

Scottish Health Survey

‘13

Project Instructions

**Interviewer instructions
Coder instructions and code
lists**

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

ScotCen Social Research

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

ScotCen Social Research



Scottish Centre *for*
Social Research

Scottish Health Survey 2013

**Project Instructions for Interviewers working
on Core Version A, Child Boost or Health
Board Boost Assignments**

P7172

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1. Quick Reference & Contacts

Project title: Scottish Health Survey (SHeS) 2013 **Project number: P7172**

Subject	Health conditions, behaviours and lifestyle
Objective	Monitor trends in the nations health
Sponsor	The Scottish Government
Fieldwork	3 rd January 2013 – January 2014
Sample size	4,000 adults and 1,700 children
Data collection method	Face-to-face CAPI interview, self completion, objective measurements

If you have a project specific query, your first port of call should be your Team Leader or the Project Co-ordinator. They will then pass you on to a researcher if they cannot answer your question.

The Operations Team

The Project Co-ordinator for Scottish Health is **Emma Fenn**, supported by the Operations Team. They are based in Brentwood and are responsible for sending advance letters to households, issuing materials and equipment to interviewers, organising briefings, and handling queries about the sample. They also look after the respondent helpline so they will contact you if someone calls to cancel or reschedule their visit. The computer support helpdesk, pay unit and quality control unit are also based in the Operations Department.

The Research Team

The Project Manager for the study is **Lisa Rutherford**, supported by Clare Sharp and Shanna Dowling. They are based in ScotCen's office in Edinburgh.

Operations Team Contacts		
If query relates to Briefings, Allocations, Sample, Re-issues, Incentives and Translations ask to speak to the Logistics Unit . If query is program related, ask to speak to the Data Unit .	Brentwood Switchboard	01277 200 600
	IT Support	01277 690 200
	Pay Query Line	01277 690 219
	Stationery / Equipment freelancesupplies@natcen.ac.uk or equipteam@natcen.ac.uk	01277 690 006
Fieldwork Contact		
Area Manager	Jean Vallance	0141 762 2852
Research Team Contacts		
Research Director	Lisa Rutherford	0131 221 2555
Senior Researcher	Clare Sharp	0131 221 2566
Researcher	Shanna Dowling	0131 221 2565

2. General Information about these instructions

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

Website

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

www.scottishhealthsurvey.org

Please note that interviewers working on assignments collecting biological samples and complex measurements have separate Project Instructions.

3. Purpose and Aims

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

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

The 2013 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect health. The content will be similar each year. It is used by the Scottish Government and NHS Scotland to: help plan health services, find ways of improving people's health and look at changes in the nation's health over time.

In summary, the survey aims are:

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

4. Overview of SHeS in 2013

This section provides a brief overview of what is involved in SHeS 2013.

4.1 Sample

In 2013, there are four different sample or address types: The main 'core' sample is split into 2 and comprises of Version A and Version B. There is also a Child Boost Screening Sample. In 4 Health Boards there is also an additional Health Board Boost Sample to boost the number of adults interviewed in these areas. See Sections 6 and 8 for more information about the sample and who is eligible for interview at each of the types of address in your assignment.

4.2 Question Modules

Core questions (all address types):

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

Special topics added for 2013 (Core Version A addresses only):

Stress at work, accidents, social capital, dental services, discrimination and harassment.

4.3 Self completions (all address types):

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

4.4 Heights and weight measurements (all address types)

4.5 Consents (all address types)

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

5. Changes to the survey in 2013

This section outlines the key changes for SHeS in 2013 and is particularly important that those of you who have worked on the survey previously familiarise yourself with the changes.

5.1 Interviewer-administered bio-measures (Core Version B only)

Since SHeS 2012, our team of nurses has no longer collected measurements and samples from those respondents eligible for a nurse visit. Instead, interviewers trained in administering measurements and samples carry out the household interview, individual interviews and heights and weights **and** then conduct a number of measures and samples at a sub-sample of core addresses. Measurements and samples include:

- Waist measurement
- Blood pressure
- Urine sample
- Saliva sample

Note that only adults living in addresses in the Core Version B sample type will be eligible for these additional biological samples and measurements. Interviewers working on those assignments have been specially trained and accredited and have a separate set of Project Instructions.

5.2 Sample Size

The sample size for 2013 is similar to 2012 - the annual target will be 4000 adults and 1700 children.

5.3 No Knowledge, Attitudes and Motivations to Health Module

Since 2012, the NHS Health Scotland funded module has no longer been included in the survey. The module of questions was asked of a randomly selected adult at the end of the Core Version B questionnaire between 2008 and 2011.

5.4 Police Notification Procedure

You are not required to notify your local police station in person that you are working on this study **unless** you are working on Child Boost sample addresses. If you have Child Boost addresses in your assignment you should telephone your local police non-emergency number. Please see Section 8 for more information.

5.5 Incentives

We are continuing to use incentives on SHeS. As in 2012, all Core and Health Board boost addresses will receive a **£10 Post Office voucher** with their advance letter. Since the proportion of screened out addresses in the Child Boost sample is very high, only participating households will receive an incentive – this will be a £10 gift card. See Section 8 for more information on incentive administration.

5.6 The CAPI Questionnaire

The SHeS (2012-2015) interview content will follow a similar modular structure to 2008-2011. As was the case then, some topics will be rotated and will only be included every second year. See Section 7 and 15 for information on the topics to be covered in 2013. There are still two versions of the questionnaire for households in the Core sample although you will **only** be working on **Version A**. Interviewers trained in collecting biological samples and measurements will be working on Core Version B assignments.

5.7 Self-completion booklets

The self-completion booklets are broadly the same as in 2012. The exception is that a question on respondents' awareness of recommended levels of physical activity has been added to all 4 self-completions. See Section 12 for guidance on the new questions.

5.8 Height and Weight Measurements

The height and weight measurement block is the same as in 2012. Note that we don't collect any measurements from pregnant women or those under 2 years of age.

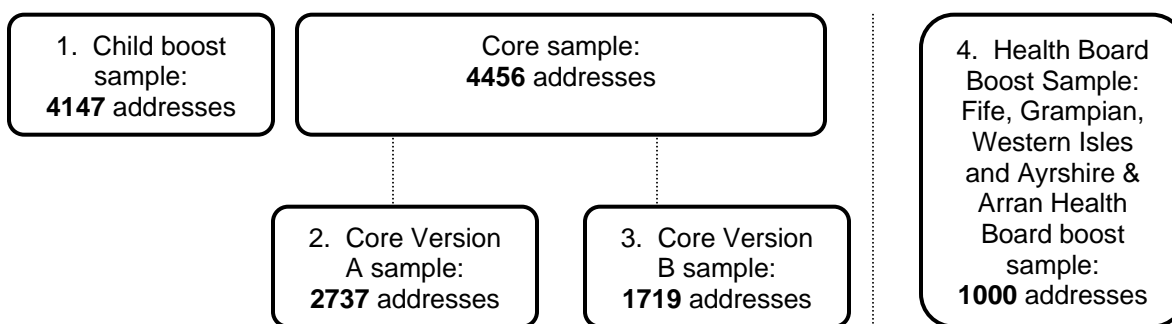
5.9 Consents

The Scottish Government follow-up research consent form and the Scottish Health Records consent form are the same as in 2012.

6. Summary of Survey Design

6.1 Sample Overview

The 2013 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The sample is comprised of four parts:



6.2 Core Sample

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

- Core Version A – About 3/5 of core sample addresses are 'Version A'. This version includes the household questionnaire, individual questionnaire, self-completions, heights and weights, and consents.
- Core Version B – The remaining core sample addresses (about 2/5) are 'Version B'. This version is the same as Core Version A **except** the individual questionnaire is slightly different and adults 16+ at **all** addresses in the assignment are eligible for the **biological samples and measurements module**.

6.3 Child Boost Sample

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

6.4 Health Board Boost Sample

For SHeS 2013 four Health Boards have opted to boost their samples to enable them to analyse the data in their health board area. Only adults aged 16 and over are interviewed at these addresses.

These instructions are for interviewers working on Core Version A, Child Boost and Health Board Boost addresses – there are separate instructions for interviewers working on Core Version B addresses

6.5 Assignment types

In 2013 there are three possible assignment types that you could be working on: Core Version A and Child Boost, Child Boost only and Health Board Boost only. The average number of addresses in an assignment varies but here is a rough idea:

Type of Addresses in Assignment		Average number of address per assignment
1	Core Version A and Child Boost* addresses	11 for Core Version A and 10 for Child Boost
2	Child Boost addresses only	36
3	Health Board Boost addresses only**	18 for the health boards that are boosting by 200 interviews and 27 for the health boards that are boosting by 400 interviews

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

6.6 Health Board boost assignment

** Please see Appendix E if you are working on a Health Board boost assignment.

7. Fieldwork Overview

7.1 Interview Visit

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

7.2 Topics

The table below lists the different topics that will be covered in both the Core Version A and Child Boost interviews.

Module / Section	Adults (Core A)	Children (Core A)	Child Boost
Household questionnaire	•	•	•
General health including caring (age 0+)	•	•	•
General CVD (16+) & Use of services (0+)	•	•	•
Accidents (0+)	•	•	•
Physical & sedentary activity adults (16+) and children (2-15)	•	•	•
Eating habits (children only aged 2-15)		•	•
Fruit and veg consumption (2+)	•	•	•
Smoking and Drinking (16+) [16-19 in a self completion]	•		
Dental health (16+)	•		
Dental services (16+)	•		
Social capital (16+)	•		
Experience of discrimination and harassment (16+)	•		

Stress at work (16+)	•		
Economic activity and education (16+)	•		
Education (16+), Ethnicity (0+) and religion (16+)	•	•	•
Family health background (16+)	•		
Self-completions (13+ & parents of 4-12 yr olds)	•	•	•
Height (2+) and Weight (2+)	•	•	•
Consents	•	•	•

8. Who to interview

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

Core Version A addresses

At each address you should:

Identify who is in the household and attempt to interview everyone aged 0 and over (A maximum of 10 adults and up to a maximum of 2 children).

Child boost addresses

At each child boost address you should:

Identify if anyone in the household is aged 0-15.

Then, in households where children have been identified:

Carry out a Household interview with the Household Reference Person or spouse/partner

Interview up to a maximum of 2 children (aged 0-15)

Health Board Boost addresses

At each Health Board boost address you should:

Identify who is in the household and attempt to interview all adults (16+). See Appendix E.

8.1 No Proxy Interviews

On SHeS we do not take any proxy interviews for adults or children aged 13-15 – the questions are about personal health and should not be answered on behalf of somebody else. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physically or mentally incapable). For children aged 0-12, parents answer on behalf of the child but the child should be present to help with the interview if possible.

8.2 Interviewing Children

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

When interviewing children:

-
- | | |
|--------------------------|--|
| 0 to 12 year olds | <ul style="list-style-type: none">• Interview parent / guardian about the child• Child must be present for heights and weights• Child should ideally be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten |
|--------------------------|--|
-
- | | |
|---------------------------|--|
| 13 to 15 year olds | <ul style="list-style-type: none">• With parental consent, interview child directly• Parent must be at home – in ear shot. This protects both the child and yourself |
|---------------------------|--|
-
- | | |
|---------------------------|--|
| 16 to 17 year olds | <ul style="list-style-type: none">• Parental agreement desirable but not compulsory |
|---------------------------|--|

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



Who do I need to obtain consent from?

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

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



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

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

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



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

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

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

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

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

8.3 Notifying the Police

We have informed Chief Constables across Scotland that SHeS is happening in their area. You no longer have to notify the police in your area about the work you will be undertaking on SHeS **unless** you are working on **Child Boost addresses**.

If you are working on Child Boost addresses you **must** register with the Police. In order to do this you should phone your local police non-emergency number (see below). Please keep a note of the date you registered with the Police, which number you called and who you spoke to.

Police Area	Phone Number 1	Additional Phone Number
Central Scotland	01786 456000	N/A
Dumfries and Galloway	01387 252112	0845 600 5701
Fife	01592 418888	0845 600 5702
Grampian	01224 386000	0845 600 5700
Lothian and Borders	0131 311 3131	N/A
Northern Scotland	01463 715555	08456 033388
Strathclyde	0141 532 2000	N/A
Tayside	0300 1112222	N/A

You no longer have to attend in person at your local Police office.

If you have difficulty with using the non-emergency number or understanding the new policy you should speak to your Team Leader in the first instance.

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

8.4 Advance letters and Incentives

The advance letter tells respondents about SHeS and the interview visit. As in 2012, advance letters are being sent out from the office with the SHeS Survey leaflet. They will be sent to the addresses in your assignment by 2nd class post four days before the fieldwork start date.

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

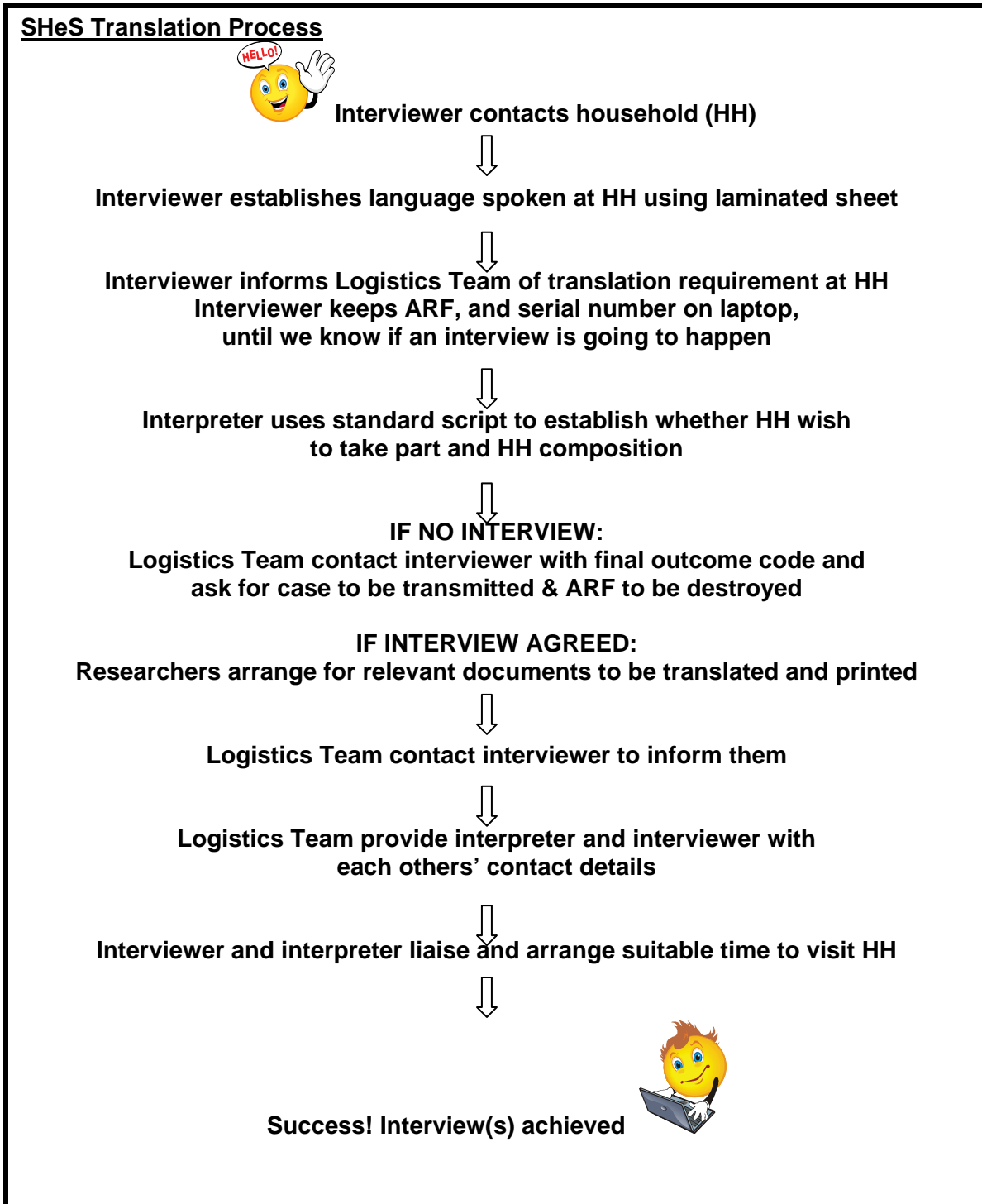
You will be given extra copies of the advance letter to give out as a reminder for respondents, as well as a laminated copy to show on the doorstep. However, the spare copies of letters will not contain valid vouchers. If a respondent needs a replacement voucher they will have to call the free phone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

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

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

8.5 Translations

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



9. Selection Procedures and ARFs

This section also outlines how to:

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

9.1 Tracing Addresses

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

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

Please note that the address label on the ARF gives the OS grid reference for the address.

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

9.2 Overview of the ARF

In 2013 there are different ARFs depending on the sample type of the addresses you are working on (see Section 6 for further information). At each address, we are looking for **one dwelling unit** and within that dwelling unit, **one household**. On the front of each ARF, there is a selection label which you will need to use as instructed to select dwelling units and/or households where necessary.

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

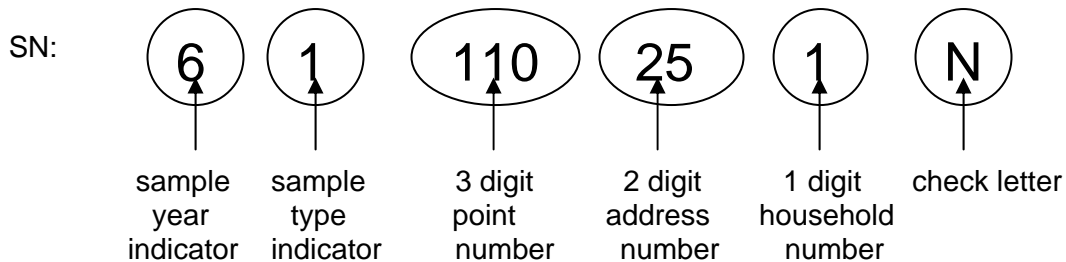
9.3 Types of ARFS

You will receive an ARF for each of the addresses in your assignment. The ARFs are different colours depending on the type of address and point you are working on. The following table summarises the different types and who to interview at each.

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

9.4 The Serial Number

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



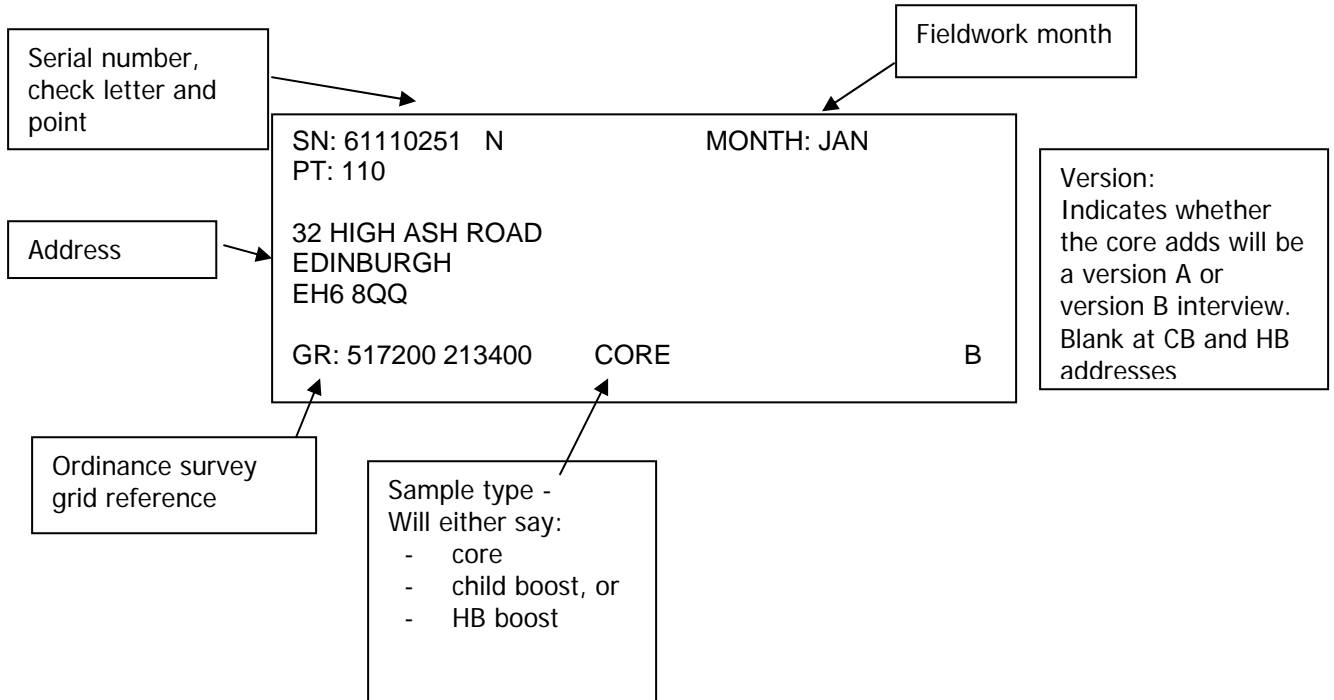
In the example address label below, the SHeS serial number is: 61 110 25 1 N

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

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

9.5 The Address Label

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



9.6 Completing the ARF

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

9.7.1 SECTION A – Tracing addresses

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

9.7.2 SECTION B – Dwelling Unit selection

REMINDER: DEFINITION OF A DWELLING UNIT

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

EXAMPLE – DWELLING UNITS

The selected address on the ARF label is:

32 ASH ROAD

But you find doorbells for these flats: 32a, 32b, 32c, 32d.

This is called a '**Divided address**'. You must first establish whether the extra dwelling units (flats a, b, c, d) were on the PAF or not.

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



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

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

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



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

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

9.7.3 SECTION C: Household Unit selection

NEW: DEFINITION OF A HOUSEHOLD

Since SHeS 2012 the definition of a household is:

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



What do I do if there are different households at an address?

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

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



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

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

9.7.4 SECTION D: Child Selection

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

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

Serial no:	54195031 S
Point:	195
CH:	3 4 5 6 7 8 9 10 11 12
SEL:	2 1 4 4 4 1 7 1 3 4
	3 3 5 6 7 5 8 2 10 12

9.7.5 SECTION E – Outcome details

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

Do not code ‘screened out’ addresses as refusals on Child Boost ARF.

9.8.1 Adult Selection

In the unlikely event that you find a household which contains 11 or more adults (16+) you will have to follow a selection procedure. You use the sheet at the back of these instructions (Appendix C) called the ‘Adult/Child List Sheet’. List all the persons aged 16

or over in the household, starting with the oldest and working down to the youngest. Also in Appendix C is an adult selection chart. Find the column which gives the number corresponding to the number of adults in the household (e.g. 12). Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

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

9.8.2 Child Selection (households with 13 or more children)

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

9.9 Shredding your ARFs

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

10. CAPI

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

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

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



Who should answer the questions in the Household Questionnaire?

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

10.1 Adding and deleting household members

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

ADDING A HOUSEHOLD MEMBER

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

DELETING A HOUSEHOLD MEMBER

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

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

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

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

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

CHANGING OTHER INFORMATION IN THE GRID

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

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

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

10.2 Setting up interviewing sessions

10.2.1 Joint or concurrent interviewing

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

REMINDER – THINK ABOUT WHO TO INTERVIEW IN A SESSION

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

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

10.2.2 Allocating individuals to sessions

You allocate 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[1]” from the parallel block. This is an empty session to which you can allocate the people you want to interview. If there are more than two children in a household it will display the two children selected to take part in the survey.

The screen will display all eligible 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.

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

10.3 Individual Questionnaire

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

10.3.1 Presentation of the self completion booklets

For SHes 2013 there are four different self-completion booklets depending on the age of the respondent. Instructions are given in CAPI about which booklets to use.

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

General Points about Self-Completions

- Encourage respondents to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- Encourage respondents to answer all the questions.
- Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.
- Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at ScIntro/SCIntCh

Smoking and drinking in the self-completions

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of

questions similar to those asked in the CAPI program of adults. For respondents aged 18 or 19 you have the option of deciding whether they complete the smoking and drinking questions in the CAPI interview or in the self-completion. CAPI will prompt you to confirm how 18 and 19 year olds are completing these sections. If an 18 year old is completing the interview along with their parents you may decide you will get more honest answers if the respondent answers the questions in self-completion format. If however an 18 year old is completing the interview alone or alongside a partner or a friend then answer the questions in CAPI is likely to be fine. Use your own discretion to decide. There are no questions about smoking and drinking for anyone aged under 16.

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

Problem Drinking Questions in self-completion

We have replaced the previous problem drinking questions with a questionnaire that is more commonly used by doctors and other health professionals. It covers many of the same issues as the version used previously. Please read it to familiarise yourself with it. If a respondent does not drink then you will get a prompt on screen to cross out this section. People who only drink a very little (e.g. something at Christmas and New Year) will still need to answer these questions – even though the questions will not apply to them it is important that anyone who drinks any alcohol is asked to fill them in.

Gambling questions in self-completion

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

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

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

Questions on physical activity recommendations in self completion

The Scottish Government is interested in levels of awareness of recommended levels of physical activity. All four self-completion questionnaires now include an additional question on respondent awareness of recommended levels of physical activity. The questions were placed in self-completions rather than CAPI so that respondents are not influenced by hearing the views of other interviewees in the household. The questions were tested in the SHeS 2013 pilot, which showed that most respondents had no problems in completing them. The pilot also showed that whilst some respondents appeared to be aware of the recommendations (through school, exercise classes, attending hospital or pharmacy, the radio) and could answer more confidently, others

were simply guessing when they were answering this question, indicating they did not know what was in the recommendations. It is to be expected that many will just guess and this is fine.

Sexual orientation questions in self-completion

The question in the young adult and adult self completions about sexual orientation was simplified in 2012. If you are asked what any of the terms mean please use the following examples:

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

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

10.3.2 Measurements

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

Detailed protocols of how to take height and weight are appended to these instructions. If you have any problems in either administering the protocols or with the equipment, contact your Supervisor or Area Manager immediately. In briefings for 2013 we will also be carrying out a formal accreditation process which will help us to demonstrate the high standards of work interviewers carry out when taking these measurements.

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

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



Are there any 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.

Examples of people who should **not** be measured are:

- **Children under the age of 2 years**
- Pregnant women
- 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 measurement
- If a respondent weighs over 130kg (20 ½ stone)

Measurements in CAPI

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

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

10.4 Admin Block

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

10.5 Consents

In SHeS 2013 we are seeking consent for two things:

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

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

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

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

10.5.1 Scottish Health Records

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

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

10.5.2 Scottish Government Follow-up Research

We are also asking permission to pass on the respondents' details (including their name, address and answers to the survey) to the Scottish Government in case they want to contact them in future to take part in another study about their health. If asked you can say that there are no plans to do any further studies at present and that they would always be contacted beforehand to ask if they are still willing to take part. Respondents are free to decline to take part in any future studies, even if they agree to have their details passed on.

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

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

For a respondent who is blind and cannot read:

Add at the bottom of the consent form

For the respondent:

"This form has been read to me and I confirm that I understand the information and give consent to my information being [linked / sent to the Scottish Government]."

Respondent's signature

Write in their name if they cannot sign

For yourself:

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

Interviewer signature and date

If someone else is available as a witness:

"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed to having their [data linked / sent to the Scottish Government]"

Witness signature and date

11. Introducing the Survey

Response to date on SHeS has been high and it is vital that we all do everything we can to maintain response rates throughout the new contract period – 2012 to 2015. Our core national target response rate for 2013 is **65%** and we are relying on you to help us achieve this. Past experience shows that this requires continuous hard effort. A high response rate for the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who don't take part are likely to have different characteristics from those who do.

11.1 Tips for introducing the survey

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

The key thing is to avoid too much detail too soon. 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.

11.2 Things you can mention on the doorstep

<p><i>Government Related</i></p>	<ul style="list-style-type: none"> • It is a national (Scotland wide) survey on behalf of the Scottish Government Health and Wellbeing Directorate • It provides the Scottish Government with accurate and up-to-date information on the health of the population • It gives the Scottish Government information on health trends, and monitors how well the health targets set by them are achieved • It is used to help plan NHS services • The information is available to all political parties • The information will be needed by whichever government is in office
<p><i>Confidentiality</i></p>	<ul style="list-style-type: none"> • No-one outside the research team will know who has been interviewed, or will be able to identify an individual's responses or results • Results are only published as aggregate statistics • Answers are treated in the strictest confidence in accordance with the Data Protection Act 1998
<p><i>Signify its importance & status</i></p>	<ul style="list-style-type: none"> • It is a very important survey • It is the largest Scottish survey to look at the health of the general population. In the 2013 mainstage about 4000 adults and 1700 children will take part • Results are published annually and reported in the national press
<p><i>Describe population coverage & why certain groups should participate</i></p>	<ul style="list-style-type: none"> • Each person selected to take part in the survey is vital to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them. • The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them • To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not • Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned • Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost

11.3 Introducing Height and Weight measurements

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

11.4 Achieving a high response at Child Boost addresses

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

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

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

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

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

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

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

12. Survey Documents

For each SHeS assignment you work on you will also be sent a workpack containing the documents below (please note the documents required for Health Board Boost assignments are outlined in Appendix E). Most of these documents have been explained elsewhere in these instructions, or have been covered in your briefing. Please ensure you are familiar with all the documents before you start your assignment and make sure you are using 2013 materials.

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

Name of Document	Colour	Use	Doc. code	Doc. number
Coding booklet	Blue cover	Contains coding details for cereal and fresh fruit sizes coding list. It also contains height and weight conversion charts and look-up charts for 13+ dwelling units/people.	U COBO	23
RESPONDENT LEAFLETS:				
SHeS survey leaflet	Original version (Blue and White); re-branded version is NatCen colours	A leaflet which provides some key information about the survey including some of the main findings from previous years. The leaflet is included with the advance letter but you will be provided with some spares. Note that the new re-branded leaflet will be used from March/April 2013.		7
Information leaflet for adults	Lilac	To be given to adult respondents. Explains the survey in more detail. Includes information about what is covered in the survey and information respondents may want to know about such as confidentiality issues. This should not be used on the doorstep, but should be handed over at the start of the interview (when you are opening your laptop).	NB IL (A)	17
Information leaflet for children	Green	To be given to children at both Core and Child Boost addresses. Explains what the survey is about to children and what is involved, such as the height and weight measurements. It also has an email address they can contact if they have any questions.	U IL (CH)	20
Information leaflet for parents (only to be used at Child Boost addresses)	Pale Blue	A leaflet to be given to parents at Child Boost addresses providing them with more information about what will be involved if their child participates in the survey.	CB IL (P)	21
SELF-COMPLETIONS:				
Parents of children aged 4-12	Green	Given to parents at the end of the child's questionnaire. Contains questions on strengths and difficulties.	U SC (4 – 12)	24
Children aged 13-15	Pink	To be completed by the 13-15 year-old themselves. Contains questions on general health.	U SC (13 – 15)	25

Name of Document	Colour	Use	Doc. code	Doc. number
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	This is for all 16-17 year olds and 18 & 19 year olds at your discretion. Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)	26
Adults (18+)	Blue	This is for all adults 18+. The exception is on those occasions when you have already decided that an 18-19 year old should get the young adult questionnaire instead (in which case they do not complete this one as well). Contains questions on drinking, general health, gambling, contraception and sexual orientation.	U SC (A)	27
CONSENTS:				
Scottish Health Records consent form (adults 16+)	Green, carbonised	To be signed by respondents if they give permission for their information to be linked with Scottish Health Records. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (A)	28
Scottish Health Records consent form (0-15 year olds)	Lemon, carbonised	To be signed by parent/guardian of children aged 0-15 if they give permission for the child's information to be linked with Scottish Health Records. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (CH)	29
Scottish Government Follow-up research (Adults 16+)	Blue, carbonised	To be signed by respondents if they give permission for details to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood	U CON SG (A)	30
Scottish Government Follow-up research (0-15 year olds)	Pink, carbonised	To be signed by parent/guardian if they give permission for details of child (aged 0-15 years) to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON SG (CH)	31

Name of Document	Colour	Use	Doc. code	Doc. number
OTHER:				
Broken Appointment Card	White	To be left as a reminder at addresses where respondents have broken an appointment.		
Translations Card	Black and White	A card in 11 languages explaining the survey and that an interpreter can be arranged to help conduct it.		43
Sticker packs/Pens	-	Can be given to children participating in the survey. Sticker packs are for younger children and the pens are for older children.		47 (stickers)/ 46 (pens)
Suggestion/Problem sheet	Grey	To record any suggestions you have or problems you have encountered.	SUGG	45
General Concerns laminate	Cream	A list of some of the key concerns people often have along with advice on how to reassure them and encourage them to participate.		44
Consents laminate for blind and partially-sighted	White	This is so that you can stick it to your laptop, to remind you of what to put on consents if respondent blind/partially-sighted		52

12.1 Document Management

For SHes 2013 you will be issued with an assignment pack with all the documents you will need on a monthly basis.

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

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

13. Returning work to the office

13.1 CAPI

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

Before returning work:

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

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

13.2 Paperwork

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

REMINDER: SENDING BACK PAPERWORK

Before sending work back:

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

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

Return work in **two separate envelopes**:

1. Consent forms
2. Self-completions

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

13.3 ARFs

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

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

Any problems?

If you have any problems with the survey itself, or with the questionnaires, you can either contact Brentwood or any of the research team at ScotCen. All of the relevant phone numbers are in Section 1 at the start of these instructions.

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. Your workpack includes suggestions sheets. Please record any problems/suggestions you have on one of these sheets and return it to Brentwood.

14 Guidance for Household Questionnaire

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

Household Grid

Person Numbers

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

Name

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

DoB and AgeOf

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

Marital

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

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

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

Relationships between household members [R]

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

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

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

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

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

Household Questionnaire

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



Who is the Household Reference Person (HRP)?

This is the person with the highest income in the household. If there is more than one person with the same income, then the HRP is the eldest.

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

EatTog	This question asks how often in the last seven days, members of the household have eaten a meal together. Note that this question about the number of times they have eaten together, not the number of days so if they ate more than one meal together in a day you will need to probe and code 6 (more often than 7 times) if appropriate. We are not offering any definition of a meal here; if queried it is the respondent's definition that counts. Respondents are asked NOT to count breakfast as a main meal.
Crime Questions LiveArea, CrimArea, PrevCrim ActQuick Deallnc Investig SolvCrim	<p>These questions were introduced in 2012. They are being asked in the Scottish Government's three large population surveys (SHeS, Scottish Household Survey and Scottish Crime and Justice Survey). The questions include asking how long respondents have lived in their local area, their perceptions of crime in the local area and how much confidence they have in their local police force to deal with different situations.</p> <p>Some respondents will query why they are being asked these questions in a survey about health. You can explain that we are interested in whether people's health and wellbeing is influenced by their experience and perceptions of crime and policing. Please note that these questions will be randomised so will always be in a different order.</p>
Srclnc	Code the sources of income for the HRP AND SPOUSE/PARTNER only. Do <u>not</u> include income for other adults in the household. NB Please try to ensure that the HOUSEHOLD GRID is answered by the HRP or their SPOUSE/PARTNER, so that we are able to collect data on household income.
Jntlnc	<p>This first income question asks for the income, BEFORE deductions for income tax, NI and superannuation (pension payments) etc, of the HRP AND SPOUSE/PARTNER.</p> <p><u>Don't</u> include any income of other household members at this question.</p> <p>If the respondent only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI remark (Ctrl M).</p>
HHlnc	At this question we want the TOTAL income of the household, ie. including any income of other household members, as well as the household reference person and spouse/partner.

Household Reference person economic activity	<p>In 2012, the way we collected employment information in SHeS changed. Please ensure you are familiar with these questions before starting work.</p> <p>The household questionnaire collects the job details of the Household Reference Person (HRP). The question HRPOcc asks if the HRP answered these questions directly or by proxy. If they are answered directly they will <u>not</u> be repeated in the individual questionnaire.</p> <p>If they were answered by proxy then the HRP will be asked them again when their individual interview takes place. The guidance below applies to the questions asked of the HRP and also to the question asked of individual adults in the main interview.</p>
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EconAc12	<p>It is now a multi-coded question and the answer options are:</p> <ol style="list-style-type: none"> 1 Working as an employee (or temporarily away) 2 On a Government sponsored training scheme (or temporarily away) 3 Self employed or freelance (or temporarily away) 4 Working unpaid for your own family's business (or temporarily away) 5 Doing any other kind of paid work 6 None of the above <p>'Any other paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some respondents may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest respondents who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work.</p> <p>Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up.</p> <p>Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect interviewers to probe routinely for this.</p> <p>More guidance on certain situations is provided below.</p>
EducCour	<p>People aged 16-64 (apart from those on Govt training schemes) are then asked:</p> <p>“Are you at present enrolled on any full-time education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).</p> <p>INTERVIEWER: CODE YES IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS. IF RESPONDENT IS STUDYING PART-TIME CODE NO HERE.”</p> <p>The respondent should define for themselves whether they are a full or part-time student. As the instruction states, full-time students on holiday should answer “yes” here, even if they have a vacation job, as long as they are planning to return to their studies when term starts again.</p>

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

HNEmployee	<p>We are interested in the size of the 'local unit of establishment' at which the respondent works in terms of the total number of employees. The "local unit" is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.</p> <p>It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.</p>
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The follow examples might be useful for EconAc12

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

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

15 Guidance for Individual Questionnaire

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

General Health

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



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

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

CAPI Question	Guidance
<p>IllsM, More, LimitAct</p>	<p>Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, “I had an operation to sort out my feet.” This does not tell us what was wrong with “my feet”. Probe, “Can you explain a bit more?” etc. Only enter information about one condition at the first IllsM then use the “Anything else” probe in order to record any other problems and to ensure that all long-standing illnesses are recorded. There is a maximum of six IllsM slots. When you have finished entering all the conditions, a further question will ask if any illness limits the respondent in any way. From 2012, this question asks whether the illness/condition limits the person a little or a lot.</p> <p>A list of some of the conditions people may mention at the long standing illness question is available on screen if you press F9. This is to help you with the spelling. It should not be used as a prompt for respondents. It might be worth looking at the list before you start typing your answer. Sometimes a respondent might be able to help with the spelling, but if not just write it in how it sounds and the coders will work it out from that.</p>
<p>RG15, RG16a, RG16b, RG17</p>	<p>From 2012 these questions are asked of respondents aged 4 and over.</p> <p>These questions ask about respondents’ caring commitments, either within the household or outside it. Exclude care provided in the course of someone’s job (e.g. a home help). The questions allow you to code up to two people for whom care is provided. RG16a allows you to code whether care is provided to someone in the household, or to someone outside it (code 97). RG17 codes how much time in total the respondent spends per week providing care – so if they told you about two different people they should add the time spent with both people together here. There is a lot of interest in the health of people who provide unpaid care so these questions will provide very valuable data.</p>

RG18	<p>In addition to how many hours a week they care for the person(s) we are also interested in finding out how long they have been a carer <u>for the people they have told us about</u>.</p> <p>To illustrate: Sally has been caring for her mum for 10 years (since 2002), and for her dad for the past 5 (since 2007)</p> <ul style="list-style-type: none"> • She should answer “10 years but less than 20” as we want to record the longest time spent as a carer if people care for more than one person. <p>John has been caring for his mum for the past 5 years (since 2007), and prior to that was also caring for his dad for 8 years (from 2002 to 2010)</p> <ul style="list-style-type: none"> • He should answer “5 years but less than 10” as we want to know about his current caring responsibilities, not how much time he has spent as a carer in his life in total.
RG19	<p>Carers aged 16-70 are asked if their caring has had any impact on their current employment, e.g. by having to reduce their hours at work, stop working altogether or not be able to take up work.</p> <p>We are only interested in actions people have taken because of their caring responsibilities, e.g. only code “took early retirement” if the respondent did this so they could care for someone.</p> <p>Respondents should only answer in relation to their current employment situation, not the total history of the impact of caring on their employment. If the situation is unclear, code “other” and write in the details.</p>
RG20 / RG20b	<p>We want to know what sources of support carers receive to help them with the care they provide. Note that we are interested in the support received by the carer, and not the support received by the person being cared for. This question is also asked of young carers (age 4–15) although some of the categories differ.</p>

CVD

CVD diagnosis and treatment

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

CAPI Question	Guidance
CVD1-PastYr7	This set of questions records various heart conditions. In your pack you will find a coding booklet which gives some of the common names for some of these illnesses. It is very important that you use this booklet if someone describes a condition in words other than those used in questions <i>CVD1-CVD8</i> . For example, if someone says (s)he does not have an abnormal heart rhythm at <i>CVD5</i> , but at <i>CVD6</i> says (s)he gets palpitations, you should go back to <i>CVD5</i> and change the response to 'yes'. This is because there are several follow-up questions which would otherwise be missed.

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

Use of Services

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

Asthma

Only 3 questions are included for 2013 – these are the three which will be asked every year.

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

Accidents (version A)

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

Adults Activity and Exercise

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

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

CAPI Question	Guidance
Housewrk	<p>This asks about housework - excluding any done as part of the respondent's job. It is important that you read the preamble. The first show card asks about general housework, and the second show card focuses in on heavy housework. It is the heavy housework we are interested in - from the card or other similar types of heavy housework.</p> <p>We want to know about the number of days in the last four weeks on which the respondent has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn't, so please be careful to stress that we mean heavy housework such as the things on the show card, and not just any housework.</p>
Garden / ManWork	Exclude any work done as part of a job e.g. as a gardener or builder.

Wik5Int	This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term <i>any</i> , including walking to the shops, or home from the bus stop. Do not include walking about while at work.
Wik15M	<p>We then ask about longer walks of at least 10 minutes. This can include most things – rambles, hill walking, walking to work etc, but exclude:</p> <ul style="list-style-type: none"> - Walking as part of a sport (e.g. golf) - Walking in the course of one's main job - Just being on your feet for 10 minutes
WalkEff	This is a new question for people age 65 and over. We want to know how much effort they exert when walking. Rely on the respondent's judgment of this.

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

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

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

CAPI Question	Guidance
WhtAcB	We have added a new and expanded list of sports and activities. As it is a long list respondents can just read out the numbers to you, but check once they have told you everything that you have entered the correct sports.
OthAct	Include any other sports mentioned here, though as the previous two questions will cover most kinds of sports we do not expect this option to be used very often.
ExcHrs/ExcMin	We want to know how much time the respondent usually spends doing an activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.
ExcSwt	This is to ascertain the amount of effort that was put into an activity. We need to know whether the level of activity was enough to make them either out of breath or sweaty (e.g. swimming might make you out of breath, but not sweaty).

ExcMus	<p>This is designed to assess whether an activity will have helped to strengthen muscles. Code “yes” if their muscles felt some tension, shook or felt warm for some of the time, or all the time, that they were doing the activity.</p> <p>Note that this question is only asked for certain sports – don’t worry if it doesn’t appear for all of them.</p>
ExcMov	This question is for people aged 65+ who report doing “Exercises (e.g. press-ups, sit-ups)” at WhtAcA. It is to help us distinguish between floor based exercises (e.g. press-ups) and activities done standing-up (which help to improve balance).
REASSPRT	This is a new question asking people why they did sports (only asked if they have done some). People can give multiple reasons here, and it doesn’t matter if a reason applies to only one or some of the sports they have done but not all of them. People who say more than one reason are then asked to pick their main reason.
Barsprt	This is a new question asking people why they haven’t done any / more sports in the past month. Again, people are invited to give all their reasons, and then pick a main one.
WkSit2H WESit2H	In addition to the question about time spent sitting in front of a screen, we also want to know about other time spent sitting down during people’s leisure time on weekdays and at weekends. This includes time spent eating, reading, listening to music, doing puzzles, homework etc. If people have eaten a meal while watching TV, this time must not be counted twice – it can be entered at the screen time question or at this new question, but not at both. Respondents find this question quite difficult, do not rush them but do not let them spend too much time trying to come up with a precise figure. Note that if a respondent is using a screen to do their reading (e.g on a kindle), this should be coded as time spent reading rather than time spent in front of a screen (assuming that reading is the main activity mentioned by the respondent).

Activity and Exercise - Children

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

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

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

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

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

Eating Habits

In 2013 only children aged 2 – 15 are asked the eating habits questions in Core Version A.

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

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

CAPI Question	Guidance
UsBread	<p>This is a "code one only question". The definition of bread is wide - it includes rolls, pittas, bagels, nans, chapattis etc as well as standard bread. We are interested in the type of bread normally eaten.</p> <p>The question distinguishes between white, brown and wholemeal bread.</p> <p>Use code 4 if the respondent mentions white breads that have been enhanced to make them high in fibre (e.g. "best of both").</p> <p>For respondents who eat different kinds of bread (nans, pittas, parathas, chapattis etc), find out what kind of flour is used (white, brown or wholemeal) to make the bread and code 1, 2 or 3 as appropriate.</p> <p>Generally, you should use code 7 only as a last resort, and if you do please record the type of bread at the next question.</p>

Milk	<p>This asks about the type of milk that the respondent usually uses (ie uses most often). Here is a guide to milk bottles:</p> <p>Gold top = Channel Island, Jersey Code 1</p> <p>Blue or silver top = Whole milk Code 1</p> <p>Green top = Semi-skimmed Code 2</p> <p>Red top = Skimmed Code 3</p> <p>For powdered milks and whiteners that are added straight to tea or coffee you should probe as to whether the powder is skimmed, semi-skimmed or whole and code as if liquid milk. If the powdered milk is made up into liquid milk, probe to see if it is made up with water or milk. If water, code according to the type of powder it is. If it is made up with milk, code it according to the type of milk it is made up with.</p> <p>There are spontaneous (i.e. not to be read out) codes on screen for other types of milk such as goat, soya, oat and infant formula (for young respondents!) Only use code 4 (other type) if you cannot use one of the other options on the screen.</p>
Cereal	<p>This question establishes which type of breakfast cereal the respondent normally eats. You will need to ask them for the name of the cereal (including brand name if possible) and then use the cereal coding cards in your coding booklet to establish which type of cereal it is e.g. high fibre, low sugar. The cereals are ordered by brand name in the coding book but in some cases the respondent may not know who makes the cereal. If possible, ask them to bring you the cereal box to ensure you code it correctly. If you can't find the cereal on the list just code 5 and type in the full brand and name. Do NOT look for an alternative and use its code instead.</p>
Meat	<p>Note that this question does <u>not</u> cover meat products such as pies, sausages etc (these are covered in the next question), but it should include ham, bacon, mince etc.</p>
Cheese	<p>This should include cheese in other dishes, such as cheese on toast, on a pizza or in a lasagne.</p>
ConFec	<p>This includes chocolate bars, not just chocolates that come in a box.</p>
IceCream	<p>This will depend on the time of year, but the survey covers the whole year so seasonal variations will be picked up. Respondents should therefore answer with reference to how much ice cream they eat at the moment, around about the time you are interviewing them.</p>

Fruit and Vegetable Consumption

This module has been included in SHeS since 2003. The information collected through this module is the main national reference for fruit and vegetable consumption in Scotland.

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

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

What is a portion?

We have adopted the following definition of a portion:

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

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

What counts as fruit and vegetables?

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

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

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

Nuts are **not** included.

CAPI Question	Guidance
VegSal	This question includes an instruction not to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and <i>VegSalQ</i> . Salads made mainly from beans or other pulses, can either be included at this question or at <i>VegPul</i> – please make sure they are not recorded twice.
VegPul	Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, respondents may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can either be included at this question or at <i>VegVeg</i> – please make sure they are not recorded twice. *For information, an average sized can of baked beans (415g size) is equivalent to 10 tablespoons.*
VegDish	This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the main ingredient . Vegetable soups should not be included (even if they are home made).
FrtDrnk	This question states that diluting juice, squashes, cordials and fruit-drinks should <u>not</u> be included. In some parts of Scotland these types of drinks are called 'ginger' – if asked you can confirm that ginger should not be counted as fruit juice. Some of the main brand names that should also be excluded are Sunny Delight and JuiceUp.
Frt FrtQ FrtMor FrtOth FrtNotQ	These questions are about the consumption of fresh fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either <i>FrtFroz</i> or <i>FrtDish</i> . For each different kind of fruit which the respondent ate yesterday, use coding list A to code the size of this fruit at <i>FrtFrt</i> . The next question <i>FrtQ</i> collects information about the amount of each type of fruit the respondent ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at <i>FrtFrt</i> . There is capacity to record up to 15 different types of fruit but each should be entered at a separate <i>FrtFrt</i> . If the fruit mentioned by the respondent is not on the coding list – record the name of this fruit at <i>FrtOth</i> and the amount the respondent ate at <i>FrtNotQ</i> . Please note that some fruits, such as rhubarb and quince, are not on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at <i>FrtDish</i> .
FrtDry	Don't include small amounts of dried fruit in cereals, cakes etc.
FrtDish	This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where fruit is not the main ingredient . Fruit yoghurts should not be included.
VegUsual , FrtUsual	These questions give respondents the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for respondents to be particularly concerned to give a precise answer to these questions.

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

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

Entering amounts:

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

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

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

Vitamin use

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

VitTake	Some questions about vitamin supplements, and folic acid, are at the end of this section. We do not need to know what kinds of supplements people take, just whether they take any over a long period.
Folic FolPreg FolHelp	Folic acid supplementation is very important for women who are pregnant or who are trying to become pregnant, so women aged 16-49 are asked if they are taking folic acid. If they are, and they are pregnant, they are also asked if they took folic acid before becoming pregnant, and if they have taken it for the first 12 weeks of pregnancy. If they are less than 12 weeks pregnant but have taken folic acid since the start of the pregnancy code “yes” at FolPreg. Women who take folic acid but are not pregnant are asked if they are taking it because they are hoping to become pregnant.

Smoking and Drinking

16-17 year olds

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

18 and 19 year olds

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

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

Smoking

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

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

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

CAPI Question	Guidance
SmokEv08	By ever smoked, we mean even just once in their life.
DlySmoke/RoIDly	We ask here about daily consumption. Note that if a respondent smokes roll-ups and can only tell you how many ounces/grams of tobacco they smoke a day, code `97' as in the instructions on screen. This will route you to RoIDly , and GramRol or OuncRol which will ask for the amount of tobacco smoked in a day (in either grams or ounces). Please be as accurate as possible, as this information will be used in the office to code back to cigarette number.
NumSmok	If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.
UseNRT, NRTprec	These questions are for people who have tried to stop smoking, and people who have quit in the past year. We are interested in various products people might have used to help them stop, as well as any support given to them. Both these questions allow you to code all that apply. If someone is not sure what products they used, or who they got their cessation support from code "other" and write in the details. If they have their NRT products to hand they could check the packet to see which type they are.
Passive	This question asks about exposure outside of buildings (e.g. the entrances to shops, pubs or offices), and inside cars, and to remove the options that are covered by the smoking ban (e.g. inside pubs). From 2012 this is now asked of children as well as adults.

Drinking

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

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

16-17 year olds

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

NBeer, NBeerQ etc

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

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

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

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

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

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

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

Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and use <Ctrl> + <M> to make a note. Of course, all these measures should be 'pub measures' not a different size of 'single' measure the respondent may pour for him/herself.

SherryQ

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses. The label "sherry" is now only used to cover sherry which is made in Jerez. Similarly, the term "port" can only be used to cover port which comes from Oporto. Ports and sherries made elsewhere are now called "fortified wines". If a respondent has drunk a particular brand of sherry or port for

many years, which is now labelled as a fortified wine, it is very likely that they will still think of it as sherry / port and will include it at the question about sherry. But if anyone queries this, then these fortified wines should be recorded at the question called "Sherry".

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

WineQ

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

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

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

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

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

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

WhichDay

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

DrWher1, DrWith1

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

Dental Health

NatTeeth

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

Dental Services

Core Version A adult respondents get a series of questions on dental services; these are the same as the module used in 2011.

Social capital

Core Version A adult respondents get a series of questions on social capital; these are the same as the module used in 2011.

Discrimination and harassment

Core Version A adult respondents get a series of questions on their experience of discrimination and harassment; these are the same as the module used in 2011.

Stress at work

Core Version A adult respondents who are currently employed get a series of questions on stress at work; these are the same as the module used in 2011.

Classification

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

The questions about ethnicity, religion and education are the same as in 2012. There is also a question asking where the respondent was born.

Parental and family Health history

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

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

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

APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A.1 Introduction

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

A.2 Exclusion criteria

Respondents are excluded from the height measurement if:

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

A.3 Equipment

You will need:

- A portable stadiometer (see figure 2 below)
- A Frankfort Plane card

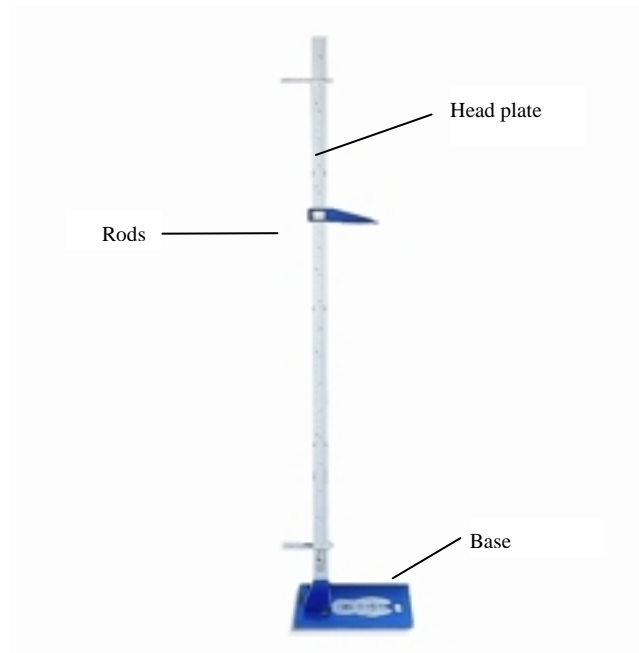


Figure 2 The stadiometer

A.3.1 Caring for the stadiometer

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

The rods

There are four rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Protruding from the base plate is a pin onto which you attach the rods in order to assemble the stadiometer. Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

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.

A.3.2 Assembling the stadiometer

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

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

Note that the pin on the base plate and the rods have symbols to guide you through the stages of assembly. The stages are as follows:

1. Lay the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.
2. Take the first rod, on which the measuring scale start with 'zero'. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place the rod onto the base plate pin. It should fit snugly without you having to use force.

3. Using the symbols on the edge of the rod to guide you, take the rod with the same symbols at the edges as the first rod. Again make sure that the measuring scale connects with the scale on the first rod and that the numbers run on from one another. (If they do not, check that you have the correct rod). Put this rod onto the first rod, matching the symbols at the edges, in the same way you put the first rod onto the base plate pin.
4. Take the remaining rods and put them together making sure the symbols match and the numbers on the measuring scale run consecutively.

A.3.3. Dismantling the stadiometer

Follow these rules:

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

A.4 Procedure for adults

1. Ask the respondent to remove their shoes.
2. Assemble the stadiometer, near a wall if possible, and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the rod as this helps people to 'be at their highest'. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see Figure 3). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

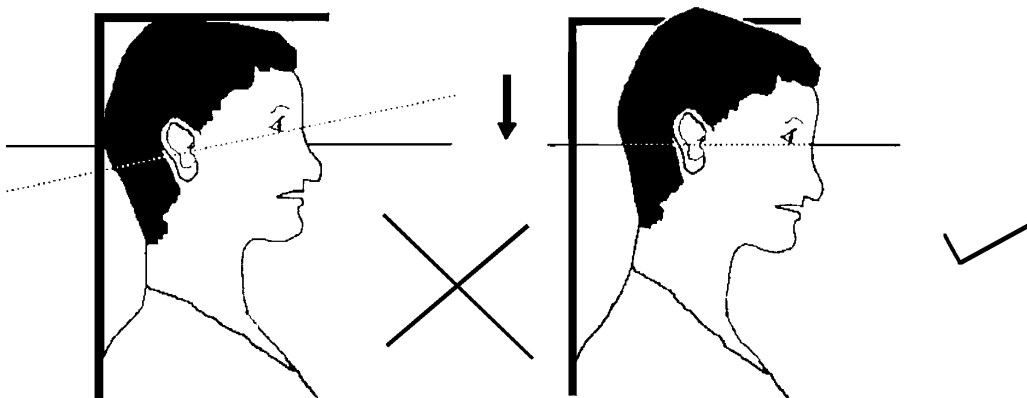


Figure 3 The Frankfort Plane

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breathe in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.
6. Ask the respondent to breathe out and 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 an arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres.
8. If the respondent wishes, record their height onto the Information Leaflet.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.
10. Before dismantling and storing the stadiometer in the bag, wipe the footplate and headplate with Milton wipes.

A.5 Additional points

- If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms or curvature of the spine) then give priority to standing upright.
- If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the headplate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the headplate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a hairstyle that can be altered e.g. a bun, if possible ask the respondent to change/undo it.
- If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

- You may need to tip the stadiometer to read the height of tall respondents.
- If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

A.6 Procedure for 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.

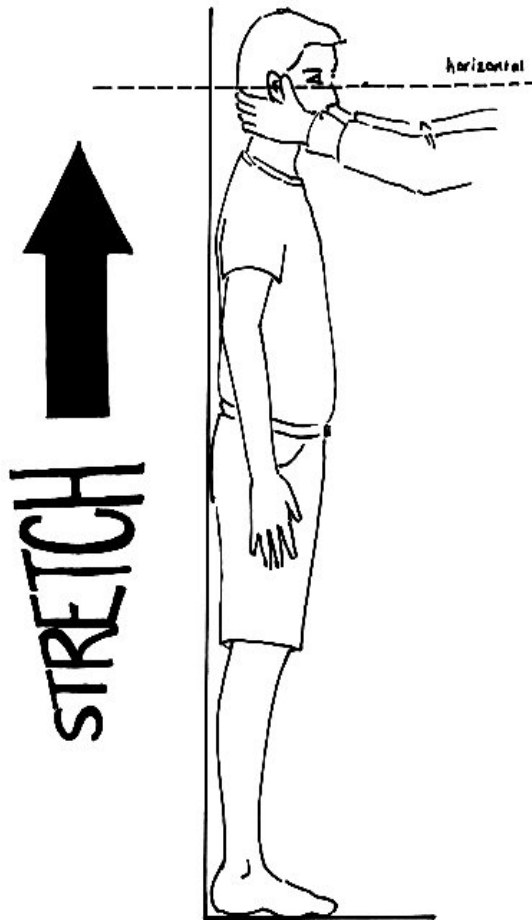
Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they 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 'stage 1 leaflet for children'. 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.

<p>REMEMBER YOU ARE <u>NOT</u> TAKING HEIGHT AND WEIGHT MEASUREMENTS FOR CHILDREN UNDER 2 YEARS OLD</p>
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PLEASE NOTE:
The child stretch on the Scottish Health Survey is different to that used on Child of the new century. Please use the SHeS stretch when measuring children for SHeS interviews

PROTOCOL

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

APPENDIX B: PROTOCOL FOR TAKING WEIGHT MEASUREMENT

B.1 Introduction

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

B.2 Exclusion criteria

Respondents are excluded from this measurement if they are:

- Pregnant
- If the woman wishes to be weighed, you can but do not enter the results into the computer.
- Too frail or unable to stand upright
- If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
- Over 130kg (20 ½ stone) in weight
The maximum weight registering accurately on the scales is 130kg. If you think that they exceed this limit then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

B.3 Equipment

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

- Tanita THD-305 scales
The weight is displayed in a window on the scales. The scales are switched on by pressing the button on the bottom right hand corner of the scales. They are battery operated and require four 1.5v AA batteries, which should be sent with the scales. They may be packed separately or one of the batteries may be turned around, to prevent the batteries from going flat, as there is no on/off switch. Ensure that you have spare batteries, just in case you need them.
- Seca 870 scales
The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit. The scales have a fixed battery which cannot be removed.

Please check which scales you have been provided with and make sure that you are familiar with how they operate.

B.3.1 Calibrating the scales

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

B.3.2 Technical faults

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

Table 1 Troubleshooting for the scales

Fault	Action
<i>Tanita THD 305 scales</i>	
No row of 8s when turned on or will not turn on	<ul style="list-style-type: none">• Replace batteries• If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none">• Make sure on hard flooring• Ensure 0.0 on display when respondent steps on scales• Replace batteries• If not solved, report to manager/Brentwood
<i>Seca 870 scales</i>	
No '1888' when turned on or will not turn on	<ul style="list-style-type: none">• Insufficient light to operate solar cell• If not solved, report to manager/Brentwood
Inconsistent readings	<ul style="list-style-type: none">• Make sure on hard flooring• Ensure 0.0 on display when respondent steps on scales• Insufficient light to operate solar cell• If not solved, report to manager/Brentwood

B.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.
3. Switch on the scales and wait for 888.8 (for the Tanita scales) or 1888 (for the Seca scales) to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.

4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. Ensure that they keep looking ahead – it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.
5. The scales will need to stabilise. The weight reading will flash on and off when it has 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 the respondent.
6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.
7. If the respondent wishes, record the reading on their Information Leaflet.
8. The scales should switch off automatically a few seconds after the respondent steps off them.

B.5 Procedure for children

1. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.
2. Children who wear nappies should be dry. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.
3. Weigh the child, following the same procedure for adults. Encourage the child to 'Be as still as a statue' for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

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

1. Explain to the adult what you are going to do and the reasons why.
2. Code in CAPI the procedure used to measure the weight of the child.
3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.
4. Weigh the adult and child together and enter this into CAPI. CAPI will calculate the difference between the two weights to get the child's weight.

5. If the respondent wishes record this reading on their Information Leaflet.

APPENDIX C: ADULT/ CHILD LIST SHEET

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

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

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

ADULT SELECTION CHART

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

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

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

APPENDIX D: Practice serial numbers

We have given you 15 practice serial numbers (plus 5 for those working on the separate Health Board boost assignments). This will allow you to practice interviews at core addresses and child boost addresses.

The last five serial numbers are for interviewers working on a separate Health Board boost assignment. Do not use these if you are working on a core and child boost assignment as the interview is not the same, for example, there are no child interviews at Health Board boost addresses.

Year	Sample Type	Point	Address number	House hold	Version
6	1	999	01	1	Core A
6	1	999	02	1	Core A
6	1	999	03	1	Core A
6	1	999	04	1	Core A
6	1	999	05	1	Core A
6	1	999	06	1	Core A
6	1	999	07	1	Core A
6	1	999	08	1	Core A
6	1	999	09	1	Core A
6	1	999	10	1	Core A
6	4	999	21	1	Child Boost
6	4	999	22	1	Child Boost
6	4	999	23	1	Child Boost
6	4	999	24	1	Child Boost
6	4	999	25	1	Child Boost
6	5	999	26	1	HB
6	5	999	27	1	HB
6	5	999	28	1	HB
6	5	999	29	1	HB
6	5	999	30	1	HB

APPENDIX E: Health Board Boost assignments

Four of the 14 Health Boards in Scotland have opted to boost the number of adults interviewed in their area so they can have more detailed data about the health of the people that live there. For **Ayrshire & Arran**, **Grampian**, **Fife** and **Western Isles**, in addition to the standard assignments (consisting of Core and Child Boost addresses), there will also be a separate Health Board boost assignment issued each month.

If you have been asked to work on a Health Board boost assignment, the Logistics Unit will send you an additional workpack that will include separate Health Board Boost ARFs and supplies of a separate Information Leaflet to be used at these addresses. All the other documents will be the same as those used in Core Version A assignments.

How many addresses are in a Health Board Boost assignment?

The number of addresses in these assignments varies from month to month. The average number of addresses in a monthly assignment are:

Ayrshire & Arran	18 addresses
Grampian	27 addresses
Fife	27 addresses
Western Isles	18 addresses

Is it different to the Core and Child Boost assignments?

Yes, you will notice some differences and the ways in which it differs are:

- Children (0-15) are **not** being invited to take part.
- There will be only one version of the questionnaire (see below)
- There are Health Board boost ARFs.
- Health Board boost addresses have a separate Information Leaflet

What is the structure of a Health Board boost interview?

The Health Board boost interview follows a similar structure to the Core Version A interview, except there are no questions for children.

Health Board Boost Interview
Household composition (head of household)
General health including caring
General CVD and use of services
Accidents
Physical & sedentary activity adults
Fruit and Veg consumption
Smoking and Drinking (16+) [16-19 in a self completion]
Dental health
Dental services
Social capital
Experience of discrimination and harassment
Stress at work
Economic activity and education
Ethnicity and religion
Family health background
Self-completions
Height & Weight
Data linkage and follow-up research consents

Documents

You will receive slightly different workpacks from the standard Core and Child Boost assignments. Documents specific to the Health Board boost sample are listed below. Descriptions of the standard documents you will be asked to use in the assignment can be found in Section 12 of these instructions.

Health Board Boost Documents	
Document	Description
Spare advance letters - Health Board boost	This is the same as the core letter. The letter is sent out from the Logistics Unit but you will receive spare copies.
Sample cover sheet	The list of addresses in your HB boost sample point.
ARF A (Health Board Boost)	Address Record Form for Health Board boost addresses – excludes references to children
Information Leaflet for Adults – Health Board boost	Leaflet specific to Health Board Boost sample – i.e no reference to children
Other Documents	
Advance letter laminate	Section 12
SHeS survey leaflet (blue)	Section 12
Coding Booklet	Section 12
Showcards	Section 12
Frankfort Plane	Section 12
Self completion Young Adult	Section 12
Self completion Adult	Section 12
Follow-up research consent (adult)	Section 12
Data linkage consent (adult)	Section 12
Suggestion/problem sheet	Section 12
No translations card	Section 12

Can I use all of the practice serial numbers to practice a Health Board boost interview?

No, the Health Board boost interview is similar but not exactly the same as core or child boost interviews. You have been given 5 Health Board boost practice serial numbers so you can familiarise yourself with the format of the interview before you start work. See Appendix D in the main set of project instructions for these serial numbers.



Scottish Centre *for*
Social Research

Scottish Health Survey 2013

**Project Instructions for Interviewers working
on Core Version B Assignments**

P7172

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1. Quick Reference & Contacts

Project title: Scottish Health Survey (SHeS) 2013

Project number: P7172

Subject	Health conditions, behaviours and lifestyle
Objective	Monitor trends in the nations health
Sponsor	The Scottish Government
Fieldwork	3rd January 2013 – January 2014
Sample size	4,000 adults and 1,700 children
Data collection method	Face-to-face CAPI interview, self completion, objective measurements

Operations Team Contacts		
If your query relates to Briefings, Allocations, Sample, Re-issues, Incentives and Translations ask to speak to the Logistics Unit . If your query is program related, ask to speak to the Data Unit .	Brentwood Switchboard	01277 200 600
	IT Support	01277 690 200
	Pay Query Line	01277 690 219
	Stationery / Equipment freelancesupplies@natcen.ac.uk or equipteam@natcen.ac.uk	01277 690 006
Fieldwork Contact		
Area Manager	Jean Vallance	0141 762 2852
Research Team Contacts		
Research Director	Lisa Rutherford	0131 221 2555
Senior Researcher	Clare Sharp	0131 221 2566
Researcher	Shanna Dowling	0131 221 2565
Survey Doctor Contact		
Survey Doctor	Dr. Sangeeta Dhami (8am-9pm) Mobile	07912 612596
	Landline	0131 664 8730

2. General Information about these instructions

These instructions are designed to give you all the key information you need to work on the Scottish Health Survey (SHeS). They are a reference for interviewers who have been trained in collecting biological samples and complex measurements. They contain everything you need to know about why the study is being done; what it involves at each stage; the purpose of measuring height, weight, blood pressure and waist circumference, and taking saliva and urine samples; the documents supporting the study; how to approach and reassure respondents; and who to contact if you encounter any problems with the study. This document should be read alongside your 'Physical measures and biological sample collection protocols' manual.

Website

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

www.scottishhealthsurvey.org

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

3. Purpose and Aims

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

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

The 2013 Scottish Health Survey (SHeS) will collect information about the health and lifestyles of people in Scotland and factors that can affect health. The content will be similar each year. It is used by the Scottish Government and NHS Scotland to: help plan health services, find ways of improving people's health and look at changes in the nation's health over time.

In summary, the survey aims are:

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

4. Overview of SHeS in 2013

This section provides a brief overview of what is involved in SHeS 2013.

4.1 Sample

In 2013, there are four different sample or address types: The main 'core' sample is split into 2 and comprises of Version A and Version B. There is also a Child Boost Screening Sample. In 4 Health Boards there is also an additional Health Board Boost Sample to boost the number of adults interviewed in these areas.

4.2 Question Modules

Core questions (all address types):

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

4.3 Self completions (all address types):

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

4.4 Heights and weight measurements (all address types)

- Collected from all respondents age 2+

4.5 Consents (all address types)

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

4.6 Biological Module (Core Version B addresses only)

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

5. Changes to the survey in 2013

This section outlines the key changes for SHeS in 2013 and it is particularly important that those of you who have worked on the survey previously familiarise yourself with the changes. Overall, there are very few changes since 2012.

5.1 Interviewer administered measurements

Interviewers will continue to administer measurements and samples, as in 2012. They will carry out the household interview, individual interviews and heights and weights for all respondents **and** then conduct a number of measures and samples from participating adults at a sub-sample of core addresses. See Table 1.2 for measurements and samples taken.

5.2 Sample Size

Sample size will remain similar to 2012, with an annual target of around 4000 adults and 1700 children. In 2013 we are issuing more Core Version B (biological module) sample (1719 compared with 1466 in 2012).

5.3 Re-branded advance letters and leaflets

As you may already be aware, NatCen has embarked on a rebranding strategy. We have based our new advance letter and survey leaflet on the Health Survey for England documents. We have obtained feedback on these from the SHeS 2013 pilot. The re-branded letters and leaflets will be introduced from March 2013, but until then we will be using the original versions of the advance letters and leaflets. Note that the ScotCen survey leaflet will no longer be used.

5.4 Police Notification Procedure

This is the same as in 2012. You are not required to notify your local police station in person that you are working on this study **unless** you are working on Child Boost sample addresses. Please refer to the relevant section of the project Instructions for further information.

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

5.5 Incentives

We are continuing to use incentives on SHeS.. All participating adults (aged 16+) at Core Version B addresses will receive a £10 GIFT CARD at the time of interview. See Section 10 for more information on incentive administration.

5.6 The CAPI Questionnaire

The CAPI Questionnaire for Core Version B has slightly fewer topics than Core Version A. There are no questions about Phlegm or breathlessness and fewer asthma questions, and fewer adult physical activity questions. In Core Version B (and in Core Version A) adults are not asked the Eating Habits module. See Section 9 for more information on the structure of the Core Version B questionnaire.

5.7 Self-completion booklets

The self-completion booklets are broadly the same as in 2012. The exception is that a question on respondents' awareness of recommended levels of physical activity has been added to all 4 self-completions. See Section 12 for guidance on the new questions.

5.8 Height and weight measurements

The height and weight measurement block is the same as in 2012. Note that we don't collect any measurements from pregnant women or those under 2 years of age.

5.9 Consents

The Scottish Government follow-up research consent form and the Scottish Health Records consent form are the same as in 2012.

6. More about Interviewer Administered Measurements and Samples

Information about the survey, its objectives and design has been submitted to Integrated Research Application System (IRAS), which approves the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have approved the inclusion of interviewer administered biological samples and measurements for SHeS 2013.

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

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

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

The results of such data can also be used to make international comparisons. For example, one study compared the health of people aged 55-64 in the United States and England¹. The research found that Americans in this age group were not as healthy as their English counterparts.

7. The Team

7.1 The Research Team

The Project Manager for the study is **Lisa Rutherford**, supported by Clare Sharp and Shanna Dowling. They are all based in ScotCen's office in Edinburgh.

7.2 Project Coordinator

Emma Fenn is the project co-ordinator for the Scottish Health Survey. She is based in Brentwood.

7.3 Nurse Advisor

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

7.4 The Survey Doctor

Dr. Sangeeta Dhama has been the Survey Doctor on SHeS since 2008. She is responsible for providing nurses and interviewers with medical support and for liaising with respondents in relation to blood pressure abnormalities that are detected as a result of this survey.

In cases where respondents have considerably raised blood pressure (systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg) you will need to contact the Survey Doctor after leaving the respondent's home.

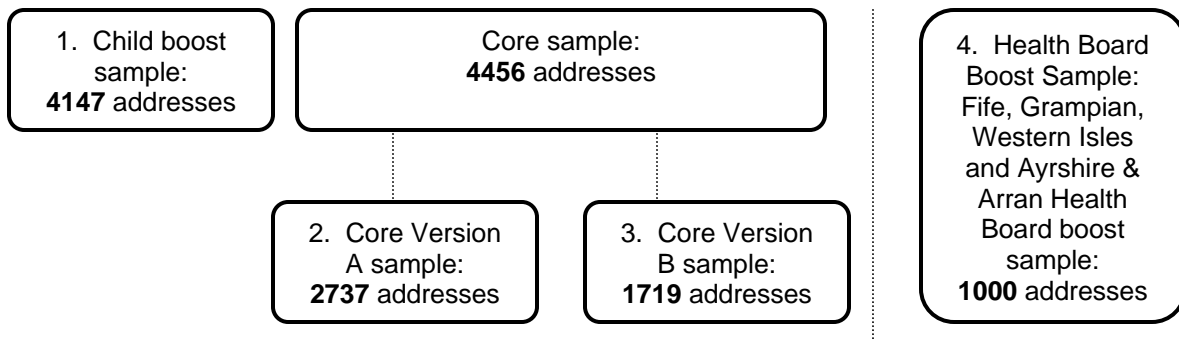
The survey doctor is available most of the time (between 8:00am and 9:00pm). If the doctor is not immediately available, leave a message saying that you wish to pass on details of a considerably raised blood pressure case and the doctor will get back to you in good time (contact details are in Section 1 of these instructions).

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

8. Summary of Survey Design

8.1 Sample Overview

The 2013 Scottish Health Survey involves a random sample of people living in private residential accommodation in Scotland. The sample of addresses was drawn from the publicly available Postcode Address File. This file includes all the addresses in Scotland to which the post office delivers mail and which receive 50 or fewer letters per day. The sample is comprised of four parts:



8.2 Core Sample

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

- Core Version A – About 3/5 of core sample addresses are 'Version A'. This version includes the household questionnaire, individual questionnaire, self-completions, heights and weights, and consents.
- Core Version B – The remaining core sample addresses (about 2/5) are 'Version B'. This version is the same as Core Version A **except** the individual questionnaire is slightly different and adults 16+ at **all** addresses in the assignment are eligible for the **biological samples and measurements module**.

8.3 Child Boost Sample

There is also a Child Boost sample in order to boost the number of children interviewed in the survey.

8.4 Health Board Boost Sample

For SHeS 2013 four Health Boards have opted to boost their samples to enable them to analyse the data in their health board area.

8.5 Assignment types

In 2013 there are four possible assignment types that you could be working on: Core Version B only, Core Version A and Child Boost, Child Boost only and Health Board Boost only. These instructions are specifically designed for interviewers trained and accredited in collecting biological samples and measurements.

The average number of addresses in a Core Version B assignment is 11

<p>These instructions are for interviewers working on Core Version B, – there are <u>separate instructions</u> for interviewers working on Core Version A, Child Boost and Health Board Boost addresses</p>
--

9. Fieldwork Overview

9.1 Interview Visit

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

9.2 Topics

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

Table 1.1 Content of Core Version B questionnaire

Module / Section	Adults (Core B)	Children (Core B)
Household questionnaire	•	•
General health including caring (age 0+)	•	•
General CVD (16+) & Use of services (0+)	•	•
Physical activity adults - including Qs on activity at work, time spent at screens and other sedentary activity	•	
Physical activity kids – inc Qs on time spent at screens and other sedentary activity		•
Eating habits kids (2-15 only) (note no adults will be asked Eating habits)		•
Fruit and veg consumption (2+)	•	•
Smoking and Drinking (16+) [16-19 in a self completion]	•	
Dental health (16+)	•	
Economic activity and education (16+)	•	
Education (16+), Ethnicity (0+) and religion (16+)	•	•
Family health background (16+)	•	
Self-completions (13+ & parents of 4-12 yr olds)	•	•
Height (2+) and Weight (2+)	•	•
Consents	•	•
Biological Module (see Table 1.2)	•	

Table 1.2 Content of biological module

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

10. Who to interview

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

Core Version B addresses

At each address you should:

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

10.1 No Proxy Interviews

On SHeS we do not take any proxy interviews for adults or children aged 13-15 – the questions are about personal health and should not be answered on behalf of somebody else. If a person is unable to complete the interview in person then use the appropriate code (e.g. language difficulties, physically or mentally incapable). For children aged 0-12, parents answer on behalf of the child but the child should be present to help with the interview if possible.

10.2 Interviewing Children

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

When interviewing children:

-
- | | |
|--------------------------|--|
| 0 to 12 year olds | <ul style="list-style-type: none">• Interview parent / guardian about the child• Child must be present for heights and weights• Child should ideally be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten |
|--------------------------|--|
-
- | | |
|---------------------------|--|
| 13 to 15 year olds | <ul style="list-style-type: none">• With parental consent, interview child directly• Parent must be at home – in ear shot. This protects both the child and yourself |
|---------------------------|--|
-
- | | |
|---------------------------|--|
| 16 to 17 year olds | <ul style="list-style-type: none">• Parental agreement desirable but not compulsory |
|---------------------------|--|

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



Who do I need to obtain consent from?

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

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



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

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

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



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

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

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

'Thank You' presents for children and young people

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

10.3 Advance letters and Incentives

The advance letter tells respondents about SHeS and the interview visit. For 2013 advance letters are being sent out from the office with the SHeS Survey leaflet. They will be sent to the addresses in your assignment by 2nd class post four working days before the fieldwork start date. The advance letters have been re-branded and the new versions will be introduced from March 2013. Advance letters used for SHeS 2013 January and February sample will be based on the old format, so will look like those used in 2012.

The letters sent to Core Version B households state "As a way of saying thank you, each adult that participates will be given a £10 gift card which can be spent in a number of different shops". Core Version A and Health Board boost addresses include a barcode voucher which allows respondents to collect £10 from any post office when they present the letter. Participating Child Boost addresses will receive a £10 gift card.

We feel that the burden on Core Version B respondents is greater compared to respondents in other address types which is the reason why they are given a greater

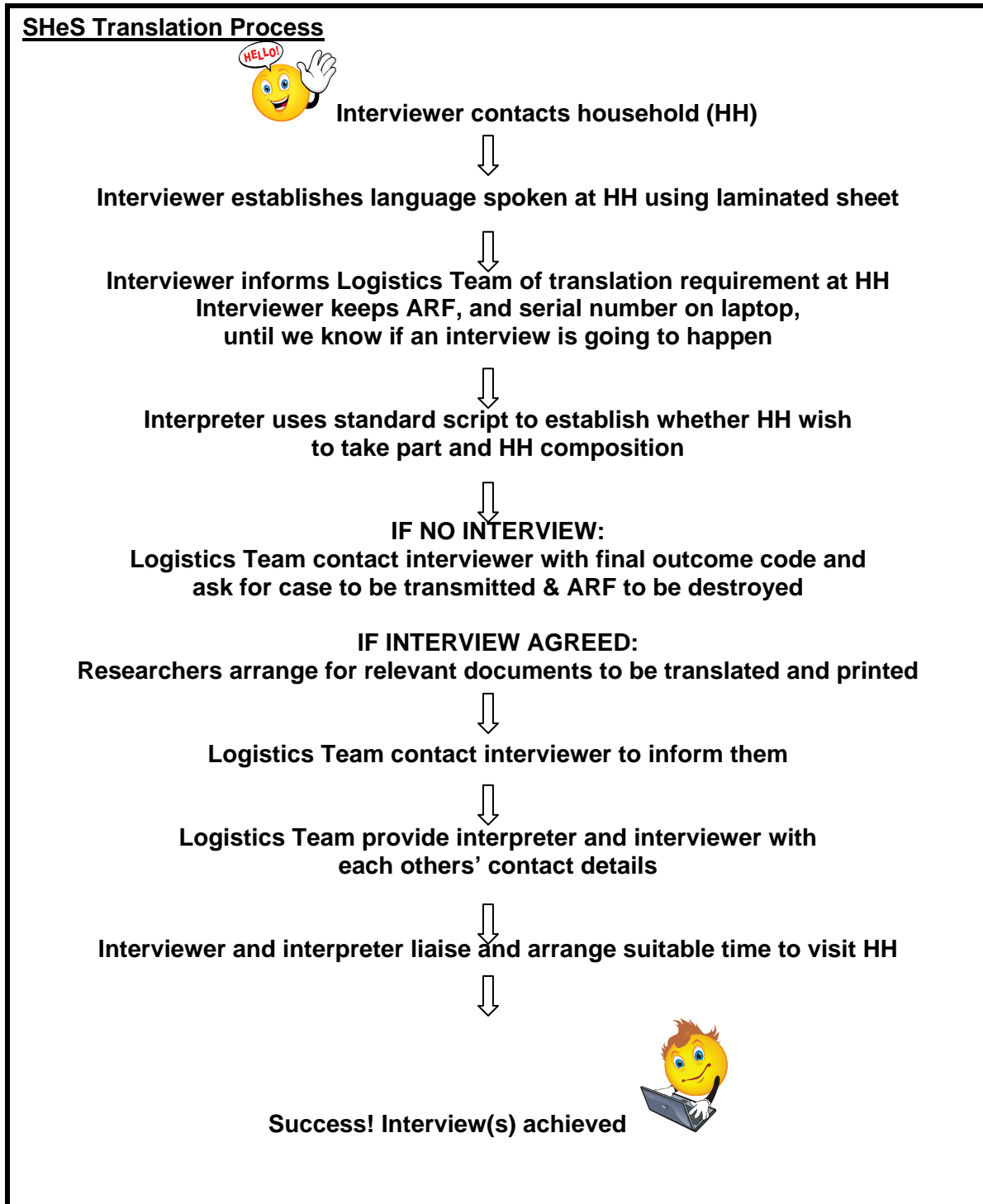
incentive. The voucher is **not** conditional on respondents taking part in the biological module and should therefore be handed over at the end of the main interview. There is a CAPI screen to remind you to hand over the gift card to participating adults.

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

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

10.4 Translations

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



11. Selection Procedures and ARFs

This section also outlines how to:

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

11.1 Tracing Addresses

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

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

Please note that the address label on the ARF gives the OS grid reference for the address.

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

11.2 Overview of the ARF

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

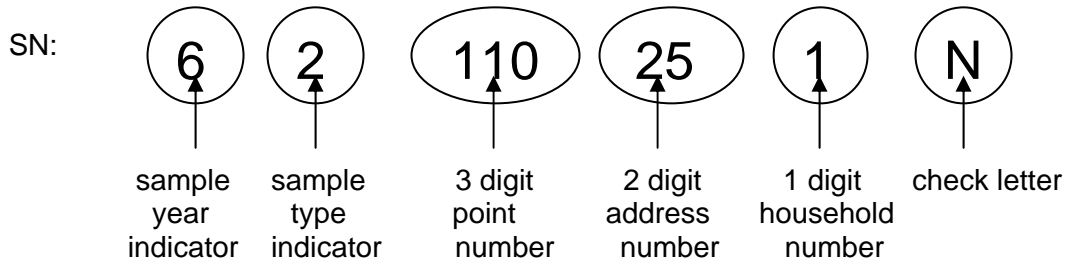
Within a household, you can interview **up to 2 children**. At households where there are more than 2 children, you will need to follow the instructions in the ARF to make the random child selection. There is a selection label on the front of each ARF to be used for the child selection. Again, it is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

11.3 Core Version B ARFS

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

11.4 The Serial Number

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



In the example address label below, the SHeS serial number is: 62 110 25 1 N

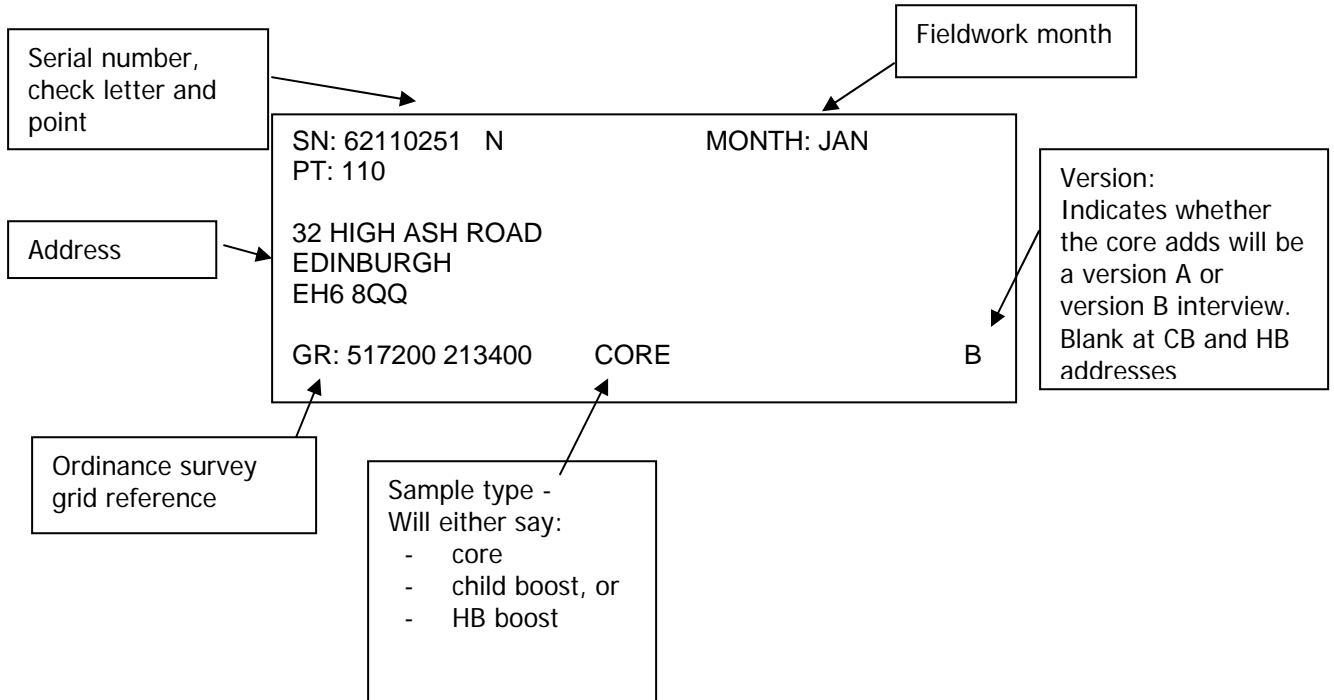
The serial number is very important. It is the anonymised number assigned to that household. You will be asked to write it on a variety of documents, such as the self-completions, as well as on saliva and urine samples. Doing this enables the office to match all the information from one household together.

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

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

11.5 The Address Label

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



11.6 Completing the ARF

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

11.7.1 SECTION A – Tracing addresses

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

11.7.2 SECTION B – Dwelling Unit selection

REMINDER: DEFINITION OF A DWELLING UNIT

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

EXAMPLE – DWELLING UNITS

The selected address on the ARF label is:

32 ASH ROAD

But you find doorbells for these flats: 32a, 32b, 32c, 32d.

This is called a '**Divided address**'. You must first establish whether the extra dwelling units (flats a, b, c, d) were on the PAF or not.

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



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

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

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



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

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

11.7.3 SECTION C: Household Unit selection

REMINDER: DEFINITION OF A HOUSEHOLD

Since SHeS 2012 the definition of a household is:

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



What do I do if there are different households at an address?

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

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



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

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

11.7.4 SECTION D: Child Selection

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

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

Serial no:	54195031 S
Point:	195
CH:	3 4 5 6 7 8 9 10 11 12
SEL:	2 1 4 4 4 1 7 1 3 4
	3 3 5 6 7 5 8 2 10 12

11.7.5 SECTION E – Outcome details

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

11.8.1 Adult Selection

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

Using the example of a 12-person household, you would **eliminate** those in rows 3 and 9 on the Adult List Sheet. You would cross them out on the Adult List Sheet, then enter

the remaining 10 people in the Household Grid. These (and only these) are the ones you should attempt to interview.

11.8.2 Child Selection (households with 13 or more children)

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

11.9 Shredding your ARFs

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

12. CAPI

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

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

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



Who should answer the questions in the Household Questionnaire?

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

12.1 Adding and deleting household members

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

ADDING A HOUSEHOLD MEMBER

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

DELETING A HOUSEHOLD MEMBER

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

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

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

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

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

CHANGING OTHER INFORMATION IN THE GRID

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

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

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

12.2 Setting up interviewing sessions

12.2.1 Joint or concurrent interviewing

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

REMINDER – THINK ABOUT WHO TO INTERVIEW IN A SESSION

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

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

12.2.2 Allocating individuals to sessions

You allocate 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[1]” from the parallel block. This is an empty session to which you can allocate the people you want to interview. If there are more than two children in a household it will display the two children selected to take part in the survey.

The screen will display all eligible 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.

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

12.3 Individual Questionnaire

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

12.3.1 Presentation of the self completion booklets

For SHes 2012 there are four different self-completion booklets depending on the age of the respondent. Instructions are given in CAPI about which booklets to use.

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

General Points about Self-Completions

- Encourage respondents to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)
- Encourage respondents to answer all the questions.
- Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.
- Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at ScIntro/SCIntCh

Smoking and drinking in the self-completions

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. For respondents aged 18 or 19 you have the option of deciding whether they complete the smoking and drinking questions in the CAPI interview or in the self-completion. CAPI will prompt you to confirm how 18 and 19 year olds are completing these sections. If an 18 year old is completing the interview along with their parents you may decide you will get more honest answers if the respondent answers the questions in self-completion format. If

however an 18 year old is completing the interview alone or alongside a partner or a friend then answer the questions in CAPI is likely to be fine. Use your own discretion to decide. There are no questions about smoking and drinking for anyone aged under 16.

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

Problem Drinking Questions

We have replaced the previous problem drinking questions with a questionnaire that is more commonly used by doctors and other health professionals. It covers many of the same issues as the version used previously. Please read it to familiarise yourself with it. If a respondent does not drink then you will get a prompt on screen to cross out this section. People who only drink a very little (e.g. something at Christmas and New Year) will still need to answer these questions – even though the questions will not apply to them it is important that anyone who drinks any alcohol is asked to fill them in.

Gambling questions

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

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

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

Questions on physical activity recommendations in self completion

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

Please have a look at the physical activity questions at the end of each self-completion.

Sexual orientation questions

The question in the young adult and adult self completions about sexual orientation was simplified in 2012. If you are asked what any of the terms mean please use the following examples:

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

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

12.3.2 Measurements

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

Detailed protocols of how to take height and weight are in your ‘Physical measures and biological sample collection protocols’ manual. If you have any problems in either administering the protocols or with the equipment, contact your Area Manager or team leader immediately.

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

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



Are there any 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. Examples of people who should **not** be measured are:

- **Children under the age of 2 years**
- Pregnant women
- 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 measurement
- If a respondent weighs over 130kg (20 ½ stone)

Measurements in CAPI

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

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

12.4 Admin Block

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

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

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

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

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

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

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

12.5 Consents

In SHes 2013 we are seeking consent for two things:

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

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

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

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

12.5.1 Scottish Health Records

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

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

12.5.2 Scottish Government Follow-up Research

We are also asking permission to pass on the respondents' details (including their name, address and answers to the survey) to the Scottish Government in case they want to contact them in future to take part in another study about their health. If asked you can say that there are no plans to do any further studies at present and that they would always be contacted beforehand to ask if they are still willing to take part. Respondents are free to decline to take part in any future studies, even if they agree to have their details passed on.

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

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

For a respondent who is blind and cannot read:

Add at the bottom of the consent form

For the respondent:

"This form has been read to me and I confirm that I understand the information and give consent to my information being [linked / sent to the Scottish Government]."

Respondent's signature

Write in their name if they cannot sign

For yourself:

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

Interviewer signature and date

If someone else is available as a witness:

"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed to having their [data linked / sent to the Scottish Government]"

Witness signature and date

13. Introducing the Survey

Response to date on SHeS has been high and it is vital that we all do everything we can to maintain response rates throughout the new contract period – 2012 to 2015. Our core national target response rate for 2013 is **65%** and we are relying on you to help us achieve this. Past experience shows that this requires continuous hard effort. We are also committed to completing the biological module with 1000 adults. A high response rate for the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who don't take part are likely to have different characteristics from those who do.

13.1 Tips for introducing the survey

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

The key thing is to avoid too much detail too soon. 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.

13.2 Things you can mention on the doorstep

<p><i>Government Related</i></p>	<ul style="list-style-type: none"> • It is a national (Scotland wide) survey on behalf of the Scottish Government Health and Wellbeing Directorate • It provides the Scottish Government with accurate and up-to-date information on the health of the population • It gives the Scottish Government information on health trends, and monitors how well the health targets set by them are achieved • It is used to help plan NHS services • The information is available to all political parties • The information will be needed by whichever government is in office
<p><i>Confidentiality</i></p>	<ul style="list-style-type: none"> • No-one outside the research team will know who has been interviewed, or will be able to identify an individual's responses or results • Results are only published as aggregate statistics • Answers are treated in the strictest confidence in accordance with the Data Protection Act 1998
<p><i>Signify its importance & status</i></p>	<ul style="list-style-type: none"> • It is a very important survey • It is the largest Scottish survey to look at the health of the general population. In the 2013 mainstage about 4000 adults and 1700 children will take part • Results are published annually and reported in the national press
<p><i>Describe population coverage & why certain groups should participate</i></p>	<ul style="list-style-type: none"> • Each person selected to take part in the survey is vital to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them. • The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them • To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not • Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned • Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost

13.3 Introducing Height and Weight measurements

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

13.4 Introducing the Biological Module

Based on experience in the Pilot and Dress Rehearsal it is recommended that interviewers do not mention the biological module to respondents until they reach the correct stage in the interview (which follows Self-completions and Consents). Respondents are more likely to be happy to proceed with the biological module after you have built up a rapport with them during the main interview and they are used to the survey process.

Before you begin the biological module you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional. After you have explained what you are going to do you should provide the respondent with the Information for Participants leaflet (P7172 IB IL (MEAS)) and ask them to read it before you start. There is now a prompt in CAPI to remind you to do this. The leaflet describes what you will be doing and details that the survey is voluntary and has been approved by an NRES (National Research Ethics Service) ethics committee. **It is an ethical requirement that participants read this leaflet in advance of completing the module.**

14. Survey Documents

For each SHeS assignment you work on you will also be sent a workpack containing the documents below. Most of these documents have been explained elsewhere in these instructions, or have been covered in your briefing. Please ensure you are familiar with all the documents before you start your assignment and make sure you are using 2013 materials. Please read the Physical measures and biological sample collection protocols for more information about equipment required for the biological module.

Name of Document	Colour	Use	Doc Code	Doc No.
Sample cover sheet	Lemon	This document will accompany your set of ARFs. It will list the serial number and addresses in your sample point for you to visit that month. Complete the columns as you work through your assignment.	N/A	1
ARF (Core)	Lilac	Address record form for recording details about interviewer calls made to the Core Version B addresses and the outcome codes for those addresses.	N/A	3
Advance Letter Laminate	SHeS headed paper	Laminated letter that can be used as a reminder on the doorstep. Note the advance letter sent to Core Version B addresses is different than that sent to Core version A addresses.	N/A	14
Advance Letters (Copies)	SHeS headed paper	Letter sent to respondents before the interviewer calls to inform them of the survey. You will only have spares in your	N/A	11

Name of Document	Colour	Use	Doc Code	Doc No.
		pack as advance letters will be sent by the Logistics Team.		
Showcards	White	To be used alongside the questionnaire. Contains answer options to certain questions which may be of a sensitive nature or for which there may be a large number of options. You have a spare set of cards to use if you are interviewing at a large household.	U SHCA	22
Frankfort plane	White	Laminated card to be used when measuring height.	N/A	42
Coding booklet	Blue cover	Contains coding details for cereal and fresh fruit sizes coding list. It also contains height and weight conversion charts and look-up charts for 13+ dwelling units/people.	U COBO	23
RESPONDENT LEAFLETS:				
SHeS survey leaflet	Original version (Blue and White); re-branded version is NatCen colours	A leaflet which provides some key information about the survey including some of the main findings from previous years. The leaflet is included with the advance letter but you will be provided with some spares. Note that the new re-branded leaflet will be used from March/April 2013.		7
Information leaflet for adults	Pink	To be given to adult respondents. Explains the survey in more detail. Includes information about what is covered in the survey and information respondents may want to know about such as confidentiality issues. This should not be used on the doorstep, but should be handed over at the start of the interview (when you are opening your laptop). There is also a brief section on the biological module.	IB IL (A)	18
Information leaflet for children	Green	To be given to children. Explains what the survey is about to children and what is involved, such as the height and weight measurements. It also has an email address they can contact if they have any questions.	U IL (CH)	20

Name of Document	Colour	Use	Doc Code	Doc No.
Physical and Health Measurements visit leaflet (and record card)	Lemon	This leaflet should be handed out to respondents at the end of the CAPI interview just before the biological module commences. It contains more detailed information about each of the measurements being collected and also includes space for you to record measurements (if the participant would like a copy). It also lists some websites where participants can get more information on understanding their results. Please ensure that this leaflet is handed over in advance of the biological module and is left with the respondent.	IB IL MRC	32
Useful Contacts Leaflet	Pink	Some participants will find the questions on depression, anxiety and self-harm difficult to answer and potentially distressing either at the time of interview or afterwards. We want to ensure that participants feel they have somewhere/someone to turn too should this be the case. We have therefore designed a leaflet that contains an extensive list of organisations they can contact. A copy should be left with all participants who answer these questions irrespective of whether they appear to have found the questions distressing or not.	U CONT	33
SELF-COMPLETIONS:				
Parents of children aged 4-12	Green	Given to parents at the end of the child's questionnaire. Contains questions on strengths and difficulties.	U SC (4 – 12)	24
Children aged 13-15	Pink	To be completed by the 13-15 year-old themselves. Contains questions on general health.	U SC (13 – 15)	25
Young adults (16-17) and 18 & 19 year olds at your discretion	Lilac	This is for all 16-17 year olds and 18 & 19 year olds at your discretion. Contains questions on smoking, drinking, general health, gambling, contraception and sexual orientation.	U SC (YA)	26

Name of Document	Colour	Use	Doc Code	Doc No.
Adults (18+)	Blue	This is for all adults 18+. The exception is on those occasions when you have already decided that an 18-19 year old should get the young adult questionnaire instead (in which case they do not complete this one as well). Contains questions on drinking, general health, gambling, contraception and sexual orientation.	U SC (A)	27
CONSENTS:				
Scottish Health Records consent form (adults 16+)	Green, carbonised	To be signed by respondents if they give permission for their information to be linked with Scottish Health Records. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (A)	28
Scottish Health Records consent form (0-15 year olds)	Lemon, carbonised	To be signed by parent/guardian of children aged 0-15 if they give permission for the child's information to be linked with Scottish Health Records. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON HR (CH)	29
Scottish Government Follow-up research (Adults 16+)	Blue, carbonised	To be signed by respondents if they give permission for details to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood	U CON SG (A)	30
Scottish Government Follow-up research (0-15 year olds)	Pink, carbonised	To be signed by parent/guardian if they give permission for details of child (aged 0-15 years) to be passed to Scottish Government or research agencies acting on their behalf for follow-up research. The respondent keeps the bottom copy and you keep the top copy and return it to Brentwood.	U CON SG (CH)	31
Samples consent booklet (see section 20 for more details)	Green	Before saliva and urine samples are taken interviewers must obtain written consent in the consent booklet. You should leave a carbon copy for the respondent's records. The booklet includes dispatch notes for the storage facility and office.	IB SA CON	34

Name of Document	Colour	Use	Doc Code	Doc No.
OTHER:				
Broken Appointment Card	White	To be left as a reminder at addresses where respondents have broken an appointment.		
Translations Card	Black and White	A card in 11 languages explaining the survey and that an interpreter can be arranged to help conduct it.		43
Sticker packs/Pens	-	Can be given to children participating in the survey. Sticker packs are for younger children and the pens are for older children.		47 and 46
Suggestion/Problem sheet	Grey	To record any suggestions you have or problems you have encountered.	SUGG	45
General Concerns laminate	Cream	A list of some of the key concerns people often have along with advice on how to reassure them and encourage them to participate.		44
Gift Card		Each participating adult receives a £10 gift card. Receipt of the gift card is not dependant on completing the biological module.		
Sample envelopes		To be used to return samples to the lab. See section 21 for further information on packaging samples.		
Urine / Saliva Tube Labels	White / Red	To be used to label saliva and urine samples. Ensure that correct serial numbers and date of births are recorded for each respondent.		37
Physical measures and biological sample collection protocols manual		This is the protocols manual for IBio interviewers on all bio social measures. You should refer to the manual and follow the protocols for all the measurements and samples. These include: Height measurement, Weight, Waist circumference, Blood pressure, Saliva sampling and Urine sampling		40
Consents laminate for blind and partially-sighted	White	This is so that you can stick it to your laptop t remind you of what to put on consents if respondent is blind/partially-sighted		52

14.1 Document and Equipment Management

For SHeS 2013 you will be issued with an assignment pack with all the documents you will need on a monthly basis. Equipment packs will also be issued monthly but will be sent separately from paperwork.

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

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

15. Returning work to the office

15.1 CAPI

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

Before returning work:

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

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

15.2 Paperwork

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

REMINDER: SENDING BACK PAPERWORK

Before sending work back:

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

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

Return work in **two separate envelopes**:

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

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

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

15.3 ARFs

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

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

16. Any problems?

If you have any problems with the survey itself, or with the questionnaires, you can either contact Brentwood or any of the research team at ScotCen. All of the relevant phone numbers are in Section 1 at the start of these instructions.

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. Your workpack includes suggestions sheets. Please record any problems/suggestions you have on one of these sheets and return it to Brentwood.

17 Guidance for Household Questionnaire

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

Household Grid

Person Numbers

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

Name

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

DoB and AgeOf

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

Marital

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

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

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

Relationships between household members [R]

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

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

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

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

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

Household Questionnaire

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



Who is the Household Reference Person (HRP)?

This is the person with the highest income in the household. If there is more than one person with the same income, then the HRP is the eldest.

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

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

<p>Household Reference person economic activity</p>	<p>In 2012, the way we collected employment information in SHeS changed. Please ensure you are familiar with these questions before starting work.</p> <p>The household questionnaire collects the job details of the Household Reference Person (HRP). The question HRPOcc asks if the HRP answered these questions directly or by proxy. If they are answered directly they will <u>not</u> be repeated in the individual questionnaire.</p> <p>If they were answered by proxy then the HRP will be asked them again when their individual interview takes place. The guidance below applies to the questions asked of the HRP and also to the question asked of individual adults in the main interview.</p>
<p>EconAc12</p>	<p>It is now a multi-coded question and the answer options are:</p> <ol style="list-style-type: none"> 1 Working as an employee (or temporarily away) 2 On a Government sponsored training scheme (or temporarily away) 3 Self employed or freelance (or temporarily away) 4 Working unpaid for your own family's business (or temporarily away) 5 Doing any other kind of paid work 6 None of the above <p>'Any other paid work' at this question means ANY work for pay or profit done in the reference week. It is to include any paid work, however little time is spent on it, so long as it is paid. For example, it includes Saturday jobs and casual work (e.g. baby-sitting, running a mail order club, etc.). Some respondents may not regard baby-sitting, etc. to be 'serious' work. Probe those to whom you feel this may apply (e.g. housewives with dependent children). Even the youngest respondents who have not yet left school may have a Saturday job, e.g. a paper round. It is correct for them to be recorded as doing paid work.</p> <p>Self-employed people are considered to be working if they work in their own business, professional practice, or farm for the purpose of earning a profit even if the enterprise is failing to make a profit or is just being set up.</p> <p>Someone who regards themselves as retired, but sits as a director on board meetings (however few) and is paid for this work, should be classified as in paid work. We do NOT expect interviewers to probe routinely for this.</p> <p>More guidance on certain situations is provided below.</p>
<p>EducCour</p>	<p>People aged 16-64 (apart from those on Govt training schemes) are then asked:</p> <p>“Are you at present enrolled on any full-time education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).</p> <p>INTERVIEWER: CODE YES IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.</p>

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

HNEmployee	<p>We are interested in the size of the 'local unit of establishment' at which the respondent works in terms of the total number of employees. The "local unit" is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.</p> <p>It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which he/she works.</p>
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The follow examples might be useful for EconAc12

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

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

18 Guidance for Individual Questionnaire

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

General Health

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



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

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

CAPI Question	Guidance
<p>IllsM, More, LimitAct</p>	<p>Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, “I had an operation to sort out my feet.” This does not tell us what was wrong with “my feet”. Probe, “Can you explain a bit more?” etc. Only enter information about one condition at the first IllsM then use the “Anything else” probe in order to record any other problems and to ensure that all long-standing illnesses are recorded. There is a maximum of six IllsM slots. When you have finished entering all the conditions, a further question will ask if any illness limits the respondent in any way. From 2012, this question asks whether the illness/condition limits the person a little or a lot.</p> <p>A list of some of the conditions people may mention at the long standing illness question is available on screen if you press F9. This is to help you with the spelling. It should not be used as a prompt for respondents. It might be worth looking at the list before you start typing your answer. Sometimes a respondent might be able to help with the spelling, but if not just write it in how it sounds and the coders will work it out from that.</p>
<p>RG15, RG16a, RG16b, RG17</p>	<p>From 2012 these questions will be asked of respondents aged 4 and over.</p> <p>These questions ask about respondents’ caring commitments, either within the household or outside it. Exclude care provided in the course of someone’s job (e.g. a home help). The questions allow you to code up to two people for whom care is provided. RG16a allows you to code whether care is provided to someone in the household, or to someone outside it (code 97). RG17 codes how much time in total the respondent spends per week providing care – so if they told you about two different people they should add the time spent with both people together here. There is a lot of interest in the health of people who provide unpaid care so these questions will provide very valuable data.</p>

RG18	<p>In addition to how many hours a week they care for the person(s) we are also interested in finding out how long they have been a carer <u>for the people they have told us about.</u></p> <p>To illustrate: Sally has been caring for her mum for 10 years (since 2002), and for her dad for the past 5 (since 2007)</p> <ul style="list-style-type: none"> • She should answer “10 years but less than 20” as we want to record the longest time spent as a carer if people care for more than one person. <p>John has been caring for his mum for the past 5 years (since 2007), and prior to that was also caring for his dad for 8 years (from 2002 to 2010)</p> <ul style="list-style-type: none"> • He should answer “5 years but less than 10” as we want to know about his current caring responsibilities, not how much time he has spent as a carer in his life in total.
RG19	<p>Carers aged 16-70 are asked if their caring has had any impact on their current employment, e.g. by having to reduce their hours at work, stop working altogether or not be able to take up work.</p> <p>We are only interested in actions people have taken because of their caring responsibilities, e.g. only code “took early retirement” if the respondent did this so they could care for someone.</p> <p>Respondents should only answer in relation to their current employment situation, not the total history of the impact of caring on their employment. If the situation is unclear, code “other” and write in the details.</p>
RG20 / RG20b	<p>We want to know what sources of support carers receive to help them with the care they provide. Note that we are interested in the support received by the carer, and not the support received by the person being cared for. This question is also asked of young carers (age 4–15) although some of the categories differ.</p>

CVD diagnosis and treatment

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

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

Use of Services

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

Asthma

These questions cover breathing complaints that the participant may have. These questions are asked of all ages and since 2012 are asked every year.

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

Adults Activity and Exercise

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

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

CAPI Question	Guidance
Housewrk	<p>This asks about housework - excluding any done as part of the respondent's job. It is important that you read the preamble. The first show card asks about general housework, and the second show card focuses in on heavy housework. It is the heavy housework we are interested in - from the card or other similar types of heavy housework.</p> <p>We want to know about the number of days in the last four weeks on which the respondent has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn't, so please be careful to stress that we mean heavy housework such as the things on the show card, and not just any housework.</p>
Garden / ManWork	Exclude any work done as part of a job e.g. as a gardener or builder.

Wik5Int	This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term <i>any</i> , including walking to the shops, or home from the bus stop. Do not include walking about while at work.
Wik15M	We then ask about longer walks of at least 10 minutes. This can include most things – rambles, hill walking, walking to work etc, but exclude: <ul style="list-style-type: none"> - Walking as part of a sport (e.g. golf) - Walking in the course of one’s main job - Just being on your feet for 10 minutes
WalkEff	This was a new question introduced in 2012 for people age 65 and over. We want to know how much effort they exert when walking. Rely on the respondent’s judgment of this.

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

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

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

CAPI Question	Guidance
WhtAcB	In 2012 we added a new and expanded list of sports and activities. As it is a long list respondents can just read out the numbers to you, but check once they have told you everything that you have entered the correct sports.
OthAct	Include any other sports mentioned here, though as the previous two questions will cover most kinds of sports we do not expect this option to be used very often.
ExcHrs/ExcMin	We want to know how much time the respondent usually spends doing an activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.
ExcSwt	This is to ascertain the amount of effort that was put into an activity. We need to know whether the level of activity was enough to make them either out of breath or sweaty (e.g. swimming might make you out of breath, but not sweaty).
ExcMus	This is designed to assess whether an activity will have helped to strengthen muscles. Code “yes” if their muscles felt some tension,

	shook or felt warm for some of the time, or all the time, that they were doing the activity. Note that this question is only asked for certain sports – don't worry if it doesn't appear for all of them.
ExcMov	This question is for people aged 65+ who report doing "Exercises (e.g. press-ups, sit-ups)" at WhtAcA. It is to help us distinguish between floor based exercises (e.g. press-ups) and activities done standing-up (which help to improve balance).

WkSit2H WESit2H	In addition to the question about time spent sitting in front of a screen, we now want to know about other time spent sitting down during people's leisure time on weekdays and at weekends. This includes time spent eating, reading, listening to music, doing puzzles, homework etc. If people have eaten a meal while watching TV, this time must not be counted twice – it can be entered at the screen time question or at this new question, but not at both. Respondents find this question quite difficult, do not rush them but do not let them spend too much time trying to come up with a precise figure. Note that if a respondent is using a screen to do their reading (e.g on a kindle), this should be coded as time spent reading rather than time spent in front of a screen (assuming that reading is the main activity mentioned by the respondent).
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Activity and Exercise - Children

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

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

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

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

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

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

Eating Habits

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

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

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

CAPI Question	Guidance
UsBread	<p>This is a "code one only question". The definition of bread is wide - it includes rolls, pittas, bagels, nans, chapattis etc as well as standard bread. We are interested in the type of bread normally eaten.</p> <p>The question distinguishes between white, brown and wholemeal bread.</p> <p>Use code 4 if the respondent mentions white breads that have been enhanced to make them high in fibre (e.g. "best of both").</p> <p>For respondents who eat different kinds of bread (nans, pittas, parathas, chapattis etc), find out what kind of flour is used (white, brown or wholemeal) to make the bread and code 1, 2 or 3 as appropriate.</p> <p>Generally, you should use code 7 only as a last resort, and if you do please record the type of bread at the next question.</p>

Milk	<p>This asks about the type of milk that the respondent usually uses (ie uses most often). Here is a guide to milk bottles:</p> <p style="padding-left: 40px;">Gold top = Channel Island, Jersey Code 1</p> <p style="padding-left: 40px;">Blue or silver top = Whole milk Code 1</p> <p style="padding-left: 40px;">Green top = Semi-skimmed Code 2</p> <p style="padding-left: 40px;">Red top = Skimmed Code 3</p> <p>For powdered milks and whiteners that are added straight to tea or coffee you should probe as to whether the powder is skimmed, semi-skimmed or whole and code as if liquid milk. If the powdered milk is made up into liquid milk, probe to see if it is made up with water or milk. If water, code according to the type of powder it is. If it is made up with milk, code it according to the type of milk it is made up with.</p> <p>There are spontaneous (i.e. not to be read out) codes on screen for other types of milk such as goat, soya, oat and infant formula (for young respondents!) Only use code 4 (other type) if you cannot use one of the other options on the screen.</p>
Cereal	<p>This question establishes which type of breakfast cereal the respondent normally eats. You will need to ask them for the name of the cereal (including brand name if possible) and then use the cereal coding cards in your coding booklet to establish which type of cereal it is e.g. high fibre, low sugar. The cereals are ordered by brand name in the coding book but in some cases the respondent may not know who makes the cereal. If possible, ask them to bring you the cereal box to ensure you code it correctly. If you can't find the cereal on the list just code 5 and type in the full brand and name. Do <u>NOT</u> look for an alternative and use its code instead.</p>
Meat	<p>Note that this question does <u>not</u> cover meat products such as pies, sausages etc (these are covered in the next question), but it should include ham, bacon, mince etc.</p>
Cheese	<p>This should include cheese in other dishes, such as cheese on toast, on a pizza or in a lasagne.</p>
ConFec	<p>This includes chocolate bars, not just chocolates that come in a box.</p>
IceCream	<p>This will depend on the time of year, but the survey covers the whole year so seasonal variations will be picked up. Respondents should therefore answer with reference to how much ice cream they eat at the moment, around about the time you are interviewing them.</p>

Fruit and Vegetable Consumption

This module has been included in SHeS since 2003. The information collected through this module is the main national reference for fruit and vegetable consumption in Scotland.

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

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

What is a portion?

We have adopted the following definition of a portion:

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

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

What counts as fruit and vegetables?

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

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

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

Nuts are **not** included.

CAPI Question	Guidance
VegSal	This question includes an instruction not to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and <i>VegSalQ</i> . Salads made mainly from beans or other pulses, can either be included at this question or at <i>VegPul</i> – please make sure they are not recorded twice.
VegPul	Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, respondents may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can either be included at this question or at <i>VegVeg</i> – please make sure they are not recorded twice. *For information, an average sized can of baked beans (415g size) is equivalent to 10 tablespoons.*
VegDish	This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the main ingredient . Vegetable soups should not be included (even if they are home made).
FrtDrnk	This question states that diluting juice, squashes, cordials and fruit-drinks should <u>not</u> be included. In some parts of Scotland these types of drinks are called 'ginger' – if asked you can confirm that ginger should not be counted as fruit juice. Some of the main brand names that should also be excluded are Sunny Delight and JuiceUp.
Frt FrtQ FrtMor FrtOth FrtNotQ	These questions are about the consumption of fresh fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either <i>FrtFroz</i> or <i>FrtDish</i> . For each different kind of fruit which the respondent ate yesterday, use coding list A to code the size of this fruit at <i>FrtFrt</i> . The next question <i>FrtQ</i> collects information about the amount of each type of fruit the respondent ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at <i>FrtFrt</i> . There is capacity to record up to 15 different types of fruit but each should be entered at a separate <i>FrtFrt</i> . If the fruit mentioned by the respondent is not on the coding list – record the name of this fruit at <i>FrtOth</i> and the amount the respondent ate at <i>FrtNotQ</i> . Please note that some fruits, such as rhubarb and quince, are not on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at <i>FrtDish</i> .
FrtDry	Don't include small amounts of dried fruit in cereals, cakes etc.
FrtDish	This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where fruit is not the main ingredient . Fruit yoghurts should not be included.
VegUsual FrtUsual	These questions give respondents the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for respondents to be particularly concerned to give a precise answer to these questions.

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

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

Entering amounts:

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

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

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

Vitamin use

In 2012, some new questions about vitamin use were introduced to the end of the fruit and vegetable module.

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

Smoking and Drinking

16-17 year olds

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have

been put into self-completion format for 16 and 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. There are no questions about smoking and drinking for respondents aged under 16.

18 and 19 year olds

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

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

Smoking

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

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

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

CAPI Question	Guidance
SmokEv08	By ever smoked, we mean even just once in their life.
DlySmoke/RoIDly	We ask here about daily consumption. Note that if a respondent smokes roll-ups and can only tell you how many ounces/grams of tobacco they smoke a day, code `97' as in the instructions on screen. This will route you to RoIDly , and GramRol or OuncRol which will ask for the amount of tobacco smoked in a day (in either grams or ounces). Please be as accurate as possible, as this information will be used in the office to code back to cigarette number.
NumSmok	If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.
UseNRT, NRTprec	These questions are for people who have tried to stop smoking, and people who have quit in the past year. We are interested in various products people might have used to help them stop, as well as any support given to them. Both these questions allow you to code all that apply. If someone is not sure what products they used, or who they got their cessation support from code "other" and write in the details. If they have their NRT products to hand they could check the packet to see which type they are.
Passive	This question was updated in 2012 to ask about exposure outside of buildings (e.g. the entrances to shops, pubs or offices), and inside cars, and to remove the options that are covered by the smoking ban (e.g. inside pubs). From 2012 this is now asked of children as well as adults.

Drinking

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

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

16-17 year olds

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

NBeer, NBeerQ etc

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

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

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

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

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

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

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

Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and use <Ctrl> + <M> to make a note. Of course, all these measures should be 'pub measures' not a different size of 'single' measure the respondent may pour for him/herself.

SherryQ

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses. The label "sherry" is now only used to cover sherry which is made in Jerez. Similarly, the term "port" can only be used to cover port which comes from Oporto. Ports and sherries made elsewhere are now called "fortified wines". If a respondent has drunk a particular brand of sherry or port for

many years, which is now labelled as a fortified wine, it is very likely that they will still think of it as sherry / port and will include it at the question about sherry. But if anyone queries this, then these fortified wines should be recorded at the question called “*Sherry*”.

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

WineQ

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

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

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

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

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

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

WhichDay

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

DrWher1, DrWith1

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

Dental Health

NatTeeth

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

Classification

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

The questions about ethnicity, religion and education are the same as in 2012. There is also a question asking where the respondent was born.

Parental and family Health history

As in 2012, there are some questions about what the respondent's parents did for a living when they were aged 14, whether their natural parents are still alive, and if not, what the cause of death was. The questions about what the respondent's parents did for a living when they were aged 14 are designed to measure possible *social* influences on a person's health based on their childhood. The parental health questions are specifically about the respondent's natural parents as we are interested in *genetic* influences on health. It is therefore possible for a respondent to tell you about their step-father's job when they were aged 14 but about their natural father's health status.

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

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

19. Guidance for Biological Module

As in 2012, the biological module is accessed via parallel blocks to allow for greater flexibility. There will be a separate biological module slot in parallel blocks for each adult included in an individual session (aged 16+). This is different to heights and weights which are also accessed via parallel blocks but which have all session members included in the same block. This is because heights and weights can be carried out concurrently with more than one household member whereas the biological module has to be completed with one participant at a time.

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

Prescribed medications

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

CAPI Question	Guidance
BioIntro	This introduction screen has the name of the person allocated to that particular biological module. It is vital that you are in the correct biological for the person you are interviewing.
MedCNJD	All respondents are asked if they are taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed to them by a doctor or nurse. It is a yes/no answer.
MedIntro	This question is only asked of those respondents who reported particular conditions in the cardio-vascular disease questions in the individual interview. Here you must collect information on all the medicines, pills, syrups, ointments, puffers or injections that have been prescribed to the respondent by a doctor or nurse. It is very important to do this accurately. If possible ask the respondent to show you the packaging for the prescription so that you have the most accurate information.
YTake	At this question the respondent is asked if they are taking a particular drug for a heart problem, high blood pressure or another reason.
MedBIA	This question asks the respondent if they have taken a particular drug in the past week.

Blood Pressure

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

Waist Measurement

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

Saliva Sample

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

Urine Sample

CAPI Question	Guidance
UriIntro	This screen explains the purpose of taking a urine sample and what is involved. Please code here whether the respondent agrees, refuses or urine is not obtained for some other reason.
UriWrit, UriSamp, UriCod1	Please follow the instructions on these screens as they will you ensure that both the Consent Booklet and label for the sample is filled out correctly for respondent who have given a sample.
UriYRef UriNObt	CAPI asks you to code the reason why the sample refused or not obtained.

CASI Depression, Anxiety and Self-Harm

Background

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

The respondent answers these questions themselves using the laptop but on some occasions you may be required to read out the questions so it is important you familiarise yourself with the questions and background to them. The questions are fairly straightforward but there are some definitions of terms that you will find it helpful to familiarise yourself with. You may well have come across some of these before but they are also explained below.

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

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

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

Key concepts and definitions

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

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

Existence and severity of neurotic symptoms

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

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

Reference periods

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

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

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

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

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

Frequency of symptoms

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

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

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

Duration of symptoms

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

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

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

Onset of symptoms

At the end of each section, all respondents who reported symptoms in the past week are asked how long they have had the symptoms that they have described.

For instance question G10 asks:

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

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

For example, if a respondent had been suffering mild anxiety caused by stress for a few months, but for the past 3 weeks the anxiety had grown more severe, then the answer to

question J11 about how long the person has had the anxiety symptoms he/she has described should refer to the 3 weeks he/she has had the more severe symptoms.

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

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

Anxiety – specific details

Definition of anxiety

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

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

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

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

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

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

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

Depression – specific details

Definition of depression

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

If you are reading the questions out to a respondent you may find at G1 and G2 that respondents have their own words for feeling sad, miserable or depressed. If asked, say

to respondents that they can answer the questions based on the words that they use to describe these feelings.

Respondents are asked about:

(a) feeling sad, miserable or depressed

(b) being unable to enjoy or take an interest in things.

Later, at G4 and G5, when asking about the presence of symptoms in the past week, we ask about (a) and (b) separately rather than as one combined question.

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

Deliberate self-harm – specific details

DSHExit

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

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

20. The Biological Samples Consent Booklet

20.1 Completing the consent booklet

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

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

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

The consent booklet is in a carbonised booklet format. Ask the respondent to write on a firm surface, so that their signatures come through to the carbon copy. Use a black or blue biro when completing the booklets, and ensure that signatures are always in pen, not pencil. Each respondent must sign and print their name for each sample to be taken.

You should also sign and date the booklet. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

20.2 The structure of the booklet is as follows:

Inside cover

All details on the inside must be completed. Complete items 1 to 6 before you start using the computer to collect information from the respondent. The respondent's address can be recorded by writing down the house/ flat number (or name) and their postcode. Item 7 is completed during your interview, and you will be prompted by CAPI to complete it. You will record, in a box similar to the one below, the outcome of the respondent's consent for the saliva and urine samples. By the end of the interview every respondent should have two codes circled at Q7.

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

Where a saliva and urine samples have been collected, please record the date of dispatch at Q10 on page 1.

Centre pages (carbonised)

Saliva sample consent form

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

Urine sample consent form

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

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

Dispatch note.

This is to be completed in full. **It is essential that the information is accurate** (more information about completing the note can be found in Section 21). The page of the Dispatch note is perforated. Tear off the dispatch note and send with the saliva and urine samples to the lab.

20.3 Questions about the use of saliva and urine samples

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

20.4 Gaining informed consent from special groups

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

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

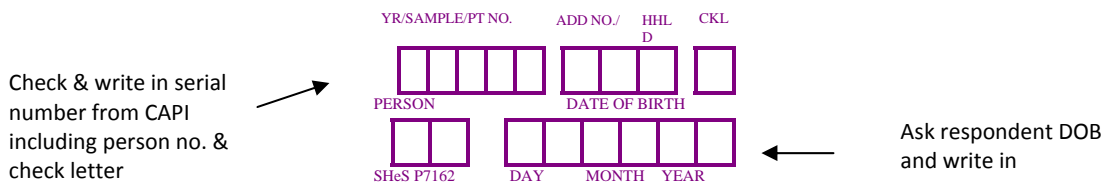
Even if respondents refuse the saliva and urine samples you must return the Consent Booklet with Page 1 completed

21. Labelling and Dispatch of Samples

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

21.1 Labeling the saliva tube and the urine tube

Label the saliva and urine tubes after collecting the sample and sealing the tube. It is vital that you do not confuse samples within a household where you have managed to recruit more than one respondent. Use the set of serial number and date of birth labels to label the samples. Enter the serial number and date of birth very clearly on each label. Make sure you use a biro (blue or black) - it will not run if it gets damp. Check the date of birth with the respondent again verbally.



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

21.2 Packaging the samples

You have been provided with a dispatch container which will hold up to two sample tubes. Do not put samples from more than one respondent in each container. **You must use a separate container for each respondent that you collect the sample from, even if there are two respondents within the same household.**

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

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

21.3 Posting samples

The size of the packaging means that the samples can be posted in a standard letterbox. The samples should be posted **AS SOON AS POSSIBLE**, within 24 hours of the samples been taken at the latest. Try to avoid taking samples if you think that you will be unable to post them within 24 hours. The office will notify you of any laboratory closures.

21.4 Weekend posting

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

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

21.5 Completing the dispatch note

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

- Enter the respondent's serial number very carefully. This should correspond to your entry on the front page of the consent booklet and to the serial numbers you have recorded on the sample labels.
- Circle the sex of the respondent.
- Check that the date of birth is correct and consistent with your entry in CAPI and the sample labels.
- Code the smoking status of the respondent as appropriate
- Circle saliva sample obtained as appropriate.
- Circle urine sample obtained as appropriate.
- Complete the date the samples were taken.
- Enter your interviewer ID number.

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

LOOK UP CHART FOR 13+ CHILDREN AGED 0-15

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

APPENDIX B: Practice serial numbers

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

Year	Sample Type	Point	Address number	Household	Version
6	2	999	11	1	Core B
6	2	999	12	1	Core B
6	2	999	13	1	Core B
6	2	999	14	1	Core B
6	2	999	15	1	Core B
6	2	999	16	1	Core B
6	2	999	17	1	Core B
6	2	999	18	1	Core B
6	2	999	19	1	Core B
6	2	999	20	1	Core B

APPENDIX C: ACCOMPANIED NURSE LAUNCH FOR RECENTLY ACCREDITED IBIO INTERVIEWERS

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

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

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

APPENDIX D: SUMMARY OF THE IBIO MEASUREMENTS AND SAMPLES

Measure	What the measurement is testing	Consent	Exclusion criteria	Equipment
Height	In conjunction with other measurements (such as weight) height can predict, the nutritional status, performance, and health of a population.	Verbal	<ul style="list-style-type: none"> • If respondent is pregnant • Too stooped to obtain reliable measurement • Too unsteady on feet • If respondent is in a wheelchair • Too painful to stand up straight 	Portable Stadiometer Frankfort Plane card.
Weight	Weight is measured to estimate prevalence of obesity.	Verbal	<ul style="list-style-type: none"> • If respondent is pregnant • Someone weighs over 20½ stone. Note during 2012 fieldwork you will be issued with new scales that have a maximum of 23 stone • Too unsteady on feet. 	Tanita scales
Waist	Measure of distribution of body fat. Important indicator of cardiovascular disease risk	Verbal	<ul style="list-style-type: none"> • If respondent is in a wheelchair • Has a colostomy/ileostomy • If respondent is pregnant 	Insertion tape
Blood pressure	High blood pressure risk factor for cardiovascular disease	Verbal	<ul style="list-style-type: none"> • If respondent is pregnant 	OMRON HEM BP monitor Child/small adult cuff (17-22cm) Standard adult cuff (22-32cm) Large adult cuff (32-42cm)
Saliva sample	Sample will be used to measure cotinine (a derivative of nicotine)	Written	<ul style="list-style-type: none"> • If respondent is pregnant • Respondent is HIV positive • If respondent has Hepatitis B or C 	Salivettes Dental roll Tube
Urine sample	Samples to be analysed for sodium (salt) in the diet.	Written	<ul style="list-style-type: none"> • If respondent is pregnant • Respondent are HIV positive • If respondent have Hepatitis B or C 	Disposable beaker, 10ml Sarstedt urine collection syringe and extension tube, instruction leaflet, gloves, labels

Scottish Health Survey

2013

Coding & Editing Instructions

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1. Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Scottish Health Survey 2013. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual session and biological session if applicable. The majority of questions which need to be coded are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.
2. All soft checks that were triggered by the interviewer and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks, they should be cancelled by the editor.
3. All "Other (Specify)" questions in the self-completion booklets that have not been recoded should be listed with serial number.
4. "Other" answers in CAPI will be back coded to the original question where possible. Other answers can be transferred electronically and so don't require listing.

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

2. Factsheet Definition for CAPI editing

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

Household Qure

SOC2010		Occupational coding
SIC2007		Industry type coding

Indiv Qure

IllsM1-6	3.4	Code to IllCode1-6	Longstanding illness codes
RG19O		Backcode to RG19	Affect of caring responsibilities on employment
RG20O		Backcode to RG20	Support receives as a carer
CVDOth	3.5	Code into CVDOthE	Other heart condition
COPDOthO	3.5	Backcode to COPDOth	Treatment or other advice received for COPD /bronchitis/ emphysema
HNotWhat	3.5	HNCode1-3	Other illnesses not already coded
WryOth		Backcode to DrWyr	Where most recent accident happened
CauseOth		Backcode to AxCause	Other cause of accident
InjOth		Backcode to DrInj	Other type of injury
OthAct	3.6	Send listing to researcher to decide code	Other activities codes
REASSPRTO		Backcode to REASSPRT	Reasons for doing activity
MREASSPRT O		Backcode to MREASSPRT O	Main reasons for doing activity
BarsprtO		Backcode to BarsprtO	Barriers to doing sport
BreadOth	3.7	Backcode to UsBread	Other types of bread eaten
CerOth	3.7	Backcode to Cereal	Other types of cereal eaten
FrtOth	3.8	Backcode to FrtC	Type of fruit eaten
FrtNotQ	3.8	Backcode to FrtQ	Amount of fruit eaten
NROth		Backcode to UseNRT	Nicotine replacements products used
SuppOth		Backcode to SuppOth	Smoking cessation support
Nbottle	3.11	Code to NCodeEq	Brand of normal bottled lager etc (12mths)
Sbottle	3.11	Code to SCodeEq	Brand of strong bottled lager etc (12mths)
OthDrnkA,B,C	3.11	Back code to Nbeer-Pops03	Other alcoholic drinks (12mths)
Nbotl7	3.11	Code to LNCodEq	Brand of normal bottled lager etc (7days)
SbotL7	3.11	Code to LSNcodEq	Brand of strong bottled lager etc (7days)
OthL7TA,B,C	3.11	Backcode to NBRl7-PopsL703	Other alcoholic drinks (7days)
OthQOA,B,C	3.11	Backcode to OthQMA,B,C	What other measure
DrWher1E	3.11	Backcode to DrWher1	Where respondent drinks
DrWith1E	3.11	Backcode to DrWith1	Who respondent drinks with
DentProbO		Backcode to DentProb	Problems visiting the dentist
BirthPlaO	3.15		Other places of birth
OthWhit		Backcode to Ethnic09	Ethnic background
OthMix		Backcode to Ethnic09	Ethnic background
OthAsi		Backcode to Ethnic09	Ethnic background
OthAfr		Backcode to Ethnic09	Ethnic background
OthBlk		Backcode to Ethnic09	Ethnic background
OthEth		Backcode to Ethnic09	Ethnic background
ReligioSC	3.13	Backcode to ReligioS	Religion (other Christian)
ReligioSO	3.13	Backcode to ReligioS	Religion (another religion)

FathTitl & FathSup	3.14		Occupation coding of respondent's father
MothTitl & MothSup	3.14		Occupation coding of respondent's mother
SComp6O		Backcode to SComp6	Reason self-completion not completed
SDQComp	3.15		Why self-completion not completed
OhiNRel	3.16	Backcode into HiNRel	Unreliable height measurement
NoHitMO	3.16	Backcode into NoHitM	Reasons for refusing height
NoWaitMO	3.16	Backcode into NoWaitM	Reasons for refusing weight
NoHtBc	3.16		
NoWtBc	3.16		
BioUnO		Backcode into BioOut	Reasons for refusing biological module

Self-Completion Booklets

Young adults self-completion

DDlySmok	4.1		Number smoked weekdays
DWkndSMO	4.1		Number smoked weekends
DALCOTA (Q19)	4.3		Had any other alcoholic drink in last 12 months (1)
DALTYPA (Q19)	4.3		Name of first 'other alcoholic drink' drunk in last 12 months
DALFREQA (Q19)	4.3		Frequency of first 'other alcoholic drink' drunk in last 12 months
DGLASSA,DPINTSA, DLARGEA,DSMALLA(Q19)	4.3		Volume of first 'other alcoholic drink' drunk in last 12 months
DALCOTB (Q20)	4.3		Had any other alcoholic drink in last 12 months (2)
DALTYPB (Q20)	4.3		Name of 2 nd 'other alcoholic drink' drunk in last 12 months
DALFREQB (Q20)	4.3		Frequency of 2 nd 'other alcoholic drink' drunk in last 12 months
DGLASSB,DPINTSB, DLARGE,DSMALLB (Q20)	4.3		Volume of 2 nd 'other alcoholic drink' drunk in last 12 months
DALL7Q1A (Q24)	4.3		How many Glasses of 'other drink (1)
DALL7Q2A (Q24)	4.3		How many Half-pints of 'other 'drink (1)
DALL7Q3A (Q24)	4.3		How many Large cans of 'other 'drink (1)
DALL7Q4A (Q24)	4.3		How many Small cans of 'other 'drink (1)
DALL7Q1B (Q24)	4.3		How many Glasses of 'other drink (2)
DALL7Q2B (Q24)	4.3		How many Half-pints of 'other 'drink (2)
DALL7Q3B (Q24)	4.3		How many Large cans of 'other 'drink (2)
DALL7Q4B (Q24)	4.3		How many Small cans of 'other 'drink (2)
DDrWr080	4.3		Other places where alcohol is drunk
DDRWT080	4.3	Backcode to DDrWt08	Other people drink most alcohol with
DMTHCONO	4.4	Backcode into DMthCon	Other method of contraception (young adults self-comp)
DNOCONO	4.4	Backcode into DNoCon or DMthCon	Other reason for NOT using contraception (young adults self-comp)
Adults self-completion			
MTHCONO	4.4	Backcode to MthCon	Other method of contraception (Adults self-comp)
NOCONO	4.4	Backcode NoCon or MthCon	Other reason for NOT using contraception (Adults self-comp)

Biological Module - Core Version B only

MedBi	6.1		Drug coding
NRT0thB		Backcode to UseNRTB	Other type of nicotine replacement
OthNBP	6.2	Backcode to NAttBPD	Other reason not obtained blood pressure
OthDifBP		Backcode to DifBPC	Other reason difficulty obtaining BP
OthWH		Backcode to WHPNABM	Other reasons for not attempting waist
OthNObt		Backcode to SalNObt	Other reasons why saliva sample not taken
SalYRefO		Backcode to SalYRef	Other reasons why saliva refused
OthNObt		Backcode to UriNObt	Other reasons why urine sample not taken
UriYRefO		Backcode to UriYRef	Other reasons why urine refused

3. Additional CAPI Edits – Household/Individual Questionnaire

3.1 Proxy interviews

- Aged 13+ **NoHitMO** and **NoWaitMO** should be checked to see whether the respondent was present at the time that height and weight were measured. If the respondent was not present for height/weight measurements, then the interview should be treated as a proxy interview, removed from the data and **IndOut** set to code 561 and 562 'Other reason for no interview'. The only exception to this is if there is an interviewer note explaining that the respondent was interviewed, but that they had to leave before the height and weight measurements were taken.
- Aged 0-12 Proxy interviews are allowed for children aged 0-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWtBC**.

3.2 Age/Date of birth

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

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

3.3 Household/Individual SOC/SIC coding

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

3.4 Longstanding Illnesses

IlsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IlsM1-IlsM6**. This should be coded, using the long-standing illness codeframes in **Appendix 2 and 3**, into the variables **IllCode 1-6** (appearing immediately after each instance of **IlsTxt**).

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

Rules for coding long-standing illness

Code 41 Unclassifiable (no other codable complaint)

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

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

Code 42 Complaint no longer present

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

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

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

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

Illnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to Andy MacGregor, ScotCen for coding using the Coding Queries Response Form.

3.5 Caring Questions

RG190 Affect of caring responsibilities on employment

Recode into *RG19* if possible, otherwise leave. Send list to researchers if not able to backcode.

RG200 Support received as a carer

Recode into *RG20* if possible, otherwise leave. Send list to researchers if not able to backcode.

3.6 Cardiovascular Disease

CVDOth Other CVD condition

FACTSHEETS of questionnaires which have an answer recorded in *CVDOth* should be kept aside, until you have consulted Andy MacGregor, Scotcen. He will be able to tell you how to deal with all 'other' heart conditions - whether they should be excluded or kept in under 'other'.

New codes:
09 Too vague to code
06 Other

Any conditions given which could have been coded at *CVD1-CVD5* or *CVD7* or *CVD8* will be coded 01-05, 07 or 08, but will remain coded under *CVDOth* rather than being recoded.

If 'High cholesterol' only is mentioned, change **CVD6** to 'No'

COPDOthO Other treatment for COPD/bronchitis/emphysema

Recode into *COPDOth* if possible, otherwise leave.

HnoTWhat Any other illness not already mentioned

We need the answers here to be coded: illness already mentioned at IllsM, other illness not mentioned but unable to code, other illness not mentioned that can be coded. The last category should then be coded as per IllsM. As there are no variables set up to hold these new illness codes. They should not be merged in with IllsCode1-6, need to be extra.

Illnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to Andy MacGregor, ScotCen for coding using the Coding Queries Response Form.

3.7 Adult Physical Activity

OthAct: Other physical activity

The data can store up to 46 codes (10 from WhtAct, 30 from WhtAcB and a further 6 back-coded from OthAct[11-16]).

All activities at **OthAct** should be back-coded to **WhtAct** or **WhtAcB** (multi-coded variable) if possible. Note that:

WhtAct	Code 5	<i>Any other type of dancing:</i> Includes any answer mentioning 'dancing' (i.e. sequence dancing, tap dancing etc.). Does not include Ice dancing, see code 16 (<i>WhtAcB</i>) below.
	Code 7	<i>Football/ rugby:</i> Includes those participating in the sport as referees and linesmen / assistant referees.
	Code 10	<i>Exercises (e.g. press-ups, sit ups):</i> Includes any answer mentioning 'exercises' (i.e. back exercises, office exercises etc.) or 'working out'
WhtAcB	Code 1	<i>Bowls:</i> Includes indoor, outdoor, crown, green, Petanque
	Code 2	<i>Fishing / Angling:</i> Include flyfishing
	Code 4	<i>Hillwalking/rambling:</i> Include fellwalking
	Code 16	<i>Ice skating:</i> Include Ice dancing
	Code 17	<i>Martial arts:</i> Include Karate
	Code 18	<i>Netball:</i> Include Handball
	Code 20	<i>Rowing:</i> Include machine
	Code 21	<i>Sailing:</i> Include dingy
	Code 25	<i>Subaqua:</i> Include Scuba

If the activity from OthAct is backcoded into WhtAct or WhtAcB then please also ensure that the follow-up questions DayExc, ExcHrs, ExcMin, ExcSwt and, if applicable, ExcMus and ExcMov are also backcoded.

Otherwise enter a code from the codeframe given below. If the sport is not listed, then it will need to be coded in one of codes 92-95 or in code 96. Please send listings of any sports not listed below to one of the researchers for instructions on which code to use. To help the researchers establish how vigorous the activity the team should also supply them with the answers to the follow-up questions DayExc, ExcHrs, ExcMin, ExcSwt and, if applicable, ExcMus and ExcMov for the sport mentioned at OthAct.

Note: It is possible to have two codes the same if "times" of activity cannot be amalgamated e.g. Badminton = Code 8 and Tennis = Code 8.

Existing code-frame for *WhtAct*

- 1 "Swimming",
- 2 "Cycling",
- 3 "Workout at a gym / Exercise bike / Weight training"
- 4 "Aerobics/keep fit/gymnastics/dance for fitness",
- 5 "Any other types of dancing",
- 6 "Running/jogging",
- 7 "Football/rugby",
- 8 "Badminton/tennis",
- 9 "Squash",
- 10 "Exercises (eg press-ups, sit-ups)"

New code-frame for *WhtAcB*

- 1 "Bowls",
- 2 "Fishing/angling",
- 3 "Golf",
- 4 "Hillwalking/rambling",
- 5 "Snooker/billiards/pool",
- 6 "Aqua-robics/aquafit/exercise class in water",
- 7 "Yoga/pilates",
- 8 "Athletics",

9	"Basketball",
10	"Canoeing/Kayaking",
11	"Climbing",
12	"Cricket",
13	"Curling",
14	"Hockey",
15	"Horse riding",
16	"Ice skating",
17	"Martial arts including Tai Chi",
18	"Netball",
19	"Powerboating/jet skiing",
20	"Rowing",
21	"Sailing/windsurfing",
22	"Shinty",
23	"Skateboarding/inline skating",
24	"Skiing/snowboarding",
25	"Subaqua",
26	"Surfing/body boarding",
27	"Table tennis",
28	"Tenpin bowling",
29	"Volleyball",
30	"Waterskiing"

Coding of `other' answers (recorded at OthAct)

<u>Sport</u>	<u>Code</u>
Abseiling/ Paraseiling	11
Adventure playground	12
American football	14
Archery	15
Assault course	16
Back packing	17
Baseball/softball	18
Battle re-enactment	20
Boxing	22
Canal cruising (if resp responsible for working locks)	23
Circuit training	25
Croquet	28
Darts	30
Diving	31
Dog training	32
Drumming (in a group)	33
Fencing	35
Field athletics	36
Fives	38
Hang gliding/parachuting	41
Hiking	42
Hitting punch sack	43
Juggling	47
Kabadi	48
Kick boxing	49
Lacrosse	50
Marathon running	51
Motor sports (ie. Motor-cross, go-karting, etc.)	53
Orienteering	55
Polo	56
Post natal exercise	57
Racketball	59
Riding	61
Roller skating	62
Rounders	63
Shooting	67
Skipping	70

Skirmishing (war games)	71
Skittles	72
Snorkelling	74
Sumo wrestling	75
Swing ball	77
Territorial Army	80
Toning table/bed	81
Trampolining	82
Walking on a jogging machine/treadmill	84
Weight lifting	86
Wrestling	88
Other light exercise (incl mini-trampoline, harness racing, Alexander Technique)	90
Other moderate exercise (incl tug of war)	91
Other vigorous exercise (incl water-polo, football training, body building)	92
Other - don't know energy level (incl tehok ball)	98
<u>Special cases:</u>	
Alexander Technique - code as other light exercise	(90)
Go-karting - code as motor sport	(53)
Parachuting - code as hang-gliding	(41)

REASSPRTO Reason for doing physical activity

Recode into *REASSPRT* if possible, otherwise leave. Send list to researchers if not able to backcode.

MREASSPRTO Main reason for doing physical activity

Recode into *MREASSPRT* if possible, otherwise leave. Send list to researchers if not able to backcode.

BarsprtO Reason for not doing sport

Recode into *Barsprt* if possible, otherwise leave. Send list to researchers if not able to backcode. An additional code has been created for weather at Barsprt so if 'weather' is given as an answer at BarsprtO then backcode to 'weather' at Barsprt and/or Barspmai.

No coding or editing required for Children's Physical Activity module

3.8 Eating Habits

BreadOth Other type of bread

These are 'Other' answers which are to be coded back to UsBread if possible. Interviewers have been instructed to ask if a bread is white, brown, granary, wheatmeal or wholemeal. If type (white, brown, granary, wheatmeal or wholemeal) is specifically mentioned in UsBread then code appropriately to 1, 2 or 3. If someone says it is a mix of white and wholemeal e.g. 'best of both' or '50/50' then this should be code 4 'SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')

Code 7 for those 'Other' breads where no flour type was established. For example, if all that is specified is: pitta, naan, chapatis, French bread, baguettes, ciabatta, bagels, etc. and flour type is not given, use Code 7. Gluten free bread should also remain Code 7 if flour type is not mentioned.

For crispbreads and crisprolls, such as Ryvita, use Code 6 "Does not eat any type of bread".

CerOth Other kinds of cereal

Please check all notepads attached to *Cereal* in case any can be coded back to it. **Appendix 5** lists all cereals and their respective codes, grouped by brand of cereal. If 'other' cereal mentioned appears in the cereal list in appendix 5 then backcode to appropriate code in *Cereal*.

If a cereal mentioned in a notepad or at CerOth is not on the list in Appendix 5 it should be coded 5. Please supply researchers with regular listings of all cereals unable to be backcoded so these can be checked with the Food Standards Agency. In some cases we should be able to assign codes to these cereals.

3.9 Fruit and Vegetables

FrtOth & FrtNotQ Other fruit

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

3.10 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		

3.11 Fresh fruit portion guide

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

3.12 Smoking

NRT0th Nicotine Replacement Products used

Recode into *UseNRT* if possible, otherwise leave. Send list to researchers if not able to backcode.
If electronic cigarette is coded at NRT0th then leave it as Other. (Although it is not officially a form of NRT, the client is interested in how many people are answering 'electronic cigarettes' at this question.)

Supp0th Cessation support

Recode into *NRTSupp* if possible, otherwise leave. Send list to researchers if not able to backcode.

3.13 Alcohol

OthDrnkA, OthDrnkB, OthDrnkC / OthL7TA, OthL7TB, OthL7TC Other alcoholic drinks
Exclude all low/non-alcoholic drinks. Home made drinks should be coded into the appropriate category.

Normal beer (NBeer/NBrL7):

Include: Export, Heavy, Black & Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pomagne, Stout, Scrumpy

Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber, Bottles/cans of shandy. Beer with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits)

Strong beer (SBeer/SBrL7):

Include: Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Super, White Lightning

Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits (Spirits/SpirL7):

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

Sherry (Sherry/ShryL7):

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

Wine (WineQ/WineL7):

Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.

Exclude: Non alcoholic wines such as Eisberg

Alcopops/pre mixed alcoholic drinks (Pops03/PopsL703):

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

Coding "other" alcoholic drinks variables:

OthDrnkA-C: Other alcoholic drinks

All 'other alcoholic drinks' need to be recoded into the appropriate drinks category. The following rules will apply:

- If the appropriate drinks category is not already coded then information on frequency and amount should be edited into appropriate variables and data in the 'other' drinks category deleted.
- If the appropriate drinks category is already coded then the highest frequency and the associated amount should be coded. For example if frequency of Spirits is already coded as 2 and Campari, with a frequency of 1, is to be recoded into the Spirits category then the frequency should be changed to 1 and the amount variable should be recoded to that associated with Campari.
- If the frequency of the other alcoholic drink is less than that contained in the drinks category into which it is to be recoded then the information in that 'other' alcoholic drink should be ignored.
- If the frequency in the other alcoholic drink and the category into which it is being coded are the same then the amounts should be added together.
- If the frequency of both the 'other' alcoholic drink and the appropriate drinks category exceed once or twice a week please contact researchers for advice.
- If someone mentions drinking wine in glasses we can only back code it to WQGI or WL7GI - the rest will have to be entered as DK (this is because we haven't changed the way we code 'other' types of alcohol that is measured in glasses in line with the wine glass section).

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

Coding of beer bottle sizes

The variables **NBottle/NBotL7** and **SBottle/SBotL7** (the brand of normal or strong beer/lager/stout/cider drunk in bottles), need to be coded into **NCodeEq/SCodeEq** or **L7NCodEq/L7SCodEq** using the bottled lager/cider/beer codeframe below.

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

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

3.14 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Carling	0.48
Amstel	0.58	Carlsberg	0.58
Asahi	0.58	Castle	0.58
Banks (Mild only)	0.97	Cobra	0.58
Banks Old Ale (nips)	0.32	Coors	0.58
Bass (pint bottle)	1.00	Corona	0.58
Becks	0.48 or 0.58	Crest Lager (Export)	0.44
Bishops Finger	0.88	Diamond (Blush, White or Zest)	0.48
Black Sheep Ale	0.88	Dragon (Stout)	0.50
Boddingtons (Export draught only)	0.58	Elephant (Lager)	0.48 or 0.58
Bombardier	0.88	ESB (Fuller's ESB)	0.88
Brahma	0.58	Export 33	0.44
Brandenburg	0.58	Foster's (Unspecified)	0.77
Budvar	0.88	Foster's Export	0.77
Budweiser/ Bud Ice	0.58	Foster's Ice	0.58
Bulmers / Magners	0.58 or 1.00	Fuller's (London Pride)	0.97

Grolsch	0.58 or 0.77
Guinness Extra Stout	0.58
Guinness Original	0.58 or 0.88
Heineken (Export)	0.58
Hoegaarden (bier blonde)	0.58
Holsten Pils (bottle)	0.58
Home made	0.58
Ice Dragon	0.48
John Smiths	0.77
K. Cider	0.48
Kanterbrau	0.58
Kingfisher	0.58
Kirin	0.58 or 0.88
Kronenbourg (1664)	0.44 or 0.58
Labatts	0.58
Labatt's Ice	0.58
Leffe	0.58 or 0.77
Lowenbrau	0.58
Mackeson	0.88
Marston's Pedigree	0.88
McEwans 80 or 90 shilling	0.97
Merrydowns	0.58
Michelob	0.58
Miller (Draught not Pils)	0.58
Molson	0.58
Murphys	0.88
Newcastle Brown Ale	0.97
Olde English	0.88
Old Speckled Hen	0.88
Oranjeboom	0.58
Peroni lager (Nastro Azzuri)	0.58
Pils (unspecified)	0.58
Pivovar Czech Lager	0.88
Red Rock	0.58
Red Stripe	0.58
Rolling Rock	0.58
Royal Dutch	0.58
Ruddles	0.58
Sam Smiths (Old Brewery Strong Ale)	0.97
San Miguel	0.58
Scrumpy Jack	0.58
Singha beer	0.58
Skol	0.58
Sol	0.58
Spitfire	0.88
Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Stinger	0.58
Strongbow (Blackthorn)	0.48 or 0.58
Thatchers cider	0.88
Theakstons	0.97
Tiger beer	0.58
Tsingtao	0.58
Vault	0.58
Victoria Bitter	0.58
Wadworth Export	0.88
Woodpecker	0.48

Conversion Table

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

DrWher1E Other places where alcohol is drunk
Back code to *DrWhere* if possible. If it can't be back coded send list to researchers.

DrWith1E Other people alcohol is drunk with
Back code to *DrWith* if possible. If it can't be back coded send list to researchers.

3.15 Birth Place

BirthPlaO Other birth place

All countries listed at other birth place (BirthPlaO) should be coded this into the country list on the next screen. NB there is no need to backcode any countries.

3.16 Religion

ReligioSC Other Christian

Check whether any can be recoded.

'Other Christian' should include any of the ORTHODOX churches, so included under this category would be:

'Christian Orthodox'
Greek Orthodox
Russian Orthodox
Serbian Orthodox

People who say "Christian", but do not name any specific church or denomination should be coded as 3 'other christian' at ReligioS

ReligioSO Another Religion

Check whether any can be recoded.

Examples of 'another religion' might be:

Baha'i
Believer in God, but not Christian
Church of God of Prophecy
Hare Krishna
Humanist
Satanist
Spirit worship
Spiritualist
Wicca, or white witchcraft

The above religions cannot be backcoded to ReligioS

3.17 Parental History

FathTitl, FathSup - use answers given here to assign a SOC code for father's occupation
(FathSoc)

MothTitl, MothSup - use answers given here to assign a SOC code for mother's occupation
(MothSoc)

These should be coded using SOC2010 (three digits)

3.18 Self-Completion booklet placement

SComp6O Other reason for respondent needing assistance/not completing

Recode into **SComp6** where possible, otherwise leave.

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

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

3.19 Height and weight measurements

The soft checks for height and weight have been amended in the edit programme so only extremely unusual heights and weights will trigger these checks. We have put these in as a safety guard against very unlikely results. Please contact researchers if the height or the weight check activates for a particular questionnaire.

OhNRel Backcode reason for unreliable height measurement where possible.

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

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

NoHitM/NoWaitM Reason no height/weight obtained

For children aged 2-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHitM/NoWaitMo** should be coded 0 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used in the above variables.

****Note** that code 0 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not available at the time measurements are conducted (eg child got bored and went outside to play). These should be left as "Other". If child is "ill", recode to Code 5 'ill or in pain'.

NoHitMo/NoWaitMo

Veiled refusals at **NoHitMo/NoWaitMo** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **RespHts/Respwts**, and the reason for refusal coded at **ResNHi/ResNWt**.

4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables which need a more complex method of checking are detailed in this section.

4.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q6a) and **DWkndSmo** (Q6b).

If range given, take midpoint

Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
 12.5 grams tobacco = 18 cigarettes
 25 grams tobacco = 36 cigarettes

Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

4.2 Bottles of wine - Young adult self-completion

In the Young Adults Booklet wine can be reported as bottles at **DWIN08Q4** (Q17) and at **DW08L7Q4** (Q24). If the respondent has mentioned part of a bottle then whole bottles should be recoded at **DWIN08Q4/ DW08L7Q4** and the remainder coded into small (125ml) glasses at **DWIN08Q3/ DW08L7Q3**.

½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

For example, if a respondent has written at Q16 that they usually drank '1½ bottles' then code 1 at **DWIN08Q4** and 3 at **DWIN08Q3**.

4.3 Other alcoholic drinks - Young adults self-completion

**Coding "other" alcoholic drinks variables:
DALCOTA & DALCOTB and DDRNKDAY**

In the 'Young Adults' Booklet there are other alcoholic drinks listed for drinking in the 12 months (Q19 & Q20) and the last week (Q24). These 'other' drinks need to be treated in the exact same way as those the equivalent CAPI questions for adults (see section 3.13)

DalCotA, DAITypA, DAIFreqA, DGlassA, DpintsA, DLargeA, DSmallA (Q19) Coding first 'other alcoholic drink' drunk in last 12 months

DalCotB, DAITypB, DAIFreqB, DGlassB, DpintsB, DLargeB, DSmallB (Q20) Coding second 'other alcoholic drink' drunk in last 12 months

DALL7Q1A, DALL7Q2A, DALL7Q3A, DALL7Q4A (Q24)	Day drunk most in last week – Coding of first other alcoholic drink drunk on that day
DALL7Q1B, DALL7Q2B, DALL7Q3B, DALL7Q4B (Q24)	Day drunk most in last week – Coding of second other alcoholic drink drunk on that day
DDRWR08O (Q35b)	Other places where alcohol is drunk Back code to DDRWR08 if possible. Otherwise list for researchers.
DDRWT08O (Q36b)	Other people drink most alcohol with Back code to <i>DDRWT08</i> if possible. Otherwise list for researchers.

4.4 Contraception - Adults AND Young adults self-completion

MTHCONO Other method of contraception (Adult Q60; Young Adult Q85)
 Recode into *MthCon* if possible. (Adult Q59; Young Adult Q84)
 Otherwise send listings to researchers

NOCONO Other reason for NOT using contraception (Adult Q62; Young Adult Q87)
 Recode into *NoCon* (Adult Q61; Young Adult Q86) or *MthCon* (Adult Q59; Young Adult Q84) if
 possible.

For example

- Menopause can be back coded to code 2 in NoCon
- Respondent or partner sterilised (vasectomy/sterilisation/'snip') can be back coded to 18 in MthCon
- Respondent or Partner uses contraceptive pill can be back coded to 4 in MthCon

Extra codes for NoCon (Adult Q61; Young Adult Q86)

Respondent/partner had hysterectomy	11
Age of respondent/partner (menopause not specifically mentioned)	12
Respondent single/not in relationship	13

Otherwise send listings to researchers

5. Biological Module

5.1 Drug Coding

MEDBI

Interviewers have been asked to record in CAPI the names of all the prescribed medicines that certain respondents are currently taking. This is an open question – respondents are asked for the names of medicines, including pills, syrups, ointments, puffers or injections that they are taking that have been prescribed by a doctor. Respondents are only asked which medicines they take if they have reported particular cardiovascular conditions. Respondents have been asked to show the packaging from the medicines so that the interviewer can record the name of the drug accurately in CAPI.

Coders will need to code all the drugs which have been listed in the interview, using a six digit code. The codes are listed in the 'Coding Prescribed Medicines' booklet which lists the 400 most commonly used drugs in alphabetical order and gives their BNF classification. You should always check this booklet **FIRST** but if a code is not found you may then check the BNF book (edition Number 61 – March 2011). If you still cannot find a code for a drug please send a coding query form to Andy MacGregor, ScotCen. If no decision can be made after querying with Andy Macgregor use code 999996.

What you need to enter is a 6 digit e.g. the code you should enter for Premarin tablets is 060401 (ie with no spaces, dashes or full stops). In the 'Coding Prescribed Medicines' booklet Premarin tablets is presented as 06.04.01 and you should type in 060401.

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

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

Lipid-lowering drugs (such as Atorvastatin), formerly coded as 02.12.00 (presented as 2.12 in the BNF book)

Now would be coded as 02.12.01 (see Coding Prescribed Medicines booklet)

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

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

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

Use the drug coding booklet for a list of codes.

Drug name	How the code looks in the Coding Prescribed Medicines booklet	What to enter in CAPI
Premarin tablets	06.04.01	060401
Aprovel	02.05.52	020552

Drug name	How the code looks in the BNF booklet	What to enter in CAPI
Premarin tablets	6.4.1	060401
Aprovel	2.5.5.2	020552

Drugs which cannot be coded using the BNF need to be sent to Andy Macgregor, ScotCen, for coding using the Coding Queries Response Form. Please send the name of the drug entered (MedBI), answers given in Ytake, CVD 1-8, CVDOth, COPD and Illsm.

5.2 NRT in Biological Module

NRT0thB

Nicotine Replacement Products used

Recode into *UseNRTB* if possible, otherwise leave. Send list to researchers if unable to backcode.

If electronic cigarette is coded at NRT0thB then change UseNRTB to 8 'no' unless other options have been chosen at NRT0thB (electronic cigarettes are not included as an NRT replacement product).

Appendix 1: Items Which Need Listing

List to ScotCen researchers (Clare Sharp and Shanna Dowling) if not otherwise codable:

INTERVIEWER CAPI

RG19O

RG20O

CVDOth

OthAct (Please also provide answers to DayExc, ExcHrs, ExcMin, ExcSwT, and if applicable, ExcMus and ExcMov for the sport mentioned at OthAct)

REASSPRTO

MREASSPRTO

Barsprto

CerOth

NRTOth

SuppOth

DrWhere1E

DrWith1E

BioUno

BIO MODULE CAPI

NRTOthB

SELF-COMPLETIONS

Young adults Q19: DALCOTA, Q20:DALCOTB - Other alcoholic drinks in last 12 months

Q24: DDRKTYP7, DDRKTYP8 - Other alcoholic drinks in last week

Adult Q60 MthConO, Q61 NoConO

Young Adult Q85 MthConO, Q86 NoConO

List to Andy MacGregor (ScotCen) then send copy of query form to researchers after decision has been taken:

IllsM - illnesses not found in coding frame or the ICD

MEDBI - drugs not found in the BNF

PLBRAND/ DPILBRAN - drugs which fail the edit check

Appendix 2: Longstanding Illness Code Frame

Changed categories:

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

Additions

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

01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts

Acoustic neuroma

After effect of cancer (nes)

All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast

Bone cancer

Cancers sited in any part of the body or system eg. Lung, breast, stomach

Carcinomas

Colostomy due to treatment for by cancer

Cyst on eye

Cyst in kidney

General arthroma

Hereditary cancer

Hodgkin's disease

Hysterectomy for cancer

Leukaemia (cancer of the blood)

Lymphoma (incl non-Hodgkin's)

Mastectomy for cancer (nes)

Neurofibromatosis

Part of intestines removed (cancer)

Pituitary gland removed (cancer)

Rodent ulcers

Sarcomas

Skin cancer

Wilms tumour

Endocrine/nutritional/metabolic diseases

02 Diabetes

Incl. Hyperglycaemia

03 Other endocrine/metabolic

Addison's disease

Beckwith - Wiedemann syndrome

Cushing's syndrome

Cystic fibrosis

Gilbert's syndrome
Hormone deficiency, deficiency of growth hormone, dwarfism
Hypercalcemia
Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)
Myxoedema (nes)
Obesity/overweight
Osteomalacia
Phenylketonuria
Rickets
Too much cholesterol in blood (hypercholesterolaemia)
Underactive/overactive thyroid, goitre (hypo- or hyper-thyroidism)
Water/fluid retention
Wilson's disease

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

Mental, behavioural and personality disorders

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

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

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

05 Learning disability

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

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

06 Epilepsy/fits/convulsions

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

07 Migraine/headaches

08 Other problems of nervous system

Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Dementia
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
ME
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis

Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs), diplegia, quadriplegia
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Pre-senile dementia
Removal of nerve in arm
Restless legs
Senile dementia, forgetfulness, gets confused
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia
Teraplegia
Vascular dementia

NB Stroke = code 15

Eye complaints

09 Cataract/poor eye sight/blindness

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

10 Other eye complaints

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

Ear complaints

11 Poor hearing/deafness

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

12 Tinnitus/noises in the ear

Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems

Labryrinitis,
loss of balance - inner ear
Vertigo

14 Other ear and related complaints

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

Complaints of heart, blood vessels and circulatory system

15 Stroke/cerebral haemorrhage/cerebral thrombosis

Incl. stroke victim - partially paralysed or speech difficulty
Hemiplegia, apoplexy
Cerebral haemorrhage
Cerebro - vascular accident (CVA) cerebral embolism

16 Ischaemic heart disease/Heart attack/angina

Incl. coronary thrombosis
Angina
Angioplasty
Bypass
CABG (coronary artery bypass graft)
Heart attack, myocardial infarction (MI)
Coronary heart disease

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

18 Other heart problems

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

<i>Balance problems due to ear complaint = code 13</i>
--

19 Piles/haemorrhoids incl. Varicose Veins in anus.

20 Varicose veins/phlebitis in lower extremities/pulmonary embolus

Incl. various ulcers, varicose eczema
Pulmonary embolism

21 Other blood vessels/embolic

Arteriosclerosis, hardening of arteries (nes)
Arterial thrombosis
Artificial arteries (nes)

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

NB *Haemorrhage behind eye = code 10*

Complaints of respiratory system

22 COPD – Chronic Obstructive Pulmonary Disease/ Bronchitis/emphysema

Bronchiectasis
Chronic bronchitis
COPD, Chronic Obstructive Pulmonary Disease, chronic obstructive lung disease
Emphysema

23 Asthma

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

NB *Exclude cardiac asthma - code 18*

24 Hayfever

Allergic rhinitis

25 Other respiratory complaints

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

TB (pulmonary tuberculosis) - code 37

Cystic fibrosis - code 03

Skin allergy - code 39

Food allergy - code 27

Allergy (nes) - code 41

Pilonidal sinus - code 39

Sick sinus syndrome - code 18

Whooping cough (pertussis) - code 37

If complaint is breathlessness with the cause also stated, code the cause:

breathlessness as a result of anaemia (code 38)
breathlessness due to hole in heart (code 18)
breathlessness due to angina (code 16)

Complaints of the digestive system

26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

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

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)

Cirrhosis of the liver, liver problems
Coeliac disease
Food allergies
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Liver disease, biliary arteria
Nervous stomach, acid stomach
Oesophageal pouch
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat (oesophagus) trouble - difficulty in swallowing
Weakness in intestines

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)

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

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

29 Complaints of teeth/mouth/tongue

Cleft palate, hare lip
Impacted wisdom tooth, gingivitis
No sense of taste
Ulcers on tongue, mouth ulcers

Complaints of genito-urinary system

30 Kidney complaints

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

31 Urinary tract infection excluding kidney infection (nephritis)

Cystitis, urine infection

32 Other bladder problems/ urinary incontinence

Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

Prostate trouble - code 33

33 Reproductive system disorders

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

prostate cancer code = 01

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

Musculo-skeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis

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

35 Back problems/slipped disc/spine/neck

Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed intervertebral discs
Schuermann's disease
Sciatica
Spondylitis, spondylosis
Worn discs in spine - affects legs

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

36 Other problems of bones/joints/muscles

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe's disease
Physically handicapped (nes)

Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

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

*After effect of Poliomyelitis, meningitis, encephalitis, whooping cough - code to site/system
Ear/throat infections etc - code to site*

38 Disorders of blood and blood forming organs and immunity disorders

Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombocytopenic Purpura (ITP)
Immunodeficiencies
Polycythaemia (blood thickening), blood too thick
Purpura (nes)
Removal of spleen
Sarcoidosis (*previously code 37*)
Sickle cell anaemia/disease
Thalassaemia
Thrombocytopenia
Thrombocytopenia

Leukaemia - code 01

39 Skin complaints

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

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

40 Other complaints

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

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

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

42 Complaint no longer present

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

99 Not Answered/Refusal

A		
	Abscess in groin	39
	Abscess on brain	08
	Abscess on breast, mastitis, cracked nipple	33
	Abscess on larynx	25
	Absence or loss of limb eg. lost leg in war, finger amputated, born without arms	36
	Aching arm, stiff arm, sore arm muscle	36
	Acne	39
	Acoustic neuroma	01
	Addison's disease	03
	Adenoid problems, nasal polyps	14
	Adhesions	40
	After effect of cancer (nes)	01
	After effects of meningitis (nes)/ Had meningitis - left me susceptible to other things (nes)	41
	AIDS, AIDS carrier, HIV positive (<i>previously code 03</i>)	37
	Alcoholism, recovered not cured alcoholic	04
	All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast	01
	Allergic rhinitis	24
	<i>Allergy (nes)</i>	41
	Allergy (nes), allergic reaction to some drugs (nes)	41
	Allergy to dust/cat fur	23
	Alzheimer's disease	08
	Amenorrhoea	33
	Anaemia, pernicious anaemia	38
	Angelman Syndrome	04

Angina	16
Angioplasty	16
Anorexia nervosa	04
Anxiety, panic attacks	04
Aorta replacement	18
Aortic/mitral valve regurgitation	18
Aortic/mitral valve stenosis,	18
Arterial thrombosis	21
Arteriosclerosis, hardening of arteries (nes)	21
Arthritis as result of broken limb	34
Arthritis/rheumatism in any part of the body	34
Arthritis/rheumatism/fibrositis	34
Artificial arteries (nes)	21
Asperger Syndrome	04
Asthma	23
Asthma - allergy to house dust/grass/cat fur	23
Astigmatism	09
Athlete's foot, fungal infection of nail	37
Atrial Septal Defect (ASD)	18
Autism/Autistic	04
B	
Back problems/slipped disc/spine/neck	35
Back trouble, lower back problems, back ache	35
Bad chest (nes), weak chest - wheezy	25
Bad eyesight, restricted vision, partially sighted	09
Bad eyesight/nearly blind because of cataracts	09
Bad shoulder, bad leg, collapsed knee cap, knee cap removed	36
<i>Balance problems due to ear complaint</i>	13
Beckwith - Wiedemann syndrome	03
Bed wetting, enuresis	32
Bell's palsy	08
Bipolar Affective Disorder (manic depressive)	04
Birth mark	39
Blackouts	06
Bladder restriction	32
Blind in one eye, loss of one eye	09
Blindness caused by diabetes	09
Blocked arteries in leg	21
Blood clots (nes)	21
Blood condition (nes), blood deficiency	38
Blurred vision	09
Bone cancer	01
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury	08
Breathlessness	25
<i>breathlessness as a result of anaemia</i>	38
<i>breathlessness due to angina</i>	16
<i>breathlessness due to hole in heart (</i>	18
Brittle bones, osteoporosis	36
Bronchial asthma, allergic asthma	23
Bronchial trouble, chest trouble (nes)	25
Bronchiectasis	22

Brucellosis	37
Buphthalmos	10
Burned arm (nes)	39
Bursitis, housemaid's knee, tennis elbow	36
Bypass	16
C	
CABG (coronary artery bypass graft)	16
<i>Cancer of stomach/bowel</i>	01
<i>cancer of the uterus, womb, cervix, neck of the womb code</i>	01
Cancers sited in any part of the body or system eg. Lung, breast, stomach	01
Carbuncles, boils, warts, verruca	39
Carcinomas	01
Cardiac asthma	18
<i>cardiac asthma</i>	18
Cardiac diffusion	18
Cardiac problems, heart trouble (nes)	18
Carpal tunnel syndrome	08
Cartilage problems	36
Catalepsy	04
Cataract/poor eye sight/blindness	09
Catarrh	25
Cellulitis (nes)	39
Cerebral haemorrhage	15
Cerebral palsy (spastic)	08
Cerebro - vascular accident (CVA) cerebral embolism	15
Chest infections, get a lot of colds	25
Chilblains	39
Chondrodystrophia	36
Chondromalacia	36
Chronic bronchitis	22
Chronic renal failure, chronic kidney disease (CKD)	30
Churg-Strauss syndrome	25
Cirrhosis of the liver, liver problems	27
Claudication	21
Cleft palate, hare lip	29
Coeliac disease	27
Colitis, colon trouble, ulcerative colitis	28
Colostomy (nes)	28
Colostomy due to treatment for by cancer	01
Colour blind	10
Complaint no longer present	42
Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)	28
Complaints of teeth/mouth/tongue	29
Concussion syndrome	04
Conductive/nerve/noise induced deafness	11
COPD – Chronic Obstructive Pulmonary Disease/ Bronchitis/emphysema	22
COPD, Chronic Obstructive Pulmonary Disease, chronic obstructive lung disease	22
Corns, calluses	39
Coronary heart disease	16
coronary thrombosis	16
Coughing fits	25

Cramp in hand	36
Crohn's disease	28
Croup	25
Curvature of spine	35
Cushing's syndrome	03
Cyst in kidney	01
Cyst on eye	01
Cystic fibrosis	03
<i>Cystic fibrosis</i>	03
Cystitis, urine infection	31
D	
Damage, fracture or injury to back/spine/neck	35
<i>damage/injury to spine results in paralysis</i>	08
Damaged lung (nes), lost lower lobe of left lung	25
Damaged testicles	33
Deaf	11
<i>Deaf and dumb</i>	11
Deaf mute/deaf and dumb	11
Deformity of limbs eg. club foot, claw-hand, malformed jaw	36
Degenerative brain disease	08
Delayed healing of bones or badly set fractures	36
Dementia	08
Depression	04
Dermatitis	39
Detached/scarred retina	09
Deviated septum	25
Diabetes (Incl. Hyperglycaemia)	02
Disc trouble	35
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger	36
Disorders of blood and blood forming organs and immunity disorders	38
Disorders of Eustachian tube	14
Disseminated lupus	36
Diverticulitis	28
Dizziness, giddiness, balance problems (nes)	18
Double vision	09
Double/inguinal/diaphragm/hiatus/umbilical hernia	26
Down's syndrome, Mongol	05
Drug addict	04
Dry eye syndrome, trouble with tear ducts, watery eyes	10
Dumb, no speech	40
Dupuytren's contraction	36
Dyslexia	04
E	
Ear aches and discharges	14
Ear infection	14
Ear problem (wax)	14
Ear trouble (nes),	14
Eczema	39
Electrical treatment on cheek (nes)	41
Embarrassing itch (nes)	41
Emphysema	22

Endometriosis	33
Enteritis	28
Epidermolysis, bulosa	39
Epilepsy/fits/convulsions	06
Eye infection, conjunctivitis	10
Eyes are light sensitive	10
F	
Faecal incontinence/encopresis.	28
Fainting	40
Febrile convulsions	06
Fibromyalgia	08
Fibromyalgia	36
Fibrosis of lung	25
Fit (nes)	06
Flat feet, bunions,	36
Floater in eye	10
Food allergies	27
<i>Food allergy</i>	27
Forester's disease (nes)	41
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose	36
Frequent diarrhoea, constipation	28
Friedreich's Ataxia	08
Frozen shoulder	36
Furred up airways, collapsed lung	25
G	
Gastric/duodenal/peptic ulcer	26
General arthroma	01
General infirmity	41
Generally run down (nes)	41
Gilbert's syndrome	03
Glandular fever	37
Glass in head - too near temple to be removed (nes)	41
Glaucoma	10
Gout (<i>previously code 03</i>)	34
Grand mal	06
Grumbling appendix	28
Guillain-Barre syndrome	08
Gynaecological problems	33
H	
Haemophilia	38
Haemorrhage behind eye	10
<i>Haemorrhage behind eye</i>	10
Hair falling out, alopecia	40
Hand Arm Vibration Syndrome (White Finger)	21
Hard of hearing, slightly deaf	11
Hardening of arteries in heart	18
Hardening of lens	09
Hayfever	24
Hearing impaired	11
Heart attack, myocardial infarction (MI)	16
Heart disease, heart complaint	18

Heart failure	18
Heart murmur, palpitations	18
Hemiplegia, apoplexy	15
Hereditary cancer	01
Hernia (nes), rupture (nes)	26
Hip infection, TB hip	36
Hip replacement (nes)	36
Hirschsprung's disease	28
Hodgkin's disease	01
Hole in the heart	18
Hormone deficiency, deficiency of growth hormone, dwarfism	03
Horseshoe kidney, cystic kidney	30
Huntington's chorea	08
Hydrocephalus, microcephaly, fluid on brain	08
Hyperactive child	04
Hypercalcemia	03
Hypersensitive to the cold	21
Hypertension/high blood pressure/blood pressure (nes)	17
Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)	03
Hysterectomy (nes)	33
Hysterectomy for cancer	01
I	
Idiopathic Thrombocytopenic Purpura (ITP)	38
Ileostomy	27
Immunodeficiencies	38
Impacted wisdom tooth, gingivitis	29
Impetigo	39
Impotence, infertility	33
Indigestion, heart burn, dyspepsia	27
Infectious and parasitic disease	37
Inflamed duodenum	27
Ingrown toenails	39
Injury to eye	10
Injury to spine resulting in paralysis	08
Insomnia	40
Intermittent claudication	21
Internal bleeding (nes)	41
Iritis	10
Irritable bowel, inflammation of bowel, IBS (irritable bowel syndrome)	28
Ischaemic heart disease/Heart attack/angina	16
J	
Jacksonian fit	06
K	
Keratoconus	10
Kidney complaints	30
Kidney trouble, tube damage, stone in the kidney	30
L	
Labrynthitis,	13
Learning disability	05
Legs won't go, difficulty in walking	36
Lennox-Gastaut syndrome	06

Lens implants in both eyes	09
<i>Leukaemia</i>	01
Leukaemia (cancer of the blood)	01
Liver disease, biliary artesia	27
loss of balance - inner ear	13
Low blood pressure/hypertension	21
Lumbago, inflammation of spinal joint	35
Lung complaint (nes), lung problems (nes)	25
Lung damage by viral pneumonia	25
Lymphoma (incl non-Hodgkin's)	01
M	
Macular degeneration	10
Malaria	37
Marfan Syndrome	36
Mastectomy for cancer (nes)	01
Mastoiditis	14
ME	08
Meniere's disease/ear complaints causing balance problems	13
Menopause	33
Mental illness/anxiety/depression/nerves (nes)	04
Mentally retarded, subnormal	05
Metachromatic leucodystrophy	08
Middle/inner ear problems	14
Migraine/headaches	07
Motor neurone disease	08
Multiple Sclerosis (MS), disseminated sclerosis	08
Muscular dystrophy	08
<i>Muscular dystrophy</i>	08
Myalgic encephalomyelitis (ME)	08
Myasthenia gravis	08
Myotonic dystrophy	08
Myxoedema (nes)	03
N	
Nephritis, pyelonephritis	30
Nephrotic syndrome	30
Nerves (nes)	04
Nervous breakdown, neurasthenia, nervous trouble	04
Nervous stomach, acid stomach	27
Neuralgia, neuritis	08
Neurofibromatosis	01
Night blindness	10
No sense of smell	40
No sense of taste	29
Nose bleeds	40
Not Answered/Refusal	99
Numbness/loss of feeling in fingers, hand, leg etc	08
O	
Obesity/overweight	03
Oesophageal pouch	27
Old age/weak with old age	41
Only one kidney, double kidney on right side	30

operation for cataracts, now need glasses	09
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica	34
Osteomalacia	03
Osteomyelitis	36
otitis media - glue ear	14
Otosclerosis	11
Overactive thyroid and swelling in neck	03
P	
Pacemaker	18
Paget's disease	36
Pains in chest (nes)	18
Pancreas problems	27
Paralysis of vocal cords	25
Paraplegia (paralysis of lower limbs), diplegia, quadriplegia	08
Parkinson's disease (paralysis agitans)	08
Part of intestines removed (cancer)	01
Partially paralysed (nes)	08
Pelvic inflammatory disease/PID (female)	33
Perforated ear drum (nes)	14
Pericarditis	18
Period problems, flooding, (menorrhagia),pre-menstrual tension/syndrome	33
Peripheral artery disease	21
Perthe's disease	36
Petit mal	06
Phenylketonuria	03
Phobias	04
Physically handicapped - spasticity of all limbs	08
Physically handicapped (nes)	36
Pierre Robin syndrome	36
Pigeon fancier's lung	25
<i>piles</i>	19
Piles/haemorrhoids incl. Varicose Veins in anus.	19
<i>Pilonidal sinus</i>	39
Pilonidal sinusitis	39
Pinotalgia	41
Pins and needles in arm	08
Pituitary gland removed (cancer)	01
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease	25
Polyarteritis Nodosa (<i>previously code 21</i>)	34
Polythaemia (blood thickening), blood too thick	38
Polyp on bowel	28
Poor circulation	21
Poor hearing after mastoid operation	11
Poor hearing/deafness	11
Post viral syndrome (ME)	08
Pre-senile dementia	08
Prolapse (nes) if female	33
Prolapsed intervertebral discs	35
Prolapsed womb	33
<i>prostate cancer</i>	01
Prostate gland trouble	33

<i>Prostate trouble</i>	33
Psoriasis arthritis/psoriatic arthritis (also code psoriasis)	34
Psoriasis, psoriasis arthritis/psoriatic arthritis (also code arthritis)	39
Pulmonary embolism	20
<i>pulmonary tuberculosis (TB)</i>	37
Pulmonary tuberculosis (TB)	37
pulsing in the ear	12
Purpura (nes)	38
R	
Raynaud's disease	21
Recurrent pleurisy	25
Removal of nerve in arm	08
Removal of spleen	38
Renal TB	30
Restless legs	08
Retinitis pigmentosa	10
Rheumatic symptoms	34
Rhinitis (nes)	25
Rickets	03
Ringworm	37
Road accident injury (nes)	41
<i>Rodent ulcer</i>	01
Rodent ulcers	01
S	
Sarcoidosis (<i>previously code 37</i>)	38
Sarcomas	01
Scarred cornea, corneal ulcers	10
Schistosomiasis	37
Schizophrenia	04
Schlatter's disease	36
Schuermann's disease	35
Sciatica	35
Senile dementia, forgetfulness, gets confused	08
Sever's disease	36
Shingles	37
Short sighted, long sighted, myopia	09
<i>Sick sinus syndrome</i>	18
Sickle cell anaemia/disease	38
Sinus trouble, sinusitis	25
Skin allergies, leaf rash, angio-oedema	39
<i>Skin allergy</i>	39
Skin cancer	01
Skin complaints	39
Skin rashes and irritations	39
Skin ulcer, ulcer on limb (nes)	39
Sleepwalking	40
Sore throat, pharyngitis	25
Spastic colon	28
Speech impediment, stammer	04
Spina bifida	08
Spondylitis, spondylosis	35

Squint, lazy eye	09
St Vitus dance	18
Stiff joints, joint pains, contraction of sinews, muscle wastage	36
Still's disease	34
Stomach trouble (nes), abdominal trouble (nes)	27
Stomach ulcer/ulcer (nes)/abdominal hernia/rupture	26
Stone in gallbladder, gallbladder problems	27
Strained leg muscles, pain in thigh muscles	36
Stress	04
stroke victim - partially paralysed or speech difficulty	15
Stroke/cerebral haemorrhage/cerebral thrombosis	15
Sty on eye	10
Swollen glands (nes)	41
Swollen legs and feet	21
Syringomyelia	08
Systemic sclerosis, myotonia (nes)	36
T	
Tachycardia, sick sinus syndrome	18
Telangiectasia (nes)	21
Tenosynovitis	36
Teraplegia	08
Tetanus	37
Thalassaemia	38
Throat (oesophagus) trouble - difficulty in swallowing	27
Throat infection	25
Throat trouble (nes), throat irritation	25
Thrombocythenia	38
Thrombocytopenia	38
Thrombosis (nes)	21
Thrush, candida	37
Thyroid trouble and tiredness	03
Tinnitus/noises in the ear	12
Tired heart	18
Tiredness (nes)	41
Tonsillitis	25
Too much cholesterol in blood (hypercholesterolaemia)	03
Torn muscle in leg, torn ligaments, tendonitis	36
Toxoplasmosis (nes)	37
Trapped nerve	08
Travel sickness	40
Trigeminal neuralgia	08
Trouble with eyes (nes), eyes not good (nes)	09
Tuberculosis of abdomen	37
Tunnel vision	09
Turner's syndrome	33
Typhoid fever	37
U	
Ulcer (nes)	26
Ulcer on lung, fluid on lung	25
Ulcers on tongue, mouth ulcers	29
Unclassifiable (no other codable complaint)	41

Underactive/overactive thyroid, goitre (hypo- or hyper-thyroidism)	03
Uraemia	30
Urinary tract infection excluding kidney infection (nephritis)	31
V	
Vaginitis, vulvitis, dysmenorrhoea	33
Valvular heart disease	18
<i>Varicose ulcer, varicose eczema</i>	20
Varicose veins in Oesophagus, Oesophageal varices	21
Varicose veins/phlebitis in lower extremities/pulmonary embolus	20
various ulcers, varicose eczema	20
Vascular dementia	08
Venereal diseases	37
Vertigo	13
Viral hepatitis	37
W	
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)	36
War wound (nes)	41
Water trouble (nes)	32
Water/fluid retention	03
Weak bladder, bladder complaint (nes)	32
Weak heart because of rheumatic fever	18
Weak legs, leg trouble, pain in legs	36
Weakness in intestines	27
Weight loss (nes)	41
Whooping cough	37
<i>Whooping cough (pertussis)</i>	37
Wilms tumour	01
Wilson's disease	03
Wolff - Parkinson - White syndrome	18
Worn discs in spine - affects legs	35
Wright's syndrome	21

Appendix 4: Coding Frame for Heart Trouble

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

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

Appendix 5: Cereal Coding List

CEREAL CODING LIST

Use code 5 for any cereal not listed here

Store and cereal	C o d e		
ALDI		Frosted Flakes	3
Harvest Morn Chocolate Crunch	1	Harvest Morn Berries and Cherries Muesli	3
Harvest Morn Fruit & Fibre	1	Harvest Morn Chocco Pillows	3
Harvest Morn Luxury Fruit & Nut Muesli	1	Harvest Morn Golden Puffs	3
Harvest Morn Instant Hot Oat Cereal (Golden Syrup)	1	Harvest Morn Crisp Rice	4
Harvest Morn Luxury Fruit Muesli	1	Harvest Morn Multigrain Loops	4
Harvest Morn Maple & Pecan Crunch	1	Harvest Morn Corn Flakes	4
Harvest Morn Original Swiss Style Muesli	1	Harvest Morn Benefit Original	4
Harvest Morn Strawberry Crunch	1	Harvest Morn Benefit with Red Fruit	4
Harvest Morn Sultana Bran Oat Bran Flakes with sultana and apples	1	Really nutty Muesli	4
Luxury Fruit porridge	1		
Harvest Morn Sultanas, Raisins, Cranberry and Apple Fruity porridge	1	ASDA	
Harvest Morn Blueberry and Apple Fruity porridge	1	Asda 50% fruit oat, wheat and bran flakes	1
Harvest Morn Original Swiss Style Muesli (no added sugar)	2	Asda 55 % fruit muesli	1
Harvest Morn Instant Hot Oat Cereal	2	Asda 55% fruit, nuts and seeds muesli	1
Malted wheaties	2	Asda cranberry and muesli praline pecan	1
New Morning Super Quick Oats	2	Asda extra special blackcurrant, apricot & pumpkin seed muesli	1
Oat Bran Flakes	2	Asda Extra Special Cereal crisp muesli	1
Wheat Biscuits	2	Asda Extra Special Muesli - luxury	1
Scottish porridge oats	2	Asda extra special oat crisp summer berries	1
Wheat Shreds	2	Asda fruit and fibre	1
Bitesize wheat shreds	2	Asda Good for you muesli	1
Bran flakes	2	Asda hawaiian Crunch	1
Harvest Morn Really Exotic Muesli	2	Asda honey nut bran flakes	1
New Day Honey Wheat Puffs (Lower Sugar)	3	Asda Organics superfood muesli	1
Honey Nut Corn Flakes	3	Asda simply porridge syrup	1
Harvest Morn Choco Loops	3	Asda Smart Price fruit and fibre	1
Harvest Morn Choco Rice	3	Asda sultana bran	1
Harvest Morn Honey Loops	3	Asda swiss style muesli	1
Harvest Morn Honey Wheat Puffs	3	Asda whole wheat muesli	1
Choc hoops	3	Asda Raisin, Honey and almond crunch	1
		Asda Ready oats	1
		Asda scottish porridge oats	1
		Asda Simply porridge oat original	1
		Asda simply porridge original	1
		Asda bran flakes	2

Dorset Cereals really nutty muesli	1	Jordans muesli – special fruit muesli	1
Dorset Cereals Super Cranberry Muesli	1	Jordans muesli – special muesli	1
Dorset Cereals Super Cranberry, cherry & almond	1	Jordans Muesli fruit & nut	1
Dorset Cereals super high fibre	1	Jordans Muesli fruity fibre	1
Dorset Cereals tasty, toasted spelt	1	Jordans Muesli super berry	1
Dorset Cereals tasty fruit & fibre- raisin date apple	1	Jordans Muesli- truly fruity	1
Dorset Cereals tasty fruit & fibre- pineapple papaya raisin	1	Jordans organic crunchy raisins & coconut	1
Dorset Cereals Cranberry and Raspberry Fruity Porridge	2	Jordans Organic fruit & fibre flakes	1
Dorset Cereals Fantastically Fruity Muesli	2	Jordans Organic Granola	1
Dorset Cereals tasty low fat flakes- apple cherry raspberry cranberry	2	Jordans original crunchy cereal – raisins & almonds	1
Dorset Cereals organic fruit, nuts & seeds	2	Jordans original crunchy cereal – tropical fruits	1
Dorset Cereals <i>Simply</i> Porridge	2	Jordans Superfoods Breakfast flakes	1
Dorset Cereals simply delicious muesli	2	Jordans Superfoods Granola	1
Dorset Date and Banana Fruity Porridge	2	Jordans 3 in 1 Strawberry	2
Dorset Cereals Breakfast Projects no.02 apple	3	Jordans muesli – natural muesli	2
Dorset Cereals Breakfast Projects no.01 original	4	Jordans Muesli nut & seed	2
		Jordans Natural wheat bran	2
		Jordans Natural wheatgerm	2
		Jordans organic muesli	2
		Jordans organic multigrain porridge	2
		Jordans organic porridge oats	2
		Jordans (<i>Chunky traditional porridge</i>) porridge oats	2

HAMLVNS

Hamlyns cottish oatmeal	2
Hamlyns cottish porridge oats	2
Hamlyns cottish porridge oats & bran	2

JORDANS

Jordans country crisp - real strawberries	1
Jordans country crisp – four nut <i>crunch</i>	1
Jordans country crisp – honey clusters	1
Jordans country crisp – luxury raisins	1
Jordans country crisp – real raspberries	1
Jordans country crisp & flakes	1
Jordans Crunchy oat-raisins, almonds & honey	1
Jordans Crunchy oats-special fruits & nuts	1
Jordans luxury crunchy cereal – luxury fruits & nuts	1
Jordans luxury crunchy cereal – maple & pecan	1

KELLOGG'S

Kellogg's All Bran bran flakes	1
Kellogg's All Bran bran flakes chocolate	1
Kellogg's All Bran Crunchy Oatbakes	1
Kellogg's All Bran Honey & Oat bar	1
Kellogg's All Bran sultana bran	1
Kellogg's Bran Flakes	1
Kellogg's Bran Flakes Sultana Bran	1
Kellogg's Country Store Muesli	1
Kellogg's fruit 'n fibre	1
Kellogg's Honey Loops	1
Kellogg's Optivita Raisin Oat Crisp	1
Kellogg's Special K sustain	1
Kellogg's All Bran original	2
Kellogg's chocolate wheats	2
Kellogg's frosted wheats	2

Kellogg's Luxury Muesli	2	Goody Oatlicious Oh So Easy Oats (Golden Syrup)	1
Kellogg's Optivita Berry Oat Crisp	2	Bixies Swiss Style Muesli	1
Kellogg's Optivita Nut Oat Crisp	2	Master Crumble Crunch Oat Cereal Tropical	1
Kellogg's raisin wheats	2	Master Crumble Crunch Oat Cereal Raisins & Almonds	1
Kellogg's Raisin Wheats	2	Crownfield Fruit & Fibre	1
Kellogg's rice krispies multi-grain shapes	2	Crownfield Choco Puffs	1
Kellogg's Coco pops	3	Crownfield Golden Puffs	1
Kellogg's Coco pops coco rocks	3	Crownfield Choco Moons	1
Kellogg's Coco pops mega munchers	3	Crownfield Choco Hoops	1
Kellogg's Coco Pops Moons & Stars	3	Crownfield Sultana Bran	1
Kellogg's Corn flakes hint of honey	3	Crownfield Nut Clusters	1
Kellogg's Crunchy nut	3	Simply Sumptuous Special Muesli Luxury Fruit	1
Kellogg's Crunchy Nut Bites	3	Goody Oatlicious Oh So Easy Oats (Original)	2
Kellogg's Crunchy nut clusters honey & nut	3	Oatlicious Porridge Oats	2
Kellogg's Crunchy nut clusters summerberries	3	Nordwaldtaler Fine Wholegrain Oats	2
Kellogg's Crunchy nut nuts about nuts'n fruit	3	Bixies Malt Crunchies	2
Kellogg's Crunchy nut nutty	3	Bixies Swiss Style Muesli (No Added Sugar)	2
Kellogg's frosties	3	Bixies Whole Wheat Biscuits	2
Kellogg's frosties reduced sugar	3	Master Crumble Maple Pecan Crisp	2
Kellogg's Just Right	3	Crownfield Bran Flakes	2
Kellogg's kashi crunch	3	Master Crumble Strawberry Crisp	3
Kellogg's kashi muesli seven grains	3	Crownfield Nougat Pillows	3
Kellogg's Ricicles	3	Crownfield Flakes Honey & Peanuts	3
Kellogg's Special k bliss creamy berry crunch	3	Crownfield Flakes Sugar	3
Kellogg's Special k bliss strawberry & chocolate	3	Crownfield Frosted Flakes	3
Kellogg's Special k medley	3	Crownfield Honey Balls	3
Kellogg's Special K Oat & Honey	3	Simply Sumptuous Special Muesli Luxury Fruit and Nut	3
Kellogg's Special k peach & apricot	3	Limessa Light Flakes Honey & Peanuts	3
Kellogg's Special k purple berries	3	Light Flakers sugar	3
Kellogg's Special k red berries	3	Caramel Flakes	3
Kellogg's Special K Sustain Yogurt	3	Apple Flakes	3
Kellogg's Start	3	Rice snaps	3
Kellogg's Corn flakes	4	Flakers choco	3
Kellogg's Corn flakes multi-grain	4	Choc rice	3
Kellogg's rice krispies	4	Honey and Choco puffs	3
Kellogg's Special k	4	Banana and Choco puffs	3
		Crownfield Corn Flakes	4
		Crownfield Rice Snaps	4
		Special Flakes	4
		Crownfield Special Flakes Chocolate	4
		Special Flakes - Red fruit	4

Nut Flakers 4

MARKS & SPENCER

M&S Count On Us tropical fruit and bran multi flakes 1
M&S luxury fruit and nut & seed muesli 1
M&S triple chocolate crunch 1
M&S unsweetened fruit and bran muesli 1
Fruit & Fibre Muesli 1
M&S Organic swiss style wholegrain muesli 2
M&S wholegrain wheat bisks 2
M&S scottish porridge oats 2
Prebiotic Quick Porridge Oats 2
Quick Apple, Sultana and Cinnamon Porridge 2
M&S clementine and chocolate crunch - citrus infused oat clusters 3
M&S Count On Us berries, cherries and flakes 3
M&S Count On Us multifruit and flakes 3
M&S frosted flakes 3
M&S fruit, nuts and flakes 3
M&S honey, nuts and flakes 3
Malty Flakes with Raspberries 3
M&S deliciously nutty crunch 4
M&S apple and cinnamon crunch 4
M&S Organic multigrain jumbo oat porridge 4
M&S strawberry and almond crunch 4
Corn Flakes 4
Instant Raspberry and Cranberry Porridge 4

MORRISONS

Morrisons crispy apple bran 1
Morrisons fruit and fibre 1
Morrisons fruit and nut muesli 1
Morrisons honey nut bran flakes 1
Morrisons orange choco dots 1
Morrisons sultana bran 1
Morrisons The Best fruit and nut muesli 1
Morrisons Swiss Style Muesli 1

Morrisons Whole Wheat Muesli 1
Morrisons Organic Fruit Crunchy 1
Morrisons Golden Syrup flavour porridge oat sachets 1
Morrisons bran flakes 2
Morrisons high fibre bran 2
Morrisons instant hot oats - no added salt/sugar 2
Morrisons malties 2
Morrisons Organic wheat biscuits 2
Morrisons quick and easy porridge oats 2
Morrisons Original Porridge Oat Sachets 2
Morrisons wheat biscuits 2
Morrisons Organic Bran Flakes 2
Morrisons Blueberry Wheats 2
Morrisons Cranberry Wheats 2
Morrisons Neat Wheat 2
Morrisons Neat Wheat bitesize 2
Morrisons Value Wheat Biscuits 2
Morrisons Muesli no added sugar 2
Morrisons Organic Fruit and Nut Muesli 2
Morrisons Value Muesli 2
Morrisons Oats 2
Morrisons Instant Hot Oats 2
Morrisons puffed wheat 2
Morrisons choco crackles 3
Morrisons choco dots 3
Morrisons choco flakes 3
Morrisons frosted flakes 3
Morrisons frosted flakes - reduced sugar 3
Morrisons golden puffs 3
Morrisons honey cornflakes 3
Morrisons honey hoops 3
Morrisons honey nut cornflakes 3
Morrisons Honey and Nut Trim Flakes 3
Morrisons right balance 3
Morrisons Strawberry Crispy Clusters 3
Morrisons Maple and Pecan Crispy Clusters 3
Morrisons Value Coco snaps 3
Morrisons Rice Crackles 3

Morrison's <i>Value</i> cornflakes	4
Morrison's cornflakes	4
Morrison's Organic cornflakes	4
Morrison's trim flakes - apricots and peaches	4
Morrison's trim flakes - original	4
Morrison's trim flakes – red fruit	4
Morrison's Trim Flakes - Apple, Blackberry, Blackcurrant and Blueberry	4
Morrison's Choco Curls Kid smart	4
Morrison's Value Rice Snaps	4

NESTLÉ

Nestlé cheerios	1
Nestlé clusters	1
Nestlé coco shreddie	1
Nestlé frosted shreddie	1
Nestlé fruitful shredded wheat	1
Nestlé honey shreddie	1
Nestlé oats & more honey	1
Nestlé bitesize organic shredded wheat	2
Nestlé bitesize shredded wheat	2
Nestlé honey nut shredded wheat	2
Nestlé cheerios honey nut	3
Nestlé cookie crisp	3
Nestlé Curiously Cinammon (formerly Cinammon Grahams)	3
Nestlé fitness & fruit	3
Nestlé fitness honey & nut	3
Nestlé golden nuggets	3
Nestlé Nesquik	3
Nestlé Oat Cheerios	3
Nestlé oats & more <i>raisin</i>	3
Nestlé oats & more almond	3
Nestlé fitness	4

SAINSBURY'S

Sainsbury's Basics fruit and fibre	1
Sainsbury's Be Good To Yourself nut, berry and seed muesli	1
Sainsbury's crunch, organic	1
Sainsbury's easy oats - golden syrup	1

Sainsbury's fruit muesli	1
Sainsbury's golden puffs	1
Sainsbury's honey nut bran flakes	1
Sainsbury's sultana bran	1
Sainsbury's swiss style muesli - wholegrain	1
Sainsbury's Taste the Difference caramelised nut and jumbo flame raisin crunch cereal	1
Sainsbury's triple chocolate crisp cereal	1
Sainsbury's tropical crunchy oat cereal	1
Sainsbury's whole wheat muesli	1
Sainsbury's wholegrain fruit and fibre	1
Sainsbury's wholegrain fruit and fibre no added sugar	1
Sainsbury's wholegrain raisin wheats	1
Sainsbury's Be Good To Yourself muesli	1
Sainsbury's chocolate crisp cereal	1
Sainsbury's hot oat golden syrup	1
Sainsbury's purple berry crisp cereal	1
Sainsbury's crunchy coconut, raisin and honey	1
Sainsbury's yoghurt and raspberry crisp cereal	1
Sainsbury's blueberry wheats	2
Sainsbury's apricot wheats	2
Sainsbury's Basics branflakes	2
Sainsbury's Basics breakfast wheat biscuits	2
Sainsbury's Basics muesli	2
Sainsbury's 12 fruit & nut muesli	2
Sainsbury's Be Good To Yourself oat muesli	2
Sainsbury's bran flakes	2
Sainsbury's cranberry wheats	2
Sainsbury's easy oats - original	2
Sainsbury's high fibre bran	2
Sainsbury's high fibre bran cornflakes	2
Sainsbury's high fibre cornflakes	2
Sainsbury's ready oat cereal	2
Sainsbury's instant hot oat cereal	2
Sainsbury's malties	2
Sainsbury's mini wheats	2

Sainsbury's natural bran	2	Tesco Crunchy Oat Cereal with coconut, sultanas and almonds	1
Sainsbury's oat cereal, hot	2	Tesco Crunchy Oat Cereal with tropical fruits	1
Sainsbury's puffed wheat	2	Tesco Finest Fruit & Nut Granola	1
Sainsbury's scottish porridge oats	2	Tesco Finest Fruit & Nut Muesli	1
Sainsbury's scottish porridge oats with bran	2	Tesco Fruit & Fibre	1
Sainsbury's SO Organic bran flakes	2	Tesco Fruit & Nut Muesli	1
Sainsbury's SO Organic oats	2	Tesco fruit and berries muesli	1
Sainsbury's SO Organic original easy oat sachets	2	Tesco Light Choices Sultana Bran	1
Sainsbury's SO Organic whole wheat biscuits	2	Tesco Malt Wheats	1
Sainsbury's Taste the Difference whole rolled porridge oats	2	Tesco Micro Oats (Golden Syrup)	1
Sainsbury's wholegrain bran flakes	2	Tesco Organic Swiss Style Muesli	1
Sainsbury's wholegrain apricot wheats	2	Tesco Swiss Style Muesli	1
Sainsbury's wholegrain mini wheats	2	Tesco Value Fruit & Fibre	1
Sainsbury's wholewheat biscuits	2	Tesco (Disney) Wholegrain Porridge	2
Sainsbury's wholewheat bisk cereal	2	Tesco Apricot Wheats	2
Sainsbury's wholgrain cranberry wheats	2	Tesco Blueberry Wheats	2
Sainsbury's Be Good To Yourself precise	3	Tesco Bran Flakes Value	2
Sainsbury's choco hooplas	3	Tesco Cranberry Wheats	2
Sainsbury's choco snaps	3	Tesco Finest Porridge with Fruit & Nuts	2
Sainsbury's frosted flakes	3	Tesco Finest Scottish Porridge Oats	2
Sainsbury's honey nut and cranberries	3	Tesco Healthy Living Porridge Oats with wheatbran & prebiotics	2
Sainsbury's honeynut cornflakes	3	Tesco hi-fibre bran	2
Sainsbury's pecan and maple crisp cereal	3	Tesco Instant Hot Oat Cereal	2
Sainsbury's balanced cereal - crispy rice and wheat	4	Tesco Light Choice Wheat Biscuits	2
Sainsbury's balanced cereal with red fruits	4	Tesco Light Choices Bran Flakes	2
Sainsbury's Basics cornflakes	4	Tesco malt wheats	2
Sainsbury's Be Good To Yourself balance	4	Tesco Maple & Pecan Crisp	2
Sainsbury's Be Good To Yourself balance with red fruit	4	Tesco Micro Oats	2
Sainsbury's cornflakes	4	Tesco Organic Porridge Oats	2
Sainsbury's crisp rice, basics	4	Tesco Pomegranate & Raspberry Wheats	2
Sainsbury's rice pops	4	Tesco Scottish porridge oats	2
Sainsbury's SO Organic cornflakes	4	Tesco Scottish porridge oats with wheat bran	2
Sainsbury's swiss style muesli - no added salt sugar	4	Tesco Superfood muesli	2
		Tesco Swiss Style Muesli (No Added Sugar/Salt)	2
		Tesco Value Muesli	2
		Tesco Value Porridge Oats	2
		Tesco Wheat Biscuits	2

Tesco Wholewheat Muesli	2
Tesco Choco Snaps	3
Tesco Frosted Flakes	3
Tesco Golden Honey Puffs	3
Tesco Honey Nut Corn Flakes	3
Tesco Multigrain Boulders	3
Tesco value coco snaps	3
Tesco Value Frosted Flakes	3
Tesco Multigrain Hoops	4
Tesco Rice Snaps	4
Tesco Value Rice Snaps	4
Tesco Corn Flakes	4
Tesco organic cornflakes	4
Tesco Specialflakes	4
Tesco Special Flakes with Red Berries	4
Tesco Strawberry Crisp	4
Tesco Value Corn Flakes	4

WEETABIX

Weetabix minis chocolate crisp	1
Weetabix minis fruit & nut crisp	1
Weetabix minis honey & nut crisp	1
Weetabix Oatibix bitesize with chocolate & raisin	1
Weetabix Oatibix porridge apple & raspberry	1
Weetabix Oatibix porridge chocolate	1
Weetabix Oatibix porridge golden honey	1
Weetabix Oatibix porridge spiced apple & sultana	1
Weetabix Ready Brek chocolate	1
Weetabix Alpen no added sugar	2
Weetabix crunchy bran	2
Weetabix disney pirates	2
Weetabix disney princess stars	2

Weetabix Oatibix bitesize	2
Weetabix Oatibix bitesize with sultana & apple	2
Weetabix Oatibix original	2
Weetabix Oatibix porridge original	2
Weetabix organic	2
Weetabix original	2
Weetabix power rangers star force	2
Weetabix Ready Brek original	2
Weetabix weetaflakes	2
Weetabix Oatibix Flakes	2
Chocolate Weetabix	2
Weetabix Alpen high fruit	3
Weetabix Oatibix Flakes with raisin, cranberry and blackcurrant	3
Weetabix Oatiflakes with raisin, cranberry & blackcurrant	3
Weetabix weetos chocolate flavour	3

OTHER BRANDS

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

CODING PRESCRIBED MEDICINES

FOR USE ON ALL NURSE SURVEYS

TO BE USED WITH BNF 61

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

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

Lipid-lowering drugs, formerly coded as 02.12.00

Statins.....02.12.01

Other lipid-lowering drugs.....02.12.02

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

Antihypertensives formerly coded as 02.05.05

Angiotensin-converting enzyme (ACE) inhibitors.....02.05.51

Angiotensin II receptor antagonists.....02.05.52

Renin inhibitors.....02.05.53

Antidiabetic drugs formerly coded as 06.01.02

Sulphonylureas.....06.01.21

Biguanides (e.g. Metformin).....06.01.22

Others.....06.01.23

CODING OF PRESCRIBED MEDICINES: ALPHABETICAL INDEX

A

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

AZATHIOPRINE

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

B

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

C

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

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

CO-CODAMOL	04.07.01
CO-DANTHRAMER	01.06.02
CO-DANTHRUSATE	01.06.02
CO-DIOVAN	02.05.52
CO-DYDRAMOL	04.07.01
CODEINE	04.07.02
CODEINE LINCTUS	03.09.01
CODEINE PHOSPHATE	
analgesic	04.07.02
cough suppressant	03.09.01
diabetes neuropathy	06.01.05
diarrhoea	01.04.02
COLESEVELAM HYDROCHLORIDE	02.12.02
COLESTIPOL HYDROCHLORIDE	02.12.02
COLESTYRAMINE	02.12.02
COLOFAC	01.02.00
COLPERMIN	01.02.00
COMBIVENT.....	03.01.04
CONCERTA XL	04.04.00
CORACTEN.....	02.06.02
CORSODYL.....	12.03.04
COVERSYL	02.05.51
COZAAR.....	02.05.52
CREON	01.09.04
CRESTOR	02.12.01
D	
DAKTACORT	13.04.00
DALACIN	
-C	05.01.06
-T (acne)	13.06.01
vaginal	07.02.02
DALMANE	04.01.01
DELTACORTRIL (Enteric)	06.03.02
DEPO-PROVERA (ALSO CHECK Provera) contraceptive	07.03.02
DERBAC-M	13.10.04
DERMOL CREAM	13.02.01
DERMOVATE, DERMOVATE-NN	13.04.00
DEXAMETHASONE (eye drops)	11.04.01
DIAMICRON	06.01.21
DIANETTE	13.06.02
DIAZEPAM	
anxiety	04.01.02
epilepsy	04.08.02
febrile convulsions	04.08.03
hypnotic	04.01.01
muscle spasm	10.02.02

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

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

F

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

G

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

GOSERELIN	06.07.02
GLIBENCLAMIDE	06.01.21
GLICLAZIDE	06.01.21
GLIMEPIRIDE	06.01.21
GLIPIZIDE	06.01.21
GLUCOBAY	06.01.23
GLYCERYL TRINITRATE	02.06.01

H

HALF-INDERAL LA	02.04.00
HEMINEVRIN hypnotics	04.01.01
HIRUDOID	13.13.00
HYDRALAZINE	02.05.01
HYDROCORTISONE	
steroid replacement therapy	06.03.01
Asthma.....	06.03.02
Ulcerative colitis	01.05.02
ear	12.01.01
eye drops	11.04.01
haemorrhoids	01.07.02
mouth treatment	12.03.01
skin treatment	13.04.00
HYDROXOCOBALAMIN (injections)	09.01.02
HYPROMELLOSE (eye drops)	11.08.01

I

IBUGEL	10.03.02
IBUPROFEN	
Non-steroid anti-inflammatory	10.01.01
rheumatic disease including gout	10.01.01
topical antirheumatic	10.03.02
IMDUR	02.06.01
IMIGRAN	04.07.04
IMIPRAMINE	04.03.01
IMODIUM	01.04.02
INDAPAMIDE	02.02.01
INDOMETACIN (was INDOMETHACIN)	
gout (acute attack)	10.01.04
rheumatic disease	10.01.01
obstetrics	07.01.01
INFACOL	01.01.01
INNOVACE	02.05.51
INSULIN	06.01.01
IRBESARTAN	02.05.52
ISOSORBIDE DINITRATE	02.06.01
ISOSORBIDE MONONITRATE	02.06.01
ISTIN	02.06.02

K

KAPAKE	04.07.01
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KETOROLAC TROMETAMOL (eye drops)	11.08.02
KLARICID, KLARICID XL	05.01.05
KLIOFEM	06.04.01

L

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

M

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

MEFENAMIC ACID	10.01.01
MELOXICAM	10.01.01
METFORMIN	06.01.22
METHADONE	
analgesic	04.07.02
cough linctus	03.09.01
substance dependence	04.10.03
METHOTREXATE	
malignant diseases	08.01.03
rheumatic diseases	10.01.03
skin (psoriasis)	13.05.03
METHYLDOPA	02.05.02
METOCLOPRAMIDE	
gastro-intestinal	01.02.00
migraine	04.07.04
nausea and vertigo	04.06.00
METOPROLOL (migraines)	04.07.04
METOPROLOL TARTRATE	02.04.00
METRONIDAZOLE	
antibacterial	05.01.11
amoebiasis	05.04.02
Crohn's disease, diarrhoea	01.05.00
giardiasis	05.04.02
skin	13.10.01
Trichomoniasis	05.04.03
Ulcerative gingivitis	12.03.02
MICARDIS	02.05.52
MICROGYNON 30, MICROGYNON 30 ED	07.03.01
MICRONOR	07.03.02
MINOCIN MR	05.01.03
MINOCYCLINE	05.01.03
MIRTAZAPINE	04.03.04
MISOPROSTOL	01.03.04
MODECATE	04.02.02
MODURETIC	02.02.04
MONTELUKAST	03.03.02
MOTENS	02.06.02
MOTILIUM	04.06.00
MST CONTINUS	04.07.02
MUCOGEL	01.01.01
N	
NALTREXONE HYDROCHLORIDE	04.10.03
NAPROSYN, NAPROSYN S/R	10.01.01
NAPROXEN	
gout (acute attack)	10.01.04
pain	10.01.01
Rheumatic disease	10.01.01

NASEPTIN	12.02.03
NATRILIX	02.02.01
NAVISPARE	02.02.04
NIASPAN	02.12.02
NICORANDIL	02.06.03
NICORETTE (any type)	04.10.02
NICOTINE REPLACEMENT THERAPY	04.10.02
NICOTINELL (any type)	04.10.02
NIFEDIPINE	02.06.02
NIQUITIN CQ (any type)	04.10.02
NITRAZEPAM	04.01.01
NITROLINGUAL (spray)	02.06.01
NIZORAL	
Antifungal tablets	05.02.02
Scalp	13.09.00
skin	13.10.02
Vaginal and vulval candidiasis	07.02.02
NORETHISTERONE	
(as ingredient) sex hormone	06.04.01
Malignant disease	08.03.02
Menstrual disorders	06.04.01
NORETHISTERONE ENANTATE	
Combined oral contraception	07.03.01
Progesteron-only contraception	07.03.02
NORMASOL SACHET	13.11.01
NU-SEALS ASPRIN	
Analgesics	04.07.01
Cardiovascular	02.09.00
NYSTAN - see NYSTATIN	
NYSTATIN	
antifungal Tablets	12.03.02
mouth	12.03.02
skin	13.10.02
O	
OILATUM EMOLLIENT	13.02.01
OLBETAM	02.12.02
OLMETEC	02.05.52
OMACOR	02.12.02
OMEPRAZOLE	01.03.05
ORLISTAT	04.05.01
OPTICROM (eye drops)	11.04.02
ORUVAIL	
Capsules	10.01.01
gel	10.03.02
OTOMIZE (ear spray)	12.01.01
OTOSPORIN (ear drops)	12.01.01
OVRANETTE	07.03.01

OXYBUTYNIN HYDROCHLORIDE	07.04.02
OXYGEN	03.06.00
OXYTETRACYCLINE	
acne	13.06.02
Antibiotic	05.01.03
P	
PANTOPRAZOLE	01.03.05
PARACETEMOL	
Analgesics	04.07.01
Febrile convulsions	04.08.03
Migraine	04.07.04
PARAMAX	04.07.04
PAVACOL-D	03.09.01
PENICILLIN, PENICILLIN V or V-K (PHENOXYMETHYLPENICILLIN)	05.01.01
PERDIX	02.05.51
PERINDOPRIL	02.05.51
PHENERGAN	03.04.01
PHENOBARBITAL (was PHENOBARBITONE)	04.08.01
PHENYTOIN	
Epilepsy	04.08.01
Trigeminal neuralgia	04.07.03
PHOLCODINE LINCTUS	03.09.01
PHYLLOCONTIN CONTINUS	03.01.03
PICOLAX	01.06.05
PILOCARPINE HCL	
eye	11.06.00
dry mouth	12.03.05
PIOGLITAZONE	06.01.23
PIRITON	03.04.01
PIROXICAM	
capsules and tablets	10.01.01
gel	10.03.02
POLYTAR, POLYTAR AF, POLYTAR PLUS	
Emollient	13.05.02
Liquid/shampoo	13.09.00
PRANDIN	06.01.23
PRAVASTATIN SODIUM	02.12.01
PRAXILENE	02.06.04
PREDNISOLONE	
Asthma	03.01.00
Crohn's disease	01.05.02
eye	11.04.01
Haemorrhoids	01.07.02
Malignant disease or immunosuppression	08.02.02
Rectal	01.05.02
Rheumatic disease	10.01.02
Other	06.03.02

PREGADAY	09.01.01
PREMARIN	
Tablets	06.04.01
PREMPAK-C	06.04.01
PRIADEL	04.02.03
PROCHLORPERAZINE	
Nausea and vertigo	04.06.00
Psychoses	04.02.01
PROCTOSEDYL	01.07.02
PROCYCLIDINE	04.09.02
PROPRANOLOL	
Cardiovascular	02.04.00
Migraine	04.07.04
Thyrotoxicosis	06.02.02
Tremor	04.09.03
PROSCAR	06.04.02
PROTHIADEN	04.03.01
PROVERA (sex hormone)	
Malignant disease	08.03.02
sex hormone	06.04.01
PROZAC	04.03.03
PULMICORT (inhaler), PULMICORT TURBOHALER, PULMICORT RESPULES	03.02.00
PYRIDOXINE	09.06.02
Q	
QUESTRAN	02.12.02
QUINAPRIL	02.05.51
QUININE	
Malaria	05.04.01
Nocturnal cramps/muscle relaxant	10.02.02
R	
RAMIPRIL	02.05.51
RABEPRAZOLE	01.03.05
RANITIDINE	01.03.01
RASILEZ	02.05.53
REGULAN	01.06.01
RELIFEX	10.01.01
RHINOCORT AQUA	12.02.01
RIZATRIPTAN	04.07.04
ROSUVASTATIN	02.12.01
S	
SALAMOL	03.01.01
SALAZOPYRIN	
Chronic diarrhoea, inflammatory bowel disease (Ulcerative colitis, Crohn's disease)	01.05.01
Rheumatic disease	10.01.03
SALBUTAMOL	03.01.01
SALMETEROL	03.01.01

SANOMIGRAN	04.07.04
SAXAGLIPTIN	06.01.23
SECURON, SECURON SR	02.06.02
SENNA	01.06.02
SENOKOT	01.06.02
SERC 16, SERC 8	04.06.00
SEREVENT	03.01.01
SEROXAT	04.03.03
SERTRALINE	04.03.03
SEVIKAR	02.05.52
SILDENAFIL	07.04.05
SIMPLE LINCTUS	03.09.02
SIMVASTATIN	02.12.01
SINEMET, SINEMET LS, SINEMET-PLUS, SINEMET CR	04.09.01
SINGULAIR.....	03.03.02
SITAGLIPTIN.....	06.01.23
SLOW-K	09.02.01
SODIUM BICARBONATE	
Antacid.....	01.01.01
ear drops	12.01.03
oral (capsules)	09.02.01
urine alkalinisation	07.04.03
SOFRADEX	
ear	12.01.01
eye	11.04.01
SOLPADOL	04.07.01
SPASMONAL	01.02.00
STARLIX	06.01.23
STEMETIL	04.06.00
SUBUTEX	04.10.03
SUDAFED	
tablets, elixir	03.10.00
SUDOCREM	13.02.02
SULFASALAZINE	
inflammatory bowel disease (ulcerative colitis, Crohn's disease)	01.05.01
Rheumatic disease	10.01.03
SULPIRIDE	
antipsychotic	04.02.01
Tourette syndrome	04.09.03
SUPRALIP	02.12.02
SYMBICORT INHALER	03.02.00
T	
TAMOXIFEN	08.03.04
TANATRIL	02.05.51
TAMSULOSIN HYDROCHLORIDE	07.04.01
TEGRETOL	04.08.01

TEMAZEPAM	
anaesthesia	15.01.04
hypnotic	04.01.01
TEMGESIC	04.07.02
TENORET 50	02.04.00
TENORETIC	02.04.00
TENORMIN	02.04.00
TERBUTALINE SULPHATE	03.01.01
TEVETEN	02.05.52
THYROXINE (LEVOTHYROXINE)	06.02.01
TILADE MINT (inhaler)	03.03.01
TILDIEM LA, TILDIEM RETARD	02.06.02
TIMODINE	13.04.00
TIMOLOL MALEATE	
eye drops	11.06.00
TIMOPTOL, TIMOPTOL LA	11.06.00
TIOTROPIUM INHAER	03.01.02
TOLBUTAMIDE	06.01.21
TRAMADOL HYDROCHLORIDE	04.07.02
TRANDOLAPRIL	02.05.51
TRANEXAMIC ACID	02.11.00
TRAXAM	10.03.02
TREDAPTIVE	02.12.02
TRIMETHOPRIM	05.01.08
TRIMOVATE	13.04.00
TRIPTAFEN	04.03.01
TRITACE	02.05.51
TRUSOPT	11.06.00
TYLEX	04.07.01
U	
UNIPHYLLIN CONTINUS	03.01.03
V	
VARDENAFILL	07.04.05
VARENICLINE	04.10.02
VASCACE	02.05.51
VENTOLIN	03.01.01
VENLAFAXINE	04.03.04
VERAPAMIL	
angina	02.06.02
arrhythmias	02.03.02
hypertension	02.06.02
VIAGRA	07.04.05
VILDAGLIPTIN.....	06.01.23
VISCOTEARS	11.08.01
VITAMIN B	09.06.02
VITAMIN CAPSULES	09.06.07

VOLTAROL	
Emulgel	10.03.02
Ophtha	11.08.02
rheumatic disease and gout	10.01.01
W	
WARFARIN	02.08.02
X	
XALATAN (eye drops)	11.06.00
XENICAL	04.05.01
Z	
ZANTAC	01.03.01
ZESTRIL	02.05.51
ZIMOVANE	04.01.01
ZINERYT	13.06.01
ZOCOR	02.12.01
ZOPICLONE	04.01.01
ZOTON	01.03.05
ZOVIRAX	
cold sore	13.10.03
eye	11.03.03
Infections	05.03.02
ZYBAN	04.10.02
ZYDOL, ZYDOL SR, ZYDOL XL	04.07.02
ZYLORIC	10.01.04
Unable to code	99.99.99

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

WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm

1 foot = 0.305m

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