)** | A letter of the alphabet which allows the computer to check that a correct serial number has been entered. |

The point number, address number and household number plus the check letter are all found on the address label at the top of the nurse record form (NRF) which the interviewer sends you, or on the label on the No Nurse Visit sheet (see Section 7.5).

The label also shows the sample type. In the example above it is a sample type 1: core non-actigraph address.

GR is the Ordnance Survey grid reference for the address. This is to help those in rural areas to locate addresses. You will be sent a map with all the addresses selected for the assignment you are working in marked on it. If this is not clear, the postcode can also be used to locate addresses and to obtain a map using one of the following web pages: www.multimap.co.uk or www.streetmap.co.uk. If you cannot search these yourself, please contact the Purple Team in Brentwood who will be happy to help.

Also, your interviewer may be able to provide some household location details on the first page of the NRF.

| | |
|---|---|
| **Person number** | Two-digit number assigned by the computer to each person in a household. Each person in the household is given a person number, whether or not they are interviewed. |

The person number is the number beside the name on page 2 of the NRF. An example of pages 1 and 2 of the NRF is provided in Appendix D. In that example Mr Gordon Brown is person number 01. His full serial number is**: 1001 01 1 S 01.**

**Great care** must be taken to ensure that the correct serial number for a particular person is used on all documents and labels for that respondent. It is vital that the information the interviewer collects about someone is matched to the information you collect about him or her. If the wrong serial numbers are entered on documents or on the 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.

## 7.3 Nurse sample cover sheet

At the start of each month's fieldwork you will be given a list of the issued addresses in the point you and your interviewer are covering. You will also be given a nurse sample cover sheet. This tells you the postcode sector or area in which you will be working and its point number. There is room on the sample cover sheet to record your own progress. This is useful for when your nurse supervisor calls, so that you have in one place the details of your workload and planned appointments.

At the end of the interviewer's fieldwork period you should be able to account for all addresses on your sample cover sheet. Keep your sample cover sheet for a couple of months after you finish your month's fieldwork as they are sometimes useful when sorting out a query from the office.

## 7.4 Nurse Record Form (NRF)

You will receive a **Nurse Record Form (NRF)** for each household where there is work for you to do. The key information about the respondents in that household, their names and ages, and whether or not they are to have a nurse visit is transmitted by the interviewer to the office.

The NRF has two functions:

- it tells you the outcome at the household of the interviewer's attempts to arrange appointments for you.
- it is also the form on which you report to the office how successful you have been at those households.

The NRF will arrive with pages 1 and 2 completed by the interviewer. At the top of page 1 you will find the:

- address
- household serial number
- location of the household within the address (if there is more than one household living there)
- any tips about the household location or the occupants that the interviewer feels you might find useful
- the household's telephone number, if known, and the name of the main contact person.

In the box labelled **Interviewer Outcome Summary** the interviewer will have ringed code A to show that there is something for you to do at that household, and filled in pages 1 and 2 of the NRF. He/she will have completed:

| | |
|---|---|
| **Date** | on which he/she conducted the household interview at that household. |
| **No. of people** | living in that household - regardless of whether or not they were interviewed and whether or not they agreed or are eligible to see you. This provides you with some background information about the size of the household. |
| **Question 4 & 5** | the grids at Questions 4 and 5 on page 2. At CORE addresses everyone interviewed is eligible for a nurse visit. |

In the column to the left of each person's name is their **Person Number**. Whenever you enter a serial number for that person you must use this and only this Person Number.

**Nurse visit outcome:**
Each respondent at section 4 and 5 has a ringed code of 1, 2, or 3.

1. Agreed nurse visit: **carry out a nurse visit only with those persons for whom code 1 has been ringed** - these are the household members who agreed both to be interviewed and to see you.

2. Refused nurse visit: code 2 will be ringed if the person was interviewed but refused to see you. If this person then changes their mind while you are in the household, you can carry out a visit with them.

3. No interview: code 3 will be ringed if the person could not be interviewed (they were mentally incapable, refused, etc). **Do not carry out a nurse visit with people who have not (yet) had an interview.**

**Actigraph collection outcome:**
For **core actigraph points** each respondent at section 4 and 5 is given a code 1, 2, or 3 to indicate the actigraph collection outcome.

1. Nurse to collect actigraph:
   - the respondent has agreed to the nurse visit
   - the respondent has agreed to the actigraph placement
   - at least one other member of the household has agreed to the nurse visit.

2. Interviewer to collect actigraph:
   - the respondent has refused the nurse visit
   - the respondent has agreed an actigraph placement
   - no other members of the household have agreed to the nurse visit.

3. Not eligible/N/A:
   - for core (non actigraph points) and
   - where respondents were not selected or eligible for actigraph placement.

**Question 5** In the grid at section 5 there will be details of children in the household selected for the survey. If they are less than 2 years old, then the interviewer will code whether they are also under 6 weeks. This will tell you whether or not you need to bring the Rollameter Baby Measure Mat for infant length measurements.

The person number of each selected child's parent(s) will also be recorded alongside whether they are an actual parent or whether they have legal parental responsibility. If you see a code 97 in the box for person number for parent 2 this means there is only one parent in the household. Note that if the parent of the child is not one of the selected eligible respondents they will not appear in grid 4 so their name is written in the child grid.

Occasionally you may find someone in a household who has been interviewed but refused the nurse visit (code 2) and then decides to take part. You **can** take the measurement as these people have already completed a full interview. Make a note on the NRF explaining what has happened. If they are code 3 (i.e. not interviewed) you **cannot** take any measurements. Under no circumstances must you ever measure an individual before an interviewer has completed a

full interview on CAPI. In such circumstances you should arrange for the interviewer to come back and interview the person so that you can take measurements later.

You complete **PART B** of the NRF. (See Appendix C for a marked up version of the NRF).

## 7.5 No Nurse Visit Sheet (NNV)

Where there is no work for you to do at an address (for example, it was a business address and therefore 'deadwood'), the interviewer will affix the address label to a **No Nurse Visit Sheet (NNV)**, and code the reason. The interviewer should send these sheets to you on a regular basis. **You do not need to complete any admin for these addresses.** They will automatically be coded 93 when you connect to the host machine to pick up your work. However, it is important that you keep track of which addresses are deadwood etc., so that you can account for every issued address in your assignment and are aware of which ones require a nurse visit. Each time you receive details of an address on a NNV sheet, enter the date of receipt and code the outcome on your Nurse Sample Cover Sheet. Send the NNV to the office once you have done this.

You will not receive NNVs for boost addresses.

## 7.6 The 'Nurse Link'

Information recorded by the interviewer on the NRF is transmitted back to the office by the interviewer. Within a day or two this information is available to load onto your machine. When you log onto the host machine, this information is automatically picked up by your laptop. This process is called the nurse link, and it is very useful for ensuring that both you and your interviewer use the correct names and person numbers, which in turn means that all the information regarding one person is matched up.

### *7.6.1 Nurse link & core (non actigraph) addresses*

Before you go to a household, you should check that the nurse link information is on your laptop by entering that household. For core (non-actigraph) addresses, if the nurse link has not worked, you can enter the information directly from your NRF (see section 17.4) or interim appointment form. You will have to do this during a live nurse visit with the household.

#### *Interim appointment form*

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

Please fill in every section of the interim appointment form as it is all important. If there is not enough time for the nurse link to work, then you will need to put this information into the laptop accurately. The serial numbers and person numbers are particularly important. Read them back to the interviewer if you are not sure.

You will, of course, eventually receive a NRF from the interviewer. The NRF replaces the Interim Appointment Record Form. Check it against the NRF and query any discrepancies with the interviewer - is it you or the interviewer who is wrong? Sort it out between you.

**IMPORTANT**

Person number assigned to someone **by the interviewer** is the number that **must be used on every document and every blood/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 saliva to the laboratory), telephone Lesley Mullender on 01277 200600 immediately and explain the problem. She can then arrange for it to be corrected.

### *7.6.2 Nurse link & core actigraph addresses*

For core actigraph addresses you will **not** be able to start a nurse schedule without first having received information transmitted by the interviewer via the nurse link. You will not receive a serial number unless there has been a nurse agreement in the first interview. There will be NO facility where you will be able to manually enter respondent details passed by interviewers over the telephone.

**IMPORTANT**

- Connect to the host machine regularly to pick up the nurse link data. This will tell you:
  - where visits are to be conducted
  - where an actigraph is to be collected and who from
  - when to make the mid week call for actigraph households.
- Before you go to a household check that the nurse link data is on your laptop by entering the household serial number.
- For core actigraph addresses, you will NOT be able to enter respondent details manually in the household grid.
- Nurse link data will display which respondent (if any) an actigraph is to be collected from. You MUST always check this before you go to the household.
- If the nurse link has not worked because of a technical problem you will need to contact the help desk for assistance.

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

The age of the respondent is 'frozen' at the time the interviewer has made her/his visit and administered the household questionnaire. The age that has been **entered on the NRF** by the interviewer is the age you must use.

This means that even if an individual has had a birthday which moves them into a category where they would have had a particular measurement you **do not do that particular test**. For example, if a respondent was 5 weeks old at interview but becomes 7 weeks by your visit, do not take infant length measurement even though (s)he is over 6 weeks and under 2 years old when you see him/her. If respondents query this or ask you to perform the measurement/test you must explain to them that you are not able to because the age of the individual is based on the **age at interview**. The computer will automatically calculate which measurements you should take in this situation.

### *7.6.3 Households with split appointments*

For **core actigraph addresses** your interviewer will send you a partial NRF for households where some respondents have not yet been interviewed but others have. You will need to know the respondents' details as well as information about any pending actigraph collection appointments. Your interviewer will:

1) telephone you with details of confirmed appointments and whether an actigraph has been placed and who with. Your interviewer will give you the respondents' telephone number(s) to enable you to make the mid-week call.
2) transmit work straight away even though he/she has not completed the household. You will need to connect to host machine regularly to receive this information. This will tell you details about the actigraph collection visit.
3) **complete a partial NRF** in households where respondents are yet to be interviewed. Your interviewer will indicate who still needs to be interviewed at Q4. He/she will write in **TBC** at **APPT. DATE** to indicate that the respondent has not yet been interviewed. See example below:

4. COMPLETE GRID BELOW FOR **ADULTS AGED 16 AND OVER** IN HOUSEHOLD

| PERSON NUMBER | FULL NAME & TITLE (MR/MRS/MS) | SEX 1=m, 2=f | AGE | AGREED NURSE | REFUSED NURSE | NO INTER-VIEW | ACTIGRAPH COLLECTION: **NURSE** COLLECT ACT. | ACTIGRAPH COLLECTION: **INTER-VIEWER** COLLECT ACT. | ACTIGRAPH COLLECTION: NOT ELIGIBLE/ N/A | APPT. DATE | APPT. TIME |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | Gordon Brown | 1 2 | 50 | 1 | 2 | 3 | 1 | 2 | 3 | TBC | |
| 02 | Sarah Brown | 1 (2) | 46 | (1) | 2 | 3 | (1) | 2 | 3 | 12 01 | 14 30 |

Your interviewer will send this partial NRF to you as soon as possible. This will need to be attached to the final NRF (with complete details of all respondents in the household) and sent back to the Purple Team once you have completed all nurse visits in the household.

**IMPORTANT**

You should **NOT** transmit work unless you have completed all respondents in the household.

# 8 NURSE - INTERVIEWER LIAISON

## 8.1 Liaising with your inteviewer partner

Experience has shown that we get the highest number of productive nurse visits when the interviewer makes the appointment. If the nurse phones to make the appointment it is much easier to say no on the phone than it is in person. If at all possible, this is the way your appointments should be made.

**BEFORE FIELDWORK STARTS**

**You need to know…**

- Whether you have any holiday planned
- Whether there are any times you know you will definitely not be working on HSE (for example if you are working on a different project or working a shift at the hospital)
- How you and your interviewer(s) are going to keep in touch (e.g. email, telephone, text)

**The interviewer needs to know…**

- Your availability for the fieldwork month (as much as you know at this stage).
- The make, registration number, model and type of car, to put on the police letter.
- Your personal information…
  - Your name
  - How you would like to be introduced
  - What type of nurse you are/were (e.g. midwife/district nurse – this information can be very reassuring for respondents)
- How you are both going to keep in touch.

**DURING FIELDWORK**

**You need to know…**

- Where appointments have been made and the details of these appointments:
  - time, number of respondents, their names and ages, household location details, any unusual circumstances (e.g. elderly person who should only be seen with a relative).
  - *Core actigraph points*: whether or not an actigraph needs to be collected (and if a mid-week call is needed)
- About respondents that agreed the nurse visit but where the interviewer was unable to make an appointment - you will need to arrange this appointment with the respondent.
- About respondents where nobody has agreed a nurse visit so that you can cross these households off your worklist.

**The interviewer needs to know…**

- An update of your availability. You will give your availability before the interviewer starts fieldwork but you will need to update your interviewer(s) if your plans change.
- If your availability is not used, your interviewer(s) should ring to tell you at least 4 working days in advance of the date you have given to your interviewer.
- An update of when you will not be working on HSE.

**You need to know…**

- In core actigraph points you will need to make the mid-week phone call in cases where you will be collecting the actigraph. Your interviewer should ring you to tell you on which date to make the call.
- An update of when your interviewer(s) will not be working on HSE.

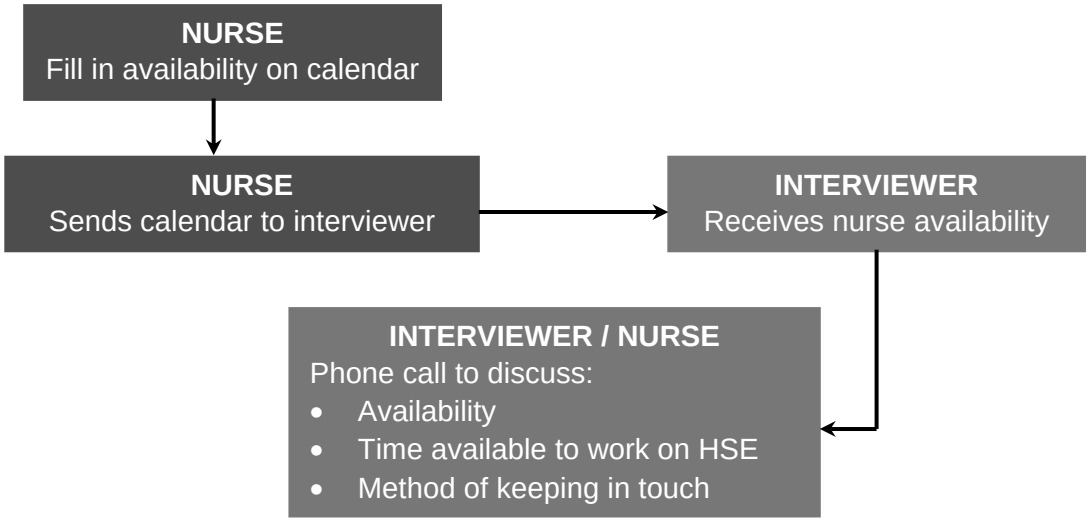
You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. If possible, you should arrange to **meet up before** you start work on HSE. If your interviewer has not been in touch, you should make contact and set this up. Contact your Nurse Supervisor if you do not know who your interviewer partner is. In addition, there is an arrangement, which allows you to accompany your interviewer to see their side of the work, and vice versa. You will receive a payment for this. Please contact your Nurse Supervisor to arrange this.

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 your 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. Some interviewers and nurses may prefer to start making appointments earlier in the month than the second week if the interviewer will be doing a lot of work during the first two weeks of the month.

## 8.2 Best practice for communication

To achieve a fully productive HSE visit (i.e. a complete interview and participation in the nurse visit) the key is regular communication between you and your interviewer. The following diagram outlines the formal and informal lines of communication between you and your interviewer(s).

***Before fieldwork:***




The formal lines of communication between you and your interviewer are described in Section 7.4 and 7.6 (the NRF and the nurse link). The informal lines are equally important. An important part of the interviewer's job is to keep you fully informed about the outcomes of all his/her attempts to interview people, whether or not they are productive. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

## 8.3 Nurse appointments & availability

You and your interviewer will be given a **Nurse appointment calendar** to record dates and times of your availability. For the interviewer this forms part of a diary where they can record appointments which they will then inform you about. You will have a calendar page to help you keep track of your availability to work on HSE. You will receive two copies with your sample

cover sheets. You should keep one copy for your records and send the other copy to the interviewer.

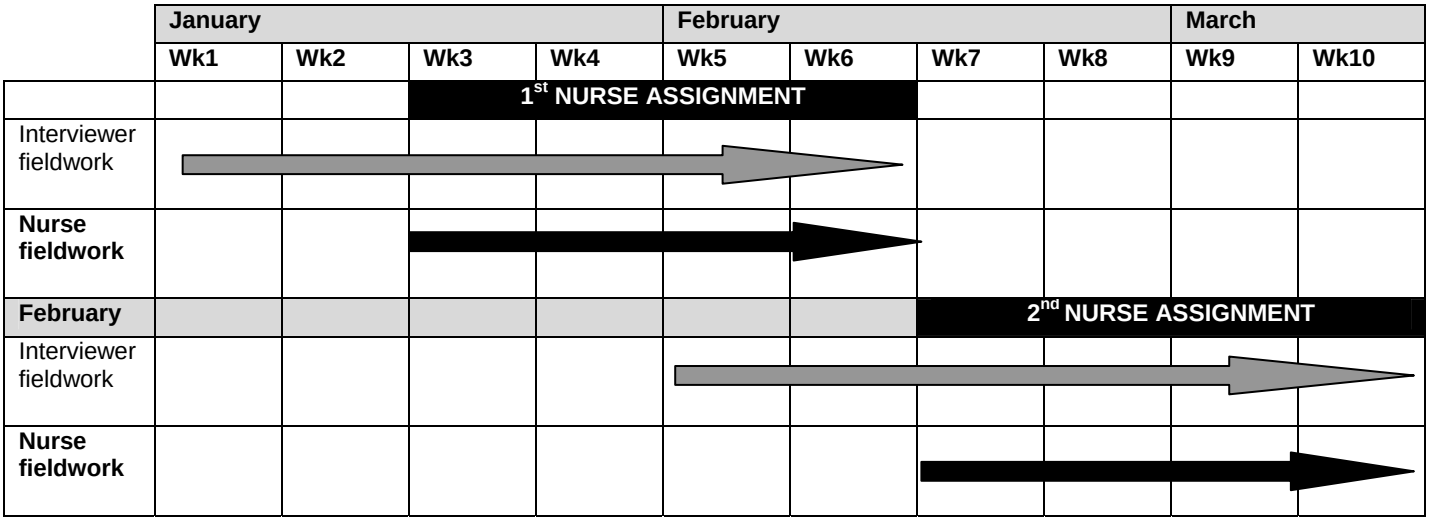
- Fill in the days and times when you are available to work on HSE by the first of the month you have been allocated.
- Send a copy to your interviewer so they can make appointments
- Keep a copy for yourself as a reminder of the availability you have given.
- Update your interviewer on your availability later in the month.

On the back of the calendar is a page where you can inform interviewers of your preferences for appointment s such as whether you prefer evening or day time work, weekday or weekend work, appointments close together or spaced out. The times of appointments will depend on the availability of respondents but the system works best when the interviewer is aware of what suits you. You should go through the calendar and your preferences together before you start work.

## 8.4 How much availability to give?

You should provide availability for a four week period from the second week of fieldwork to the sixth. Any appointments required after this 4-week period should be arranged by you, and not the interviewer. If you give your availability in this way, difficulties in providing your interviewer with availability for consecutive assignments can be reduced.

Here is an example of how much availability you should give the interviewer, within the 6-week assignment period.




Week 3 – 1 morning, 1 afternoon and 1 evening
Week 4 – 1 morning, 1 afternoon and 1 evening (preferably different days of the week from those in week 3)
Week 5 – 2 evenings and some weekend time
Week 6 – 2 evenings and some weekend time

If you are working on two points with two different interviewers you can change the pattern of your availability so that it does not overlap for each assignment or interviewer. Here is an example of availability you could give if you are working with more than one interviewer.

| Availability given to: Assignment/Interviewer 1 | Availability given to: Assignment/Interviewer 2 |
|---|---|
| Week 3 – 1 morning, 1 afternoon and 1 evening | Week 3 – 2 evenings and some weekend time |
| Week 4 – 1 morning, 1 afternoon and 1 | Week 4 – 2 evenings and some weekend time |
| Week 5 – 2 evenings, and some weekend time | Week 5 – 1 morning, 1 afternoon and 1 evening |
| Week 6 – 2 evenings, and some weekend time | Week 6 – 1 morning, 1 afternoon and 1 evening |

Make sure you keep a careful note of the dates and times you give your interview. **Never** put the interviewer in the situation where he/she 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 because your supervisor will be assisting you on your first visit.

## 8.5 Your appointment

For core non-actigraph assignments, when the interviewer has made the appointment for you there is no need for you to ring the respondent before your visit. Speaking to the respondent on the phone just offers them an opportunity to refuse or cancel the appointment. If you are unsure of the time or how to find the place speak to your interviewer.

For actigraph assignments, you need to make a mid-week call to actigraph respondents. See section 14.

# 9 WHAT DO RESPONDENTS KNOW ABOUT YOUR VISIT?

## 9.1 The interviewer introduction

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

> "There are two parts to this survey. You have just helped us with the first part. We hope you will also help with the second part, which is a visit by a qualified nurse to collect some medical information and 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."

Interviewers provide the following information to potential 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. They have all had extensive experience, working in hospitals, health centres etc and have also been specially trained for this survey.
- If the respondent wants, he/she will be given the results of the measurements carried out by the nurse, including the results of any blood pressure (age 5 years and over). If he/she likes, this information will also be sent to their GP.
- Respondents are <u>not</u> 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 he/she does not want to help with a particular one.
- The Multi-Centre Research Ethics Committee has approved this study.

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

At the end of the interview each respondent is given a Stage 2 Survey Leaflet by the interviewer. The leaflet briefly describes the purpose of your visit. A copy of the Stage 2 Survey Leaflet is in your supplies for information. When you arrive for your appointment, make sure that the respondent has the Stage 2 Leaflet (if necessary provide another copy) and explain in detail the measurements and samples involved in your visit (see section 13.2 for further details).

## 9.2 Appointment Record Card

The Appointment Record Card is on the reverse of the Measurement Record Card. This confirms the respondent's appointment times 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 advises them to wear light, non-restrictive clothing and to find their medicine containers. If you will be visiting a respondent of less than 2 years old, the parent will be reminded to have the relevant Child Health Record Book available for reference.

# 10 ACHIEVING HIGH RESPONSE RATES

In most cases respondents will be looking forward to your visit. Having completed the interview they have already invested time in our survey, and most will be willing to complete the second stage. However, some may need persuading.

## 10.1 The importance of high response

The response rate to the nurse to date has been very good and we want to 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 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 to keep your initial introduction short, simple, clear and to the immediate point. Points to remember about your doorstep introduction:

- Show your identity card
- Say who you are
- Say who you work for
- Remind respondents about your appointment:

  *“A few days ago you saw an interviewer about the Health Survey for England and he/she 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 may also need to answer questions about how the household was sampled. Some points you might need to cover are shown in the box later in this chapter.

Only elaborate if you need to, introducing one new idea at a time. Do <u>not</u> 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.

## 10.3 "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.

## 10.4 Health is interesting and important

People are interested in health and are concerned about it. This is a high profile survey on topical issues, such as diet, salt intake, obesity, smoking, drinking, and high blood pressure. Survey reports receive wide press coverage.

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

## 10.5 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. They can also agree, but 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.

## 10.6 Specific concerns

Sometimes a respondent may want the nurse visit carried out in a particular way. For example, an older person may want a family member to be present during the nurse visit, or they may prefer a male nurse or female a nurse to take their measurements. The interviewer will usually have collected this information when introducing the nurse visit, and informed you of the special requirement. We want our respondents to take part in the nurse visit, so as far as possible please try to meet the requests of the respondent. Usually a bit of reassurance from you is all that is needed, but if there is something else you need, for example a chaperone, please call your supervisor.

# 11 MAKING THE INITIAL CONTACT

## 11.1 Being persausive

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. The most important thing is to find out what the respondent's concern, or reason for being reluctant about the nurse visit (is it the time taken? the content of the visit? the purpose of the study?), and then answer this question only.

**What you might mention when persuading someone to take part in the survey:**

**If the respondent is unsure about the measurements:**

- You will ask before taking each measurement and sample.
- The respondent does not have to do anything - perhaps you could just ask the questions about medicines, and take the blood pressure? (once inside, you may find that the respondent then agrees to more measurements)

**Why the Health Survey is important (and a good use of government money):**

- It is a very important survey.
- It is carried out annually.
- It is the largest national survey to look at the health of the general population. About 20,000 people will take part this year
- Results are published annually and reported in the national press.
- It is a national (government) survey on behalf of the NHS.
- It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation", and is also part of the current government's "Choosing Health" White Paper.
- 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 "Choosing Health") are achieved.
- It is used to help plan NHS services. (However, the cost of this survey is part of the civil service budget, it is not taking money from hospitals or GPs)
- The information is available to all political parties.
- The information will be needed by whichever government is in office.

**Why we want to include everyone:**

- 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.

- Even people who have private healthcare rely on the NHS, for GP referrals, or in an emergency. The government also tries to improve health in other ways, such as smoking cessation help, and free fruit in schools.
- Young people might think that health services are not for them now – but they will want them in the future and it is the future that is now being planned.
- Older people might think that changes will not affect them - but health services for older adults 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.

**If they have concerns about confidentiality**

- 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.

## 11.2 The nurse recontact letter

If you are having trouble contacting your address the Purple Team can send the household a nurse recontact letter as a last resort, which reiterates the purpose of the survey and importance of the nurse visit. This will be sent out by the Purple Team upon request by you.

Upon request the Purple Team will also personalise a letter to confirm a definite appointment to see the nurse. Respondents will be sent a return envelope to confirm whether or not they are able to keep the appointment. Once responses are received you will be told of the appointment.

## 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 for an urgent or unexpected reason.

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card (green)** 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. He/she 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.

## 11.4 Number of calls you must make

You must make at least **4 personal visits per household** before you can give up. Each of these calls must be at different times of the day and on different days of the week, including evenings and weekends. However, we hope you will make a lot more than four calls to get respondents that are difficult to contact. If you fail to make contact you should try again but let the Purple Team know as they may be able to help you.

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 7.4). 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.

# 12 CARRYING OUT THE INTERVIEW

## 12.1 The interview documents

The nurse questionnaire is on computer CAPI). As well as the computer schedule, you will use up to ten other documents during the interview itself. These include:

- the office consent booklet
- the child information leaflet
- the coding prescribed medications booklet
- nurse showcards
- measurement record card
- the eating habits self completion booklet
- the step test information leaflet (core actigraph addresses)
- the heart rate record card (core actigraph addresses).

The CAPI will prompt you when to use them (see appendix B for a list of all nurse documents).

## 12.2 General tips on how to use the documents/CAPI

Read out the questions in the Nurse Schedule **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Enter the code number beside the response appropriate to that respondent indicating the answers received or the action you took.

Some questions take the form of a 'CHECK'. This is an instruction to you to enter something without needing to ask the respondent a question. The convention is that, if a question appears in capital letters, you do not read it out.

If 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.

## 12.3 Preparing the documents & CAPI

**Before you visit the household** you should connect your computer to the modem (separate instructions about this are provided) and pick up any work which is ready for you.

**Check that the information from the interviewer is on your laptop BEFORE you leave home for the appointment.** 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.

For core (non actigraph) addresses only, if the information is not there on the day of the appointment, enter it manually from the NRF or interim appointment form. This takes a few minutes so it is best to do it at home. **You will not be able to do this for core actigraph addresses.**

When you arrive at the household, you should go into 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 both Consent Booklets. **Never do this before your visit to the household.**

# 13 THE NURSE SCHEDULE

## 13.1 Organising the interview

Before setting out to conduct 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 7.6). You will not be able to conduct the interview without having done this.

You also need to make sure you fully understand the differences in the protocols for children and adults.

When you arrive at the household, check whether any of the people you have come to see have eaten, smoked, drunk alcohol or done any vigorous exercise in the last 30 minutes. This could affect their measurements. If someone has done any of these things, arrange to see other members of the household first in order to give time for the effects to wear off. Similarly if someone in the household wants to eat, smoke or drink alcohol in the near future (e.g. one person is going out and wants a snack before they leave) then try to measure that person first. Adapt your measurement order to the needs of the household.

You may feel that if you try to rearrange things in this way, you are likely to lose an interview with someone you may not be able to contact again. In such cases, give priority to getting the interview rather than rearranging the order.

## 13.2 Getting into the nurse schedule

Once you have logged on to CMS, the first menu displayed is the **MAIN MENU** screen from which all subsequent menus and screens are selected. The **MAIN MENU** allows you to select several options on the work you want to commence. To access HSE nurse work, you will need to select **VIEW AMEND LOADED WORK.** This displays the projects/slots by survey month that have been loaded on to your laptop.

To get into the nurse schedule, select **P8827** and the relevant survey month you are working on. This will then display a screen with the serial numbers of all the addresses in your sample (plus related information). Use the arrow keys to select the household you would like to work on, then press <Enter>.

You are now in the nurse schedule and ready to start entering data.

If you want to practise at home before 'going live', at the **MAIN MENU** you can select working at home **_PRACTICE INTERVIEW _** select project. The screen displays all the serial numbers for practice interviewing (calls will not be made/entered when practice interviewing). **Do not** use a practice interview slot for a visit to a respondent's home.

## 13.3 Household information instructions

The household information should be checked or completed **before** making the visit.

***ScrOut***

This screen will be displayed only if the information has not yet been received electronically from the interviewer. If you need to enter the information manually (option only available for core non-actigraph addresses), you should enter code '1'. If there is no work for you to do at that household (i.e. because no one was eligible for a nurse visit or no one was interviewed or no-

one agreed to the nurse visit), you should enter code '3'. If you are able to wait until the information does arrive electronically, you should enter code '2'.

***HHDate***
This is necessary to allow the computer to calculate the respondent's age at the time of the interviewer visit, as this is the age that dictates which sections of the schedule apply. You will find this date at Q.2 on the NRF or the Interim Appointment Record.

***Intro - OC***
This set of questions only appears when you have elected to enter the household information manually. It asks you to enter the data found on page 2 of the NRF, i.e. person number, name, sex, age, and 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.*

***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 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) or adults who have not agreed. 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 unselected adults, 'N/E' – not eligible – is shown in this column). For those aged 0-15, it will also show the person numbers of the parents (under the columns headed Par1 and Par2) and their status i.e. 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 from which you can either exit the household (by pressing <Alt+Q>), or select an individual schedule (by highlighting the schedule and pressing <Enter>), or go into the admin block.

## 13.4 Parallel blocks

The computerised nurse schedule consists of four main components:

- the household information
- the individual schedule
- the drug coding block
- 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 (after you have reached *opendisp)*. For example, you can enter the drug-coding block at any convenient moment in the individual schedule.

The way to move between parallel blocks is by pressing <Ctrl+Enter>, which brings up a screen called ‘Parallel Blocks’. This screen is the ‘gateway’ to the other components of the schedule. It lists all the possible blocks you could go into, and looks like this:

| Parallel blocks |
| --- |
| + NHSE2008<br>+ Nurse_Schedule[1] Frank<br>+ Nurse_Schedule[2] Mary<br>- Nurse_Schedule[3] Robert<br>+ Drugcode[1] Frank<br>- 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 ‘NHSE2008’ and an ‘Admin’ for each household. In addition, there will be a ‘Nurse_Schedule’ for each eligible individual in the household (in the above example, there are three eligible individuals). As soon as you tell the computer that an individual has some prescribed drugs, it will create a ‘Drugcode’ block for that individual. Thus, you may have fewer ‘Drugcode’ blocks than ‘Nurse_Schedule’ blocks.

Each nurse schedule has the person’s name listed after it. The drug-coding block also lists the person’s name, so that you can be sure you are interviewing the correct person and coding their drugs correctly.

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 he/she 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).

## 13.5 Individual information

The individual information should be collected when you are in the household. This section includes the protocols for measurements, as well as some background and CAPI information on each measurement. This section aims to deal only with CAPI questions, which are particularly problematic or important. If you have another problem you can usually solve it in one of these ways:

- If someone does not understand the question, repeat it, before trying to rephrase
- If you are given an answer we have not provided for, open a note by pressing <Ctrl+M>, to write in the nature of the query.

## 13.6 Is anyone pregnant?

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 is anyone 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.

## 13.7 Prescribed medications (all respondents)

This is about prescribed medicines currently used only. Ignore anything else. Medicines should be being taken now, or be current prescriptions for use "as required".

Make sure you get details of all medicines by 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. Respondents should be prepared for this, but if they are not ask early on in your visit for the containers to be fetched. 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.

Do not probe for contraceptive pills, 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.

One of your tasks is to enter a six-digit code for the drug. You do not have to do this as soon as you enter the names of the drugs, but the computer will not let you leave the schedule until it is done as it will give you the chance to query any hard-to-find drugs and to ask a respondent what a drug is used for if it has several uses. There are also one or two follow-up questions to ask if the drug is one commonly prescribed for CVD conditions to find out whether or not it has been prescribed for one or more of these conditions.

You can do the drug coding whenever you wish by pressing <Crtl+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, e.g. if you are completing ‘Nurse_Schedule [Frank] that person’s drug coding block will be called ‘DrugCode[Frank]’. If you go into the wrong drug-coding block by mistake, just press <Ctrl+Enter>, then select the right one.

To get out of the drug-coding block, press <Ctrl+Enter> and select whichever 'Nurse_Schedule' you are currently completing. This will take you to back to the start of that individual schedule, so you will have to press <End> to get back to where you were before.

The ideal time to code the drugs is while the respondent is resting with the cuff on prior to the blood pressure measurement. With practice, you will get to know the more common drugs and will be able to code them quickly.

Drugs are to be coded using their British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate. You have a copy of the BNF (make sure it is the September 2007 edition), in your nurse bag. You also have a drug coding booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* tablets as an example, the alphabetic listing gives the entry 06 04 01. Enter this as a continuous string of numbers, i.e. 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 is has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for.

If the respondent takes aspirin, record the dosage as this can vary.

## 13.8 Immunisations (under 2 years)

For this section you will need the immunisation showcard. The best way to get accurate information is if you can see the Child Health Record book, sometimes known as 'the red book'. We are not interested in immunisations received only for travel and holidays, but immunisations received while abroad for other reasons should be included.

***ImWhic***

At this question there are separate precodes on screen for Mumps, Measles and Rubella as separate immunisations. Do not use the MMR code unless the immunisation was received in a single jab. Please also note that there is a new 5 in 1 injection, which covers Diphtheria, Tetanus, Pertussis, Polio, and Hib. This has been available since autumn 2004. A few older infants may have had the old method, which were Diphtheria, Tetanus and Pertussis as one injection, Hib as a separate injection, and Polio as a drop on the tongue. If you are not sure which method was used, please write this in a note. There is also a new immunisation called Pneumococcal conjugate vaccine (PCV) which children are offered at two months, four months and 13 months.

## 13.9 Folic acid supplements (women aged 18-49)

In 2008, the nurse visit will collect information on folic acid supplements taken by women of child bearing age (18 to 49 years). Follow up questions will be asked of pregnant women taking folic acid supplements such as Solgar folic acid, Pregnacare, Sanotogen Pronatal, or Health Start.

# 14 ACTIGRAPH COLLECTION INTERVIEW

## 14.1 Actigraph eligibility

- Sample type 2 – core actigraph points with a nurse visit (addresses 01-15).
- Two respondents aged 4 and over selected.
- One adult (aged 16+) and one child (4 to 15), or two adults depending on the household.

## 14.2 Actigraph wear period

Respondents are required to wear the actigraph for seven full days (ideally beginning the day after the interviewer's placement visit). After seven days of wearing the actigraph either you or the interviewer will collect the actigraph and the activity booklet.

## 14.3 Who should collect the actigraph?

The interviewer will set up an appointment for you to collect the actigraph when he/she places it with a respondent. Appointments will usually be made **8 to 10 days after** the initial visit. It is possible that appointments may be made before the interviewer has had a chance to speak to all members of the household selected for actigraph. In these cases, the interviewer might call a few days later to let you know that the second actigraph had been placed, and you can then call the right respondent to rearrange your appointment to a date when you could collect both actigraphs at once.

## 14.4 When to collect the actigraph?

If all respondents in a household have refused the nurse visit the interviewer will collect the actigraph. However, if at least one person has agreed to the nurse visit you will collect the actigraphs. The NRF and nurse link information will tell you whether an actigraph and activity booklet are to be collected from the household. It is essential that you check this information **before** you make your visit.

### *14.4.1 Mid-week phone call*

If you are collecting the actigraph you will need to make a mid-week phone call to the respondent to check on their progress. The purpose of this call is:

- to check that respondents are not having any problems wearing the actigraph
- to confirm your collection and nurse appointment dates and times
- to give motivation and encourage respondents to wear the actigraph for the full seven days.

The nurse link information will display the suggested start date of when the respondent began wearing the actigraph. You should aim to make your call at the mid-week point of actigraph wear.

When you receive your nurse link you will need to go into each individual serial number to identify when you will need to make the mid-week call to the respondent. It is not essential that you speak to both actigraph respondents in your mid-week call. Speak to at least one of the selected actigraph respondents (if the child aged under 13, speak to the parent).

If when you call, the respondent has delayed starting the actigraph, you can rearrange your appointment for a few days later.

## 14.5 Actigraph collection interview

The actigraph collection visit needs to take place between 8 to 10 days after the initial interview. You should see each respondent in turn and conduct the CAPI collection interview as well as collecting the activity booklet and preparing the actigraph for despatch.

### *14.5.1 CAPI collection interview*

The collection interview:

- asks how long the respondent wore the actigraph
- checks whether the activity booklet was fully or partially completed
- verifies the start and end dates of wearing the actigraph as some respondents may not actually wear it for the dates allocated to them

### *14.5.2 Collecting & checking the activity booklet*

There are two types of activity booklet:

- a booklet for adults and children aged 13 and over
- a booklet for children aged 4 to 12

The interviewer will have written the dates the actigraph was to be worn on the front page of the activity booklet. It is important that you:

- check with the respondent that there was no change to these dates
- if necessary, you should amend the booklet
- transfer dates accurately into CAPI
- check the weekly activity log to ensure dates correspond to when respondents said they had worn the actigraph (page 3 of booklet)
- help respondents retrospectively complete the weekly activity log if they have failed to enter this information on the activity booklet
- return activity booklets to the Purple Team so that the information can be keyed

### *14.5.3 Collecting the actigraph & despatch*

You will need to complete the actigraph despatch note. You will need to check and write in the actigraph serial number and ensure that this is accurately copied from the actigraph on to the despatch note. Each actigraph has a 4-digit serial number and a check letter. The serial number consists of 4 digits and a check letter, prefaced by the letters ACT. For example:

**ACT 1234R**

The actigraph serial number is **very important** as it provides a unique identifier for the data. Please take care when entering the serial number on the despatch note.

If two respondents were wearing the actigraph, each one will have a different coloured dot stuck on, to match a coloured dot on the activity booklet. You should check that these match up.

The despatch note should be sent back with the actigraph and activity booklet in a jiffy bag. Please only send **one** actigraph, booklet and despatch note per jiffy bag so that different respondents' actigraphs do not get mixed up. You will be provided with postage paid sticky labels to put on the jiffy bags.

Actigraphs must be returned to the office promptly so that the data on them can be downloaded by a member of the Purple Team. The memory will be cleared and the actigraph will be given a new serial number. It will then be recharged and sent back to an interviewer to be used again.

**IMPORTANT POINTS ABOUT THE COLLECTION VISIT:**

- Check the activity log for start and end dates of actigraph wear.
- Check that actigraph wear dates were not changed – amend if necessary.
- It is important that the actigraph wear dates are accurately recorded as data output depends on this.
- Complete weekly activity log retrospectively with respondent if incomplete.
- Check and write in actigraph serial number on despatch note.
- Send **ONE** actigraph, activity booklet and despatch note per jiffy bag.
- Actigraphs must be returned to the Purple Team promptly so data can be processed quickly.

### *14.5.4 Incentives & completing the promissory note*

If respondents have had a 'successful actigraph week' i.e. **they have worn the actigraph for 3 days or more and the actigraph is returned to you**, then the respondent will receive a £20 high street voucher as a thank you for taking part. You will need to complete an actigraph promissory note.

- Write in the respondent serial number
- Sign and date the promissory note
- Leave the promissory note with the respondent and remind them that the vouchers will be despatched by the office within 4 weeks

# 15 INTRODUCING YOUR MEASUREMENT TASK

## 15.1 The introduction

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. He/she will have told respondents that you are the best person to explain what your visit is about. So, before you take 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.

If the respondent wishes, they and their GPs will be sent their blood pressure and results of their blood samples (by letter).

## 15.2 The Stage 2 leaflet

A copy of the Stage 2 leaflet will be given by the interviewer at the interview stage. This will tell respondents about the nurse visit and content before you call. After you have explained what you are going to do and the order in which you wish to see the respondents, you should ask respondents to find their copy of the Stage 2 leaflet and read it 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. If respondents do not have a copy to hand, you **must** give them another copy to read. This will give them something to do, allow them time to read it and give you time to sort yourself out. Be prepared to answer any questions they may have at this point.

There is a **child information sheet** for use with younger respondents who may find the Stage 2 leaflet difficult to understand. It also explains in simpler language the agreements in the consent booklet, which their parent is asked to sign. Each time you ask for a child's verbal consent to a measure, you should point out the relevant part of the information sheet, so that the child can give informed consent.

# 16 THE CONSENT BOOKLET

## 16.1 Completing the consent booklet

Complete a consent booklet for all individuals aged 4 and over who have a nurse visit and consent to at least one sample or measurement listed below. **Do not** fill in a consent booklet for those aged 0 to 3.

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

- blood pressure readings to be sent to their GP (child (5+) or adult)
- a sample of saliva to be taken (age 4 upwards)
- a sample of blood to be taken, results sent to GP/respondent, sample for storage
- the step test to be conducted

### *16.1.1 New consent booklet format*

The consent booklet is different this year, with a page for a child and a consent page in the middle for an adult. There is a carbonised copy for each page underneath. The respondent must initial beside each procedure they give consent to, and print and sign their name at the end. (As soon as they have initialled for one consent, ask them to sign, just in case they don't agree to any further samples or measurements).

Ask the respondent to write on a firm surface, so that their initial/signatures come through to the carbon copy.

You should tear off the carbon copy and leave behind with every respondent aged 4 and over, who has a nurse visit. If the respondent is aged 5 to 15 you should leave the copy with their parent or legal guardian.

We would like you to always ask respondents to initial and sign this. It is the initials and signature in the office consent booklet that are important. Without these there is no consent.

The office consent booklet must be filled out for **every** respondent aged 4 and over, regardless of whether measurements requiring consents are to be taken. This is because it provides an important check in the office. Every piece of information on the front is important. It will form the basis of the BP and blood result letters which are sent to GPs (we won't send results letters if the respondent has not given consent). You are asked to record the date of birth again. This is an important identity check, along with your nurse number and the date of interview.

Complete Items 1 to 5 **before** you start using the computer to collect information from the respondent. Items 6 to 9 are completed during your interview, and you will be prompted by CAPI.

Fill in the full name and complete address of the GP on every consent booklet for a household, even when all members have the same GP. Each individual is treated separately once the booklets reach the office.

Throughout your visit you will need to record the outcome of the respondent's consent for the following samples or measurements.

| 9. | **SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM** | **YES** | **NO** |
|---|---|---|---|
| | a) Blood pressure to **GP** | 01 | 02 |
| | b) Saliva sample to be collected | 03 | 04 |
| | c) Step test consented | 05 | 06 |
| | d) Sample of blood to be taken | 07 | 08 |
| | e) Blood sample results to **GP** | 09 | 10 |
| | f) Blood sample for **storage** | 11 | 12 |
| | g) Blood sample results to **respondent** | 13 | 14 |

By the end of the interview every respondent should have **seven** codes ringed at Item 9. If a respondent is ineligible for the step test, please write 'ineligible' at 9 c).

The last 2 pages of the office consent booklet are despatch notes for saliva and blood samples to be sent to the laboratory and details for the office. The laboratory despatch note is a tear off sheet to go with the saliva and blood samples and the office copy is to be completed and returned to the Purple Team with the rest of the booklet. Again, it is essential that the information on these despatch notes is accurate.

### *16.1.2 Respondent signatures*

Use a black pen when completing the booklets, and ensure that signatures are always in pen, not pencil. Each respondent must initial each box if they have consented to the measurement or sample to be taken. The respondent must also sign and print their name at the end of the booklet. You should also sign and date the booklet. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

## 16.2 The child information leaflet

This is designed to be used with the consent booklet. It explains the procedures and consents in a language that is easier to understand for children.

# 17 OBTAINING CONSENT TO INTERVIEW MINORS

The rules to follow depend on whether the minor is aged 16/17 years or is between 0 and 15 years of age. **Never break any of these rules**:

**16/17 year olds:**
You need to get consent from the respondent but 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.

**0-15 year olds:**
For children aged 15 and under, you will know from what your interviewer writes on the NRF who the parents or guardians are; these are the people from whom you need to get permission before you interview or 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 0 to 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. Written consent is also required from the parent to send results to the GP, and for saliva samples.

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.

For children of all ages 0 to 15 you should always ensure that a parent is present during your interview. This is both to protect the child and you. You will also require their presence in order to obtain written consents during the interview.

# 18 PROTOCOLS MANUAL

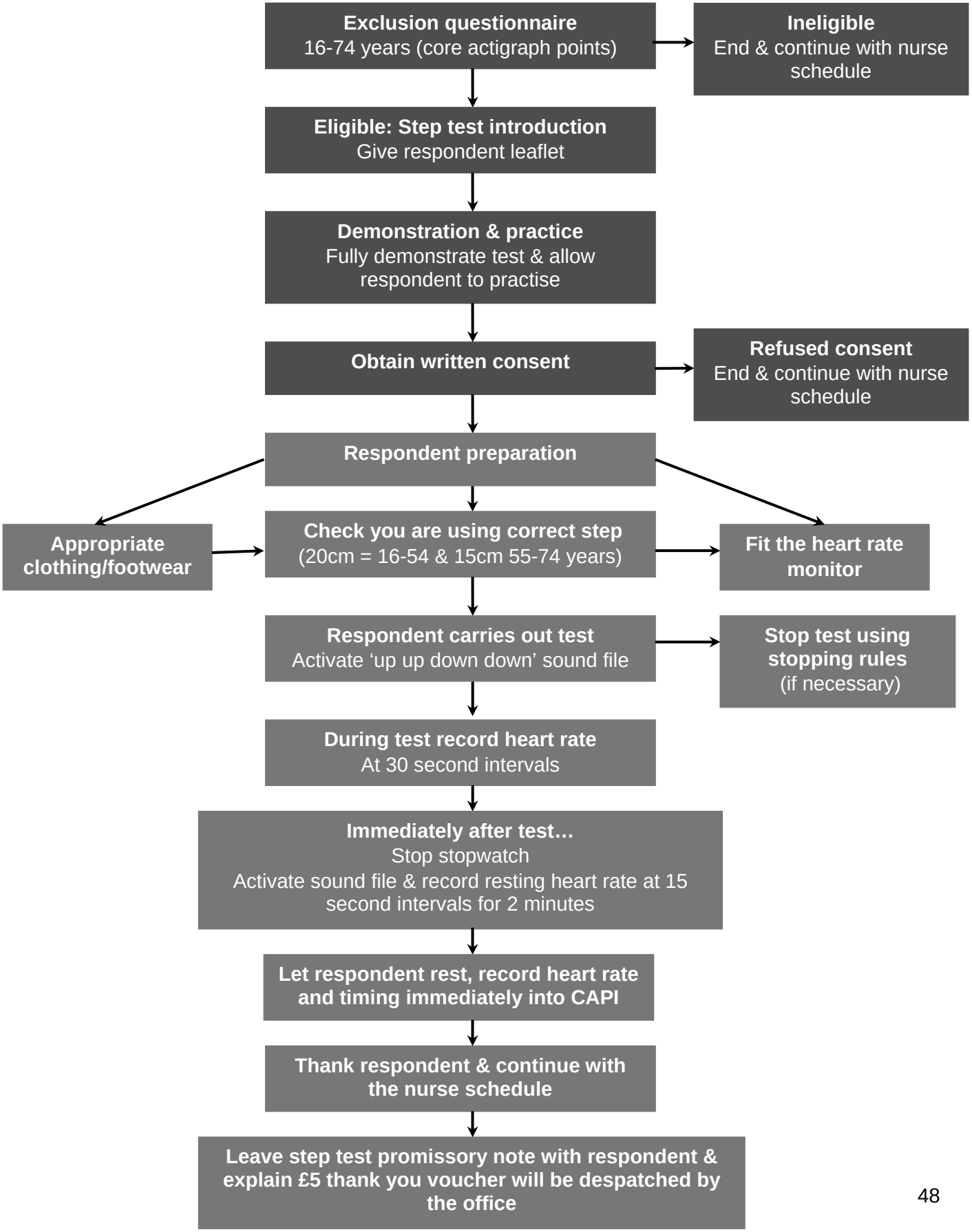
There is a new protocols manual to be used on all NatCen Surveys involving nurse work. You should refer to the manual and follow the protocols for all 2008 measurements and samples. These include:

- Infant length measurement (6 weeks and under 2 years)
- Blood pressure (aged 5+)
- Saliva samples (aged 4+)
- Step test (aged 16 to 74)
- Waist and hip measurement (aged 11+)
- Non fasting blood sample (aged 16+)

# 19 THE STEP TEST (16-74)

## 19.1 Overview of step test procedures

(See Nurse Protocols Manual for detailed protocols and procedures)

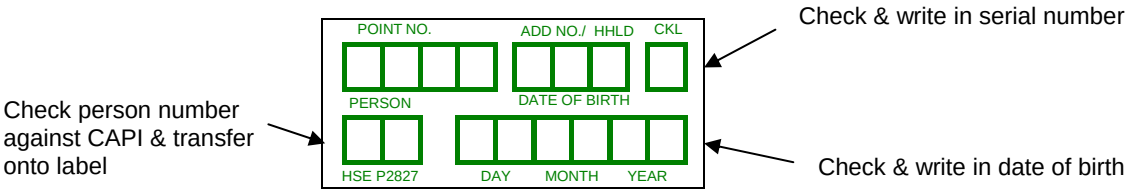


# 20 LABELLING & DESPATCH OF SAMPLES

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

## 20.1 Labelling tubes

Label the tubes as you take the blood and saliva samples. It is **vital** that you do not confuse blood tubes and saliva samples 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 a **blue biro** - it will not run if it gets damp. Check the Date of Birth with the respondent **again orally**.

Stick the green label over the label already on the tube. For blood samples the laboratory needs to see on receipt how much blood there is on 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 sample was obtained. Imagine if we detect an abnormality and you have attached the wrong label to the tube.

## 20.2 Packaging samples

Pack the tubes for each respondent separately from those of other members of the household. All tubes from one person should be packed together in one despatch container. You have been provided with two different types of despatch containers, a small one and a large one. Depending on the total number of samples each respondent provides (maximum of 3), you will need to use the appropriate packaging.

The RVI laboratory has asked that **each despatch box should contain blood samples from only one person.** This is because in the past they have received wrongly labelled samples. This has resulted in all samples in that box being discarded and not measured, as the laboratory cannot reliably identify which samples belong to which respondent.

You should therefore not mix blood samples from different respondents. Each household member must have their samples despatched separately.

| Sample | Despatch container |
|---|---|
| Saliva ONLY | Use small despatcher to send **all** samples provided by a household. If more than 3 saliva tubes obtained use large despatcher. |
| Blood ONLY | Use small despatcher and package samples separately for **each** respondent in the household |
| Blood AND saliva | Use small despatcher to package samples separately for **each** respondent in the household. |

How you pack the tubes depends on the samples you collect in a household:

**Salivas only:** if everyone in the household refuse/are ineligible for blood samples, then you can send saliva samples for all respondents in the household in one package.

**Blood samples:** if you have **any** blood samples, you should pack each respondent's samples in a separate small despatcher, either blood (2 tubes) and saliva, or blood tubes only.

You should use the small despatcher for up to 3 tubes (3 salivas in a saliva only household, or 2 bloods and a saliva, or 2 bloods per respondent when blood samples are taken). Use a large despatcher if you have 4 or more salivas and no bloods in a household.

### *20.2.1 The Packaging*

The packaging comprises:

#### *Small Packaging*

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

#### *Using the small packaging*

- Insert the sample tubes in the pockets of the absorbent insert and roll the insert.
- Place the rolled insert in the plastic container and close.
- Push the plastic container into the foam and put in the cardboard box
- Fold the completed despatch note and put in the cardboard box

Please note:

**Use a separate package for each respondent** (for up to 3 salivas and no blood samples)

- Do not seal the mailing box with tape
- Check there is a label firmly attached and addressed to the RVI lab in Newcastle-upon-Tyne
- Do not write anything on the box

***Large packaging***

- Sealable bubble wrap pouch
- Plastic container
- Cardboard mailing box
- A moisture absorbent sachet (stays at the bottom of the plastic container)

***Using the large packaging***

- Insert the sample tubes in the bubble wrap pouch
- Remove the red tape and seal the bubble wrap pouch
- Place the pouch in the plastic container and close
- Put the large plastic container in the cardboard box

Fold the completed despatch note and put in the cardboard box. Remember to check that the serial number and dates of birth correspond on the despatch notes, and blood and saliva tubes.

## 20.3 Posting samples

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

The samples should be posted within 24 hours of the sample been taken. Try to avoid taking samples if you think that you will unable to post them within 24 hours. The Purple Team will notify you of any laboratory closures.

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

## 20.4 Completing the despatch notes

### *20.4.1 The laboratory copy*

The Consent Booklet contains one laboratory despatch note. This lab despatch note should be filled in with a black pen and sent to the laboratory with the blood and/or saliva samples.

- Enter the respondent's serial number very carefully. This should correspond to your entry on page 1 of the consent booklet and to the serial numbers you have recorded on the blood and saliva tube labels.
- Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with your entry on the nurse schedule and the tube label. Do not forget to code which age group the respondent belongs to.
- Complete item 5: the date of when the samples were taken.
- 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 9 (f) on the front page of the consent booklet.

- Enter your nurse number.

Tear off the despatch note and send it with the respondent's samples to the laboratory.

### *20.4.2 Office despatch note*

You will also need to complete the office copy of the despatch note. This tells the office the date you sent the samples to the laboratory and indicates what we should expect back from them. If you have achieved an incomplete blood sample (e.g. have filled only one tube), please write this clearly on both copies of the despatch note and give a reason.

Record fully any problems experienced in taking the venepuncture and what action you took.

## APPENDIX A SUMMARY OF NURSE MEASUREMENTS & SAMPLES

| Measure | What the measurement is testing | Consent forms | Exclusion criteria | Eligibility criteria | Equipment |
|---|---|---|---|---|---|
| Infant length | Measure of infant height | None | None | Infants aged 6 weeks and under 2 years | Rollameter baby measure mat<br>Frankfort place card<br>Kitchen roll |
| Blood pressure | High blood pressure risk factor for cardiovascular disease | Blood pressure to GP | No pregnant women | Aged 5 and over | OMRON HEM blood pressure monitor<br>Child/small adult cuff (17-22cm)<br>Standard adult cuff (22-32)<br>Large adult cuff (32-42cm)<br>AC adapter |
| Saliva sample | Measure exposure to passive smoking. Detected by measuring salivary coitine levels. | Sample to be taken | • No pregnant women<br>• Respondents who are HIV positive, have Hep B/C (do not ask but only if information is volunteered) | Children aged 4 to 15<br>Adults aged 16+ | Saliva collection materials – plain 5ml tube and wide bore straw, salivettes |
| Step test | Measure of cardio respiratory fitness levels | Step test consented | Se see section 19 | Aged 16 to 74 | 15cm step<br>20cm step<br>heart rate monitor<br>stop watch<br>non-slip rubber mat |
| Waist & hip | Measure of distribution of body fat. Important indicator of CVD risk | None | • If respondent is chair bound<br>• Has a colostomy/ileostomy<br>• If respondent is pregnant | Aged 11 and over | Insertion tape (with metal buckle at one end if used) |

| | | | | | |
|---|---|---|---|---|---|
| Blood sample | Total cholesterol<br>HDL cholesterol<br>Glycated haemoglobin | Blood samples to be taken, test results sent to GP, to store blood and for future analysis | • Clotting or bleeding disorder<br>• Taking anticoagulant drugs<br>• If ever had a fit<br>• Not willing to give written consent | Aged 16 and over | Blood collection materials – 1 plain red tube, 1 EDTA tube See Nurse Protocols Manual and CPG |

## APPENDIX B NURSE DOCUMENTS & EQUIPMENT

| Name of Document | 2008 colour | Use |
|---|---|---|
| Sample cover sheet | White | The list of addresses in a nurses sample point. |
| Police letter | HSE headed paper | A letter about the survey which should be passed to the local police station to inform them that the survey is taking place. The interviewer does this, and sends you a copy. |
| Stage 2 leaflet | Blue | Interviewers will leave a copy of the stage 2 leaflet with respondents. Provides information about the nurse visit such as what measurements will be taken and option to send results to GP's. Nurses will ensure that respondents have a copy of the leaflet and will explain in more detail. |
| Consent leaflet for children | Green | Provides information for children about the nurse measurements in simplified terms. |
| Consent booklet (office copy) | Blue | Before blood and saliva samples are taken and the step test is conducted - nurses must obtain written consent in the office copy of the consent booklet. You should leave a carbon copy for the respondents records. The booklet includes despatch notes for the lab and office. This needs to be returned to the purple team. |
| Nurse Record Form (NRF) | Yellow | Nurse Record Form for the nurse to record details of visits made to an address and the outcome of the visits. |
| Partial NRF | White | Core actigraph addresses: this will be sent to you by your interviewer for cases where some respondents are yet to be interviewed in the household. You should attach this to the full NRF once received from your interviewer. |
| No Nurse Visit Sheet (NNV) | Orange | No Nurse Visit sheet. For interviewers to record information about households where all who have refused a nurse visit. |
| Interim appointment form | Green | Core non-actigraph addresses: interim appointment form to be completed if the interviewer telephones through respondent appointment details. |
| Measurement record card (MRC) – spares | Red (core) | You will get spare MRCs to write in nurse measurements. |
| Eating habits booklet (16+) | Green | Self-completion booklet aimed at adults aged 16 and over. |
| Coding prescribed medicines booklet | Lilac | Used for the coding of prescribed medicines. You will be asked to enter a drug code. |
| Step test information leaflet | Blue | Provides respondents with information about participating in the step test exercise. |
| Step test heart rate record card | Pink | For you to record heart rate reading taken during and after the step test exercise. |

| Name of Document | 2008 colour | Use |
|---|---|---|
| Nurse Show cards | White | To be used alongside the questionnaire where there may be a large number of options. |
| Blood/saliva tube labels | Green (HSE 2008) | To be used to label blood and saliva samples. Ensure that correct serial numbers and date of births are recorded for each respondent. |
| Broken appointment card | Green | Used for missed appointments – can write message and time of next visit. |
| Nurse recontact letter | HSE letter headed paper | Available upon request from the Purple team. Used if you are having difficulty in contacting your respondents. |
| Nurse appointment calendar | Green | Used to keep a record of appointments made by the interviewer. A duplicate copy of your availability must be passed on to your interviewer. |
| Incident report sheet | White | To be filled in should any serious incident occur during a nurse visit. |
| Surprise packs | | Can be given to children participating in the nurse visit. |

| NURSE EQUIPMENT |
|---|
| Pilot bag |
| British National Formulary (BNF 54), September 2007 version |
| OMRON HEM-907, thermometer and probe |
| Saliva collection materials – plain 5ml tube and wide bore straw, salivettes (for adults) |
| Blood collection materials:<br>1 x plain red tube<br>1 x EDTA (purple) tube |
| Step test materials:<br>1 x 15cm Chester step<br>1 x 20cm Chester step<br>FS1 heart rate monitor<br>Stop watch<br>Non slip rubber mat |
| Rollameter baby measure mat & frankfort plane card |
| Waist and hip tape |

The equipment is described in more detail in the relevant section of the Nurse Protocols Manual.

# APPENDIX C THE IMPORTANCE OF THE HEALTH SURVEY

The Health Survey for England is an annual survey designed to measure health and health related behaviours in adults and children living in private households in England. Each year the Health Survey for England focuses on a different demographic group or disease condition and its risk factors and also looks at health indicators such as eating habits and levels of physical activity. The information provided by the Health Survey has numerous uses and is important for a number of reasons.

The survey can be used by the government to monitor the progress of targets that have been set to improve the health of the population. For instance, the 2002 survey provided figures relating to the prevalence of obesity in children aged between 2 and 10 years. One of the Public Service Agreement (PSA) targets is to reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population.

halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole. The Health Survey for England will be the primary data source for measuring the progress of this target.

Another government target highlighted in the 1998 White Paper ‘Smoking Kills’ is to reduce the levels of smoking within the general population to 24% by 2010. The Health Survey has been able to show levels of smoking among the general population and additionally highlight the differences in levels of smoking among ethnic minority groups. Such information is therefore significant, as there would be no other way of obtaining this data without the survey.

The survey is also able to look at how people’s health related behaviours compare to recommended suggestions about lifestyle, such as eating healthy amounts of fruit and vegetables, meeting the required guidelines for levels of physical activity and drinking sensible amounts of alcohol.

# APPENDIX D THE NURSE RECORD FORM (NRF)

## Index

***T***



***W***

# Health Survey for England

# '08

## Coding & Editing Instructions
## Jan 08

# Contents

# 1. Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2008. Problems should be referred to the research team.

**General Points:**

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

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

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

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

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

# 2. Factsheet Definition for CAPI editing

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

**Household Qure**

| | | |
|---|---|---|
| NHActivO | Backcode to NHActiv | What HRP was doing in last week |
| HrpSOC2 | | Occupational coding |
| HrpSIC02 | | Industry type coding |

**Admin**

| | | |
|---|---|---|
| TypDwOth | Back code into TypDwell | Other type of household dwelling |

**Indiv Qure**

| | | |
|---|---|---|
| IllsTxt1-6 | | Longstanding illness codes |
| WhatDsp | Back code to OtherDi | Treatment or advice received for diabetes |
| FrtOth | Back code to FrtC | Type of fruit eaten |
| FrtNotQ | Back code to FrtQ | Amount of fruit eaten |
| OthAct | | Other activities codes |
| NbotL7 | Code to L7NCodEq | Brand of bottled lager (7days) |
| SbotL7 | Code to L7SCodEq | Brand of bottled lager (7days) |
| OthL7TA,B,C | | Other alcoholic drinks (7days) |
| OBread | Back code to BreadA | Other kinds of bread |
| OMilk | Code to CMilk | Other type of milk |
| OthSprd | Code to Nspread | Other type of spread |
| NactivO | Back code into NActiv | Activity last week |
| SOC2000 | | Occupational coding |
| SIC2003 | | Industry type coding |
| QualB | Back code into QualA | Educational qualifications |
| CulturO | Backcode to appropriate one of EurCult, MixCult, BlaCult, IndCult, or OthCult | Cultural background |
| XOrigin | Back code to origin | Origin belong to |
| SComp6O | Back code into SComp6 | Why self-completion not completed |
| OHiNRel | Back code into HiNRel | Unreliable height measurement |
| NoHitCO | | Reasons for refusing height |
| NoWatCO | | Reasons for refusing weight |
| OHiNRel | Back code to HiNRel | Other reason for unreliable measurement |
| NrsRefO | Back code into NurseRef | Reasons refusing nurse |
| SDQCompO | Back code to SDQComp | Why SDQ self completion not completed |

**Nurse Qure**

| MedBi | | Drug coding |
|---|---|---|
| ImOthWh | Back code to ImWhic | Name of immunisation |
| OthNLth | Back code to NoAttL | Reason for no infant length measurement |
| OthNic | Back code to BNicPats | Other nicotine patches used |
| OthWH | Back code to WHPNABM | Other reasons for not attempting waist-hip measurements |
| OthNBP | Back code to NAttBPD | Other reason not obtained blood pressure |
| OthDifBP | Back code to DifBPC | Other reason difficulty obtaining BP |
| OthRefC | Back code to GPRefC | Other reasons refusing to allow BP measurements to be sent to GP |
| NSComp6O | Back code to NSComp6 | Why was booklet not completed |
| OthRefBS | Back code to RefBSC | Other reasons for refusing blood sample |
| OthSam | Back code to SenSam | Other reasons for not wanting blood sample results sent to GP |
| OthBDif | Back code to SamDifC | Other problems taking blood sample |
| OthNoBSM | Back code to NoBSM | Other reasons why blood sample not taken |
| OthNObt | Back code to SalNObt | Other reasons why saliva sample not taken |

# 3. Additional CAPI Edits

### 3.1 Proxy interviews

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

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

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

### 3.2 Age/Date of birth

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

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

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

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

### 3.3 Household/Individual SOC/SIC coding

**HrpSOC2/ HrpSIC03** Household Reference Persons who have **NHActiv** in [Job,GovSch] (Codes 2 or 3) or where **HEverJob** = Yes (code 1) or where **HOthPaid** = Yes (code 1) need to have their occupation coded using *SOC 2000 (edit program variable name **HrpSOC2**)* and their industry coded using *SIC 2003 (edit program variable name Hrp**SIC03**)*. Where **HrpSOC2** is not adequately defined, code as HrpSOC2 = 997 Where **HrpSIC03** is not adequately defined, code as HrpSIC03 = 87.

**SOC2000/ SIC2003** Same process as for HrpSOC2/HrpSIC03, except that edit programs are called SOC2000 and SIC2003.

### 3.4 Longstanding Illnesses

**IllsM** Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1-IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 5, into the variables **IllsM1-IllsM6** (appearing immediately after each instance of **IllsTxt**).

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

**Rules for coding long-standing illness**

Code 41 Unclassifiable (no other codable complaint)

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

Code 42 Complaint no longer present

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

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

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

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

| |
|---|
| Ilnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to UCL for coding using the Coding Queries Response Form. |

### 3.5 Other fruit

If possible, responses to **FrtOth** should be backcoded into **FrtC** and responses to **FrtNotQ** should be backcoded into **FrtQ** using the fruit codeframe (section 3.6) and the portion guide (section 3.7) below. If the fruit isn't on the list, first check that it can be eaten raw. If it can only be eaten cooked then recode at FrtDish. For other fruit not on the list and eaten raw or if the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis.

### 3.6 Fresh fruit size codeframe

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

### 3.7 Fresh fruit portion guide

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

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

### 3.8 Other butters or spreads

Where possible code **OthSprd** back to **Nspread** using the code frame below. All brands of butter and hard/block margarine code as 1

Anchor Half-Fat Spread ..... 2
Anchor Lighter ..... 2
Anchor Lighter Speadable ..... 2
Anchor New Zealand Butter ..... 1
Anchor Low Fat Spread ..... 2
Anchor Spreadable ..... 1
Argento Spread ..... 1
Asda Cholesterol Reducing Spread ..... 2
Asda Country Blend ..... 1
Asda Golden Soft ..... 2
Asda Good For You Sunflower Spread ..... 2
Asda Hi-Life ..... 2
Asda Natural Sunflower Spread ..... 2
Asda Olive Gold Spread ..... 2
Asda Smartprice Reduced Fat Soft Spread ..... 2
Asda Soft Margarine ..... 1
Asda Sunflower Spread ..... 2
Asda Sunflower low fat spread ..... 2
Asda You'd Butter Believe It ..... 1
Banquet soft margarine ..... 1
Benecol Buttery Taste Spread ..... 1
Benecol Light Spread ..... 2
Benecol Olive Spread ..... 2
Bertolli Olive Spread ..... 2
Blue Band soft margarine ..... 1
Blue Leaf soft margarine ..... 1
Bridel Beurre Moule Organic Butter ..... 1
Bridel Beurre Butter with salt crystals ..... 1
Butter (any variety) ..... 1
Butterlicious (Sainsbury's) ..... 1
Clover ..... 1
Clover, lightly salted ..... 1
Clover Extra Lite / Diet ..... 2
Co-op Good Life low fat sunflower spread ..... 2
Co-op Red Seal Soft Spread ..... 1
Country Life English Butter Spreadable ..... 1
Country Life English Butter Spreadable Unsalted ..... 1
Country Life Lightly Salted Spreadable ..... 1
Country Life Unspreadable ..... 1
Country Life Unsalted Butter ..... 1
County Light ..... 2
Dairy Crest Willow ..... 1
Dairy Crest Clover Spread ..... 1
Dalesby's ..... 1
Delight ..... 2
Delight Extra Low / Diet ..... 2
Echo hard margarine ..... 1
Encore Sol ..... 1
Encore Sol Light ..... 2
Encore Supersoft Luxury Margarine ..... 1
Flora / Flora Buttery / Flora Reduced Salt ..... 1
Flora Diet ..... 2
Flora Light ..... 2
Flora No Salt Spread ..... 2
Flora Omega 3 Plus Spread ..... 2
Flora Pro Activ ..... 2
Flora Pro Activ Extra Light ..... 2
Flora Pro Activ Light Spread ..... 2
Flora Pro Activ Olive Spread ..... 2
The Food Doctor Omega Seed Butter ..... 1
Gold Top Jersey Butter Lightly Salted ..... 1
Golden Crown (Kraft) (Golden Churn) ..... 1
Golden Crown Light ..... 1
Golden Olive ..... 2
Golden Vale ..... 1
Granose ..... 1
Half Fat butters (own brand) ..... 2
Hard margarine (own brand) ..... 1
I Can't Believe it's not Butter ..... 1
I Can't Believe it's not Butter Light ..... 2
I Can't Believe it's not Butter Light + calcium. ..... 2
I Can't Believe it's not Butter Vegetable Fat ..... 1
Kerrygold Light ..... 2
Kerrygold Lighter Softer Butter ..... 2
Kerrygold Pure Irish butter ..... 2
Kerrygold Softer Butter ..... 1
Kraft Special Soft ..... 1
Krona Gold ..... 1
Krona Spreadable ..... 1
Latta ..... 2
Lurpak Butter Slightly Salted ..... 1
Lurpak Spreadable Lighter ..... 2
Lurpak Spreadable Slightly Salted ..... 1
Lurpak Spreadable ..... 1
Lurpak Spreadable Unsalted ..... 1
Lurpak… ..... 1
Marks and Spencer
  English Churn ..... 1
  Meadowcup ..... 1
Mello ..... 1
Meggie Alpine Butter unsalted ..... 1
Mono (St Ivel) ..... 1
Olivite ..... 2
Outline ..... 2
President Slightly Salted Butter ..... 1
President Slightly Salted Butter Light ..... 2
President Slightly Salted Butter Softer ..... 1
President Unsalted Butter ..... 1
Pure Dairy Free Soya Spread ..... 1
Pure Dairy Free Sunflower Spread ..... 1
Pure Organic Spread ..... 2
Sainsbury
  Butterlicious ..... 1
  County Light ..... 2
  County Spread ..... 1
  Half Fat Spread ..... 2
  Luxury Soft Margarine ..... 1
  Olive Gold ..... 1
  Olive Gold Light ..... 2
  Olive Gold Reduced Fat Spread ..... 2
  Soft Spread ..... 1
  Sunflower Spread ..... 2
  Sunflower Low Fat Spread ..... 2
  Sunflower Very Low Fat Spread ..... 2
Shape Sunflower Spread ..... 2
Slimmers Gold Sunflower Low Fat Spread ..... 2
Somerfield Low Fat Sunflower ..... 2
Somerfield Supersoft ..... 1
Soya Margarine (own brands) ..... 1
St Helen's Farm Goats Butter ..... 1

St Ivel Gold....2
St Ivel Gold Lightest....2
St Ivel Gold Light Spread....2
St Ivel Gold Low Fat....2
St Ivel Gold Lowest....2
St Ivel Gold Omega 3....2
St Ivel English unsalted....1
St Ivel Mono....1
Stork / Stork SB....1
Stork Vegetable Fat Spread....1
Summer County....1
Sunflower margarine (own brands)....1
Sunflower Lite....2
Sunflower low fat spreads (own brands)....2
Sunflower very low fat spreads (own brands)....2
Sunglow....2
Tesco
- Butter Me Up....1
- English Slightly Salted Butter....1
- Enriched Sunflower Spread....2
- Finest Cornish Butter....1
- Golden Blend....1
- Healthy Eating ½ Fat Sunflower Spread....2
- Healthy Eating Very Low Fat Spread....2
- Healthy Eating Lowest Ever Soft Spread....2
- Healthy Living Enriched Sunflower Spread....2
- Healthy Living Olive Light Spread....2
- Olive Spread....2
- Soft Spread....1
- Spreadable....1
- Value Sunflower Spread....2

Tomor hard margarine....1
Utterly Butterly....2
Vitalite....2
Vitalite Light....2
Vitaquelle....2
Waitrose
- Dairy Butter Salted....1
- English Butter....1
- Olive Spread....2
- Sunflower Spread....1
- Somerset Butter....1

Weight Watchers....2
Willow (Dairy Crest)....1
Yeo Valley Butter Slightly Salted….1
Yeo Valley Organic British Butter....1
Yeo Valley Organic Spreadable Butter….1
Yeo Valley Organic Unsalted Butter....1

### 3.9 Other alcoholic drinks

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

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

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

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

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

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

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

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

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

If the appropriate drinks category **is already** coded, then the highest frequency and the associated amount should be coded. For example, if frequency of "Spirits" is coded as 2 and Campari, with a frequency of 1, is to be recoded into the "Spirits" category, then the frequency should be changed to 1 and the amount should be recoded to the amount of Campari drunk.

If the frequency of the "other" alcoholic drink is less than that contained in the drinks category into which it is to be recoded, then the information in that "other" alcoholic drink should be ignored.

If the frequency in the other alcoholic drink and the category into which it is being coded are the same, then the **amounts** drunk should be added together.

If the frequency of **both** the "other" alcoholic drink and the appropriate drinks category exceed once or twice a week, contact research group for advice.

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

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

### 3.10 Coding of beer bottle sizes

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

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

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

### 3.11 Bottled lager/cider/beer codeframe

| | | | |
|---|---|---|---|
| Abbot Ale | 0.58 | Export 33 | 0.44 |
| Amstel | 0.58 | Foster's (Unspecified) | 0.77 |
| Asahi | 0.58 | Foster's Export | 0.77 |
| Banks (Mild only) | 0.97 | Foster's Ice | 0.58 |
| Banks Old Ale (nips) | 0.32 | Fuller's (London Pride) | 0.97 |
| Bass (pint bottle) | 1.00 | Grolsch | 0.58 or 0.77 |
| Becks | 0.48 or 0.58 | Guinness Extra Stout | 0.58 |
| Bishops Finger | 0.88 | Guinness Original | 0.58 or 0.88 |
| Black Sheep Ale | 0.88 | Heineken (Export) | 0.58 |
| Boddingtons (Export draught only) | 0.58 | Hoegaarden (bier blonde) | 0.58 |
| Bombardier | 0.88 | Holsten Pils (bottle) | 0.58 |
| Brahma | 0.58 | Home made | 0.58 |
| Brandenburg | 0.58 | Ice Dragon | 0.48 |
| Budvar | 0.88 | John Smiths | 0.77 |
| Budweiser/ Bud Ice | 0.58 | K. Cider | 0.48 |
| Bulmers / Magners | 0.58 or 1.00 | Kanterbrau | 0.58 |
| Carling | 0.48 | Kingfisher | 0.58 |
| Carlsberg | 0.58 | Kirin | 0.58 or 0.88 |
| Castle | 0.58 | Kronenbourg (1664) | 0.44 or 0.58 |
| Cobra | 0.58 | Labatts | 0.58 |
| Coors | 0.58 | Labatt's Ice | 0.58 |
| Corona | 0.58 | Leffe | 0.58 or 0.77 |
| Crest Lager (Export) | 0.44 | Lowenbrau | 0.58 |
| Diamond (Blush, White or Zest) | 0.48 | Mackeson | 0.88 |
| Dragon (Stout) | 0.50 | Marston's Pedigree | 0.88 |
| Elephant (Lager) | 0.48 or 0.58 | McEwans 80 or 90 shilling | 0.97 |
| ESB (Fuller's ESB) | 0.88 | Merrydowns | 0.58 |

| | | | |
|---|---|---|---|
| Michelob | 0.58 | San Miguel | 0.58 |
| Miller (Draught not Pils ) | 0.58 | Scrumpy Jack | 0.58 |
| Molson | 0.58 | Singha beer | 0.58 |
| Murphys | 0.88 | Skol | 0.58 |
| Newcastle Brown Ale | 0.97 | Sol | 0.58 |
| Olde English | 0.88 | Spitfire | 0.88 |
| Old Speckled Hen | 0.88 | Stella Artois (dry or regular) | 0.44, 0.48 or 0.58 |
| Oranjeboom | 0.58 | Stinger | 0.58 |
| Peroni lager (Nastro Azzuri) | 0.58 | Strongbow (Blackthorn) | 0.48 or 0.58 |
| Pils (unspecified) | 0.58 | Thatchers cider | 0.88 |
| Pivovar Czech Lager | 0.88 | Theakstons | 0.97 |
| Red Rock | 0.58 | Tiger beer | 0.58 |
| Red Stripe | 0.58 | Tsingtao | 0.58 |
| Rolling Rock | 0.58 | Vault | 0.58 |
| Royal Dutch | 0.58 | Victoria Bitter | 0.58 |
| Ruddles | 0.58 | Wadworth Export | 0.88 |
| Sam Smiths (Old Brewery Strong Ale) | 0.97 | Woodpecker | 0.48 |

**Conversion Table**

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

### 3.12 Educational Qualifications

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

Rules for coding qualifications:

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

Frame for **CQualA**:

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

27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

Where applicable use the following additional codes:

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

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

**Inclusions/Exclusions for CQualA**

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

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

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

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

29 Clerical **Include**: RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;
**Include**: Pitmans - except for their school certificate, code as other = 30;
**Include**: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

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

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

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

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

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

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

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

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

### 3.13 Self-Completion booklet placement

**SComp6** For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. **SComp6** should be coded 0 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used.

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

### 3.14 Height/length and weight measurements

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

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

**OthNLth** Backcode "Other" reasons for no length measurement where possible.

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

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

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

Veiled refusals at **NoHitCO/NoWatCO** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **RespHts/Respwts**, and the reason for refusal coded at **ResNHi/ResNWt**.

### 3.15 Drug Coding

**MEDBI**

All drugs are to be coded to the six digit BNF using the Coding Prescribed Medicine booklet or the BNF (Number 54 – Sept 2007).. The nurse should have completed this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries but if drug is not found, send a coding query form to UCL. If no decision can be made after querying with UCL use code 999996.

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

Drugs which cannot be coded using the BNF need to be sent to UCL for coding using the Coding Queries Response Form.

# 4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables which need a more complex method of checking are detailed in this section.

## 4.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q7) and **DWkndSmo** (Q8).

If range given, take midpoint

Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
12.5 grams tobacco = 18 cigarettes
25 grams tobacco = 36 cigarettes

Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

## 4.2 Other alcoholic drinks

In both the 13-15s booklet and the Young Adults Booklet there are other alcoholic drinks listed for drinking in the last week. All other alcoholic drinks should be recoded to the listed drinks as detailed in section 3.9

# 5. Longstanding illness codeframe

**01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts**

Acoustic neuroma
After effect of cancer (nes)
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast
Cancers sited in any part of the body or system eg. Lung, breast, stomach
Colostomy caused by cancer
Cyst on eye, cyst in kidney.
General arthroma
Hereditary cancer
Hodgkin's disease
Hysterectomy for cancer of womb
Inch. leukaemia (cancer of the blood)
Lymphoma
Mastectomy (nes)
Neurofibromatosis
Part of intestines removed (cancer)
Pituitary gland removed (cancer)
Rodent ulcers
Sarcomas, carcinomas
Skin cancer, bone cancer
Wilms tumour

**Endocrine/nutritional/metabolic diseases**

**02 Diabetes**

Incl. Hyperglycaemia

**03 Other endocrine/metabolic**

Addison's disease
Beckwith - Wiedemann syndrome
Coeliac disease
Cushing's syndrome
Cystic fibrosis
Gilbert's syndrome
Hormone deficiency, deficiency of growth hormone, dwarfism
Hypercalcemia
Hypopotassaemia, lack of potassium
Malacia
Myxoedema (nes)
Obesity/overweight
Phenylketonuria
Rickets
Too much cholesterol in blood
Underactive/overactive thyroid, goitre
Water/fluid retention
Wilson's disease

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

**Mental, behavioural and personality disorders**

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

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

*Alzheimer's disease, degenerative brain disease = code 08*

**05 Mental handicap**

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

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

**06 Epilepsy/fits/convulsions**
Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
blackouts
febrile convulsions
fit (nes)

**07 Migraine/headaches**

**08 Other problems of nervous system**
Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs)
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Removal of nerve in arm
Restless legs
Sciatica
Shingles
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia
Teraplegia

**Eye complaints**

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

**10 Other eye complaints**
Astigmatism
Buphthalmos
Colour blind
Double vision
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Night blindness
Retinitis pigmentosa
Scarred cornea, corneal ulcers
Squint, lazy eye
Sty on eye

**Ear complaints**

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

**12 Tinnitus/noises in the ear**
Incl. pulsing in the ear

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

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

**Complaints of heart, blood vessels and circulatory system**

**15 Stroke/cerebral haemorrhage/cerebral thrombosis**
Incl. stroke victim - partially paralysed and speech difficulty
Hemiplegia, apoplexy, cerebral embolism,
Cerebro - vascular accident

**16 Heart attack/angina**
Incl. coronary thrombosis, myocardial infarction

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

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

*Balance problems due to ear complaint = code 13*

**19 Piles/haemorrhoids incl. Varicose Veins in anus**.

**20 Varicose veins/phlebitis in lower extremities**
Incl. various ulcers, varicose eczema

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

*NB Haemorrhage behind eye = code 10*

**Complaints of respiratory system**

**22 Bronchitis/emphysema**
Bronchiectasis
Chronic bronchitis

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

NB *Exclude cardiac asthma - code 18*

**24 Hayfever**
Allergic rhinitis

**25 Other respiratory complaints**
Abscess on larynx
Adenoid problems, nasal polyps
Allergy to dust/cat fur
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds
Churg-Strauss syndrome
Chronic Obstructive Pulmonary Disease (COPD)
Coughing fits
Croup
Damaged lung (nes), lost lower lobe of left lung
Fibrosis of lung
Furred up airways, collapsed lung
Lung complaint (nes), lung problems (nes)
Lung damage by viral pneumonia
Paralysis of vocal cords
Pigeon fancier's lung
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
Recurrent pleurisy
Rhinitis (nes)
Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

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

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

**Complaints of the digestive system**

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

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

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

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

**29 Complaints of teeth/mouth/tongue**
Cleft palate, hare lip
Impacted wisdom tooth, gingivitis
No sense of taste
Ulcers on tongue, mouth ulcers

**Complaints of genito-urinary system**

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

**31 Urinary tract infection**
Cystitis, urine infection

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

*Prostate trouble - code 33*

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

**Musculo-skeletal - complaints of bones/joints/muscles**

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

**35 Back problems/slipped disc/spine/neck**
Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed invertebral discs
Schuermann's disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

*Exclude if damage/injury to spine results in paralysis - code 08*
*Sciatica or trapped nerve in spine - code 08*

**36 Other problems of bones/joints/muscles**
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

*Muscular dystrophy - code 08*

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

*After effect of Poliomyelitis, meningitis, encephalitis - code to site/system*
*Ear/throat infections etc - code to site*

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

*Leukaemia - code 01*

**39 Skin complaints**
abscess in groin
acne
birth mark
burned arm (nes)
carbuncles, boils, warts, verruca
cellulitis (nes)
chilblains
corns, calluses
dermatitis
Eczema
epidermolysis, bulosa
impetigo
ingrown toenails
pilonidal sinusitis
Psoriasis, psoriasis arthritis (also code arthritis)
skin allergies, leaf rash, angio-oedema
skin rashes and irritations
skin ulcer, ulcer on limb (nes)

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

**40 Other complaints**
adhesions
dumb, no speech
fainting
hair falling out, alopecia
insomnia
no sense of smell
nose bleeds
sleepwalking
travel sickness

*Deaf and dumb - code 11 only*

**41 Unclassifiable (no other codable complaint)**

after affects of meningitis (nes)
allergy (nes), allergic reaction to some drugs (nes)
electrical treatment on cheek (nes)
embarrassing itch (nes)
Forester's disease (nes)
general infirmity
generally run down (nes)
glass in head - too near temple to be removed (nes)
had meningitis - left me susceptible to other things (nes)
internal bleeding (nes)
ipinotaligia
old age/weak with old age
swollen glands (nes)
tiredness (nes)
war wound (nes), road accident injury (nes)
weight loss (nes)

**42 Complaint no longer present**

*Only use this code if it is actually stated that the complaint no longer affects the informant.*

*Exclude if complaint kept under control by medication - code to site/system.*

**99 Not Answered/Refusal**