NatCen Social Research

The Health Survey for England 2012

Interviewer Project Instructions

P3227

Contents

GENERAL INFORMATION

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

Website
The Health Survey for England has its own website. It is designed to give respondents more information about the survey. The website address will also be on advance letters and information leaflets.

The website address is:

www.healthsurveyforengland.org

The Health Survey for England is the title of a series of annual surveys commissioned by The NHS Information Centre for health and social care (the IC).

1 KEY FEATURES AND AIMS

1.1 Key features of HSE

Subject	Health conditions, behaviours and lifestyle
Objective	Monitor trends in the nations health
Sponsor	The NHS Information Centre for health and social care (IC)
Eligibility	All adults aged 16+ (up to a maximum of 10) and up to 2 children (aged 0-15) living in private residential accommodation in England
Sample size	8,000 adults and 2,000 children
Data collection method	Face-to-face CAPI interview, self completion, objective measurements

In summary, the survey aims to:

- Obtain good population estimates of particular health conditions and associated risk factors
- Obtain good population estimates of the receipt of social care for older adults and the provision of social care by all adults.
- Monitor change overall and among certain groups
- Monitor indicators of progress towards the goals of the government's health strategy
- Inform policy on preventative and curative health.

2 HSE IN 2012

2.1 Sample

In 2012, all addresses are core addresses. There is no child boost. Interviewers will have 16 core addresses per point. All adults (16+) within the household (up to a maximum of 10) are eligible for interview and up to 2 children (0-15) are eligible. You will have a child selection label to use to randomly select the children to interview in a household with more than 2 children.

2.2 Question modules

Core modules of questions:
Demographic information, general health (including self care), doctor- diagnosed hypertension, adult diabetes smoking, drinking, social care, height and weight and consents.

Special topics added for **2012:**
Adult and child physical activity.

Self completions:
Children 8-12 yrs
13-15 yrs
Young adult men (16-17 & optional 18-24)
Young adult women (16-17 & optional 18-24)
Adult men (18-44)
Adult women (18-44)
Adults 45+

Heights and weight measurements

2.3 Nurse visits

Every respondent who is interviewed is eligible for a nurse visit. This includes both adults and children.

3 FIELDWORK OVERVIEW

3.1 Stage 1: the interviewer visit

For each household there is a short ***Household Questionnaire***. The household reference person or their spouse/partner should answer this questionnaire.

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

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

Estimated Timings
The interview length will vary depending on the individual's age and circumstances. The table below gives estimated timings for one and two adult sessions, including the household questionnaire, based on data from the dress rehearsal:

Session Type	Average interview length
One adult aged 16+	40-45 minutes
Two adults aged 16+	60-65 minutes

The topics covered in the Stage 1 interview are listed below.

	Children						Adults	
CAPI interview	**0-1**	**2-4**	**5-7**	**8-9**	**10-12**	**13-15**	**16-64**	**65+**
General health	●	●	●	●	●	●	●	●
Self-reported height and weight							●	●
Self care							●[a]	●[a]
Doctor diagnosed hypertension							●	●
Adult diabetes							●	●
Social care							●	●
Adult physical activity							●	●
Child physical activity	●	●	●	●	●	●		
Smoking				●[b]	●[b]	●[b]	●[b]	●
Drinking				●[b]	●[b]	●[b]	●[b]	●
Economic status / occupation							●	●
Educational attainment							●	●
Ethnic origin	●	●	●	●	●	●	●	●
Reported birth weight	●	●	●	●	●	●		

[a] Self care questions for those aged 16 and over
[b] Smoking and drinking modules administered by self-completion for all aged 8-17 and some aged 18 24

3.2 Stage 2: the nurse visit

Stage 2 is a visit carried out by a qualified nurse/midwife. At the end of the Individual Interview you will introduce the nurse visit and make an appointment using the availability that the nurse has given you. Here is an overview of what data is collected during the nurse visit in 2012:

Nurse Measurements & Questionnaire	Respondent Ages
Prescribed medications and drug coding	All ages
Nicotine replacement therapies	16+
Blood pressure	5 +
Waist and hip circumference	11+
Saliva sample	4-15
Blood sample	16+
Urine sample	16+
Flu vaccination (winter months 2012/13)	16 +

If respondents ask for an idea of how long the nurse visit will be:

Respondent	Average nurse visit length
Adult (16+)	30-35 minutes
Children (0-15)	5-20 minutes (length varies depending on age)

4 WHO TO INTERVIEW

4.1 No Proxy interviews

On HSE 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. 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.

4.2 Interviewing children

Please read the NatCen guidelines on Interviewing Children and Young People

When interviewing children:

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

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 RespHts & RespWts	Enter “Height/Weight not attempted”. At NoHtBC and NoWtBC code “Child away from home during fieldwork period” and enter a note in a remark to say why.
At Scomp3 & Scomp6	If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At SComp3 code “Not completed” and at SComp6 code “child away from home during fieldwork period” and enter a note in the notepad to say why.
At SComp6, NoHitM & NoWaitM	Children who are ill at home for the whole of the period should be treated in the same way, except that at SComp6, NoHtBC and NoWtBC code “other” and enter a note in the notepad.

Surprise packs for children and young people

Given the large demand we are making on the household, particularly in households with children, we offer a small present to each of the children and young people helping with the survey. You will be given a selection of small ‘surprise packs’ that contain **stickers** for younger children (NB these are not suitable for children under 3). There are **pens** for older children.

4.3 Advance Letters

The advance letter tells respondents about the Health Survey for England and the interviewer visit. For 2012 advance letters are being sent out from the office with the HSE red leaflet. This will be done in time for the start of fieldwork.

The letters include a voucher which allows the household to collect £5 from any post office. This voucher contains a barcode linked to the address. This incentive is not conditional on the household taking part in the study.

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 wishes to receive a replacement voucher they will have to call the free phone number to contact NatCen and request another. The household will be sent the same letter with the same barcode so they will only be able to redeem their £5 once.

5 CAPI

The CAPI questionnaire is easy to follow and most questions give instructions on the screen. If you have any queries about the CAPI questionnaire please contact your supervisor or 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.

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

5.1 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.

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

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

Once you have 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 Household Grid (e.g. marital status) can be changed at any point if you should later discover an error.

5.2 Setting up interviewing sessions

5.2.1 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.

5.2.2 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" from the parallel block. This is an empty session to which you can allocate the people you want to interview.

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

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

5.3 Individual Questionnaire

5.3.1 Presentation of the self completion booklets

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

Questionnaire	Colour	Content	Code
8-12	Pale green	Smoking, drinking, perception of weight, national identity, religion.	***12-11i***
13-15	Vanilla	Smoking, drinking perception of weight, religion, national identity, GHQ12.	***12-12i***
Young adult men (16-17 & optional 18-24)	Pale blue	Smoking, drinking, EQ5D, GHQ-12, gambling, sexual health, religion, sexual identity, contact details, perception of weight.	***12-13i***
Young adult women (16-17 & optional 18-24)	Pale pink	Smoking, drinking, EQ5D, GHQ12, gambling, sexual health, religion, contact details, perception of weight.	***12-14i***
Adult men (18-44)	Yellow	EQ5D, GHQ12, gambling, sexual health, sexual identity, contact details, perception of weight.	***12-15i***
Adult women (18-44)	Lilac	EQ5D, GHQ12, gambling, sexual health, sexual identity, contact details, perception of weight.	***12-16i***
Adults aged 45+	Pale grey	EQ5D, GHQ12, gambling, sexual identity, religion, contact details, perception of weight, bowel and bladder function.	***12-16i***

5.3.2 Measurements

The HSE 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 2012 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.

The scales used for HSE 2012 conform to European standards for weight measurements and **should be used for all measurements taken.** Please see the appendix 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, fill out **a Measurement Record Card** and give it to the respondent. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you. **The Measurement Record Card should be left with the respondent.** There is also information on the back of the card which you should bring to the respondents' attention should they agree to a nurse visit.

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** do not have a **height** measurement taken, but should be weighed.
- **Pregnant women** are not eligible for a **weight measurement**
- **Respondents in a wheelchair/ not able to get out of a chair**
- If after discussion a respondent is too **unsteady on their feet** for these measurements
- If the respondent finds it **painful** to stand or stand straight
- If an **elderly respondent is too stooped** to obtain a reliable **height** measurement
- **Respondents weighing more than 200kg (31½ stone).** You will be asked to obtain an estimate instead

5.4 Admin block

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

If a respondent has agreed to a nurse visit, you will be prompted to complete some information for the nurse. The information you provide here will be transmitted to the nurse via the nurse link. It is crucial that you include all relevant information here for the nurse.

★ Note that new questions have been added to the admin for 2012★

For 2012, we are changing the way information is passed from interviewers to nurses. There are some additional questions in the admin block for you to complete for households where at least one person has agreed to a nurse visit.

5.5 Consents

Respondents aged 16 and over are asked if they will consent to have their name flagged on 3 registers: the **NHS Central Register**, the **Cancer Registry** and the **Hospital Episode Statistics Register**.

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. You should also be prepared to answer any questions they might have.

★ Note that the consent forms have changed for 2012★

You need to ask the respondent to write their name clearly, then date and sign the form. You should then write your own name, and date and sign the form as well.

In 2012, there is **one consent** form which covers all of the registers (NHS central registers, Cancer registry and Hospital Episodes Statistics Register). As the Information Centre for Social Care now manages all these registers it is possible to have a combined consent with only two boxes which respondents need to initial. If respondents choose to consent to have their survey answers linked to some of their NHS records they should initial both the boxes, clearly print their name and then sign and date their consent at the bottom of the form. You will also need to sign and date the form and leave the **respondent with the white copy** of the consent form. This page has information about the registers, a copy of their consent and contact details should they have any questions.

You then need to send the yellow copy of the consent back to the office.

5.5.1 Information about the registers

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

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

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

Once ethical approval has been obtained, the NHS numbers of HSE respondents who have consented to linkage will be sent to the HES database. No other information is given, not even the serial number used by the interviewer. A totally **different** case number is allocated to ensure

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

NHS Central Register
The National Health Service has a Central Register, which lists all the people in the country and their NHS number. When the respondent dies, the NHS Register provides the Health Survey team with a replica of the respondent's Death Certificate (something that is publicly available). The information on the Death Certificate may then be attached to the data file.

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

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

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

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

5.5.2 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."

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."

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"

Witness signature and date

6 INTRODUCING THE DIFFERENT SURVEY STAGES

6.1 Tips for introducing the survey

- 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.
- Do **not** enter the house with your stadiometer and scales. Leave your car somewhere where you can retrieve them.
- Introduce the nurse visit at the end of the interview; do not mention it on the doorstep.

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.

6.2 Things you can mention on the doorstep

Government Related	• It is a national survey on behalf of The NHS Information Centre for health and social care. • It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation" and is also part of the more recent "Our Healthier Nation" White Paper. • It provides the government with accurate and up-to-date information on the health of the population. • It gives the government information on health trends, and monitors how well the health targets set by the Government (in the White Papers "Our Healthier Nation" and "Choosing Health") are achieved. • The information will be needed by whichever government is in office. • The information is available to all political parties. • It is used to help plan NHS services.
Confidentiality	• Answers are treated in strictest confidence in accordance with the Data Protection Act 1998 • No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results. • Results are only published as aggregate statistics • Names and addresses are always kept separately from survey data
Signify its importance & status	• It is a very important survey. • It is the largest national survey to look at the health of the general population. In 2012, about 10,000 people will take part. • Results are published annually and reported in the national press. • It is carried out every year.
Describe population coverage & why certain groups should participate	• The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them. • Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been specially selected - not the one next door. No-one else can be substituted for them. • 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.

What previous respondents have said about the survey	• "I found the survey enjoyable and interesting!" • "I was happy to do the survey over a cup of coffee!" • "I found the survey quite friendly, sociable and good-natured. There was nothing where I thought mind your own business!" • "I think doing the survey is great!"

6.3 Introducing the nurse visit

- Explain that the nurse is the best person to describe what (s)he wants to do. The respondent can always change his/her mind after hearing more about it
- Stress that by making an appointment to see the nurse the person is not committing themselves to helping with all, or any, of the measurements
- The nurse will ask for separate permission to carry out the various measurements
- We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements

If the respondent wishes, they and their GP can be given results from some of their measurements. If you feel that this will help you get an appointment for the nurse, please explain this. **However, be careful to avoid calling the nurse visit a 'health check' – it is not, and nurses cannot give health advice.** One of the most common reasons given for respondents refusing to see the nurse is 'I don't need a medical check - I have just had one'. Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

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

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

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

6.3.1 Stage 2 leaflet

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

6.3.2 Appointment record card

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

7 LIASING WITH YOUR NURSE PARTNER

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

7.1 What information do interviewers and nurses need from each other?

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

BEFORE FIELDWORK STARTS	
You need to know…	The **nurse** needs to know…
• Your nurse's **name** • Your nurse's **availability** for the fieldwork month (as much as they know at this stage). • **Personal info** such as their job or former job, whether they work as a nurse in a hospital/clinic/in the community (this information can be very reassuring for respondents) • How well they know the area you are both working in • How you are both going to **keep in touch**	• Whether you have any holiday planned • Whether there are any times you know you will definitely **not** be working on HSE, for example if you are working on a different project • How you are both going to **keep in touch**

DURING FIELDWORK	
You need to know…	The **nurse** needs to know…
• An **update** of the nurse's availability. He/she will give you some availability before you start fieldwork but you will obviously	• Details of **appointments** (time, number of respondents, their names and ages) **as soon as** these have been made

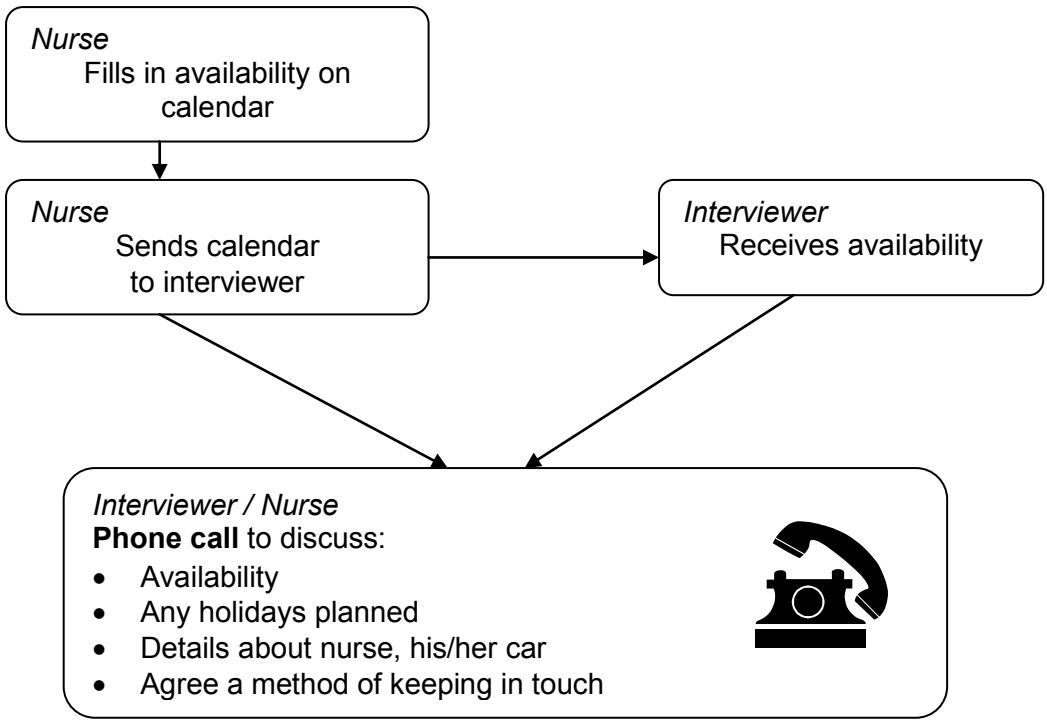
need an update as his/her plans change	• Any households that agreed the nurse visit, but where you were **unable to make an appointment** so the nurse needs to make it • Any households where **nobody has agreed** a nurse visit, so that he/she can cross these households off his/her worklist • An **update** of when you will not be working on HSE.

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

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

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

Before fieldwork starts:



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

What should happen during fieldwork?

- Your nurse should continually update you with their availability and you should update your nurse with fieldwork plans**.**
- **As soon as** you have an agreed nurse appointment at an address, **call the nurse the let them know**. Once the household is complete, transmit the household so that nurses can pick up their nurselink (see 10.2).
- Where a nurse visit is refused, send the address details to your nurse on the NNV as soon as possible so they can cross the address of their work list.
- phone your nurse if your work plans change. It is important to phone your nurse at least 4 days in advance, if you know that **you will not use one of the appointment slots that they have given you**. This is because many of the nurses work on other NatCen surveys and/or have other jobs which they may be able to use this time for.

7.2 Documents relating to the nurse visit

The Nurse Record Form (NRF), the eNRF (electronic NRF) and No Nurse Visit sheet (NNV)

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

NNV

This is for households where there is no work for the nurse to do. This could be because the address was deadwood, or unproductive, or because it was a productive household but all members refused a nurse visit. Your workpack contains a set of **address labels,** which you can use on the NNV. Send the NNV as soon as you have a few addresses on it, so that the nurse is up to date with the likely workload. Once you have established with your nurse the best way of keeping in touch, do let the nurse know about the households where there is no work for them. Let them know to look out for the NNV in the post. Doing it this way helps the nurse to be aware of his/her workload.

★ Note change in 2012★

You will no longer be posting paper NRFs to nurses. Instead you will be completing questions in the admin block. All information will be transmitted to the nurse automatically.

NRF

From 2012, interviewers will **not** be posting NRFs to nurses. Instead nurses will fill these in once they have received information via their nurse link. In order for this to be successful, it relies on you to complete the questions in the admin block which relate to nurse visit. The information will be fed forwards to nurses and shown in their CAPI. The screen which relays all of the information about the household and your notes is called the eNRF (electronic nurse record form).

There are 4 questions in the admin block which you need to complete for all households where at least one person has agreed to a nurse visit. These are:

1. **Asknum** - this is the main telephone number for the household. You will be asked to collect this number in the interview and write this onto the ARF. At this question in the admin block,

you need to enter the number here. This will be fed forward to the nurse so he/she can make contact, if necessary.

2. **AnyOthInf** – this is a space for you to record any notes for the nurse which may help him/her to find the address. Here you should enter useful details about the location, parking and entrance to the property, if necessary. The space here is not unlimited so you need to make sure that notes are concise.

3. **AvailNur** – this is a space for you to record any notes for the nurse about the availability of the respondents. Here you would include details such as dates respondents are not available (e.g. on holiday, if known) or about working patterns (e.g. full time, works shifts etc). This information will be useful for the nurse when arranging their visit or in the event of a broken appointment. Again, space here is not unlimited so you need to make sure that notes are concise.

4. **AddTel** – this is space for you to record any additional contact details for the members of the household. Here you should record the numbers and the name of the person to whom it belongs (e.g. 07777 123456 John). This gives the nurse the best chance of making contact if they need to do so.

Remember that the information you write here will be passed to the nurse via the nurse link. Until the nurse receives the nurse link he/she will not be able to start work at that address. **The nurse link can only be sent to the nurse once the household has been transmitted**. Please make sure that you complete the admin block and transmit households as soon as possible.

If you have made an appointment for the nurse to visit, it is still important to notify the nurse over the phone about this.

★ Remember ★

The nurse can not start their work at a household until you have transmitted that household to them. Make sure you transmit as soon as possible.

8 SURVEY DOCUMENTS

8.1 List of documents and equipment

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

Document	Colour	Code
Advance letter laminate	Headed paper	***12-05i***
Respondent showcards	White	***12-09i***
Interviewer showcards (including coding and Frankfort plane)	White	***12-10i***
General concerns laminate		***12-19i***
Interviewer/ Nurse suggestion sheet		***12-24i***

For each HSE 2012 assignment you work on you will also be sent a workpack containing:

Document	Colour	Code
Address record form (ARF)	Pale pink	***12-01i***
Spare copy of advance letter	Headed paper	***12-02i***
Follow-up letter	Headed paper	***12-04i***
HSE Red leaflet		***12-07i***
Stage 1 leaflet	Pale yellow	***12-06i***
Stage 2 leaflet	Pale blue	***12-08i***
Self completion booklets	See **section 5.3.1** for colours for different ages	See 5.3.1 for codes
HE'S&NHSCR consent	Green	***12-19i***
Measurement Record Card	Pale green	***12-18i***
No nurse Visit (NNV)	Green	***12-23i***
Surprise packs		
Pens		
Sample cover sheet		

Most of these documents have been explained elsewhere in these instructions, or have been covered in your briefing. Others are explained in this section.

8.2 Sample cover sheets

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

Things to record:

- Whether the address is **in scope or deadwood**
- Enter details of appointments made or interviews in progress in the space provided.
- **Nurse appointment:** Enter
  - **A** if the nurse visit was agreed and the appointment made by you
  - ✓ if agreed but appointment not made
  - × if refused
  - **n/a** if not applicable
- Enter the **final outcome** of the interview and the **date transmitted** to office.
- Enter whether **heights and weights** were taken.

8.3 Letters

8.3.1 Follow up letters

- Use this when you have visited a household but have not made contact

- Post it through the letterbox to remind respondents that they have been selected and to expect you to call again

8.4 Leaflets

8.4.1 Red HSE leaflets

- In 2012, you will be sending the HSE red leaflet to respondents with the advance letter
- However, you can still use this on the doorstep to help obtain cooperation or offer to leave it behind after the interview if they no longer have the original one
- There is a space on the back if you want to leave a message

8.4.2 Stage 1 leaflets

- Read this leaflet before you start work as it will help you to answer some of the questions people might have
- Give this to **each household where** you interview
- Only give this on the doorstep if you feel it will help obtain cooperation

9 RETURNING WORK TO THE OFFICE

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

- It gives plenty of time for the information to be transmitted to the nurse
- We need information from your work to help us deal with any abnormalities detected by the nurse tests. Occasionally we find something potentially life-threatening. In these situations delays in getting in touch with the GP/respondent could be very serious.

Do I need to complete the admin block before transmitting?

No. You should transmit your work regularly to make sure data is not lost and so that we can monitor progress. However, in 2012 because of the changes to the way information is passed to the nurse you do need to interview everyone in the household and complete the admin and transmit before a nurse can start their work.

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
- Add labels with your id number to self completions
- Update your Interviewer Sample Sheet

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 names and addresses and the self completions contain personal information. For this reason it is vital to keep the two separate.

APPENDIX A PROTOCOL FOR TAKING HEIGHT MEASUREMENT

THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and connecting rods marked with a measuring scale. Some stadiometers will also have two stabilisers which fit onto the measuring scale to stabilise it against the wall.

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

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

The stadiometer will be sent to you in a special cardboard box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier.

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

The rods

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

The base plate

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

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

The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

Assembling the stadiometer

Take care as you assemble the stadiometer not to knock into furniture, light fittings etc.

The stages are as follows:

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

2. Fit the first rod onto the pin on the base plate. It should fit snugly without you having to use force.

3. Insert the remaining rods in order so that the measuring scale reads continuously.

4. If your stadiometer has stabilisers, these should be inserted onto the rods so that one stabiliser is near the bottom of the measuring scale and the other is fitted near the top of the measuring scale and above the headplate so that it does not restrict the movement of the headplate.

Dismantling the stadiometer
Follow these rules:-

1. **If you have a metal stadiometer,** before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate

2. Remove one rod at a time

B. THE PROTOCOL - ADULTS (16+)

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

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

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

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

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

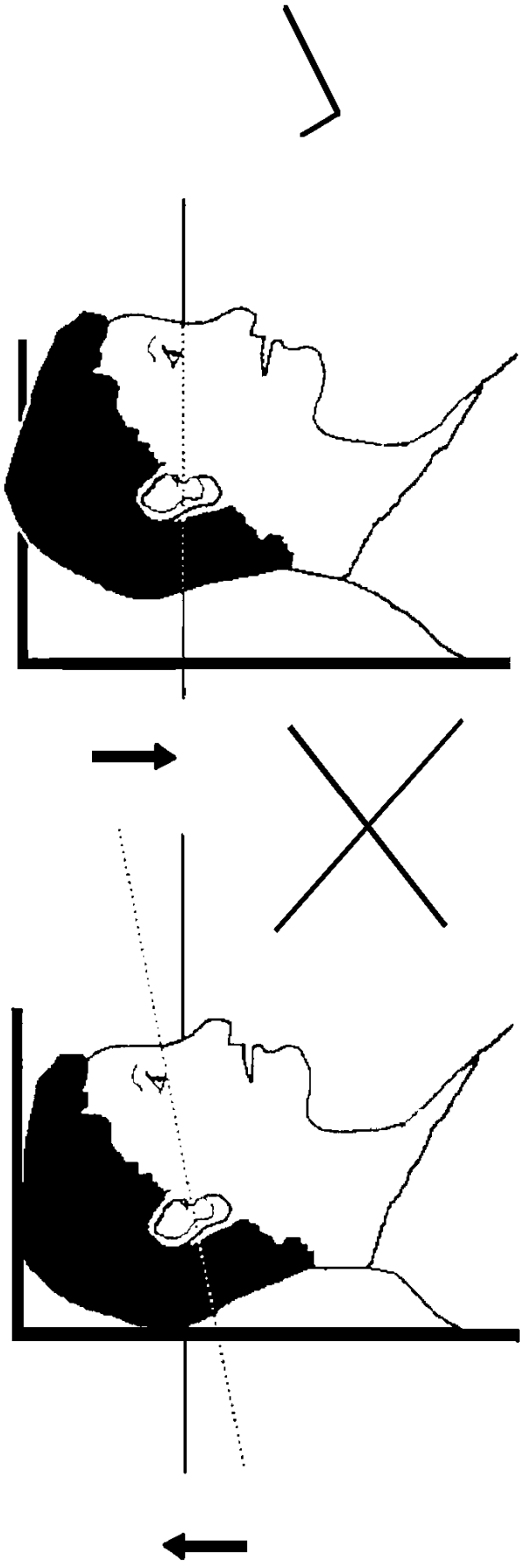
6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is an arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form '123**.**4', at the question *Height*. You may at this time record the respondent's height onto their Measurement Record Card and at the question *MbookHt* you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At *RelHiteB* you will be asked to code whether the measurement you obtained was reliable or unreliable.

8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two **millimetres,** it should be recorded to the **nearest even millimetre.** E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

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

FRANKFORT PLANE – ADULTS



C. THE PROTOCOL - CHILDREN (2-15)

The protocol for measuring children differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, 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 practise 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.

Explain to the parent and child what you are going to do **before** you start the measurement. This includes describing the child lift, and the fact that you will ask the parent to lower the headplate.

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 on your interviewer showcards).

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

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

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

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

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

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

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

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

E. ADDITIONAL POINTS - ALL RESPONDENTS

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite.* If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.

3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

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

APPENDIX B PROTOCOL FOR TAKING WEIGHT MEASUREMENT

THE EQUIPMENT

From 2012 there will be just one type of scales. **Please ensure you use these scales for all fieldwork in 2012. If you have not received your new scales and you are due to start a fieldwork point, please contact Andy Cooper (see contacts on page 3).**

Seca 877

- These scales display the weight in a window on the scales.
- The Seca 877 is switched on by pressing the surface of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 6 x 1.5v AA batteries.

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

Batteries (Seca 877)

It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the batteries, please buy some and claim for them. The batteries used are commonly available.

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

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

WARNING

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

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

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

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

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

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

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

B. THE PROTOCOL

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

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

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

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

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

5. The scales will take a short while to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory by weighing a lighter item.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check that you have entered the respondent's weight into their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

WARNING

The maximum weight registering accurately on the scales is a follows:

Seca 877: 200kg (31½ stone)

If you think the respondent exceeds the limit of the scales code them as “Weight not attempted” at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

Additional Points:

Uneven floor surfaces
Weight measurements should be done using the most even floor surface available e.g. a kitchen lino floor. If only a carpet is available then record this at *FloorC.* If the only available floor in a house is uneven e.g. uneven kitchen tiles or an older house with a slanted floor then the scales can be adjusted so that the surface of the scales is flat. This can be done by screwing and unscrewing the feet of the scales to bring them in line with the surface of the floor. You will know when the surface of the scales is flat as the small bubble in the spirit level on the surface of the scales is in the centre of the black circle. See picture A.

Picture A.

Please make sure you check the round spirit level on the surface of the scales every time you use the scales. The small bubble should be in the centre of the black circle.

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

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

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

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

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

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

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

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

Weight refused, not attempted or attempted but not obtained

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

APPENDIX C ADULT LIST SHEET

Use when there are more than ten adults in the household and you need to make a selection. LIST ALL ADULTS AGED 16+ IN HOUSEHOLD IN DESCENDING ORDER OF AGE.

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

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

NatCen Social Research

The Health Survey for England 2012

Nurse Project Instructions

P8227

Contents

1 HOW TO USE THESE INSTRUCTIONS

This manual sets out the survey procedures for nurse assignments in the Health Survey for England 2012.

The instructions give information about what has changed on the survey in 2012. These instructions should be used in conjunction with the Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

2 KEY FEATURES

2.1 Key features of HSE

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

3 HSE IN 2012

3.1 Sample overview and what's new in 2012

Sample (see section 5)

- Interviewers will have 16 addresses per point:
  - Interview all adults (16+) and two children 0 to 15, per household
  - All those interviewed eligible for an interview (aged 0+)

Nurse visit content (see section 4.2)

- Urine sample for adults 16+
- There is no drinking diary placement in 2012
- There is a new wellbeing and employment self completion for adults 16+

Nurse CAPI (see section 4.3)

- New information for nurses via the nurse link (see Section 5.2)
- Flu vaccination history
- Extra tube of blood to monitor flu antibodies (see Section 4.3.1)

Nurse visit length (see Section 4.3)

- 30-35 minutes average for an adult, 5-20 minutes for children depending on age.

4 FIELDWORK OVERVIEW

4.1 Stage 1: the interviewer visit

The topics covered in the Stage 1 interview are listed below.

Module/section	Adults	Children
Household questionnaire	●	●
General health (age 0+)	●	●
Estimated height and weight	●	
Self care	●	
Doctor-diagnosed hypertension	●	
Diabetes	●	
Social Care	●	
Adult Physical Activity	●	
Child Physical Activity		●
Smoking	●	
Drinking	●	
Background classifications	●	●
Self completions (8+)	●	●
Height measurements (2+)	●	●
Weight measurement	●	●
Consents	●	●

4.2 Stage 2: the nurse visit

A list of nurse measurements for 2012 is below.

Nurse Measurements & Questionnaire	Respondent Ages
Prescribed medications (and drug coding)	All ages
Folic acid supplements	Women aged 18-49
Flu vaccination history *	16+
Nicotine replacement therapies	16+
Blood pressure	5+
Waist and hip circumference	11+
Urine (for sodium, potassium and creatinine)	16+
Saliva sample (for cotinine)	4-15
Non-fasting blood sample analytes:	16+
- Total and HDL cholesterol	
- Glycated haemoglobin	
- Flu antibodies *	
Wellbeing and employment self completion	16+

* in some months only

The results from the blood pressure (5+) and waist and hip measurements (11+) can be written on the Measurement Record Card which was started by the interviewer for each person. With the respondent's permission, blood pressure readings will be sent to their GP.

Subject to written permission, respondents aged 4+ will be asked to provide a saliva sample and respondents aged 16+ will be asked to provide a blood sample and a urine sample. If a respondent consents, their blood sample results can be sent to their GP. Respondents can also be sent their blood sample results. Note that cotinine test results from the saliva sample and results from the urine sample will not be sent to the GP or the respondent.

4.3 CAPI

4.3.1 Additional blood sample for flu monitoring

During some months of the survey year we will ask you to take an additional plain tube of blood from respondents who agree to have their blood sample stored. This additional sample will be packaged in the transporter with the other sample tubes you take from the respondent. The blood will be stored and may later be analysed to monitor the flu virus. It is intended that the extra tube of blood will be collected during the winter months and will start in October 2012. There are also a few additional questions in CAPI about recent flu vaccinations and whether respondents have had a cough, cold or flu in the last month. These questions will only appear in the months where the flu monitoring blood sample is collected.

Once the samples arrive at RVI the additional flu monitoring sample will then be sent on to a different lab. Because of this extra stage, there is an **additional dispatch note** that you will need to complete in these cases. CAPI will prompt you to take the correct number of tubes of blood and will prompt you to complete the extra dispatch note. CAPI will provide you with all of the information you need to complete the additional dispatch note. Once completed, it should go into the envelope along with the laboratory dispatch note from the back of the consent booklet and the sample transporter.

4.3.2 Self completion booklet

A new addition for nurses in 2012 is the placement of a short self completion booklet for adults aged 16 or over. The booklet contains a short set of questions which measure respondents' wellbeing and some questions regarding their employment. Respondents will complete the booklet during your visit and you will collect it and send this back to the office. Self completion booklets should be returned in a **separate envelope** to consent booklets.

4.4 How long will the nurse visit take?

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other in the same visit. The table below shows the estimated average time required to carry out the nurse visit with all of the different sample types and with individuals of different ages. These timings have been calculated from the dress rehearsal for the 2012 survey. The interviewers have also been given this information. You will of course also need some time to introduce yourself to the household and set up your equipment.

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

Age of respondent	Estimated length of a nurse visit per person
Adults 16+	30-35 minutes
Children 0-15	5-20 minutes (dependent on age)

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

5 THE SAMPLE

5.1 Sample design

In 2012 there is just one sample type. In 2012, all respondents interviewed of all ages will be eligible for a nurse visit.

The interviewer will provide you with full details of the appointments they have arranged for you, as well as informing you about households at which no one co-operated. If you come across someone who originally refused to take part in the interview stage but has subsequently changed his/her mind, try to persuade him/her to see the interviewer in person. Explain that without the information obtained at the interview stage, the measurements obtained by the nurse will have little meaning. **Never** take measurements from a respondent until they have been interviewed in person by an interviewer.

5.2 The 'Nurse Link'

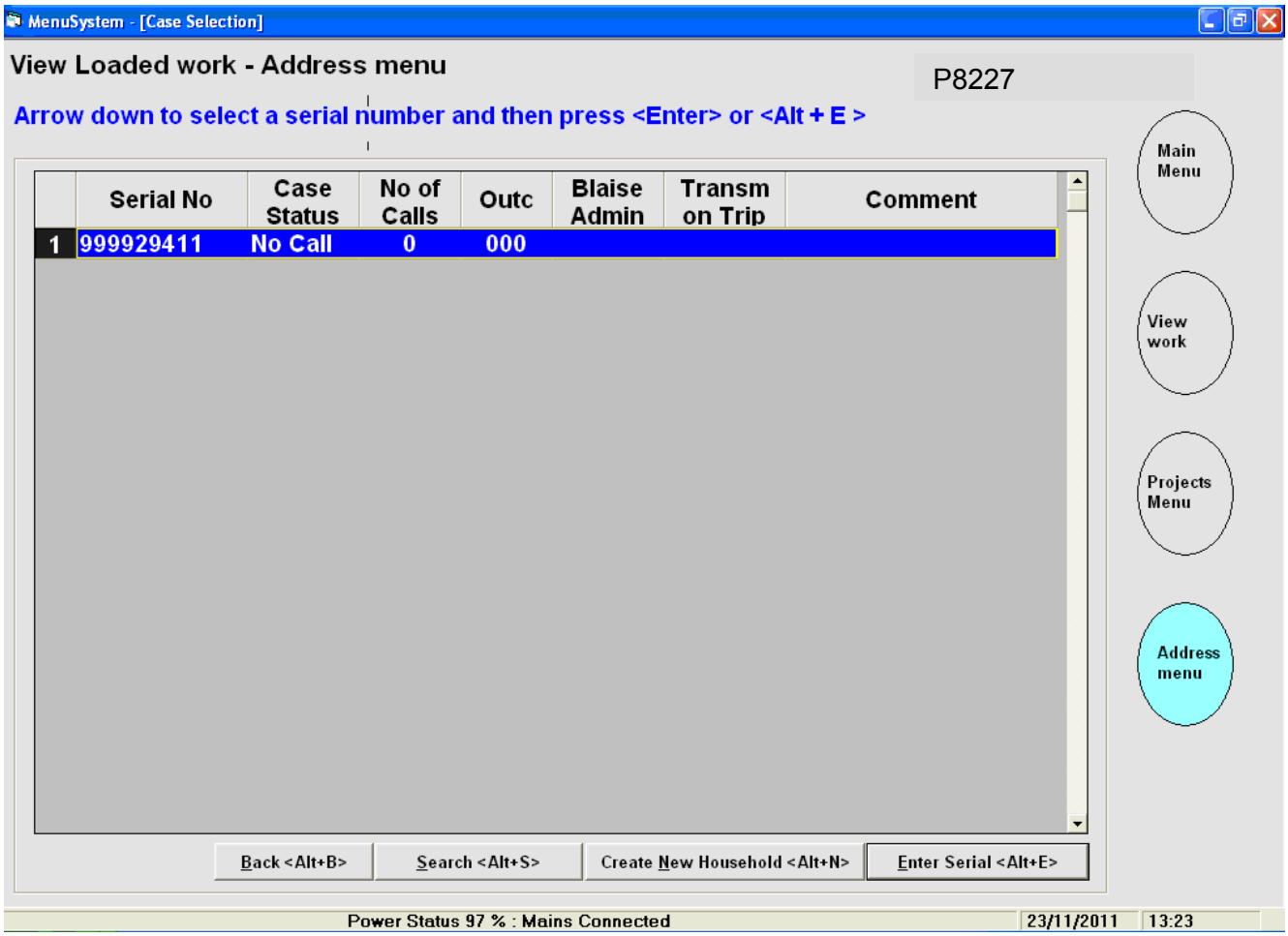
As you know, all the addresses you could be allocated start on the interviewers laptop. When the interviewer confirms that the respondent would like a nurse visit during the interview the address is transferred to your laptop, once the interviewer has transmitted the case back. Within a day this information is available to load onto your machine. When you log onto the host machine, this information is automatically picked up by your laptop. This process is called the nurse link, and it is very useful for ensuring that both you and your interviewer use the correct names and person numbers, which in turn means that all the information regarding one person is matched up.

We have recently been making improvements to the nurse link. In 2012, you will only receive those addresses where at least one respondent has agreed to a nurse visit. You will **NOT** receive addresses which do not need a nurse visit, for example where the interviewer has not interviewed anybody (as the respondents refused the main interview), or if the respondents have refused the nurse visit. Once the interviewer transmits a productive household, this will trigger the nurse link.

This means that at the start of a point you will not see a slot for that point on your laptop until the interviewer transmits the first household to you. Further addresses will then appear as the fieldwork goes on and the interviewer transmits more households where there is work for you to do.

It is essential to pick up the nurse link prior to going out on a visit as it 'brings forward' information from the interviewer CAPI to the nurse CAPI. For 2012, we have increased the amount of information you can see through your nurse link. We are referring to this as the '**eNRF**' (Electronic Nurse Record Form). In order to access the nurse link and the most up to date information, it is really important that you connect to the host by dialling in to pick up your work. We recommend that you do this every **2-3 days.** This should help you to plan your work effectively as you will know at the earliest point in time whether there is any work to do at the addresses on your sample sheet.

Below is an updated screen you will be familiar with, telling you which serial numbers you have received a nurse link for. This is how the address menu will look at the start of a point once the interviewer has transmitted the first household where there is work for you to do. Only that household is showing in the address menu. As fieldwork continues and more households are completed by the interviewer these will feed through to you. This means that only those households where there is work to do will appear on your laptop.



6 NURSE - INTERVIEWER LIAISON

6.1 Nurse drop outs

Over the last few years, there has been an increase in the number of respondents who agree to a nurse visit at time of interview, but change their mind and do not have the nurse visit. These respondents have been termed nurse drop outs. Nurse drop outs have increased from approximately 6% in 1995 to approximately 19% in 2010. We are aiming to decrease the proportion of people who drop out of a nurse visit.

Analysing the reasons people drop out and anecdotes from fieldwork tell us that people do not continue with a nurse visit for many reasons and there is no consistent trend in these reasons across the different years. What is evident however, is an increasing time lag between interviewer and nurse visit. Again this increase is caused by many factors, not least that both interviewers and nurses are busier now then they have been in previous years.

To reduce the nurse drop out rate, it is necessary to reduce the time lag between interviewer and nurse visit. Reducing the time lag is highly dependent on interviewer and nurse liaison and can be achieved by

- The interviewer encouraging the respondent to take part in the nurse visit
- The interviewer attempting to make an appointment for you

- The interviewer asking for an appropriate time for you to call if an appointment cannot be made
- You providing availability to the interviewer
- You following up any respondent who does not have an appointment as soon as possible, as this impresses on them how important the nurse visit is and that them taking part is invaluable

Feedback from interviewers suggests that any availability you can give them is really helpful, even if this availability is limited and you need to change it in the future. Please do try to give your interviewer as much availability using the **nurse appointment calendar** so that interviewers can try to make appointments for you to visit. Also, please try to keep in touch with your interviewer as much as you can and let them know about any changes to your availability as soon as you know about it.

The overall aim is for the majority of respondents to **have a nurse visit within two weeks** of the interviewer visit which should significantly reduce the number of respondents who drop out. We do understand that it is sometimes not possible to see a respondent within two weeks, but this should be the exception and at the very least some form of contact should be made with the respondent as soon as possible where an appointment has not been made.

7 PRESCRIBED MEDICATIONS

7.1 Prescribed medications (all respondents)

As in previous years, there is a module of questions about prescribed medications which are currently taken by the respondent. From January 2012, we will be using a standardised coding prescribed medicines booklet across all nurse surveys at NatCen. In 2012, all nurse surveys will use just one version of the BNF and coding booklet which should make your work easier (and equipment bags lighter!).

Remember:

- Only prescribed medicines taken in the last 7 days should be coded
- Try to see the medication containers to record the names accurately
- It can include any prescribed medications including eye drops and suppositories
- Record the dosage of aspirin

Drugs are to be coded using their British National Formulary (BNF) classification codes to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate. You have a copy of the BNF (make sure it is the *March 2011* edition), in your nurse bag. You also have a coding prescribed medicines booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Remember: For 2012 please use the March 2011 edition of the BNF 61 and the new updated yellow coding prescribed medicines booklet. Always check the booklet for codes first.

There are some exceptions to the 3 level classification rule and some drugs have been given new codes where this is the case. This is to separate different types of drugs, so they can be separated in analyses. Where this is the case, the codes are listed in the yellow coding prescribed medicines booklet. Remember to **always check the coding booklet first** when coding drugs in CAPI.

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.

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 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 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

8 INFORMED CONSENT AND THE CONSENT BOOKLET

8.1 The Stage 2 leaflet and informed consent

The Stage 2 leaflet is a vital part of the informed consent process. It contains comprehensive information about the different samples, storing of bloods and possible insurance implications for the respondent. It is HSE procedure that the interviewer leaves it with the respondent at the end of their visit. In 2012, the Stage 2 leaflet is pale blue coloured.

Please make sure that you ask the respondent if they have had a Stage 2 leaflet from the interviewer. If they have not, give them a copy to read over. If they are unable to read it please go through the information with them. There is a check in CAPI at the start of the visit which asks that you have done this. Also, before a respondent initials or signs any component of the consent booklet, ensure that they have read the relevant section of the Stage 2 leaflet for which they are consenting.

We have stressed to interviewers the importance of leaving a Stage 2 leaflet with the respondent but you will have spare copies in your workpack should you need them.

There is an orange information sheet for children which explains the measurements for them in simple terms.

8.2 Completing the consent booklet

For 2012 there are separate consent booklets for adults (16+) and children (4-15). A pale yellow consent booklet will need to be completed for all adult respondents who have a nurse visit and a pale pink coloured consent booklet will need to be completed for all children aged 4 and over. **Do not** fill in a consent booklet for those aged 0 to 3.

The consent booklets contain the forms the respondent/parent of respondent has to sign to give written consent for:

- blood pressure readings to be sent to their GP (5+)
- a sample of saliva to be taken (4-15)
- a sample of blood to be taken, results sent to GP/respondent, sample for storage (16+)
- a urine sample to be taken (16+)

8.2.1 Adult consent booklet

The adult consent booklet is a pale yellow A4 booklet and must be filled out for **every** respondent aged 16 years and over, regardless of whether measurements requiring consents are to be taken. This is because it provides an important check in the office. Every piece of information on the front is important. It will form the basis of the BP and blood sample result letters which are sent to GPs (we won't send results letters if the respondent has not given consent). You are asked to record the date of birth again. This is an important identity check, along with your nurse number and the date of interview.

The adult consent booklet is in a carbonised booklet format. Ask the respondent to write on a firm surface, so that their initial/signatures come through to the carbon copy. The structure of the booklet is as follows:

Front cover

All details on the front cover must be completed. Complete items 1 to 5 before you start using the computer to collect information from the respondent. Items 6 to 9 are completed during your interview, and you will be prompted by CAPI. The respondent's address can be recorded by writing down the house/ flat number (or name) and their postcode.

Please try to get as many contact details about the respondent's GP as possible. These are important to ensure that the GP letters are sent to the correct address. Fill in the full name and complete address of the GP on every consent booklet for a household, even when all members have the same GP. Each individual is treated separately once the booklets reach the office (as in 2011, if a respondent is unable to give you complete GP details, please look up the GP details either using the internet at www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx).

> Remember to **always** use this site when looking up GP details: www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

Throughout your visit you will need to record on the front cover of the consent booklet, in a box similar to the one below, the outcome of the respondent's consent for the various samples or measurements. By the end of the nurse visit every adult respondent should have **six** codes circled.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Urine sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to **GP**	07	08
e) Blood sample for **storage**	09	10
f) Blood sample results to **respondent**	11	12

Inside front cover

The inside front cover contains the office despatch note and space to note any problems with venepuncture. This is to remain in the booklet and to be returned to the office. You will not need to circle the code for age as it is pre-coded - only respondents who are 16+ will complete this booklet. Here you will need to write in the number of different tubes you have collected. Please **do not tick** these boxes. Instead write in the number of sample tubes.

Inside yellow pages

The yellow pages are the office copies of the signed consents. These pages will remain in the booklet. The respondent is to initial the box next to each sample / procedure they consent to. **As soon as a respondent has initialled one box, please ensure that they sign and date the booklet at the bottom.** You will also need to sign the booklet at this point. Without the initials in the boxes and the signature of the respondent there is no consent. If a respondent does not consent to a section in the booklet, CAPI will prompt you to cross a line through that section to make it clear in the office that no consent was gained for that part.

For ethical reasons we are required to ensure that each respondent's serial number is on the copy of the consents that they are left with. Please ensure that you record the serial number in the boxes at the top of the first yellow page so that it is transferred on to the carbon copy.

Carbonised white pages

The inside white pages are the respondent's copies of the signed consents. These are perforated and are to be removed and left with the respondent.

Inside back cover

The inside back cover is the laboratory despatch 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 10.5). This page is perforated and is to be packaged with the sample(s) and sent to the lab. Please note:

i Age (item 3) – this is pre-coded as all respondents who complete this booklet will be 16+, therefore you will not need to circle this.

ii Item 5: Write in the **number** of tubes obtained. **Do not tick** the boxes.

iii Item 6: Complete the date the samples were taken

iv Item 7: Circle a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at item 9 (e) on the front page of the consent booklet.

<u>Remember:</u> In months where a flu monitoring sample in taken you need to fill in an additional green dispatch note to go with the samples. These will be in your work packs in those months.

8.2.2 Child consent booklet

The child consent booklet is a pale pink coloured A4 document and must be completed for all children aged 4 and over. Parents or legal guardians of children aged 4-15 will need to provide consent for their child's blood pressure to be sent to their GP and a saliva sample to be taken.

The structure of the child consent booklet is as follows:

Front cover

The front cover of the child consent booklet is to be completed in full. The respondent's address can be recorded by writing down the house/ flat number (or name) and their postcode. There are three consent codes to circle on the front of the child consent booklet that must be completed. If a child refuses all measures, still complete a consent booklet; circle codes 02 and 04 on the front and cross through the sections inside the booklet to make this clear.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Saliva sample to be collected	03	04

Also ensure that the name of the child's parent / guardian is recorded and that GP details are complete.

Inside front cover

The inside front cover is the office despatch note and is similar to the adult version. This remains in the booklet.

Inside pink page

The inside pink page is the office copy of the consents. The parent / guardian of the child will need to complete this page to give informed consent.

As in 2011, in addition to obtaining written parent/guardian consent, it is an ethical requirement that there is a written record of child assent. Informed consent requires a full and comprehensive explanation of the measurement or sample while assent requires a clear, comprehensible and easily understood explanation of the measure.

Child assent is to be recorded in the boxes at the bottom of the consents page. If the child is aged 4 or 5, the parent / guardian of the child can initial the assent boxes on behalf of the child to confirm that the measurement or sample has been explained to the child and that they understand. If a child is 6 or older and is able to write, then they can initial the assent boxes themselves. If a child is unable to write, then the parent/guardian should initial the assent boxes for them.

The parent or legal guardian must initial the boxes next to the consent statement and then sign and date at the bottom of the page. They will also need to write in the child's name. You will need to record the child's serial number in the boxes at the top of the page so that it is transferred onto the respondent's copy of the consents. These pages remain in the booklet.

Carbonised white pages

The carbonised white page is the respondent's copy of the consents. Once completed, this page should be removed from the booklet and left with the respondent's parent/legal guardian.

Inside back cover

The inside back cover is the laboratory despatch note and will need to be packaged with the saliva sample (if obtained) and sent to the lab. As in the adult booklet, you do not need to circle age as it is pre-coded, as is the code for storage. The information on this page for the laboratory's reference. Like the adult consent booklet, it is essential that the information all despatch notes is accurate.

8.2.3 Respondent signatures

Use a black pen when completing the booklets, and ensure that signatures are always in pen, not pencil. Each respondent must **initial** (not tick) each box if they have consented to the measurement or sample to be taken. The respondent must also sign and print their name at the end of the booklet. You should also sign and date the booklet. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

Remember: Always give the respondents or parents/guardians of respondents the white copies of the consents and leave the original, coloured ones attached in the booklet to send back to the office.

9 PROTOCOLS MANUAL

There is a protocols manual to be used on all NatCen Surveys involving nurse work. You should refer to the manual and follow the protocols for all 2012 measurements and samples. These include:

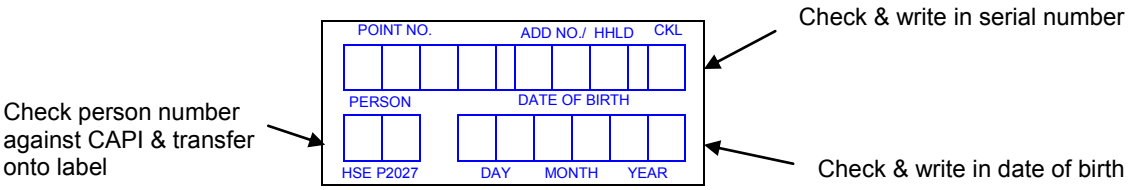
- Blood pressure (aged 5+)
- Saliva samples (aged 4-15)
- Waist and hip measurement (aged 11+)
- Urine sample (aged 16+)
- Non fasting blood sample (aged 16+)

10 LABELLING & DESPATCH OF SAMPLES

The samples are sent to the Royal Victoria Infirmary (RVI) laboratory in Newcastle-upon-Tyne. It is important that all samples are sent correctly labelled and safely packaged and that they are despatched immediately after they have been taken.

10.1 Labelling tubes

Label the tubes as you take the blood and saliva samples. It is vital that you do not confuse blood tubes and saliva samples within a household.



Use the set of serial number and date of birth labels (blue ink) to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very **clearly** on each label. Make sure you use a **biro (blue or black)** - it will not run if it gets damp. Check the Date of Birth with the respondent **again orally**.

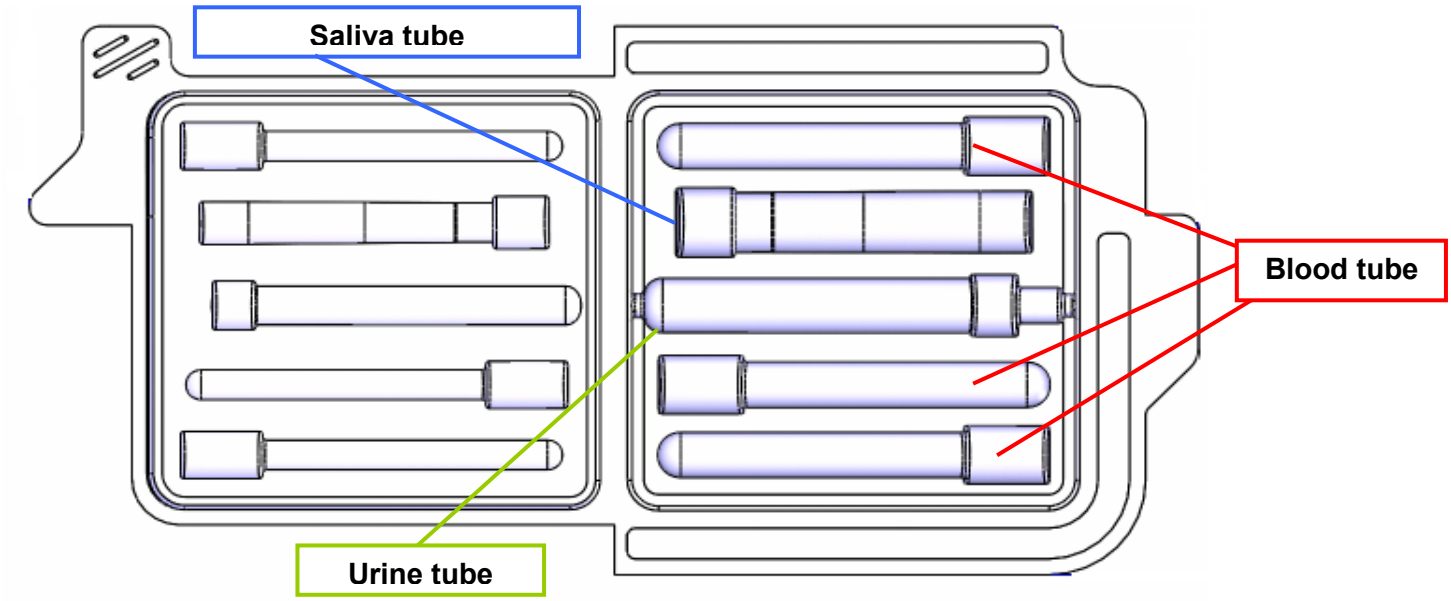
Stick the blue label over the label already on the tube. For blood samples the laboratory needs to see on receipt how much blood there is on the tube.

We cannot stress enough the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

10.2 Packaging the blood and saliva samples

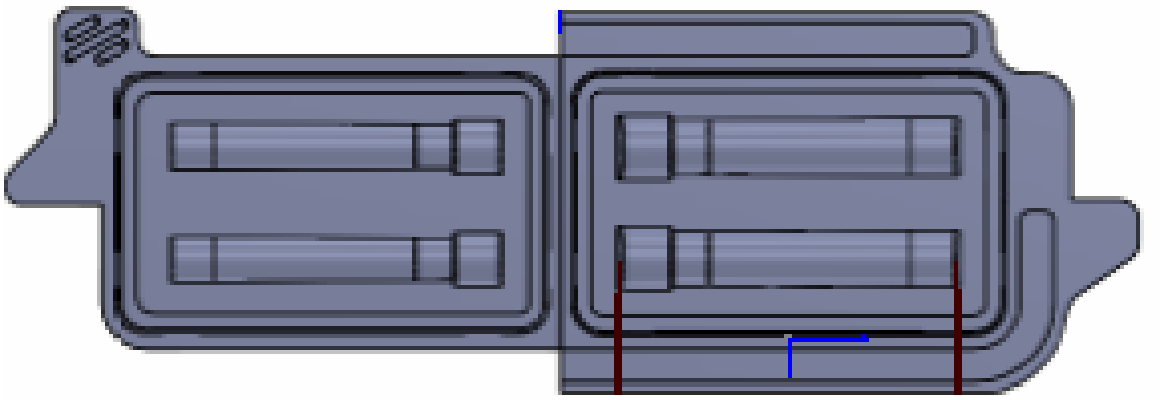
The 5-vial adult transporter

This is designed to carry a full complement of adult samples in 2012: up to 2 blood sample tubes, a urine sample tube and a saliva tube. There is also space for a third blood sample tube. See diagram below.



The 2-vial saliva transporter

This is designed to carry up to 2 saliva samples. These can be 2 saliva tubes or one.



Packaging the samples in the transporters

1. Lay the collected sample(s) in the appropriate indentation in the transparent side of the transporter. It should fit securely but not have to be forced into place.
2. Once you have finished collecting samples for a respondent, fold the white side of the packaging over the transparent side. Folding the transparent side onto the white side may risk the samples falling out of the packaging.
3. Securely close the packaging by pressing together 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.
4. Insert the transporter into the HSE sample envelope.
5. Once the lab despatch note has been completed, tear it from the respondent's consent booklet and put in the envelope with the transporter.
6. Remove the red backing strip from the flap on the envelope.
7. Fold the flap over onto the envelope ensuring that the envelope is securely closed.

There must only be **ONE TRANSPORTER PER ENVELOPE**. Please make sure that the necessary lab despatch notes have also been put inside the envelope.

10.3 Posting the transporters

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 sample been taken at the latest. Try to avoid taking samples if you think that you will unable to post them within 24 hours. The Nurse Unit will notify you of any laboratory closures.

Weekend posting
If you miss the Saturday post collection, the sample must be posted on the following Monday morning. Please do not put the samples in a letterbox if you have missed the Saturday post collection. The samples may be unusable if they sit in a letterbox for an extended period of time.

Storage of samples
If you are unable to post the samples immediately, they can be stored at room temperature.

When you have posted the samples, fill in the date of posting on the office copy of the Despatch Notes.

10.4 Which transporter do I use?

I have a mixed sample household?

This is the most usual situation. In this case, the adults in a household have provided more than one type of sample and any children have provided a saliva sample. In this case, the samples for the adults should be packaged in a 5-vial transporter per respondent, while the saliva samples for the children should be packaged together in the 2 vial transporter.

I have a saliva only household?

In this case, only child respondents in the household have given a saliva sample. The saliva samples can be packaged per household in the 2-vial transporter(s).

Remember: Only post one transporter per envelope and make sure the relevant dispatch notes are inside the envelope.

10.5 Completing the laboratory despatch note

The Consent Booklet contains one laboratory despatch note. This lab despatch note should be filled in with a black pen and sent to the laboratory with the blood, urine and saliva samples.

- Enter the respondent's serial number very carefully. This should correspond to your entry on the front of the consent booklet, on the inner coloured page and to the serial numbers you have recorded on the blood, urine and saliva tube labels.
- Check that the date of birth is correct and consistent with your entry on the nurse schedule and the tube label.
- Enter your nurse number in the boxes provided.
- Tear off the despatch note and send it with the respondent’s samples to the laboratory.

For more information on completing the lab despatch note, please refer to section 8.2.

10.6 Completing the flu despatch note

In fieldwork months where we will be collecting an additional tube of blood, there is an **additional pale green dispatch note** which should be completed and sent to the lab in the same envelope as the samples and the consent booklet despatch note.

- Enter the respondent's serial number very carefully. This should correspond to your entry on the front of the consent booklet, on the inner coloured page of the consent booklet and to the serial numbers you have recorded on the tube labels. Complete all other sections of the dispatch note carefully (refer to section 8.2 for a detailed description of the consent booklets and despatch notes). Check that the date of birth is correct and consistent with entry on the nurse schedule and tube label.
- Don't forget to enter your nurse number.
- Information will be provided in CAPI for you to transfer to the additional dispatch notes in months when it is applicable.

Once complete, tear off the dispatch note and send with the samples to the laboratory.

11 EQUIPMENT

In 2012, you will need to enter the full alpha numeric serial number for your equipment when prompted by CAPI. For example, for blood pressure equipment you will enter one of the following the model type followed by the 3-digit numerical serial number:

EOM999	SOM999
LOM999	OM999

APPENDIX A SUMMARY OF NURSE MEASUREMENTS & SAMPLES

Measure	What the measurement is testing	Consent forms	Exclusion criteria	Eligibility criteria	Equipment
Blood pressure	High blood pressure risk factor for cardiovascular disease	Blood pressure to GP	• If respondent is pregnant	Aged 5 and over	OMRON HEM BP monitor Child/small adult cuff (17-22cm) Standard adult cuff (22-32cm) Large adult cuff (32-42cm) AC adapter
Saliva sample	Measure exposure to passive smoking. Detected by measuring salivary cotinine levels.	Sample to be taken	• If respondent is pregnant • Respondents who are HIV positive, have Hep B/C (do not ask, only if information is volunteered)	Children aged 4-15,	Saliva collection materials – plain 5ml tube and wide bore straw
Waist & hip	Measure of distribution of body fat. Important indicator of CVD risk	None	• If respondent is pregnant • If respondent is in a wheelchair • Has a colostomy/ileostomy	Aged 11 and over	Insertion tape (with metal buckle at one end if used)
Urine sample	Sodium, potassium, creatinine		• If respondent is pregnant • Respondents who are HIV positive, have Hep B/C (do not ask, only if information is volunteered)	Aged 16+	100ml Polypropylene disposable beaker 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
Blood sample	Total and HDL cholesterol Glycated haemoglobin Flu antibodies	Blood samples to be taken, test results sent to GP, to store blood and for future analysis	• If respondent is pregnant • Clotting or bleeding disorder • Taking anticoagulant drugs • If ever had a fit in the last 5 years • Not willing to give written consent • Respondents who are HIV positive, have Hep B/C (do not ask, only if information is volunteered)	Aged 16 and over	Blood collection materials – up to 2 plain red tubes, 1 EDTA tube See Nurse Protocols Manual and CPG

APPENDIX B NURSE DOCUMENTS & EQUIPMENT

Name of Document	2012 colour	Use
Sample cover sheet	White	The list of addresses in a nurse sample point.
Stage 2 leaflet	Pale blue	Interviewers will leave a copy of the stage 2 leaflet with respondents. Provides information about the nurse visit such as what measurements will be taken and option to send results to GPs. Nurses will ensure that respondents have a copy of the leaflet and will explain in more detail.
Consent leaflet for children	Orange	Provides information for children about the nurse measurements in simplified terms.
Adult consent booklet	Pale yellow	To be used for respondents aged 16+. Before blood and urine samples are taken nurses must obtain written consent in the consent booklet. You should leave a carbon copy for the respondent's records. The booklet includes despatch notes for the lab and office. This needs to be returned to the team.
Child consent booklet	Pale pink	To be used for respondents aged 4-15. Before saliva samples can be taken nurses must obtain written consent in the consent booklet from the child's parent/guardian. You should leave a carbon copy for the respondent's records. The booklet includes despatch notes for the lab and office. This needs to be returned to the purple team.
Flu despatch note	Pale green	To be used for respondents who have consented to have their blood stored and who have a blood sample taken in flu monitoring months.
Nurse Record Form (NRF) Pad	Cream	Nurse Record Form for the nurse to record details from the eNRF and essential details about the visit made to an address and the outcome of the visits.
Measurement record card (MRC) – spares	Pale green	You can continue to record respondents measurements on the MRC already started by the interviewer, if height and weight was measured. You will also get spare MRCs to write in nurse measurements, if required.
Coding prescribed medicines booklet	Standardised version - yellow	Used for the coding of prescribed medicines. You will be asked to enter a drug code.
Blood/saliva/urine tube labels	Blue (HSE 2012)	To be used to label blood, saliva and urine samples. Ensure that correct serial numbers and date of births are recorded for each respondent.
Broken appointment card	Green	Used for missed appointments – can write message and time of next visit.

Name of Document	2012 colour	Use
Nurse recontact letter	HSE letter headed	Used if you are having difficulty in contacting your respondents. You will have a small supply in your workpacks to use and some plain envelopes. You should use aim to drop this off when in the area.

	paper	
Nurse appointment calendar	Lemon yellow	Used to keep a record of appointments made by the interviewer. A duplicate copy of your availability must be passed on to your interviewer.
Incident report sheet	White	To be filled in should any serious incident occur during a nurse visit.
Surprise packs		Can be given to children participating in the nurse visit. Sticker packs are provided for younger children and HSE pens are provided for older ones.

NURSE EQUIPMENT
Trolley bag
British National Formulary (BNF 61), September 2011 version
OMRON HEM-907, thermometer and probe
Waist and hip tape
Blood collection materials (per respondent): Up to 2 x plain red tubes 1 x EDTA (purple) tube
Saliva collection materials – plain 5ml tube and wide bore straw
Urine collection materials - 100ml Polypropylene disposable beaker 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative

The equipment is described in more detail in the relevant section of the Nurse Protocols Manual.

Health Survey for England

Health, social care and lifestyles

2012

Coding & Editing Instructions

Contents

Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2012. 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 sessions and the nurse schedule. The majority of questions which need to be coded are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.

2. All soft checks that were triggered by the interviewer/nurse and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks, they should be cancelled by the editor.

3. All “Other (Specify)” questions in the self-completion booklets that have not been recoded should be listed with serial number.

4. “Other” answers in CAPI will be backcoded to the original question where possible. Other answers can be transferred electronically and so don’t require listing.

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

1. Factsheet Definition for CAPI editing

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

Household Qure

NHActivO	Backcode to NHActiv	What HRP was doing in last week
HrpSOC2		Occupational coding
HrpSIC02		Industry type coding

Indiv Qure

IllsTxt1-6		Longstanding illness codes
ILLOth	Backcode to IllAff	Way condition affects health
NoPlOth	Backcode to WhyNoPl	Why no personal care plan
OpOffOt	Backcode to OptOff	Self care options discussed and/or offered
OpDonOt	Backcode to OptDone	Self care options used by respondent
StMedOth	Backcode to StopMed	Reason stopped taking medication for high blood pressure
WhatTsp	Backcode to WhatTrt	Treatment or other advice for high blood pressure
WhatDsp	Back code to OtherDi	Treatment or advice received for diabetes
OthNoET	Backcode to WhyNoET	Reason not had eye tests for diabetes
HelpFormO	Back code to HelpForm	Other person that helps with tasks
RelOth	Backcode to PrRel	Other person provide help to
OthAct	Backcode to COthAct	Other activities
NSOSpEx2	Backcode to OSpEx2	Other child activities (weekdays)
WEOSpEx2	Backcode to OSpEx2	Other child activities (weekends)
NbotL7	Code to L7NCodEq	Brand of bottled lager (7days)
SbotL7	Code to L7SCodEq	Brand of bottled lager (7days)
OthL7TA,B,C		Other alcoholic drinks (7days)
NactivO	Back code into NActiv	Activity last week
SOC2010		Occupational coding
SIC2007		Industry type coding
QualB	Back code into QualA	Educational qualifications
XNatID	Back code to NatID	National identity
XOrigWh	Back code to Origin	Other White ethnic origin
XOrigMx	Back code to Origin	Other mixed ethnic origin
XOrigAs	Back code to Origin	Other Asian ethnic origin
XOrigBl	Back code to Origin	Other Black ethnic origin
XOrigin	Back code to Origin	Other ethnic origin
SComp6O	Back code into SComp6	Why self-completion not completed
OHiNRel	Back code into HiNRel	Unreliable height measurement
NoHitCO		Reasons for refusing height
NoWatCO		Reasons for refusing weight
OHiNRel	Back code to HiNRel	Other reason for unreliable measurement
NrsRefO	Back code into NurseRef	Reasons refusing nurse

Nurse Qure

MedBi		Drug coding
OthNic	Back code to BNicPats	Other nicotine patches used
OthNBP	Back code to NAttBPD	Other reason not obtained blood pressure
OthDifBP	Back code to DifBPC	Other reason difficulty obtaining BP
OthRefC	Back code to GPRefC	Other reasons refusing to allow BP measurements to be sent to GP
OthWH	Back code to WHPNABM	Other reasons for not attempting waist-hip measurements
UOtNObt	Backcode to UriNObt	Other reasons why urine sample not taken
OthNObt	Back code to SalNObt	Other reasons why saliva sample not taken
OthRefBS	Back code to RefBSC	Other reasons for refusing blood sample
OthSam	Back code to SenSam	Other reasons for not wanting blood sample results sent to GP
OthBDif	Back code to SamDifC	Other problems taking blood sample
OthNoBSM	Back code to NoBSM	Other reasons why blood sample not taken
BlNotOb	Backcode to RefBSC	Reasons, other than refusal, why blood is not taken
NSComp6O	Backcode to NSComp6	Reason for not completing nurse self completion
TakeOth1	Backcode to YTake1	Other reason for taking drug

2. Additional CAPI Edits

2.1 Proxy interviews

Aged 13+ **NoHitCO** and **NoWatCO** should be checked to see whether the respondent was present at the time that height and weight were measured. If the respondent was not present for height/weight measurements, then the interview should be treated as a proxy interview, removed from the data and **IndOut** set to code 561 and 562 'Other reason for no interview'. The only exception to this is if there is an interviewer note explaining that the respondent was interviewed, but that they had to leave before the height and weight measurements were taken.

Aged 2-12 Proxy interviews are allowed for children aged 2-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWtBC**.

Aged 0-2 Proxy interviews are carried out for infants aged 0-2. See height & weight measurements section for more details of edits for **NoAttL** and **NoWtBC**.

2.2 Age/Date of birth

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

If Age/Date of birth missing in household grid, check whether it was collected in the nurse visit. Add DoB and age at Individual Questionnaire Interview Date to the Household Grid if available from Nurse Schedule.

Date of birth in nurse visit should be checked against the consent booklet and any discrepancies resolved.

All "age" nurse checks will be flagged in the edit if they do not make sense according to the respondent's date of birth as at the interview. Any discrepancies will need to be resolved. Send a list of all cases where this happens to the researchers, please note age and 'consent status' of other individuals in the household. A decision will be taken by the researcher on a case by case basis.

2.3 Household/Individual SOC/SIC coding

SOC2010/ SIC2007 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'.

2.4 Longstanding Illnesses

IllsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1-IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 4, into the variables **IllsM1-IllsM6** (appearing immediately after each instance of **IllsTxt**).

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

Rules for coding long-standing illness

Code 41 Unclassifiable (no other codable complaint)

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

Code 42 Complaint no longer present

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

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

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

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

Ilnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to UCL for coding using the Coding Queries Response Form.

Codeframe

COMPLST1: (D) II Neoplasms & benign growths

COMPLST2: (D) III Endocrine & metabolic
- Diabetes
- Other endocrine/metabolic complaints

COMPLST3: (D) V Mental disorders
- Mental illness/anxiety/depression/nerves
- Learning disability

COMPLST4: (D) VI Nervous System
- Epilepsy/fits/convulsions
- Migraine/ headaches
- Other complaints of nervous system

COMPLST5: (D) VI Eye complaints
- Cataracts/poor eyesight/blindness
- Other eye complaints

COMPLST6: (D) VI Ear complaints
- Poor hearing/deafness
- Tinnitus/noises in the ear
- Meniere's disease/ear complaints causing balance problems
- Other ear related complaints

COMPLST7: (D) VII Heart & circulatory system
- Stroke/cerebral haemorrhage/cerebral thrombosis
- Ischaemic heart disease/ heart attack/angina
- Hypertension/high blood pressure/other blood pressure complaints
- Other heart complaints
- Piles/haemorrhoids
- Varicose veins/phlebitis in lower extremities/pulmonary embolus
- Other blood vessel/embolic complaints

COMPLST8: (D) VIII Respiratory system
- COPD/bronchitis/emphysema
- Asthma
- Hayfever
- Other respiratory complaints

COMPLST9: (D) IX Digestive system
- Stomach ulcer/ulcer/abdominal hernia/rupture
- Other digestive complaints
- Complaints of bowel/colon
- Complaints of teeth/mouth/tongue

COMPLST10: (D) X Genito-urinary system
- Kidney complaints
- Urinary tract infection
- Other bladder problems/urinary incontinence
- Reproductive system disorders

COMPLST11: (D) XII Skin complaints
COMPLST12: (D) XIII Musculoskeletal system
- Arthritis/rheumatism/fibrosis
- Back problems/slipped disc/ spine or neck complaints
- Other problems of bones/joints/muscles

COMPLST13: (D) I Infectious Disease
COMPLST14: (D) IV Blood & related organs
COMPLST15: (D) Other complaints
COMPLST17: (D) No long-standing illness
COMPLST18: (D) No longer present
COMPLST99: (D) Unclassified/not answered/refused

2.5 Adult physical activity

Chkhrs Chkhrs is a computation of hours spent on an average working day sitting down or standing up (**WrkAct21**); walking at work (**WrkAct22**); climbing stairs or ladders (**WrkAct23**); lifting carrying or moving heavy loads (**WrkAct24**).

If chkhrs is greater or equal to 12 hours then these serial numbers should be flagged to the Researcher.

```
compute chkhrs=0.
if (WrkAct3H >0) chkhrs=chkhrs+WrkAct3H .
if (WrkAct4H >0) chkhrs=chkhrs+WrkAct4H .
if (WrkAct5H >0) chkhrs=chkhrs+WrkAct5H .
if (WrkAct6H >0) chkhrs=chkhrs+WrkAct6H .
select if chkhrs>12.
```

Coding 'other' sport exercise activity
All "other" sport exercise activity noted at **OthAct** should be coded back into **COthAct** where possible. Details of coding decisions should be recorded on the FACTSHEET.

ExcHrs01 to ExcHrs16; Exc2Hrs1 to Exc2Hrs5; Exc3Hrs1 to Exc3Hrs5

Information is obtained on how many separate days the respondent did the physical activity for at least 10 minutes a time in the past four weeks. This is followed up by details on the usual time spent doing the physical activity on each day (recorded in hours and minutes).

Rules for coding hours spent on activity
If hours spent on activity (**ExcHrs01 to ExcHrs16)** is greater than or equal to 12 then these cases should be flagged to the Researcher.

These rules are also applicable to the following variables:
Exc2Hrs1 to Exc2Hrs5
Exc3Hrs1 to Exc3Hrs5

2.6 Other alcoholic drinks

Exclude all low/non-alcoholic drinks. Home made drinks should be coded into the appropriate category.

Normal beer (NBrL7):
Include: Export, Heavy, Black & Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pomagne, Stout, Scrumpy

Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber, Bottles/cans of shandy. Beer with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits)

Strong beer (SBrL7):
Include: Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Super
Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits (SpirL7):
Include: Angostura Bitter, Cocktails, Egg Flip, Snowball, Bacardi, Bailey's, Pernod, Gin, Sloe Gin, Pimms, Bourbon, Whisky Mac, Schnapps, Liqueurs, Bluemoon, Vodka, Rum, Southern Comfort, Grappa, Tia Maria, Ouzo/Aniseed, Strega, Brandy, Cherry Brandy, Arak, Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila, Armagnac, Clan Dew, Campari, Malibu, Taboo, Pochene (Irish Moonshine), Jello shots/shooters, Vodka Jelly, After Shock.

Sherry (ShryL7):
Include: Vermouth, Port, Cinzano, Dubonnet, Bianco, Rocardo, Noilly Prat, Stones Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon, Madeira.

Wine (WineL7):
Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.
Exclude: Non alcoholic wines such as Eisberg

Alcopops/pre mixed alcoholic drinks (PopsL7):
Include: Bacardi Breezer, Metz, Smirnoff Ice, Archers Aqua, Baileys Glide, Red Square, Vodka Reef, Shotts, WKD ('Wicked'), Mudshake, Alcoholic Irn Bru, Woody's, any mention of 'alcoholic lemonade, cola, orangeade, cream soda' etc or Ready To Drink beverages.

Coding "other" alcoholic drinks variables:
All "other" alcoholic drinks should be recoded back into one of the six drink categories noted above (**OthL7TA**, **OthL7TB**, **OthL7TC** to question **DrnkTyp**).

If the appropriate drinks category is **not already** coded, then information on amount should be edited into that category's variables and data in the "other drinks" category deleted.

After recoding "other" alcoholic drinks the variables **OthL7TA**, **OthL7TB**, and **OthL7TC** should be set to No=2. Details of coding decisions should be recorded on the FACTSHEET.

Responses recorded at variables **OthL7QA**, **OthL7QB** and **OthL7QC** should be recoded to the relevant variables: **NBrL7**, **NBrL7Q[1-4], SBrL7, SBrL7Q[1-4], SpirL7, ShryL7, WineL7, PopsL7, PopsL7Q[1-2]**.

2.7 Coding of beer bottle sizes

The variables **NBotL7** and **SBotL7** (the brand of beer/lager/stout/cider drunk in bottles), need to be coded into **L7NcodEq** and **L7SCodEq** using the bottled lager/cider/beer codeframe.

Bottled beers for which an amount cannot be identified should be coded to 0.00 of a pint, so that these brands can be listed electronically. The exceptions to this are

- 'French beer' which should be coded 0.44 (250ml)
- Interviewer has indicated that the bottle is "large" code to 0.77 of a pint (440ml)
- If no brand name given, or no usual type code to 0.58 of a pint (330ml)
- Where two or more bottle sizes are shown in the codeframe, code as 0.58 unless bottle size is specifically stated (either as small or large, or in ml)
- Where more than one type of bottle is drunk, code to the volume of the first mentioned bottle.

2.8 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Bombardier	0.88
Amstel	0.58	Brahma	0.58
Asahi	0.58	Brandenburg	0.58
Banks (Mild only)	0.97	Budvar	0.88
Banks Old Ale (nips)	0.32	Budweiser/ Bud Ice	0.58
Bass (pint bottle)	1.00	Bulmers / Magners	0.58 or 1.00
Becks	0.48 or 0.58	Carling	0.48
Bishops Finger	0.88	Carlsberg	0.58
Black Sheep Ale	0.88	Castle	0.58
Boddingtons (Export draught only)	0.58	Cobra	0.58

Coors	0.58	Michelob	0.58
Corona	0.58	Miller (Draught not Pils)	0.58
Crest Lager (Export)	0.44	Molson	0.58
Diamond (Blush, White or Zest)	0.48	Murphys	0.88
Dragon (Stout)	0.50	Newcastle Brown Ale	0.97
Elephant (Lager)	0.48 or 0.58	Olde English	0.88
ESB (Fuller's ESB)	0.88	Old Speckled Hen	0.88
Export 33	0.44	Oranjeboom	0.58
Foster's (Unspecified)	0.77	Peroni lager (Nastro Azzuri)	0.58
Foster's Export	0.77	Pils (unspecified)	0.58
Foster's Ice	0.58	Pivovar Czech Lager	0.88
Fuller's (London Pride)	0.97	Red Rock	0.58
Grolsch	0.58 or 0.77	Red Stripe	0.58
Guinness Extra Stout	0.58	Rolling Rock	0.58
Guinness Original	0.58 or 0.88	Royal Dutch	0.58
Heineken (Export)	0.58	Ruddles	0.58
Hoegaarden (bier blonde)	0.58	Sam Smiths (Old Brewery Strong Ale)	0.97
Holsten Pils (bottle)	0.58	San Miguel	0.58
Home made	0.58	Scrumpy Jack	0.58
Ice Dragon	0.48	Singha beer	0.58
John Smiths	0.77	Skol	0.58
K. Cider	0.48	Sol	0.58
Kanterbrau	0.58	Spitfire	0.88
Kingfisher	0.58	Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Kirin	0.58 or 0.88	Stinger	0.58
Kronenbourg (1664)	0.44 or 0.58	Strongbow (Blackthorn)	0.48 or 0.58
Labatts	0.58	Thatchers cider	0.88
Labatt's Ice	0.58	Theakstons	0.97
Leffe	0.58 or 0.77	Tiger beer	0.58
Lowenbrau	0.58	Tsingtao	0.58
Mackeson	0.88	Vault	0.58
Marston's Pedigree	0.88	Victoria Bitter	0.58
McEwans 80 or 90 shilling	0.97	Wadworth Export	0.88
Merrydowns	0.58	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		

2.9 Educational Qualifications

QualB "Other qualifications" should be coded into **CQualA** where applicable. Up to 3 answers at **QualB** can be back-coded to **CQualA**.

Rules for coding qualifications:

- If Qual=1 and OthQual=1 – try to recode to CQualA. If able to recode, change OthQual to 2.
- If Qual=2 and OthQual=1 – try to recode to CQualA. If able to recode, change OthQual to 2. Leave Qual as 2.
- If the qualification at QualB is a listed exclusion, change OthQual to 2.
- If the qualification at QualB cannot be recoded but is believed to be a valid qualification, leave OthQual as 1. Note this coding decision next to **QualB** on FACTSHEET.

Frame for **CQualA**:

1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final Level
8 City and Guilds Craft/Ordinary Level
9 A-levels/Higher School Certificate
10 AS level
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C

14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A*-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary
22 School Certificate or Matric
23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

Where applicable use the following additional codes:

30 Qualifications outside of UK
31 Other **vocational** qualifications, not otherwise codable
32 NVQ level not specified
33 Nursery Nurse Examination Board Qualification
34 Qualifications obtained during military service
35 Other **academic** qualifications, not otherwise codable
36 Other **professional** qualifications, not otherwise codable

If the level of qualification is unspecified (eg just City and Guilds) then code to the lowest level of the appropriate qualification.

Inclusions/Exclusions for CQualA

1. Degree **Include**: CNAA degrees (granted by the Council for National Academic Awards for degrees in colleges other than universities), Bachelor of Education (B.Ed) - not code 2

2. Teaching **Include**: College of Preceptors

3. Nursing **Include**: State Enrolled Auxiliary Midwife
Exclude: Dental Nurses/Hygienists qualifications - code to other

GCSE/GCE/CSE: Clerical or commercial subjects obtained in these types of qualifications should be coded to the relevant GCSE/GCE/CSE codes.

29 Clerical **Include**: RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;
Include: Pitmans - except for their school certificate, code as other = 35;
Include: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

30 Foreign **Include**: Qualifications which are described as equivalent to an existing qualification in the codeframe – such as degrees obtained abroad.
If highest qualification was obtained abroad, make sure that **WherQu** is coded 2

31 Vocation **Include**: Banking Exams (unless Institute of Banking mentioned = 36)
Include: Certificate of Prevocational Education/Training (CPVE/T)
Include: Youth Training Scheme certificates
Include: Retail/commercial/industrial certificates
Include: RSA vocational subject certificates (not academic=35 or clerical=29)
Include:Management certificates
Include: CLAIT – ICT skills training
Include: Health & Safety Training certificate (incl. NVQ, IEHO, CIEH)

34 Military **Include**: Army/navy/air force certificates/qualifications; 1st/2nd/3rd class

35 Academic **Include**: 16+ exam certificate; Local, regional and RSA school certificates; Arts foundation courses

36 Other professional: This covers qualifications awarded by a recognised professional body only. (eg. Social Work Diploma, Chartered/Management/Certified accountant)

The following should not be treated as qualifications for the purpose of this code-frame:

Civil Service Examinations for entrance, promotion, establishment, typing etc.
Dancing Awards (including ballet qualifications)
Drawing Certificates (eg. awarded by Royal Drawing Society)
Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.
Fire Brigade Examinations
First Aid Certificates (including all Red Cross/St John's Ambulance qualifications
Forces Preliminary Examinations (to gain admission to university)
GPO telecommunications, telegraphy etc
Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13
Internal school examinations
Local Authority Examinations for entrance, promotion etc
Music Grade Examinations and Certificates for learners (eg Associated Board of the Royal School of Music)
Ordination/Lay Preachers Qualifications
Play Group Leader's Qualifications
Police Force Examinations
Pre HNC/HND bridging or conversion courses
Prison/Borstal Training Qualifications
Scholarships other than for GCE 'A' Level
Swimming Certificates including life saving and instructors' certificates
Sports Coaching and Refereeing Qualifications
Union Membership e.g. Equity, National Association of Head Teachers, IPCS (Institute of Professional Civil Servants)

Partial qualifications (such as part way through degree, solicitor's training etc) should be excluded.

2.10 Ethnic group

The following table may be useful as a guide for other answers given but should only be used within sections e.g. if an answer given for code 4 'other white background' is Cornish it should be coded as British, if it is Irish it should be coded as Irish. So, whichever of the main categories respondents describe themselves within (White; mixed/multiple ethnic groups; Asian/Asian British; Black/African/Caribbean/Black British; Other ethnic group) they should only be coded to the subcategories within this major category. For example, If British Asian is recorded at 'other white' it should be kept as other white. If it is recorded at Other Asian it should be kept at 'other Asian'.

A summary of how write-in answers are allocated to the main census ethnic groups

Write-in answer	Census category
Cornish	White British
Cypriot Former USSR Baltic States Former Yugoslavia Other European White South African American Australian New Zealander Mixed White	Other White
British Indian Punjabi	Indian
British Pakistani Kashmiri	Pakistani
British Bangladeshi	Bangladeshi
Hong Kong	Chinese
British Asian East African Asian Sri Lankan Tamil Sinhalese Caribbean Asian Nepalese Mixed Asian (i.e. mixture of descriptions in the Asian section)	Other Asian
Caribbean and West Indian islands (and also Guyana) apart from Puerto Rican, Dominican and Cuban which are Latin American	Black Caribbean
Nigerian Somali Kenyan Black South African Other Black African countries	Black African
Black British Black American Mixed Black	Other Black
Japanese Vietnamese Filipino Malaysian Aborigine Afghani Burmese Fijian Inuit Maori Native American Indian Thai Tongan Samoan	Other Ethnic Group

2.11 Self-Completion booklet placement

SComp6 For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. **SComp6** should be coded 0 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used.

**Note that code 0 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not around to complete the self-completion document (eg child got bored and went outside to play). These should be left as "Other".

2.12 Height and weight measurements

Checks for height and weight in the edit program reject extremely unusual heights and weights as a safeguard against very unlikely results. Contact research staff if the height or weight check is activated.

NoHitCO Backcode "Other" reasons for no height measurement where possible.

NoWatCO Backcode "Other" reasons for no weight measurement where possible.

For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHtBC/NoWtBC** should be coded 1 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 1 has been used in the above variables.

**Note that code 1 can only be used if the child is known to be away from home for the whole of the fieldwork period. It should not be used for those cases where a child is not available at the time measurements are conducted (eg child got bored and went outside to play). These should be left as "Other". If child is "ill", recode to Code 8 'ill or in pain'.

Veiled refusals at **NoHitCO/NoWatCO** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **RespHts**/**Respwts**, and the reason for refusal coded at **ResNHi**/**ResNWt**.

2.13 Reasons for refusing nurse visit

If reason for refusing nurse visit is left blank then codes as 6 'No particular reason'.

2.14 Drug Coding

MEDBI

All drugs are to be coded to the six digit BNF using the Coding Prescribed Medicine booklet or the BNF (Number 61 – March 2011). The nurse should have completed this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries but if drug is not found, send a coding query form to UCL. If no decision can be made after querying with UCL use code 999996.

Please note that some drugs have been given additional 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 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 drug coding 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 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 drug coding 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.

Any drugs coded 14.**.** or 15.**.** by the nurse should fail the first edit for manual checking. The only possible codes under 14 are 14.04.00 and 14.05.00; these are uncommon. Check that they are correctly used. It is unlikely that anything is prescribed under 15 but just possible. Note that there are a number of fairly common drugs listed in this section which are also listed under other sections. They are almost certainly being used for the purposes for which they are listed in other sections and should be recoded unless the nurse has indicated as anaesthetic use. For example, Diazepam is prescribed as a sleeping drug (04.01.02) but it is also used as an anaesthetic. Unless the nurse has recorded this as being used as an anaesthetic, recode to 04.01.02. If in doubt, query with researchers.

2.15 Blood sample

The variable **BlNotOb** has been introduced to the nurse schedule if someone is willing to give a blood sample but is unable to for some other reason than refusal.

Refusals are recorded at **RefBSC**. At **RefBSC** if it is recorded by the nurse that the respondent is not eligible to give a blood sample as they have HIV/Aids or hepatitis B or C, record this as code 4.

2.16 Urine sample

Note that from May 2012, there was a change to the recording of values at the upper end of the range for sodium (**sodium**) and potassium (**potass**). From this date, the following applies:

sodium: values below 10 are all recorded as 9 (as in previous surveys)
values above 250 are all recorded as 251(since May 2012)

potass: values below 3 are all recorded as 2 (as in previous surveys)
values above 100 are all recorded as 101(since May 2012)

New binary variables **sodiumR** and **potassR** have been added to indicate which were sampled before and after May 2012.

This change to recording practice may affect the calculation of means from the date that the change was implemented.

3. 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.

3.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q7) and **DWkndSmo** (Q8).

If range given, take midpoint

Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
12.5 grams tobacco = 18 cigarettes
25 grams tobacco = 36 cigarettes

Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

In the 8-12 year olds and 13-15 year olds self completion the answer categories for **ANSRMO** 'Do you find that you are often near people who are smoking in any of these places?' has changed. Responses to 'in other places' will need to be back coded into the following:

Code	Response
In a car	Car; any personal forms of transport excluding buses, trains and other public transport
In the street	Bus stops; in the high street; town centre; walking to and from places; outside shops
Outdoor areas of pubs/cafes/restaurants	Pubs; outside pubs, cafes, restaurants; does not include outside shops
Park/playing fields	In the park; skate park; playing fields
Public places unspecified	Public places; out with friends; outside
School	School; outside school; anywhere on school grounds.
Other*	If response does not fit into any of the above e.g. on holiday, in the woods, on a farm

*For all responses coded as 'Other' please create a listing of the write in response supplied (if applicable).

If a response cannot be backcoded consult research for advice on how to backcode.

3.2 Other alcoholic drinks

In both the 13-15s booklet and the Young Adults Booklet there are other alcoholic drinks listed for drinking in the last week. All other alcoholic drinks should be recoded to the listed drinks as detailed in section 2.6

NatCen
Social Research

CODING PRESCRIBED MEDICINES

FOR USE ON ALL NURSE SURVEYS

TO BE USED WITH BNF 61

Version 12.3_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 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 this booklet.

Antihypertensives formerly coded as 02.05.05
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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

B

C

D

E

F

G

L

M

N

O

P

T

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''

1. HEIGHT MEASUREMENT

1.1 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.

1.2 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 that they are too unsteady on their feet
- They are chairbound
- If the respondent finds it painful to stand

1.3 Equipment

You will need:

- A portable stadiometer (see figure 1 below) (base plate, upright rods, head plate and stabilisers)
- A Frankfort Plane card
- Milton wipes

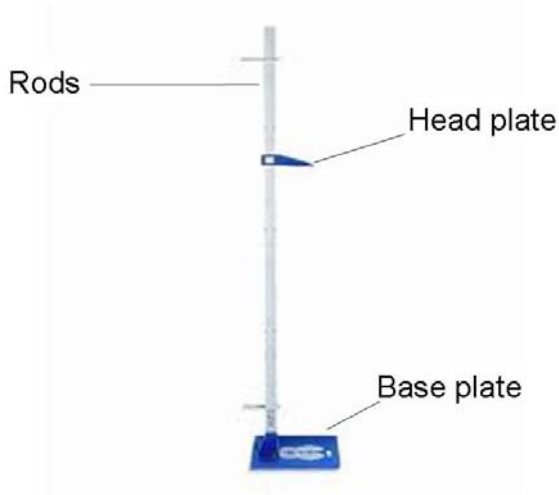


Figure 1 The stadiometer

1.3.1 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. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods

There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

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

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

The head plate

The head plate is made up of the blade and the cuff. The blade is the part that rests on the 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 head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

1.3.2 Assembling the stadiometer

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

You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

Note that the rods are numbered/have symbols to guide you through the stages of assembly. (There is also an asset number identified on the base plate, this is the serial number of the stadiometer which is logged out to you). The stages of assembly are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.

2. Take the rod marked with the arrows showing it's position into the base plate. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place rod into the base plate socket. It should fit snugly without you having to use force.

3. Place one of the two stabilisers over the first, ensuring that the stabiliser faces the wall / door frame or other upright surface being used to measure against. The stabilisers ensure that the rod is as perpendicular as possible to enable accurate measurement.

4. Take the rod marked *. Again make sure that the measuring scale connects with the scale on first rod and that the symbols match at each rod connection / junction. (If they do not, check that you have the correct rod).

5. Take the remaining two rods and put them together in order (matching the connecting symbols). Place the second stabiliser on the 3rd rod, but not at the level that the respondent height might be measured at.

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

1.3.3 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.

3. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs. Before packing rods back into the base plate and head plate into the jiffy bag.

1.4 Procedure for adults

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

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 back of the base plate 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.

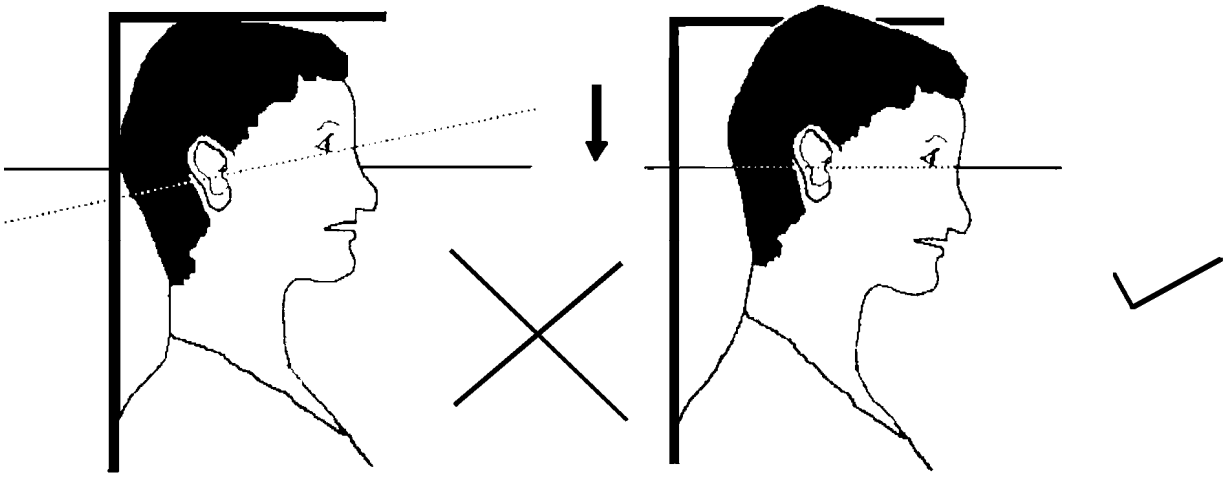


Figure 1 The Frankfort Plane

5. Instruct the respondent to keep their eyes focused on a point straight ahead, and without moving their head position, to breathe in deeply and stretch to their fullest height. Bring the head plate gently down onto the respondent’s head. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the respondent to relax and ask them to step forwards away from the Stadiometer. 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 middle of the head plate cuff. There is a red or black arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres. If a measurement falls between two millimetres, it should be recorded to the **nearest even millimetre** (see section 2.4).

8. If the respondent wishes, record their height onto the measurement record card.

9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.

1.5 Procedure for children

The procedure for measuring children aged 2-15 differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, as children are more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

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

1. Explain to the parent and child what you will be doing, and ensure that both are happy with the procedure.

2. In addition to removing their shoes, children should remove their socks as well to ensure that they do not slip on the base of the stadiometer, and so that you can easily check their feet are flat on the base plate, not on tiptoes.

3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

4. Ask the child to stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

5. Place the measuring arm just above the child's head.

6. Move the child's head so that the Frankfort Plane is in a horizontal position (see Figure 3). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm. Explain what you are

doing and tell the child that you want them to stand up straight and tall, but not to move their head or stand on their tiptoes. Ask them to look straight ahead.

7. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See Figure 4).

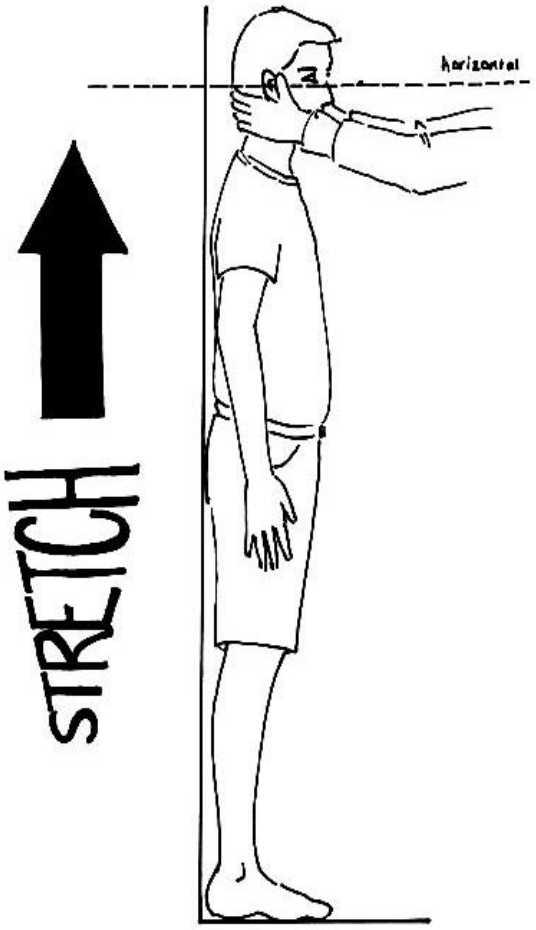


Figure 2 The child stretch

8. Ask the child to breathe in. Firmly but gently, apply upward pressure lifting the child's head upward towards the stadiometer head plate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle, you must keep it in the Frankfort plane.

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

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

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

12. If the respondent wishes, record the reading on the child's measurement record card.

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

1.6 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) 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 head plate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the head plate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a possible 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.

2. WEIGHT MEASUREMENT

2.1 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.

2.2 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 200kg (31 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. If you think that the respondent exceeds the limit for the scales, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment

- **Seca 877 scales**

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

You will also need a pack of Milton antibacterial wipes.

2.3.1 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.**

2.3.2 Technical faults

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

Table 1 Troubleshooting for the scales

Fault	Action
Seca 870 scales	
No '1888' when turned on or will not turn on	• Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when respondent steps on scales • Insufficient light to operate solar cell • If not solved, report to manager / Brentwood

2.4 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 1888 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. 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 measurement record card.

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

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

2.5 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 measurement record card.

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

3. RECORDING AMBIENT AIR TEMPERATURE

3.1 Introduction

Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

3.2 Equipment

You will need:

- A digital thermometer (there are a couple of styles in use that work in the same way)
- A probe
- Spare battery

3.2.1 Using the thermometer

1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.

2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.

3. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.

4. To preserve battery power, the thermometer may switch itself off after 7 minutes.

5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.

6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

3.3 Procedure

1. Set up the thermometer, usually on a surface near the Omron (blood pressure equipment), by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.

2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.

3. Wait for the reading to stabilise and take a reading.

4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

5. To preserve battery life please ensure that after taking the reading the thermometer is switched off by pressing the white ring.

Figure 5a – Digital Thermometer (Digitron 20461)

4. BLOOD PRESSURE

4.1 Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease and stroke. The exact cause(s) of high blood pressure is not completely known; however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

4.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Aged 4 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

4.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures, written consent is required for the results to be sent to the respondent's GP. The appropriate form must be signed and dated by the respondent.

4.4 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter (for putting Monitor on charge at home)

You should ensure that the monitor surfaces are cleaned periodically with Milton wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment store at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste.

4.4.1 Using the Omron HEM 907

Figure 1 shows the monitor of the Omron

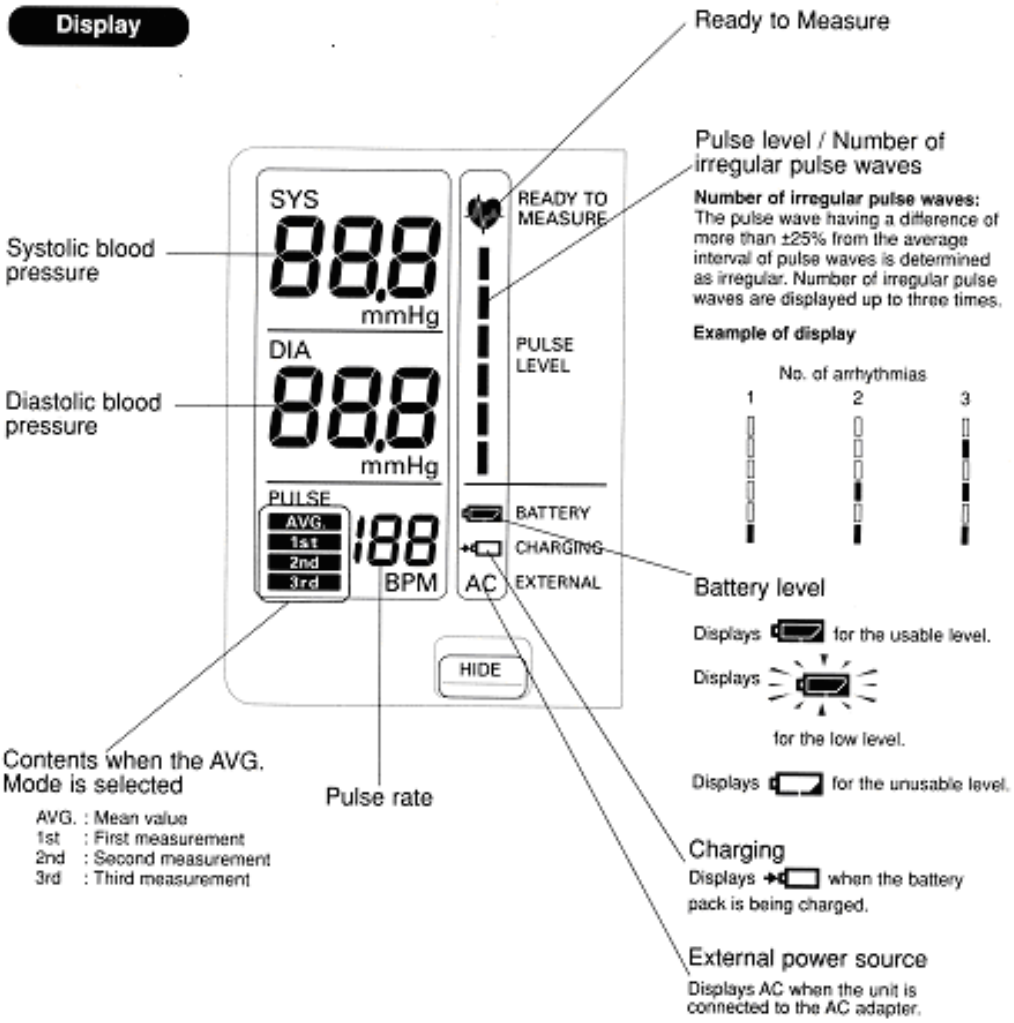


Figure 3 The Omron HEM 907 monitor

1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).

2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.

3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.

4. Press the ON/OFF button to turn it off.

5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again.

4.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery:
Connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.

Connect the AC adapter to the DC jack of the main unit and the electric outlet.

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

Figure 2 Charging the battery

4.4.3 Technical faults/error readings

Refer to table 1 when error readings appear on the LCD screen.

Table 1 Troubleshooting for the Omron HEM 907

Error No.	Action
Er1, Er2	• Check that the tube connecting the cuff to the monitor is properly inserted and is not bent • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er3	• Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent has very high blood pressure • Reset the P-SET Volume to 260 and repeat the measure.
Er5, Er6	• Check that the cuff is properly wrapped around the arm

	• Repeat the measure
Er7, Er8	• Ask the respondent to sit as still as possible • Repeat the measure • If it persists, it may be because the respondent's pulse is irregular, record that it wasn't possible and explain that this sometimes happens.
Er9	• Technical fault – Contact Brentwood and report that fault

4.5 Preparing the respondent

During the initial interview, the respondent would have been informed not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

4.5.1 Selecting the correct cuff

Adults

Do **not** measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

Children

It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

4.6 Procedure

1. Check that the monitor is working.

2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.

3. Get the respondent to sit in a comfortable chair with a suitable support so that the **right arm** is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.

4. Wrap the correct sized cuff round the upper **right arm** and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.

5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).

6. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.

7. During this 'quiet time' follow the procedure for taking ambient air temperature and just before taking the blood pressure reading, make a note of the air temperature (this is not applicable for all surveys, refer to the project specific instructions).

8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.

9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.

10. The unit will produce readings at one minute intervals thereafter; record the next two so you have three sets of readings in total. To check the readings press the 'Deflation' button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.

11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.

12. If the respondent wishes, you should record details of their readings on the measurement record card.

4.7 Respondent feedback

When answering queries about a respondent's blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent's results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

4.7.1 Child respondents

Do not comment on a child's blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

4.7.2 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 2.

Table 2 Definition of blood pressure ratings

ADULTS ONLY

SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For men and women aged 16+

Rating	Systolic		Diastolic
Normal	<140	and	<90
Mildly raised	140 - 159	or	90 – 99
Raised	160 - 179	or	100 – 114
Considerably raised	180 or more	or	115 or more

Points to make to a respondent about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'Your blood pressure is a bit high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.'

Raised:

'Your blood pressure is a bit high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.'

Considerably raised:

'Your blood pressure is high today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.'

(For all of the above points, you can also advise the respondent to see their practice nurse, if this is who they would typically see in relation to their blood pressure.)

Note: If the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, contact the Survey Doctor who will inform the respondent's GP of their result, providing the respondent has given their permission (refer to table 6).

4.8 Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, unless there is a hypertensive crisis, do not do this from the respondent's home - you may cause unnecessary distress.

4.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

4.8.2 Adults

Table 3 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 3Nurse action due to blood pressure readings

BLOOD PRESSURE	ACTION
Normal/mildly raised/raised BP Systolic less than 180 mmHg and Diastolic less than 115 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.*
Considerably raised BP Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg	Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP if written consent has been given, or the respondent if not.* If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be find in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

5. WAIST AND HIP CIRCUMFERENCES

5.1 Introduction

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist and hip circumferences are measures of the distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that waist circumference and waist-hip ratio are predictors of health risk like the body mass index (weight relative to height).

5.2 Exclusion criteria

Respondents are excluded from the waist and hip circumference measurement if they:

- Aged 10 years and below
- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

5.3 Equipment

You will need:

- An 'Easy Check Circumference Measurement' tape calibrated in millimetres
- Milton wipes

5.3.1 Using the Circumference Measurement tape

Pass the tape around the circumference and click the press button in place at the back of the plastic slider. To check the tape is horizontal you have to position the tape on the right flank and look round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent. When taking the reading, be sure not to lift the tape, hold it flat against the body otherwise you will get an inaccurate measurement.

5.4 Preparing the respondent

The respondent needs to be wearing light clothing. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear
- Belts

Pockets should be emptied and if possible ask the respondent to empty their bladder before taking the measurement. If a urine sample is to be collected, this would be a good time to ask the respondent to provide it.

Explain to the respondent that the waist and hip measurements taken on NatCen surveys are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

5.5 Procedure

Steps 1-3 apply to both waist measurement and hip measurement.

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate measurement of both the waist and the hip, and will allow for them to be measured easily.

2. If possible, kneel or sit on a chair to the side of the respondent.

3. With assistance from the respondent pass the tape around the respondent's body, or if they are able to, get them to pass the tape around themselves and check that it is not twisted. Click the press button in place at the back of the plastic slider.

5.5.1 Measuring waist circumference

4. The respondent's waist is located midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest, ask the respondent if you can touch them, and use the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest.

5. Position the tape at the respondent's waist, ensuring that it is horizontal.

6. Ask the respondent to breathe out gently and to look straight ahead. This is to prevent the respondent from contracting their muscles or holding their breath.

7. Take the measurement at the end of a normal expiration by holding the slider flat against the body and read the measurement from the red line.

8. Record the measurement in CAPI in centimetres and millimetres. Always record to a one decimal place. If the result falls between two millimetres, record to the **nearest even millimetre**.

9. Repeat steps 1-8 to record a second measurement. If the second reading differs significantly from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

5.5.2 Measuring hip circumference

9. The respondent's hip circumference is the widest circumference over the buttocks and below the iliac crest.

10. Position the tape in this area ensuring that the respondent is looking straight ahead and not contracting their gluteal muscles. Ensure the tape is horizontal.

11. Measure the circumference at several positions over the respondent's buttocks, by holding the slider flat against the body and read the measurement from the red line.

12. Record the widest circumference in CAPI. Always record to one decimal place. Report in centimetres and millimetres. If the result falls between two millimetres, record to the **nearest even millimetre**.

13. Repeat steps 1-3 and 9-12 to record a second measurement. If the second reading differs substantially from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

14. If the respondent wishes, record the waist and hip measurement on their measurement record card.

5.6 Additional points

- If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger.

- The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing.

- If the respondent is large, ask him/her to pass the tape around rather than 'hug' them. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.

- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not attempt to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPI. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others. If there are belt loops, thread the tape through the loops so that they don't add to the measurement.

- We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.

- Before packing the tape away ensure the length of tape is wiped to reduce potential cross infection between households.

6. SPOT URINE

6.1 Introduction

Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed (table 1). The information that is obtained is highly accurate and cannot be taken from any other source.

Table 1 Compounds in urine analysis

Chemical	Definition
Potassium	Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.
Sodium (salt)	Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.

6.2 Exclusion criteria

Respondents are excluded from giving a urine sample if they:

- Aged 15 years and below
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

Women who have their period are not excluded from giving a urine sample. Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

6.3 Consent

There is a separate consent form for the urine sample. This must be signed and dated by the respondent. Please make it clear to respondents that they will not receive results regarding their urine sample.

6.4 Equipment

You will need:

- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe

- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used to discard the used equipment once the sample has been taken (optional).

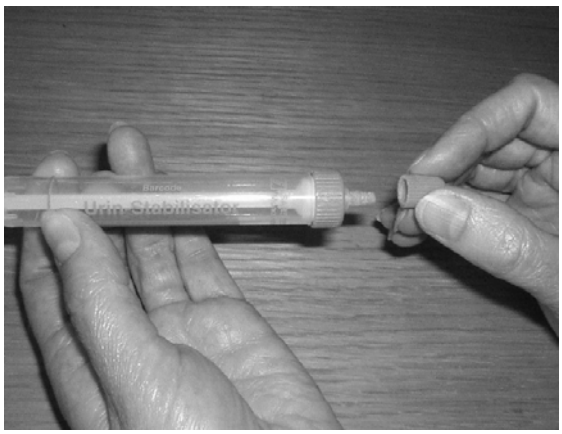
6.5 Preparing the respondent

Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

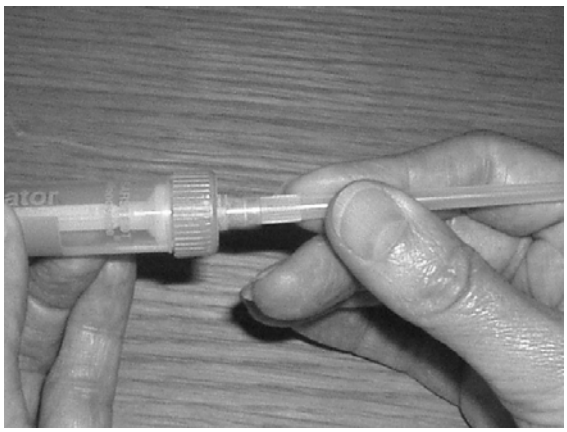
6.5.1 Urine sample syringe instruction leaflet

1. Collect your sample in the disposable pot.

2. Remove the small push cap.

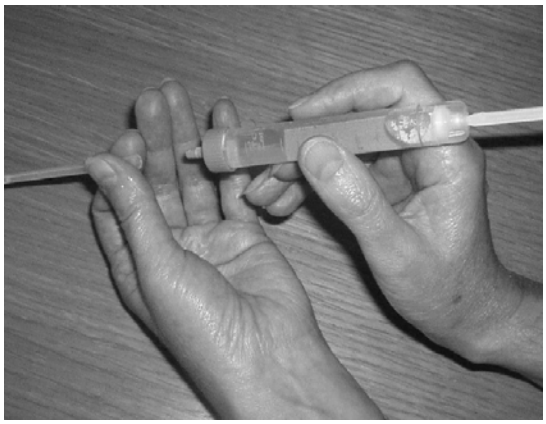


3. Push the extension tube on the syringe nozzle.

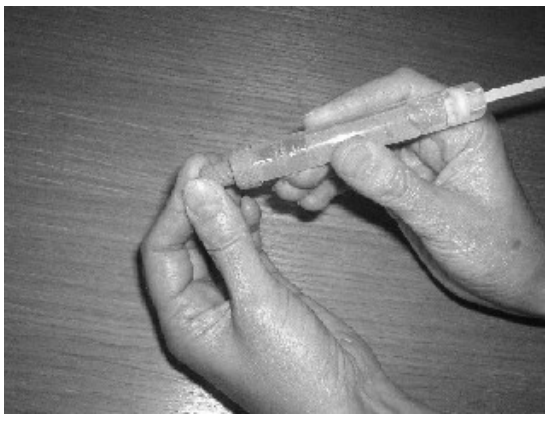


4. Put the end of the tube into the urine in the beaker and pull back the syringe to fill it.

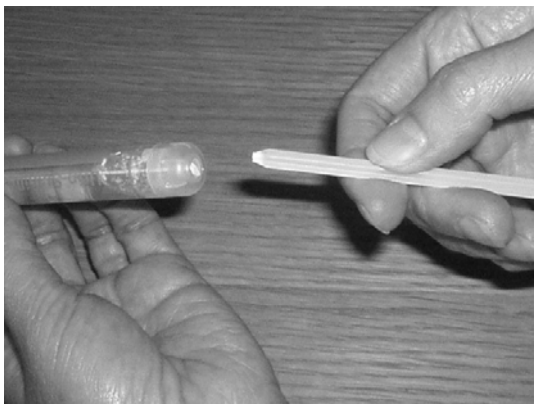
5. Remove the extension tube.



6. Replace the cap.



7. Pull the syringe plunger until it clicks and break off the stalk.



6.6 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed

to come into contact with any part of the respondent's body, clothing or any external surfaces.

2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.

3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.

4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.

5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.

6. Make sure that the plastic cap is securely sealed and the syringe plunger stalk snapped.

7. Label and package the sample according to the project specific instructions.

8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).

7. BLOOD SAMPLING (NON FASTING)

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture. All nurses are to read this document before carrying out any venepuncture procedure.

7.1 Introduction

Blood samples are taken from respondents as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research NatCen undertakes as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

Table 1 shows information regarding the different analytes and what they measure.

Table 1 Blood analytes

ANALYTE	WHAT IT MEASURES
Glycated Haemoglobin	Glycated haemoglobin is a measure of the respondent's longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.
Total, LDL and HDL cholesterol	Total cholesterol and LDL cholesterol increase the risk of atherosclerosis ('furring' of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.

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

7.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Aged 15 and under
- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C
- People with clotting or bleeding disorder
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
    a) the integrity of their veins is extremely precious
    b) we do not wish to cause prolonged blood loss
  For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.
- Those aged 16 and over who have had a fit (e.g. epileptic fit or convulsion) in the **last 5 years** should not be asked to provide a blood sample.

- People who are **currently** on anticoagulant drugs, e.g. Warfarin therapy
  Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.
  Aspirin therapy is **not** a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.
- Adults who are not willing or able to give their consent in writing.

7.3 Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet 'Giving a blood sample' also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

There are two further written consents we wish to obtain in respect to blood sampling:

a. Consent to send the results to the GP (verbal consent only is required for results to be sent back to the respondent
b. Consent to store a small amount of the blood, anonymously, for future research purposes

You should seek to obtain all of the required consents before you take any blood.

Small quantities of blood are being stored in special freezers for further analysis in the future. Future analysis will definitely **not** involve tests for viruses (e.g. HIV (AIDS) test). Any future analysis will be unlinked which means that the researcher doing the analysis will not be able to link it back to the respondent. Respondents will therefore not receive the results of any tests done on their blood in the future.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:

- Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain the importance of written consent to the respondent
- Obtain written consents on the appropriate consent form (including initials **and full signature**).

- Remember to enter their name or serial number on each page of the form before asking the respondent to sign.
- Remember to enter your name in the qualified nurse space provided on each form.
- Check that you have circled the correct consent codes on the front of the consent booklet, and that this corresponds with the CAPI instructions on screen.

7.4 Equipment

The equipment required is listed in the Clinical Practice Guideline for Venepuncture (CPG).

7.5 Preparing the respondent

Protocol on preparing the respondent can be found in the Venepuncture CPG.

Further points to note include:

- Ask the respondent to remove any jackets, thick garments and/or roll their sleeves up.
- Instruct the respondent to remain as still as possible

7.6 Procedure

The procedure for taking the blood sample can be found in the Venepuncture CPG. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

- The vacutainer blood tubes should be filled to the specified capacity in turn (according to the order of draw specified in the project instructions) and inverted gently 5 times on removal to ensure complete mixing of blood and preservatives.

IMPORTANT WARNING – PREVENTING NEEDLESTICK INJURY

Never re-sheath a needle after use

Do not allow the sharps disposal box to become overfull as this can present a potential hazard

7.7 Labelling & packaging the sample(s)

Label the tubes according to your CAPI instructions, immediately after completing the venepuncture procedure. Refer to the project specific instructions for further guidance about labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine the implications of an abnormal result being reported to the wrong respondent.

7.8 Other important points

7.8.1 'Giving a blood sample' leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet **'Giving a blood sample'.** The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

7.8.2 Venepuncture check questions

Always complete the Venepuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent's venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

7.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated.

If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI.

If a respondent fully faints, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house
- Ensure the respondent is supported safely or eased into a position lying down on their side, where they can recover
- Remain with the respondent until they come round and feel able to slowly move to a sitting position.
- Discontinue the interview unless, in your professional opinion you and the respondent feels it is safe to continue.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.
- **NB: - Should a respondent not recover as quickly as expected from a fainting episode then the course of action is to phone the Emergency Services and hand over the situation to them.**

7.8.4 Fitting respondents

It is rare for a respondent to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 yrs will have been excluded.

If a respondent appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house. **If there isn't any other person in the household to support / assist you, then you should call the emergency services.**
- Ensure the respondent is supported safely or eased into a position lying down on their side, with their airway supported open and where they can recover safely
- Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

7.8.5 Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection. NatCen's policy is that only safety sharps will be provided for use on projects and therefore the safety sharps should be used as a mater of course, within a nurse's field work.

Precautions

- Wear gloves at all times when performing the venepuncture procedure to reduce blood 'transmission load' if a needlestick injury occurs
- Sharps should be disposed of at the point of use
- Do not carry sharps unnecessarily
- Handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Needles should not be resheathed by hand
- Never lay sharps down on beds or work surfaces, or leave lying amongst paper towels or linen
- Never hand sharps to anyone

Disposal

Do's:

- Continue to wear gloves when disposing of sharps and related contaminated waste
- Sharps must always be disposed of in the approved orange top 1L 'sharps bins' provided by NatCen immediately after use
- A Sharps bin should be available beside you before opening and using the sharp
- Dispose of the sharp bin when the manufacturer's marked line has been reached or when it is three quarters full
- Check to ensure that the sharps bin lid is securely closed and sealed as per Sharps Disposal Policy

Don'ts:

- Overfill sharps bins
- Fill sharps containers above the manufacturer's marked line

- Dispose of sharps with other clinical waste
- Put your hands into sharps bins
- Never return any used sharps bins by post or courier to the Operations Department or other member of the freelance nurse or interviewer panel by a postal / courier service.

Any non sharps venepuncture waste (e.g. gauze swab, gloves, plaster covering etc) can be disposed of in the respondent's household waste.

Needle stick injury
In the event of a Needlestick injury (by respondent or nurse) – follow NatCen's specific needlestick injury protocol.

7.8.6 Respondents who are HIV or Hepatitis B / C positive

If a respondent volunteers that they are HIV, Hepatitis B or Hepatitis C positive, **do not** take a blood sample. Record this as the reason for not taking a blood sample in the CAPI. You should never, of course, seek this information.

7.8.7 Respondents who declare they are HIV or Hepatitis B positive during or after venepuncture procedure

If a respondent volunteers this information whilst blood is actively being taken – then inform the respondent politely that you must stop the procedure, at that point, as any blood taken for research purposes cannot be sent to the laboratory for processing. Dispose of the tubes already filled into the sharps bin and once all sharps are within the bin, the bin should be fully sealed and disposed of according to the Sharps Disposal Procedure.

Record the relevant information into the CAPI – including completion of the venepuncture check questions.

Ensure you submit a Special Report Form to the Freelance Resources Unit detailing the situation, what course of action you took and how the respondent appeared when leaving.

7.9 Respondent feedback

Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.

8. SALIVA

8.1 Introduction

- Saliva samples are taken from respondents for analysis to detect Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

8.2 Exclusion criteria

Respondents are excluded from giving a saliva sample if they:

- Aged 3 and under or aged 16 and over
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

8.3 Consent

There is a separate consent form for the saliva sample. This must be signed and dated by the parent or legal guardian of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample.

8.4 Preparing the respondent

Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

8.4.1 Equipment

You will need:

- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

8.4.2 Procedure

1. Remove the cap from the plain tube Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.

2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.

3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.

4. If a respondent's mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.

6. Label and package as directed in the project specific instructions.