

Health Survey for England

2016

## Project Instructions

Interviewer and Nurse  
instructions  
Coder instructions

# **NatCen**

**Social Research** that works for society

# **Health Survey for England 2016**

**Interviewer project instructions  
P11183**

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# 1 The Health Survey for England 2016

## 1.1 How to use these instructions

These instructions give an update on things that are new for the 2016 survey. They are designed to be used in conjunction with the HSE Interviewer Project Manual, which gives more detailed instructions about different aspects of the survey.

## 1.2 Overview of HSE 2016

HSE continues to be a vitally important study that provides National Statistics on many aspects of health. Results are made publicly available and are used by the government, NHS, researchers and many others. The information we collect helps to improve people's health and identify priorities for future spending and future developments.

### New topics and changes for the 2016 interviewer CAPI and self-completions:

- Social care (revised questions)
- Adult physical activity
- Smoking (revised questions in CAPI and new questions in 13-15/ young adult self-completions)
- Estimated height and weight (revised routing)
- Cider consumption (new questions in CAPI and 13-15/young adult self completion)
- Gambling (new questions in young adult/adult self completion)
- ONS wellbeing (new question in young adult/adult self completion)
- Conditional household incentive (£10 giftcard) for all **reissues** (one per household)

### Change for the 2016 nurse visit:

- Adult urine test
- New weight management questions
- Additional blood and urine analytes to measure kidney and liver function

## 1.3 Our HSE client

**Client:** The Health and Social Care Information Centre



Their website says:

'We are the trusted national provider of high quality information, data and IT systems for health and social care organisations so they can provide better services and improve health standards.'

Until April 2013, HSCIC was part of the NHS; now they are part of government but separate from the NHS or any department. We still use the NHS logo on the envelopes for our advance letters, because they use HSE data and it's very important for them.

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## 2 Fieldwork and sample design

### 2.1 Introduction

Fieldwork and sample design is as follows

- An assignment consists of **18 addresses** per point (instead of 16, as was the case in last year's survey)
- Fieldwork starts on the first of each month
- You have approximately 6 weeks to complete your assignment (talk to your FPM)
- An important KPI is to visit all your addresses in the first 7 days
- You will be given the target response rate for your point each month – our national target is 65% household response rate
- The last points of the 2015 Child Boost will be issued in January and February 2016.

To get as full a picture as possible, we need high response rates for **all the different stages** of our survey – for the measurements, self completions, consent to linkage and nurse visits.

### 2.2 Interviewer visit – child selection

As in previous years, **all adults** aged 16+ and **up to 2 children aged 0-12, AND up to 2 children aged 13-15**.

Child selection is done using the ARF. You will deal with the two age groups separately, using Section D.3. See the grid below - if you have more than two children in either age group, list them on the ARF and use the selection label on the front to make your selection. Full instructions are given in the ARF, just follow these carefully.

**D.3** Enter details of children aged 0-12.  
List in order of age with oldest child first

Child Number	Child's First Name (Oldest First)	Age	Tick If Selected
1			
2			
3			
4			
5			
6			

Enter details of children aged 13-15.  
List in order of age with oldest child first

Child Number	Child's First Name (Oldest First)	Age	Tick If Selected
1			
2			
3			
4			
5			
6			

- If 1 or 2 children in an age category = interview them
- If 3+ children in an age category = Use child selection label on front page to select two children. Tick in the column next to the selected children.
- Up to 4 children can be selected in total: Up to two aged 0-12, up to two aged 13-15

## 2.3 Nurse visit – who is eligible?

**As always, everyone who is interviewed will be eligible for a nurse visit.**

You may be required to make appointments for your nurse so you should contact your nurse as soon as possible to find out their availability.

## 2.4 Interview length

The **interview** will last an average of **around 65 minutes** for a two person session, a little bit shorter for one adult, a little bit longer for three or four people. Also, as has been the case for the last couple of years, it may be a little longer for people aged over 65, particularly if they have social care needs.

The interview for children is very short. Apart from questions about general health, those aged 5+ are asked about fruit and veg – and of course we need their height and weight. If they are under 5 there are virtually no questions, so set expectations appropriately when you are setting an appointment.

The **nurse visit** will last **around 30 minutes** on average for an adult – so considerably shorter than the interview. And you can tell participants that the nurse visit is very different, consisting mainly of measurements rather than questions.

## 2.5 Interviewing children

We strongly recommend that you do not include children and adults in the same interview session. The child interview is very short, so it's much better to get that completed before (or after) you've done the adult interview. Then the child won't be asked to sit through the adult session.

## 2.6 The interviewer visit

An overview of the content of the household and interviewer questionnaire is outlined below. Information about new content for 2016 is given in Section 3.

Household questionnaire	
Household size, composition, relationships	Smoking in household
Accommodation tenure and number of bedrooms	Car ownership
Economic status / occupation of household reference person	Conditional gift card module for reissues
Household income	

The Interviewer visit									
	Age (years)								
Module	0-1	2-4	5-7	8-9	10-12	13-15	16-17	18-64	65+
General health, longstanding illness	•	•	•	•	•	•	•	•	•
Personal care plans							•	•	•
Doctor diagnosed hypertension							•	•	•
Adult diabetes							•	•	•
Fruit and vegetable			•	•	•	•	•	•	•
Adult physical activity*							•	•	•
Social care (revised questions)*									•
Smoking (revised questions)*				• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	•
Drinking				• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	•
Cider consumption*				• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	• <sup>a</sup>	•
Economic status / occupation / shift patterns							•	•	•
Educational attainment							•	•	•
Ethnic origin / National identity	•	•	•	•	•	•	•	•	•
Self-reported height and weight							•	•	•
Attitude towards NHS / Any comments							•	•	•

<sup>a</sup> Smoking and drinking modules administered by self-completion for all aged 8-17 and some aged 18-24.

Self completion content				
	8-12	13-15	Young adults	Adults
General Health last few weeks (GHQ12) *		•	•	•
Smoking	•	•	•	•
Drinking		•	•	•
Wellbeing (WEMWBS)			•	•
ONS wellbeing question*			•	•
Gambling			•	•
Perception of weight	•	•	•	•
National identity /religion	•	•		
Sexual identity			•	•

\*New content for 2016

As usual, all adults aged 16-17 are given the young adult self completion. You can decide for adults aged 18-24 whether you think it would be better for them to answer smoking and drinking questions in the young adult self completion, or whether to ask these questions in CAPI.

## 2.7 The nurse visit

**Everyone who is interviewed is eligible for a nurse visit.**

This is what the nurse visit includes in 2016.

The nurse visit						
	Age (years)					
Module	0-3	4	5-10	11-15	16-17	18+
Prescribed medicines, folic acid supplements	•	•	•	•	•	•
Nicotine replacement therapies					•	•
Weight management					•	•
Blood pressure			•	•	•	•
Waist and hip circumference				•	•	•
Urine sample					•	•
Non-fasting blood samples					•	•



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## 3 New content for 2016

### 3.1 Revised social care questions

The social care module has been updated to take into account changes to social care provision and payment. Only questions about need and receipt of social care for those aged 65+ are included in 2016. There are no questions about the social care provided to other people.

### 3.2 New questions on adult physical activity

This is the same module of questions that was used in HSE 2012. It asks adults aged 16+ about physical activity they have done in the last four weeks that includes:

- Housework, manual/gardening/DIY activities
- Walking, sports and exercise
- Occupational activity
- Sedentary activity

### 3.3 Revised questions on smoking

The smoking module has been reviewed to assess what is important and what changes need to be made. This has led to some questions being dropped, some questions being combined and a few code frames being condensed.

### 3.4 New questions on e-cigarettes

With the introduction of e-cigarettes to the UK market, we will be finding out about people's e-cigarette smoking habits. These questions are asked within the smoking module.

### 3.5 New cider questions

There are few statistics available about cider-consumption and with the rise of different types of cider for sale in recent years, there is interest in who is drinking cider. We have therefore added cider-specific questions to the drinking questions to get an accurate estimate. These questions are asked in the 13-15 year old and young adult self-completion booklets as well as in the CAPI for adults.

### 3.6 New ONS wellbeing question

In addition to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), this year we are also including a question on general wellbeing from the Office for National Statistics (ONS). This is asked in the self completion for adults.

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## 3.7 Gambling

The Gambling Commission have funded these questions again in 2016 in the adult and young adult self completions. They are the same questions that have been used in recent years, asking about the types of gambling activities people take part in and any problems people have experienced.

## 3.8 Conditional incentive for reissues

A conditional incentive will be introduced for all reissued households. Any household that takes part in a reissue should be given a £10 giftcard when prompted by CAPI as a thank you for taking part. It is important to mention the giftcard when recruiting on the doorstep. The reissue advance letter will also make reference to it. The £10 giftcard is per household that takes part (not per individual that takes part).

## 3.9 Child boost

There is no child boost sample for the 2016 survey. But remember that there is still some 2015 child boost fieldwork to do in January and February 2016. These points of work will be issued in January and February 2016 (see the Fieldwork timetable later in these instructions). If you are working on a child boost point, please refer to your 2015 instructions about these interviews or speak to your FPM for more information.

## 4 Interview Documents

### 4.1 Interviewer documents

These are the documents we are using in 2016. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
16-01i	ARF	Pale Yellow
16-02i	Advance Letter (Mailmerge/Non-MM)	Letter head
16-03i	Advance letter copy – spares for you to use	Letter head
16-04i	Advance letter laminate	Letter head
1619-08i	HSE information leaflet spares – this leaflet is sent	Yellow
1619-09i	Results laminate	Colour printed
1619-13i	General concerns laminate	Golden Yellow
16-10i	Stage 1 leaflet (adult)	Lilac
16-11i	Stage 1 leaflet (child)	Colour printed
16-12i	Stage 2 leaflet	Vanilla
16-14i	Respondent showcards	White
16-15i	Interviewer showcards	Pale green
16-16i	8-12 year old self completion	Light green
16-17i	13-15 year old self completion	Light blue
16-18i	Young adult self completion	Orange
16-19i	Adult self completion	Pale grey
1619-20i	Measurement record card	Yellow
16-21i	Data linkage consent form	Pale green
1619-05i	Multi Purpose/Broken Appt Card	Purple
16-06i	Follow up letter	Letter head
16-07i	Reissue letter	Letter head

## 4.2 Advance materials

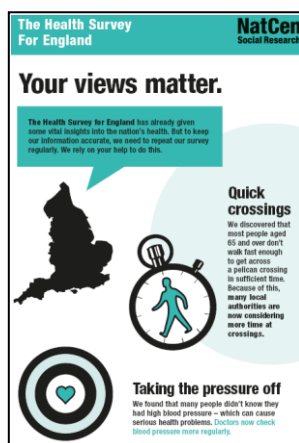
### Advance letter and HSE information leaflet

You will receive the advance letters in your work packs every month. Please check that the addresses against your sample cover sheet before sending them out. All of the letters will already be packed in envelopes, all you have to do is send them out. The letter includes a £10 post office cash voucher. This incentive is not conditional on the household taking part in the study. It's up to you to decide when to send the letters out, allowing time for them to arrive before your first call, which should be within 7 days of the start of fieldwork.



On the doorstep, when you have introduced yourself, tell the respondents about the Health Survey for England. You will receive an example letter (laminated) which you can show to remind respondents.

There are also some spare copies of the letter in your work pack in case someone who doesn't remember receiving the letter would like a copy to keep. You will also have a few spare yellow leaflets.



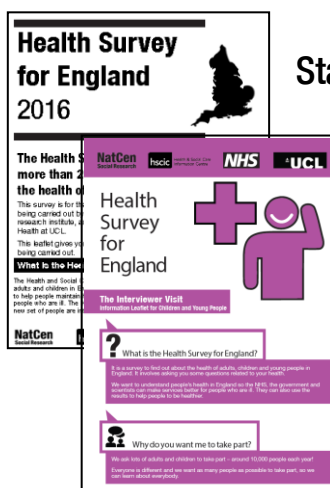
### Results laminate

You can also use the HSE results laminate on the doorstep to help introduce the survey.

There is also a laminate with some of the concerns people sometimes have about being interviewed – remind yourself of some of the answers you might give to reassure them.

### ARF

The ARF is very similar to the 2015 HSE ARF. The only change has been to add a couple of extra rows to the child selection table in case you come across households with lots of children. .



### Stage 1 Adult leaflet

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 before you start your interview. Only give this on the doorstep if you feel it will help obtain cooperation.

### Stage 1 Child leaflet

Stage 1 Child Leaflet is there to help you explain the interview to children.

## Respondent and interviewer show cards

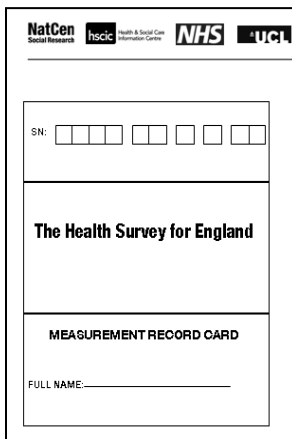
You will receive two types of show cards– interviewer and respondent. There will be two copies of the respondent showcards.

## Self completions

The 2016 interview will include self completion booklets for the following groups:

- 8-12 year olds (Light green)
- 13-15 year olds (Light blue)
- Young adults (Orange)
- Adults (Pale Grey)

CAPI will guide you as to which booklet(s) you need to give out.



The form is titled 'Measurement Record Card' and includes the following fields and logos:

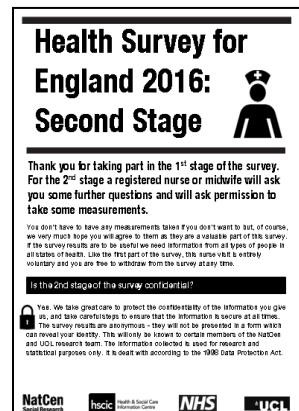
- Logos: NatCen Social Research, hscic, Health & Social Care Information Centre, NHS, and UCL.
- SN: A field for the serial number, represented by a grid of boxes.
- The Health Survey for England
- MEASUREMENT RECORD CARD
- FULL NAME: A line for the respondent's full name.

## Measurement Record Card

It is easiest to take measurements and write the results on to the Measurement Record Card, then enter all the results into the computer when you have finished. The Measurement Record Card should be left with the respondent. There is also information on the back of the card about the nurse visit, which you should bring to the respondent's attention when they have agreed to a nurse visit.

## Stage 2 leaflet

Hand out this leaflet at the end of the interview to all respondents who have agreed to the nurse visit. This leaflet forms a very important part of gaining respondents' informed consent and so it is vital that you leave the leaflet with all respondents who agree to a visit.



The leaflet is titled 'Health Survey for England 2016: Second Stage' and includes the following text and logos:

- Logos: NatCen Social Research, hscic, Health & Social Care Information Centre, NHS, and UCL.
- Thank you for taking part in the 1<sup>st</sup> stage of the survey. For the 2<sup>nd</sup> stage a registered nurse or midwife will ask you some further questions and will ask permission to take some measurements.
- You don't have to have any measurements taken if you don't want to but, of course, we very much hope you will agree to them as they are a valuable part of this survey. If the survey results are to be useful we need information from all types of people in all states of health. Like the first part of the survey, this survey visit is entirely voluntary and you are free to withdraw from the survey at any time.
- Is the 2<sup>nd</sup> stage of the survey confidential?
- Yes. We have great care to protect the confidentiality of the information you give us, and take care to ensure that the information is secure at all times. The survey results are anonymous - they will not be presented in a form which can reveal your identity. This will only be known to certain members of the NatCen and UCL research team. The information collected is used for research and statistical purposes only. It is dealt with according to the 1998 Data Protection Act.



The postcard is purple and features the following text and logos:

- Text: 'Throw this away and you're throwing away the chance to improve the nation's health.'
- Logos: NatCen Social Research, hscic, Health & Social Care Information Centre, NHS, and UCL.

## Blank postcard

Blank copies of the postcard can be used to write any messages for the respondent. Make sure to write the serial number in there too in case respondents call the freephone number about the survey.

## Follow up letter

You have the option of using the follow up letter should you be unable to get in touch with the household.



The letter is titled 'You could contribute information for policy decisions from your home.' and includes the following text and logos:

- Logos: NatCen Social Research, hscic, Health & Social Care Information Centre, NHS, and UCL.
- You could contribute information for policy decisions from your home.
- My name is:
- I am an interviewee working on the Health Survey for England. Recently a letter was sent to your address asking you to take part in the study. I am now writing to you to ask you to take part in the study. I am now writing to you to ask you to take part in the study. I am now writing to you to ask you to take part in the study.
- Thank you for your time.

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## 5 Nurse Liaison

### 5.1 Keep in touch

Please get in touch with your nurse as soon as you know who it is for each assignment. It's an opportunity to introduce yourself if you have not worked together before, and you can also agree how you will keep in contact and the best way to work together as a team. Exchange NatCen mobile numbers if you don't already have them.

It is really important to keep in touch with your nurse as you work through your assignment. This is so that the nurse can follow up as quickly as possible on each case as you transmit it, maximising the chance of success with the nurse visit.

### 5.2 When there's no nurse visit...

As well as transmitting your households **as soon as** you've finished them, please **phone or text** your nurse to let her know to look out for them. This is especially important if you are working on reissues.

Information is automatically provided to the nurse about all your final outcomes – both productive cases where there is a nurse visit, **and any non-productive outcomes will also be automatically transmitted**. It is really important that you **transmit all** your work promptly to the office – including those cases where you know there will definitely be no nurse visit (e.g. deadwood, refusal) – so that the nurse can plan his/her work.

### 5.3 What the nurse needs to know

It's important for nurses to have as much relevant information as possible when they contact a household. So when you record whether or not each person has agreed to a nurse visit there is a 'Yes', 'No' and a 'Maybe' category. Please use 'Maybe' when someone is a little reluctant, or is not sure about the nurse visit. If the nurse knows that the person may be hesitant, he or she can tailor their approach appropriately when they make contact.

For households where there is a nurse visit, please provide relevant information as you complete the admin block. Imagine that you are going to have to visit this household for a reissue/follow up – what information would you need or find helpful? Remember to include information about how to find the address as well as details about the household. If there is confidential information, you can just put **'phone me'** in the admin block and the nurse will know to get in touch with you before making contact with the household.

Note that the nurses do NOT see the full interview that you have completed, so if you have discovered anything important about the household while interviewing, please let the nurse know.

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## 6 Fieldwork timetable

Here is the timetable we will be working to. You can check key dates for each month you are working. Keep in touch with your Field Performance Manager to discuss your progress as you work through each assignment.

	<b>Workpacks dispatched</b>	<b>Fieldwork starts</b>
Jan2 2015 (Boost)	18/12/2015	04/01/2016
Feb2 2015 (Boost)	25/01/2015	01/02/2016
Jan	18/12/2015	04/01/2016
Feb	25/01/2015	01/02/2016
Mar	19/02/2016	01/03/2016
Apr	23/03/2016	01/04/2016
May	21/04/2016	01/05/2016
Jun	23/05/2016	01/06/2016
Jul	22/06/2016	01/07/2016
Aug	21/07/2016	01/08/2016
Sep	23/08/2016	01/09/2016
Oct	22/09/2016	01/10/2016
Nov	21/10/2016	01/11/2016
Dec	03/11/2016	14/11/2016

## 7 Contacts

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

Project number P11183

Contacts	Equipment / Materials	Please <b>email</b> supply requests to <a href="mailto:equipment@natcen.ac.uk">equipment@natcen.ac.uk</a>  quoting the project number. Emailing your request is the best way to order new supplies, and you will be told when your order will be met.  There is also a phone number: 01277 690006  Note that this is an answer phone, and you will not receive any reply or confirmation if you phone.
	Program related queries	01277 200600 Ask for "Data Unit".
	Briefings, allocations, re-issues or incentives.	01277 200600 Ask for "Logistics".
	Support	01277 690200
	Pay Query Line	01277 690219



# **NatCen**

**Social Research** that works for society

# **Health Survey for England 2016**

**Nurse project instructions**  
**N11183**

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# 1 The survey in 2016

The Health Survey for England 2016 is sponsored by the Health and Social Care Information Centre. The 2016 survey includes a number of new question modules for both interviewers and nurses.

## 1.1 How to use these instructions

These instructions give an update on things that are new for the 2016 survey. They are designed to be used in conjunction with the HSE Nurse Project Manual, NatCen Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

## 1.2 Fieldwork and sample design

The fieldwork and sample design are very similar to 2015, except that in 2016 each assignment will be made up of 18 addresses instead of 16. As always, you will be paired with an interviewer for that point of work and all respondents who have an interview are eligible for a nurse visit. In 2016 we will continue to select and interview up to four children at each address (two aged between 0-12 and two aged between 13-15), instead of two, as was the case with all surveys prior to 2015. Your NRF reflects this process of child selection. As in previous years all adults within a household are eligible to be interviewed.

## 1.3 Overview of the nurse visit

### 1.3.1 What's new in 2016?

The survey in 2016 is similar in content to the survey in 2015. Some changes for 2016 are:

- Adults will not be asked to give a saliva sample but will be asked to give a urine sample instead (we will continue to ask for saliva samples from children aged 4 – 15);
- There is a new module of questions on weight management;
- There are a couple of questions on liver and kidney disease;
- We will no longer be asking questions about the use of over-the-counter statins;
- There are some minor changes to the questions about folic acid;
- Urine and blood samples will be tested for additional analytes that measure kidney and liver function.

## 1.3.2 Structure of the nurse visit

An overview of the content of the nurse visit is outlined below:

The nurse visit						
	Age (years)					
Module	0-3	4	5-10	11-15	16-17	18+
Prescribed medicines, folic acid supplements	•	•	•	•	•	•
Nicotine replacement therapies					•	•
Weight management					•	•
Liver and kidney disease					•	•
Blood pressure			•	•	•	•
Waist and hip circumference				•	•	•
Urine sample					•	•
Saliva sample		•	•	•		
Non-fasting blood samples					•	•

## 1.3.3 Length of visit

The nurse visit for adults is expected to last around 30 minutes on average.

## 1.4 Measurement protocols

All protocols used in the 2016 survey remain unchanged.

Please refer to the Nurse Protocols Manual for instruction on:

- Blood pressure measurement (5+);
- Waist and hip measurements (11+);
- Blood sample (16+);
- Urine sample (16+);
- Saliva sample (4-15).

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## 2 The Nurse Link

### 2.1 The Nurse Link and eNRF

The Nurse Link is the system by which information is passed from interviewer laptops to nurse laptops. There has been no change to the nurse link for 2016.

#### **\*\*IMPORTANT\*\***

- You must connect to the host machine regularly to pick up the nurse link data as this will tell you where nurse visits are to be conducted.
- Before you go to a household, you should check that the nurse link information is on your laptop, by entering that household's serial number.
- You should also make sure you have filled in the NRF pad for the household before you leave.
- If the nurse link has not worked because of a technical problem you will need to contact the help desk for assistance.

## 3 Nurse documents and equipment

### 3.1 Nurse documents

Reference	Document	Colour
16-33n	NRF pad	Light blue
16-12i	Adult stage 2 leaflet	Vanilla
1619-28n	Child stage 2 leaflet / Child information leaflet	Colour print on white paper
16-26n	Adult consent booklet	Pale yellow
16-27n	Child consent booklet	Pale blue
1619-29n	Venepuncture leaflet	White
1619-30n	HSE child certificate	Colour print on white paper
1619-31n	Coding Prescribed medicines booklet	White
16-32n	Tube labels	White adhesive labels with black ink print
1619-34n	Nurse recontact letter	White - letter quality paper
16-37n	Nurse showcards	White

#### 3.1.1 Adult consent booklet (16+)

The adult consent booklet is an A4 **pale yellow** booklet and has a very similar structure to the booklet used in 2015. Adults will need to provide written consent for:

- their blood pressure results to be sent to their GP;
- a urine sample to be taken;
- a blood sample to be taken;
- their urine sample results to be sent to their GP;
- their blood sample results to be sent to their GP;
- their blood sample to be stored.

The structure of the adult consent booklet is as follows:

**Front cover** – this is similar to the HSE 2015 consent booklet. By the end of the nurse visit **every adult** respondent should have **six** codes circled in the table at the bottom of the front cover of the consent booklet.

---

**Inside front cover** – here you will find the office dispatch note and space to note any problems with venepuncture. This page is to remain in the booklet and to be returned to the office. It is essential that the information recorded here is accurate. You will not need to circle the code for age. This is pre-coded as only respondents who are 16 years or older will complete this booklet. You will need to record the **number of sample tubes** obtained and the dates they were obtained and dispatched.

**Inside pages** – these are similar to those used on HSE 2015 but with a consent for urine sampling rather than saliva since this isn't being taken in 2016. These pages are the office copies of the signed consents. The respondent needs to initial in the box next to each sample / procedure they consent to. As soon as a respondent has initialed one box, please ensure that they **sign** and **date** the booklet at the bottom. You will also need to sign and date the booklet at this point. These pages will remain in the booklet to be sent back to the office. If a respondent does not consent to a section of the consent booklet, CAPI will prompt you to cross a line through the section to make it clear that this element of the visit was not consented to.

**Remember – ask the respondent to sign and date their consent as soon as they have initialed the box for the first thing they consent to.**

**Carbonised pages (copy)** – these pages are the respondent's copies of the signed consents. 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 inner page so that it is transferred on to the carbon copy. The carbonised pages are perforated and are to be removed from the booklet and left with the respondent.

**Inside back cover** – laboratory dispatch note. This is similar to that used in 2015. Blood storage has been pre-coded.

It is essential that the information on the lab dispatch note is accurate and that your handwriting is clear.

### 3.1.2 Child consent booklet

The child consent booklet is an A4 **pale blue** document. Children need to consent to the following:

- Blood pressure results being sent to GP (5-15)
- Saliva sample to be taken (4-15)

As in 2015, all children aged 4-15 will need a completed consent booklet. Parents or legal guardians of children aged 4-15 will need to provide consent for their child's blood pressure results to be sent to their GP and for a saliva sample to be taken. Children will also need to give their assent or agreement for these too.

The structure of the child consent booklet is as follows:

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**Front cover** – this should be completed in full. Please ensure that the relevant consent codes have been circled at the bottom of the page. Also ensure that the name of the child's parent / guardian is recorded.

**Inside front cover** – this is the office dispatch note and is similar to the adult version. You should record here the date on which the saliva sample was taken, if applicable, and the date it was dispatched to the lab.

**Inside page** – as with the adult version, this is the office copy of the consents. 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.

The parent / guardian of the child will need to initial the boxes of the sections they give their consent to and then sign and date at the bottom of the page. They will also need to write in the child's name at the top of the page next to the serial number.

There are 2 additional boxes above the signature area where the child can indicate their assent to the procedures. You must seek a child's assent for each procedure. This means that you have explained the procedure to the child and they have given their agreement.

For children aged 4-5 years old, the parent /guardian will need to initial the assent boxes to confirm that each procedure was explained to the child. For children aged 6 years and older, you should ask the child to initial the box to show their assent to each procedure. However, if a child is unable to do so, the parent/guardian should initial the boxes on the child's behalf. These procedures are based on guidance produced by the National Research Ethics Service.

**Carbonised page (copy)** – This is the respondent's copy of the consents and will need to be removed from the booklet and left with them.

**Inside back cover** – This is the laboratory dispatch note and will need to be packaged with the saliva sample and sent to the lab. You will not need to circle age. This is pre-coded, as is the code for storage. Like the adult consent booklet, it is essential that the information on the lab dispatch note is accurate and legible.

## 3.2 Nurse equipment

### Equipment

- British National Formulary (**BNF 69**), March 2015 version
- Thermometer and probe
- Omron HEM-907
- Measurement tape (with plastic clip)
- Sample tube labels
- Blood tubes – plain and EDTA
- Saliva collection materials for child samples- plain 5ml tube and wide bore straw
- Urine collection set



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## 4 Contacts

If you have a query, please contact your Nurse Field Performance Manager. They will then pass you on to a researcher if they cannot answer your question.

<b>Project number</b>	N11183	
<b>Contacts</b>	Equipment / Materials	E-mail <a href="mailto:equipment@natcen.ac.uk">equipment@natcen.ac.uk</a>
	The Nurse Centre	01277 690 061/ 01277 690 135
		nursecentre@natcen.ac.uk
	Support	01277 690200
	Pay Query Line	01277 690219
	Jenny Mindell, Survey Doctor (8am to 10:30pm)	Mobile 07770 537238 Office 020 7679 1269

# **NatCen**

**Social Research** that works for society

# **The Health Survey for England**

## **Nurse Project Manual**

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## How to use these instructions

This manual sets out the survey procedures for nurse assignments in the Health Survey for England. These instructions should be used in conjunction with the HSE year specific nurse instructions, Nurse Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

## Contacts

**If you have a query, your first port of call should be your Nurse Field Performance Manager. They will then pass you on to a Researcher if they cannot answer your question.**

### Operations contacts

Switchboard  
Equipment  
Supply

01277 200600  
[equipment@natcen.ac.uk](mailto:equipment@natcen.ac.uk)  
01277 690006

### Research contacts

HSE Team

[HSETeam@natcen.ac.uk](mailto:HSETeam@natcen.ac.uk)

### UCL contacts

Dr Jenny Mindell – Survey Doctor (8.00am to 10.30pm)

Mobile 07770 537238  
Office 020 7679 1269

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# 1 Key features

## 1.1 Key features of HSE

**Subject:** Health conditions, behaviours and lifestyle.

**Sponsor:** The Health and Social Care Information Centre (HSCIC).

**Eligibility:**

- For interview - all adults aged 16+ (up to a maximum of 10) and up to 2 children aged 0-12 and 2 children aged 13-15 living in private residential accommodation in England.
- For nurse visit – all those who were interviewed.

**Sample size:** 8,000 adults and 2,000 children interviewed per year.

**Data collection:** Face-to-face CAPI interview, self completion, objective measurements.

**Assignment size:** Interviewers will have 18 addresses per point. All those interviewed are eligible for the nurse visit.

## 2 Fieldwork overview

### 2.1 Stage 1: the interviewer visit

The HSE questionnaire has two components:

- A short **Household Questionnaire**. The household reference person or their spouse/partner should answer this questionnaire.
- An **Individual Questionnaire** for each household member eligible for interview. The Individual Questionnaire includes a self-completion section for those aged 8 and over.

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

#### Estimated Timings

The interview length will vary depending on the individual's age and circumstances and the topics in the questionnaire each year. 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+	45-50 minutes
Two adults aged 16+	65-75 minutes

Both the Household and the Individual Questionnaires include several 'core' modules which are asked each year. Questions in the Household Questionnaire may be updated from time to time to reflect changes in policy and terminology. In the Individual Questionnaire each year there may be some new and alternate modules that are added to the 'core' module to form the questionnaire that year. Detail on the structure of the questionnaire for each year is provided in your HSE year specific instructions.

## 2.2 Stage 2: the nurse visit

The second stage of the survey is carried out by you. At the end of the Individual Interview the interviewer will introduce the nurse visit. If you have given your availability they will also make an appointment for you. You will be notified of the contact details of the interviewer working on your point and you will both work together to cover the addresses in your assignment. You will need to communicate effectively with your interviewer to achieve good response at both stage 1 and stage 2 of the survey. There's more on working with your interviewer below (Section 5).

Similar to the stage 1 Individual Interview, the nurse interview also contains 'core' and alternate or new modules each year. Details about the full content for each year is provided in your HSE year specific instructions.

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## 3 The sample

### 3.1 Sample design

Respondents of all ages that have been interviewed are eligible for a nurse visit. The interviewer will provide you with full details of the appointments they have arranged for you (if applicable). You will also find out about households where no one co-operated so that you can cross these off your sample cover sheet. Your sample cover sheet is the list of possible addresses you may be required to visit in a point, sent to you at the start of each point of fieldwork.

### 3.2 The 'NurseLink'

All the information you need for each address is recorded by the interviewers in their admin block and is then transmitted to you within 24 hours via the 'NurseLink'. This is the electronic method used to pass information between the interviewer laptop and nurse laptop. Your address menu is updated via the NurseLink each time you connect to the host. You should use your sample cover sheet to log your progress at each address. Updated information about each address will come through to you via the NurseLink and will show up in your address menu.

At the start of fieldwork your address menu will be blank. When the interviewer has completed work at a household and transmitted it back to the office, the address will be transferred to your laptop. 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.

When you connect to the host machine, all the information you need about the household will automatically be picked up by your laptop. You will not be required to carry out a nurse visit at some addresses, for example, empty properties or households who refused to take part. You should monitor your address menu closely and use your sample cover sheet to map your progress.

It is essential to pick up the 'NurseLink' prior to going out on a visit as it 'brings forward' information from the interviewer CAPI to the nurse CAPI. In order to access the 'NurseLink' and the most up to date information, you must connect to the host regularly to pick up your work. We recommend that you do this **every 2-3 days**. This should help you to plan your work effectively and inform you as soon as possible if there is any work to do at the addresses on your sample cover sheet.

---

## 4 The eNRF and the NRF

### 4.1 The eNRF

On HSE all the information you need for each address is recorded by the interviewers in their admin block and is then transmitted to you within 24 hours via the 'NurseLink'. Once you have a household in the address menu you can enter this serial number. Here you will find the '**eNRF**' (Electronic Nurse Record Form).

The eNRF is made up of three screens and contains all the information you need about the household.

The information on the household will include:

- Date of interview
- Telephone number(s) – mobile and landlines
- Extra contact details – additional contact telephone numbers and names
- Person number(s)
- Name - title, first name, surname(s)
- Sex
- Age
- Employment status
- Nurse – nurse visit needed? Answers could be 'yes' / 'myb' (maybe)/ 'no' / 'N/E' (not eligible – no interview)
- Appointment date and time (if available)
- Person numbers of parents/ legal guardians of children

In addition, any comments or notes from your interviewer about the household, such as useful tips about finding and accessing the address or household availability (planned holidays or times when respondent not available), will appear if available, on a third screen. You can navigate between the screens by holding down '1' and pressing 'Enter'.

Where an appointment has **not** been made by your interviewer you must contact the household to arrange your visit. Please do this as soon as possible – we know that respondents are more likely to have a nurse visit if there is a shorter gap between the interview ending and your contact.

When you receive an eNRF you know who is eligible for a visit, whether you need to contact them to make an appointment and if you have a contact number. This means you can get straight on to contacting the respondents and arranging a visit.



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## 4.2 The NRF pad

Once you have received an address via the 'NurseLink' it is important that you transfer the relevant information from the eNRF onto a blank sheet from your NRF pad. This is a pad of printed sheets. You will be sent address labels, so stick the appropriate one onto the sheet. You must take down the details of those in the household and their contact details. There is also space for you to write any relevant notes the interviewer has made for you. You can then tear off the sheet and use this as your working field document for that household, recording all relevant information for that household and any notes you may find helpful as the fieldwork progresses.

Once the nurse visit has been completed you will then need to transfer information from the NRF pad to the admin block and transmit the serial number back. It is important that all relevant information is transferred from the NRF pad to the admin block. After your assignment is complete you should shred the completed NRF sheets.

### **IMPORTANT**

It is vital that you connect to the host machine regularly to pick up the NurseLink data as this will tell you where nurse visits are to be conducted.

Before you go to a household, you should check that the nurse link information is on your laptop, by entering that household's serial number.

You should also make sure you have filled in the NRF pad for the household before you leave.

If the nurse link has not worked because of a technical problem you will need to contact the helpdesk for assistance.

---

## 5 Nurse – Interviewer liaison

### 5.1 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 the time of interview, but change their mind and do not end up having the nurse visit. We call these ‘nurse dropouts’. Nurse dropouts have increased from approximately 6% in 1995 to approximately 20% in 2015. We are aiming to reduce the proportion of Nurse drop-outs.

To reduce the nurse dropout rate we need to reduce the time lag between interview and nurse contact. 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 shows them the importance of the nurse visit.

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. Speak to your interviewer at the start of the assignment and discuss when you are available and how best you can keep in touch. Please keep in touch with your interviewer as much as you can throughout your assignment and let them know any changes to your availability as soon as possible.

The overall aim is for the majority of respondents to **have a nurse visit within two weeks** of the interviewer visit. We 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 as soon as possible where an appointment has not been made by the interviewer.

## 6 Prescribed medications

### 6.1 Prescribed medications (all respondents)

In the nurse CAPI there is a module of questions about prescribed medications which are currently taken by the respondent. Where a respondent is taking prescribed medications you will need to take down the name of the medication and code the medication using the coding prescribed medicines booklet and the BNF. All nurse surveys use the same version of the BNF and coding booklet.

#### Remember :

- Code if the prescribed medication was taken in the last 7 days
- Try to see the medication packets to record the names accurately
- It can include any prescribed medications (inc. eye drops and suppositories)
- Record the dosage of aspirin

Drugs are coded using their BNF classification codes to the third level of classification. Use the six-digit format, using a leading zero where appropriate. There is a copy of the BNF 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.

**Please check your HSE project specific instructions for details of the BNF and 'Coding Prescribed Medicines Booklet' versions you need to use each survey year.**

There are some exceptions to the three 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 coding prescribed medicines booklet. Below are the types of drugs that have been given different codes. You don't need to remember these codes, just remember to **always check the coding booklet first** when coding drugs in CAPI.

#### **Lipid-lowering drugs, formerly coded as 02.12.00**

Statins.....02.12.01

Other lipid-lowering drugs.....02.12.02

#### **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

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## 7 Informed consent and the consent booklet

### 7.1 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.

Please make sure that you ask the respondent if they have had a Stage 2 leaflet from the interviewer. If they haven't, 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 about 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 – you should check that they have understood the key points.

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 a separate information sheet for children that explains the measurements for them in simple terms.

### 7.2 Completing the consent booklet

There are separate consent booklets for adults (16+) and children (4-15). An adult consent booklet will need to be completed for **all adult respondents who have a nurse visit** and a child 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+)
- A sample of urine to be taken (if applicable each year)(16+)
- A sample of blood to be taken, results sent to GP/respondent, sample for storage (16+)

#### 7.2.1 Adult consent booklet

The adult consent booklet 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 blood pressure (BP) and blood sample result letters which are sent to GPs, if the respondent consents to this. Please complete all sections fully.

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, (you will be prompted by CAPI). The respondent's address should 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. If a respondent is unable to give you complete GP details, please look up the GP details using the internet at <http://www.nhs.uk/Service-Search/GP/LocationSearch/4>

## REMEMBER TO ALWAYS USE THIS SITE WHEN LOOKING UP GP DETAILS.

During your visit you will need to record the outcome of the respondent's consent for the various samples or measurements. There is space to do this in a grid on the front page of the consent booklet. 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 <b>GP</b>	01	02
b) Saliva/Urine sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to <b>GP</b>	07	08
e) Blood sample for <b>storage</b>	09	10
f) Blood sample results to <b>respondent</b>	11	12

## Inside front cover

The inside front cover contains the office despatch note and space to note any problems with venepuncture. This should remain in the booklet and be returned to the office. You will not need to circle the code for age as it is pre-coded. 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 obtained.

## Inside coloured pages

The coloured pages are the office copies of the signed consents (please check your HSE year specific instructions for the colours of the consent booklets in each year). These pages should remain in the booklet. Ask the respondent 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 page** so that it is transferred onto the carbon copy.

## Carbonised white pages

The inside white pages are the respondent's copies of the signed consents. These are perforated. Once the booklet has been completed, carefully remove these pages and leave them with the respondent.

## Inside back cover

The inside back cover is the laboratory dispatch note. It is essential that the information you record here is accurate. This page is perforated and is to be removed from the booklet and packaged with the sample(s) and sent to the lab.

### Please note when completing the laboratory dispatch note:

- Age is pre-coded as all respondents who complete this booklet will be 16+, therefore you will not need to circle this.
- Write in the **number** of tubes obtained. **Do not tick** the boxes.
- 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 on the front page of the consent booklet.
- Complete the date the samples were taken.

## 7.2.2 Child consent booklet

The child consent booklet must be completed for all children aged 4 and over. The booklet is an A4 document and the colour changes each year. Please refer to your HSE year specific instructions for the colours of the child consent booklet for this year. Parents or legal guardians of children aged 4-15 need to provide consent for their child's blood pressure to be sent to their GP and a saliva sample to be taken.

## Front cover

The front cover of the child consent booklet is to be completed in full. The respondent's address should be recorded by writing down the house/ flat number (or name) and their postcode. There are two 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 <b>GP</b>	01	02
b) Saliva sample to be collected	03	04

Complete 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 dispatch note and is similar to the adult version. This remains in the booklet.

## Inside coloured page

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

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 (to the parent/guardian) while assent requires a clear and easily understood explanation of the measure to the child.

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 can write, then the child can initial the assent boxes. If a child can't 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 should remain in the booklet.

## Carbonised white pages

The carbonised white page is the respondent's copy of the consent. Once completed, carefully remove this page from the booklet and leave with the respondent's parent/legal guardian.

## Inside back cover

The inside back cover is the laboratory dispatch note and will need to be removed from the booklet, 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. The code for storage is pre-coded as well. As with the adult consent booklet, it is essential that the information on all dispatch notes is accurate.

## 7.2.3 Respondent signatures

Use a black/blue 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 in the booklet. You should also sign and date the booklet as a witness to the consent. If you make an error, do not erase any of the 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.

---

## 8 Other documents

### 8.1 Nurse re-contact letter

The nurse re-contact letter is designed to be used at addresses where you are struggling to make contact. You will have a small number of these letters in your workpack. You should write your name and the household serial number of the address in the space provided on the letter. You may also wish to write your NatCen mobile phone number on the letter. If you do, make sure that you follow up with a visit rather than waiting for the participants to contact you. These letters should be delivered by you when trying to make contact at addresses you are finding difficult to contact.

### 8.2 Appointment card

The appointment card can be used both as an appointment card, which you can send out to respondents after making an appointment, and for broken appointments, to leave at addresses to let respondent know that you called.

The reverse of the card is blank, for you to write your message to the respondent/s either explaining that you have called and missed them or confirming their appointment. You also have an extra set of address labels in your work pack to use with the cards if you choose to post them as appointment cards.

You should use your cards to confirm appointments where you think this is necessary. For example, if you make an appointment over the phone which is not in the next week or so or you think that the respondent is likely to forget, you may think it's a good idea to send one. If you are in the area visiting other addresses, please post the appointment card through the letterbox directly. In cases where you need to send the card through the post, there is a book of stamps included in your starter pack. If you require any further stamps to post the appointment reminder cards, you will need to purchase these and claim for them via the Special Claims facility on your laptop. Send all itemised receipts for expenses to Brentwood Freelance Resources pay unit- please note **claims must be made within 3 months**.

### 8.3 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 relevant measurements and samples. Please refer to your HSE year-specific instructions for the list of measurement and samples to be collected this year.



## 9 Labelling and dispatch of samples

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

### 9.1 Labelling tubes

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

Use the set of serial number and date of birth labels 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 **clearly** on each label. Make sure you use a **biro (blue or black)** - it will not run if it gets damp.

The diagram shows a sample label form with the following fields and instructions:

- POINT NO.**: A field with four boxes for the person number.
- ADD NO./ HHLD**: A field with three boxes for the address number/household.
- CKL**: A field with one box for the check number.
- PERSON**: A label for the person number field.
- DATE OF BIRTH**: A label for the date of birth field.
- HSE P3227**: A label for the serial number field.
- DAY**: A label for the day of birth.
- MONTH**: A label for the month of birth.
- YEAR**: A label for the year of birth.

Instructions with arrows pointing to the fields:

- Check person number against CAPI & transfer onto label (points to the person number field).
- Check & write in serial number (points to the serial number field).
- Check & write in date of birth (points to the date of birth field).

**Check the Date of Birth with the respondent again orally.**

Stick the completed label over the label already on the tube. For blood samples the laboratory needs to see on receipt how much blood there is in the tube, so stick the label down the length of the tube.

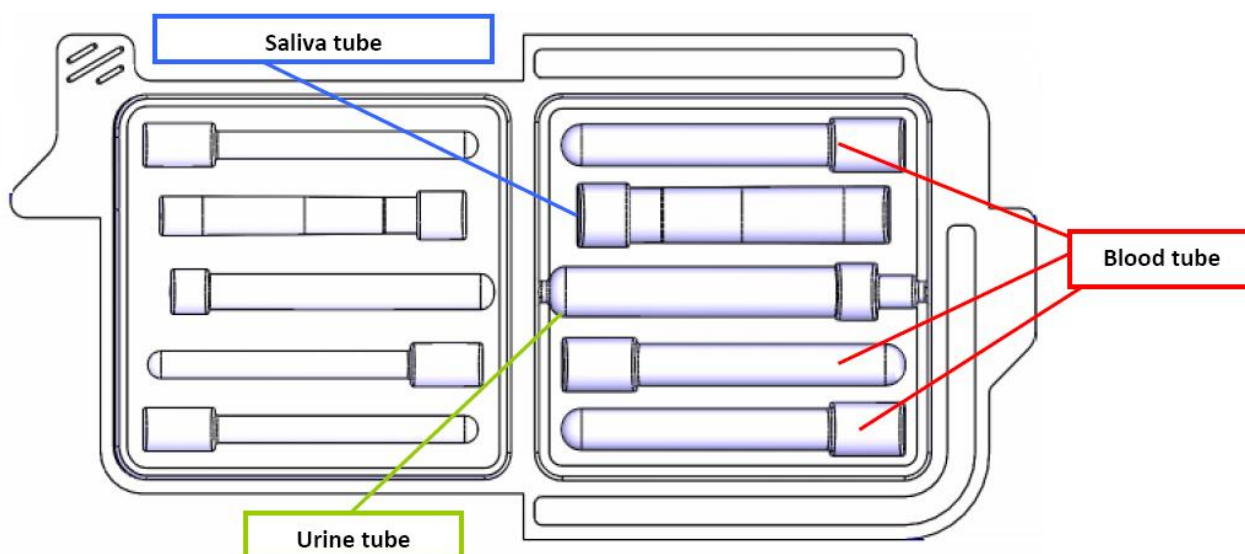
We cannot stress enough the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results.

### 9.2 Packaging the blood, urine and saliva samples

#### The 5-vial adult transporter

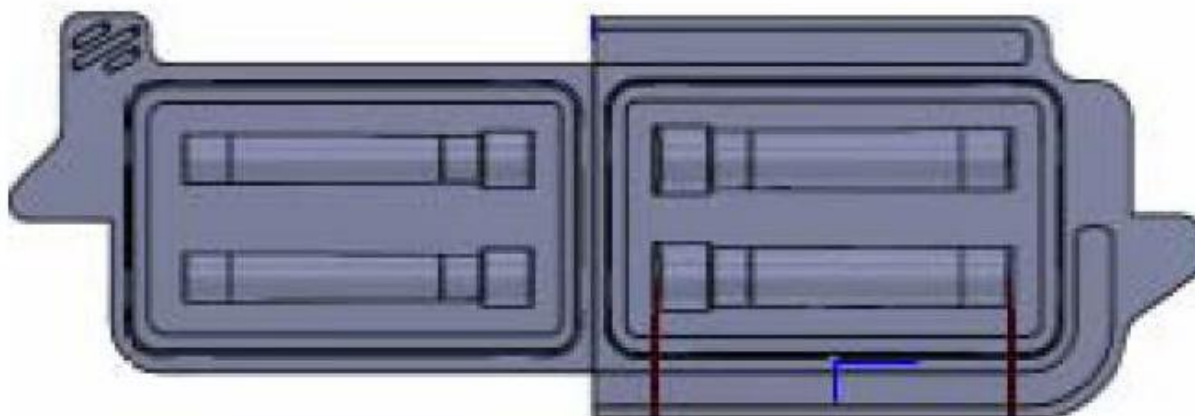
This is designed to carry a full set of adult samples: up to 2 blood sample tubes, a urine sample tube and a saliva tube. You will collect either urine or saliva samples of adults on alternate years. There is also space for a third blood sample tube. Please refer to your HSE year specific

instructions for a list of the samples to be collected in this year. All samples in one 5 vial transporter must be from the same person – use one 5 vial transporter for each adult. See diagram below:



### The 2-vial saliva transporter

This is designed to carry up to 2 saliva samples. The most common use of the 2 vial transporter is for child saliva samples.



### 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.
4. Insert the transporter into the HSE sample envelope.

5. Once the lab dispatch note has been completed, tear it from the respondent's consent booklet and put in the envelope with the transporter (if using the 2 vial transporter for samples for 2 people, include both lab dispatch notes in the envelope).
6. Remove the 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 dispatch notes have also been put inside the envelope.

## 9.3 Posting the transporters

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 be unable to post them within 24 hours. The Nurse Centre will notify you of any laboratory closures. When you have posted the samples, fill in the date of posting on the office copy of the dispatch note.

## 9.4 Which transporter do I use?

### I have a mixed sample household

This is the most common 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. 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

For a two person household (adults or children) where only saliva samples have been obtained, the saliva samples can be packaged per household in the 2-vial transporter.

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

Health Survey for England

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**CAPI Coding & Editing  
Instructions**

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# Introduction

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This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2016. 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.

Grey shaded variables: There is more detail about how to code these variables in the rest of these instructions

Non-shaded variables: These are simple 'back code into a previous variable' questions and no additional information is given about them in these instructions.

The following modules appear in the Health Survey for England 2016:

- Household questionnaire
- Demographic information
- General health, longstanding illness
- Estimated height and weight
- Doctor diagnosed hypertension (CVD)
- Adult diabetes
- Social care (receipt only)
- Fruit and vegetable consumption
- Adult physical activity
- Smoking
- Drinking and cider consumption
- Self completions
- Height and weight measurements
- Ethnic origin/national identity

Highlight denotes new variable/code for programming/editors to be aware of.

## Household Qure

Variable name	Backcode to variable	Description	Blaise block (core or additional module)*1
NHActiO	Backcode to NHActiv	What HRP was doing in last week	HRPActiv (Core)
HrpSOC2		Occupational coding	(Core)
HrpSIC02		Industry type coding	(Core)

## Indiv Qure

IllsTxt1-6 & IIIX01_[1-6] – IIIX34_[1-6]		Longstanding illness codes and follow-up codes	GenHlth (Core)
ILLOth	Backcode to IllAff	Way condition affects health	GenHlth (Core)
HelpFormO	Back code to HelpForm	Other person that helps with tasks	BSecA2 (Core)
FrtOth	Back code to FrtC	Type of fruit eaten	FruitVeg (Core)
FrtNotQ	Back code to FrtQ	Amount of fruit eaten	FruitVeg (Core)
OthAct	Backcode to COthAct	Other activities	AdPhysic (Additional)
ECigCart	Backcode to ECigCartO	Other electronic cigarette strength cartridge	Smoking (Core)
NbotL7	Code to L7NCCodEq	Brand of bottled lager (7days)	Drinking (Core)
SbotL7	Code to L7SCodEq	Brand of bottled lager (7days)	Drinking (Core)
NCBotL7	Code to L7NCCodQ	Brand of normal strength cider (7days)	Drinking (Core)
SCBotL7	Code to L7SCodQ	Brand of strong strength cider (7days)	Drinking (Core)
OthL7TA,B,C		Other alcoholic drinks (7days)	Drinking (Core)
NactivO	Back code into NActiv	Activity last week	Demog1 (Core)
SOC2010		Occupational coding	SOC2010 (Core)
SIC2007		Industry type coding	SIC2007 (Core)
QualB	Back code into QualA	Educational qualifications	Demog2 (Core)
XNatID	Back code to NatID	National identity	Demog2 (Core)
XOrigWh	Back code to Origin	Other White ethnic origin	Demog2 (Core)
XOrigMx	Back code to Origin	Other mixed ethnic origin	Demog2 (Core)
XOrigAs	Back code to Origin	Other Asian ethnic origin	Demog2 (Core)
XOrigBl	Back code to Origin	Other Black ethnic origin	Demog2 (Core)
XOrigin	Back code to Origin	Other ethnic origin	Demog2 (Core)
SComp6O	Back code into SComp6	Why self-completion not completed	SelfComp

\* Core modules are questions that appear in HSE each year. Additional modules are new modules that are commissioned each year.

OHiNRel	Back code into HiNRel	Unreliable height measurement	Measure (Core)
NoHitCO		Reasons for refusing height	Measure (Core)
NoWatCO		Reasons for refusing weight	Measure (Core)
OHiNRel	Back code to HiNRel	Other reason for unreliable measurement	Measure (Core)
NrsRefO	Back code into NurseRef	Reasons refusing nurse	Nurse (Core)
Opencom	Code to OpenCode	Any comments you would like to make	Consents (Core)



## Nurse Qure

Variable name	Backcode to variable	Description	Blaise block (core or additional module)*2
MedBi & MedLngN		Standard drug coding & long-acting medication drug coding	BMedcin (Core)
MedOth	MedLngH	How often the respondent has long-acting medication	BMedcin (Core)
WhyFolO	Back code to WhyFol	Other reason why people take folic acid supplements	BMedcin (Core)
WMNowOth	Back code to WMNow	Another tool or service used to manage or change weight	WeightM (Additional)
WMStrtO	Back code to WMStrt	Other reason why started to use <textfill tool/service > to manage weight	WeightM (Additional)
WMAAdvOth	Backcode to WMAAdv	Which other health professional advised you to use <textfill>?	WeightM (Additional)
WMAAdvWnOth	Backcode to WMAAdvWn	Which other occasion did they advise you during?	WeightM (Additional)
WMPyOWho	Backcode to WMPayOth	Who else pays towards you using the <textfill>?	WeightM (Additional)
WMAAdv12O	Backcode to WMAAdv12	Which other health professional advised you to do something to manage or change your weight	WeightM (Additional)
WMAAdv12WnO	Backcode to WMAAdv12Wn	Which other occasion did they advise you during?	WeightM (Additional)
WM12Oth	Backcode to WM12	Other tools or services were you using to manage or change your weight?	WeightM (Additional)
WM12StO	Backcode to WM12St	Why did you decide to start using <textfill>?	WeightM (Additional)
WM12StpO	Backcode to WM12Stp	Why did you decide to stop using <textfill>?	WeightM (Additional)
WMPyOWho	Backcode to WMPayOth	Who else paid towards you using the <textfill>?	WeightM (Additional)
WMNxtO	Backcode to WMNxt	What other tools or services do you plan to use to manage or change your weight?	WeightM (Additional)
WMNxYO	Backcode to WMNxY	Other reason why you are planning to start using <textfill>?	WeightM (Additional)
NHSCondO	Backcode to NHSCond	What other condition did a doctor or health professional talk about during your NHS Health Check?	Kidney (Additional)
OthNBP	Back code to NAttBPD	Other reason not obtained blood pressure	BPress (Core)
OthDifBP	Back code to DifBPC	Other reason difficulty obtaining blood pressure	BPress (Core)
OthRefC	Back code to GPRefC	Other reasons refusing to allow blood pressure measurements to be sent to GP	BPress (Core)
OthWH	Back code to WHPNABM	Other reason for not attempting waist-hip measurements	WaistHip (Core)
ProbWstO	Back code to ProbWst	Other problems experienced that are likely to increase/decrease waist measurement	WaistHip (Core)
ProbHip	Back code to ProbHipO	Other problems experienced that are likely to increase/decrease hip measurement	WaistHip (Core)
UOthNObt	Back code to UriNObt	Other reason why urine sample not taken	Urine (Core)
OthNObt	Back code to SalNObt	Other reasons why saliva sample not taken	Saliva (Core)
OthRefBS	Back code to RefBSC	Other reasons for refusing blood sample	Blood (Core)
OthSam	Back code to SenSam	Other reasons for not wanting blood sample results sent to GP	Blood (Core)

\* Core modules are questions that appear in HSE each year. Additional modules are new modules that are commissioned each year.

OthBDif	Back code to SamDifC	Other problems taking blood sample	Blood (Core)
OthNoBSM	Back code to NoBSM	Other reasons why blood sample not taken	Blood (Core)
BINotOb	Backcode to RefBSC	Reasons, other than refusal, why blood is not taken	Blood (Core)
TakeOth1	Backcode to YTake1	Other reason for taking drug	Drug (Core)



## 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 Activity last week (NHActiv (HRP – household survey), NActiv (individual survey))

---

At NHActivO and NativO answers should be checked to see if they can be backcoded to NHActiv or NActiv. Answers such as maternity leave, self employed, temporarily off work and holiday usually count as code 2 'In paid employment or self employment (or away temporarily)'. Any new questions that come on route as a result of back coding should be coded appropriately (either by looking at previous answers/remarks/comments etc) or coded at 'Don't know'.

### 2.4 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'.

## 2.5 Longstanding Illnesses

---

**IIIsM** Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IIIsTxt1-IIIsTxt6**. This should be coded, using the long-standing illness codeframe in section 3, into the variables **IIIsM1-IIIsM6**.

There should only be one long-standing illness per **IIIsTxt** variable.

### Rule for if two or more separate illnesses are under the same **IIIsTxt**

If there are two separate illnesses listed under the same **IIIsTxt** variable, then these should be split as follows.

- Change the appropriate **More[ ]** variable (before the next blank **IIIsTxt** that the second illness will be moved to) from No to Yes. It is easier to add the next illness, after all the long-standing illnesses that were collected in the interview.
- Remove the text of the second illness and put it into the first blank **IIIsTxt** variable
- Keep repeating this until all the long-standing illnesses are in separate **IIIsTxt** variables (up to a maximum of 6). If there are less than 6, then at the final **More[ ]** variable, select 'No' (there are no more long-standing illnesses to add).
- Then code the appropriate **IIIsM** variables (linked to the **IIIsTxt** code) accordingly

A soft check has been added to the edit programme to check for instances where two separate illnesses are listed under the same **IIIsTxt** variable. A soft check will appear, if once all the longstanding illnesses have been coded, there is a difference between the number of string illnesses **recorded** at **IIIsTxt** and the number of illnesses **coded** at **IIIsM** i.e. there are two **IIIsTxt** (**IIIsTxt[1]**, **IIIsTxt[2]**) AND three **IIIsM** (**IIIsM[1]**, **IIIsM[2]**, **IIIsM[3]**). This would suggest that at one of the **IIIsTxt** variables, two illnesses have been recorded. You should then follow the instructions above to separate the illnesses into separate **IIIsTxt** variables. You will then need to make sure that the **IIIsM** variables are coded according to the correct illness.

### 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).

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.

If someone says they are being tested for a condition, please delete this.

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.

### Follow-up coding exercise

If the following longstanding illness codes are used at **IIIsM1-IIIsM6**:

Code 01 – Cancer  
Code 03 - Endocrine/metabolic diseases  
Code 04 - Mental illness/anxiety/depression/nerve disorders  
Code 08 – Other problems of nervous system  
Code 16 – Ischemic heart disease/heart attack/angina  
Code 18 - Other heart problems  
Code 27 Other digestive complaints  
Code 34 – Arthritis/rheumatism/fibrositis  
Code 35 – Back problems/slipped disc/spine/neck

There will be a follow-up coding question **IIIX01\_[1-6] – IIIX35\_[1-6]**. This will ask you to select the illness that was mentioned. See section 3 for more information on the codeframe.

## **2.6 Other fruit**

---

If possible, responses to **FrtOth** should be backcoded into **FrtC** and responses to **FrtNotQ** should be backcoded into **FrtQ** using the fruit codeframe (section 2.7) and the portion guide (section 2.8) below. If the fruit isn't on the list, first check that it can be eaten raw. If it can only be eaten cooked then recode at FrtDish. For other fruit not on the list and eaten raw or if the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis.

## 2.7 Fresh fruit size codeframe

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Lychee	Very small
Apricot	Small	Mandarin orange	Medium
Apple banana	Small	Mango	Large
Avocado	Large	Medlar	Medium
Banana	Medium	Melon (all types)	Very large
Banana, apple	Small	Mineola	Large
Banana, nino	Small	Nectarine	Medium
Berry (other)	Very small	Olive	Very small
Bilberry	Very small	Orange	Medium
Blackcurrant	Very small	Passion fruit	Small
Blackberry	Very small	Papaya	Large
Blueberry	Very small	Paw Paw	Large
Cactus pear	Medium	Peach	Medium
Cape gooseberry	Very small	Pear	Medium
Carambola	Medium	Persimmon	Medium
Cherry	Very small	Pitaya	Medium
Cherry Tomato	Very small	Pineapple	Very large
Chinese gooseberry	Small	Physalis	Very small
Chinese lantern	Very small	Plantain	Medium
Chirimoya/Cherimoya	Medium	Plum	Small
Clementine	Medium	Pomegranate	Medium
Custard Apple	Medium	Pomelo/ Pummelo	Large
Damson	Very small	Prickly pear	Medium
Date (fresh)	Small	Rambutans	Very small
Dragon Fruit	Large	Raspberry	Very small
Elderberry	Very small	Redcurrants	Very small
Figs (fresh)	Small	Satsuma	Medium
Gooseberry	Very small	Shaddock	Large
Granadilla/Passion fruit	Very small	Sharon fruit	Medium
Grapes (all types)	Very small	Starfruit	Medium
Grapefruit	Large	Strawberry	Very small
Greengage	Small	Stonefruit	Very small
Grenadillo	Very small	Tamarillo/Tree tomato	Small
Guava	Medium	Tangerine	Medium
Horned melon/Kiwano	Large	Tomato	Small
Kiwi	Small	Tomato, cherry	Very small
Kubo	Very small	Tomato, beef	Large
Kumquat	Very small	Ugli Fruit/unique fruit	Large
Lemon	Medium		
Lime	Medium		
Loquat	Very small		

## 2.8 Fresh fruit portion guide

Food Type	Portion size
Vegetables,	3 tablespoons
Vegetables in composites	3 tablespoons
Pulses	3 tablespoons
Salad	1 cereal bowlful
Small fruit (e.g. plum)	2 fruits
Medium-sized fruit (e.g apple)	1 fruit
Very small fruit and berries	2 average handfuls
Very large fruit (e.g melon)	1 slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Fruit salad, stewed fruit etc	3 tablespoons
Frozen/canned fruit	3 tablespoons
Fruit juice	1 small glass (150ml)

NB: For calculating portion sizes only one portion or less of pulses, dried fruit or fruit juice was included in the total amount consumed.

**Data inconsistencies:** If FrtC=small and FrtQ >=20 a hard check message will appear. It will ask you to change FrtC to 'very small' and change the answer at FrtQ. You will be prompted with the answer to enter at FrtQ (which will be the number given, divided by 10 (rounding down if necessary) to give estimated number of handfuls).

If VegPulQ > 17 or VegVegQ > 19 or VegDishQ > 19 a soft check will appear with instruction to look for any notes and change answers if appropriate.

In addition, soft check messages will appear for the following variables and conditions, with the instruction to check and alter if necessary.

- Fruit quantities - Frtq01-15 >15
- Fruit juice and pulses - frtdrnkq & vegpulq >15
- Vegetables/pulses - vegvegq & vegdishq >= 20
- Salad - vegsalq >= 10
- Other fruit dishes/frozen/tinned/dried - frtdishq, frtfrozq, frttinq, frtdryq, (i.e.>10)



## 2.9 Adult physical activity

---

**Chkhhrs** Chkhhrs 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 chkhhrs is **greater 14 hours** then these serial numbers should be flagged to the Researcher.

```
compute chkhhrs=0.  
if (WrkAct3H >0) chkhhrs=chkhhrs+WrkAct3H .  
if (WrkAct4H >0) chkhhrs=chkhhrs+WrkAct4H .  
if (WrkAct5H >0) chkhhrs=chkhhrs+WrkAct5H .  
if (WrkAct6H >0) chkhhrs=chkhhrs+WrkAct6H .  
select if chkhhrs>14.
```

### 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**

## 2.10 Other alcoholic drinks

---

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

### Normal beer/lager/stout/cider/shandy (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/beers/cider - Barbican, Kaliber, Bottles/cans of shandy. Beer/lager/cider with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits)

### Strong beer/ lager/stout/cider/shandy (SBrL7):

**Include:** Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Super

**Exclude:** Beer/lager/cider/shandy 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.

**Normal cider (NCidL7):**

**Include:** Aspath cider, Fruit cider, Home Brew Cider, Scrumpy

**Exclude:** Non-alcoholic ciders – Kopperberg alcohol free, Supermarket own-brand alcohol free cider. Cider with >6% alcohol by volume (code as 'strong').

**Strong cider (SCidL7):**

**Include:** Diamond White/Blush/Zest, Old Rosie

**Exclude:** Cider etc with less than 6% alcohol by volume (code as 'normal strength').

**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]**.

## 2.11 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.
- Please note that there are some very large bottles of cider on sale in some supermarkets and these codes should only be used in circumstances where it is clear that the participant has drunk this brand/whole bottle from the verbatim comments and remarks in the interview.

The variables **NCBotL7** and **SCBotL7** (the brand of cider drunk in bottles), needs to be coded into **L7NcodEq** and **L7SCodEq** using the bottled cider codeframe. Please note that there are some very large bottles of cider on sale in some supermarkets and these codes should only be used in circumstances where it is clear that the participant has drunk this brand/whole bottle from the verbatim comments and remarks in the interview.

## 2.12 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Malvern Press (cider)	1.00
Addlestons cloudy (cider)	0.88	Marston's Pedigree	0.88
Amstel	0.58	McEwans 80 or 90 shilling	0.97
Asahi	0.58	Merrydowns	0.58
ASDA (cider)	3.52	Michelob	0.58
Aspall Suffolk/Premier/Vintage (cider)	0.88	Miller (Draught not Pils )	0.58
Banks (Mild only)	0.97	Molson	0.58
Banks Old Ale (nips)	0.32	Morrisons/ M Signature (cider)	0.88; 1.00 or 4.40
Bass (pint bottle)	1.00	Murphys	0.88
Becks	0.48 or 0.58	Newcastle Brown Ale	0.97
Bishops Finger	0.88	Olde English	0.88
Black Sheep Ale	0.88	Old Mout (cider)	0.88
Blackthorn (cider)	3.52	Old Rosie (cider)	0.88 or 3.52
Boddingtons (Export draught only)	0.58	Old Speckled Hen	0.88
Bombardier	0.88	Oranjeboom	0.58
Brahma	0.58	Peroni lager (Nastro Azzuri)	0.58
Brandenburg	0.58	Pils (unspecified)	0.58
Brothers (cider)	0.88	Pimm's Cider Cup (cider)	0.88
Budvar	0.88	Pivovar Czech Lager	0.88
Budweiser/ Bud Ice	0.58	Red Rock	0.58
Bulmers / Magners (cider)	0.58 or 1.00	Red Stripe	0.58
Carling	0.48	Rekorderlig (cider)	0.88
Carlsberg	0.58	Rolling Rock	0.58
Castle	0.58	Rosie's Pig (cider)	3.52
Chaplin and Cork's (cider)	0.88	Royal Dutch	0.58
Cobra	0.58	Ruddles	0.58
Coors	0.58	Sainsbury's (cider)	0.58 or 0.88 or 3.52
Corona	0.58	Sam Smiths (Old Brewery Strong Ale)	0.97
Cornerstone (cider)	0.88	San Miguel	0.58
Crabbies (cider)	0.88	Savanna (cider)	0.88
Crest Lager (Export)	0.44	Scrumpy Jack (cider)	0.58
Crofters (cider)	3.52	Singha beer	0.58
Crumpton Oaks (cider)	3.52	Sheppy's (cider)	0.88
Diamond (Blush, White or Zest) (cider)	0.48	Skol	0.58
Dragon (Stout)	0.50	Sol	0.58
Dunkertons (cider)	0.88	Somersby (cider)	0.77
Elephant (Lager)	0.48 or 0.58	Stassen (cider)	1.32
ESB (Fuller's ESB)	0.88	Spitfire	0.88
Export 33	0.44	Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Foster's (Unspecified)	0.77	Stinger	0.58
Foster's Export	0.77	Stowford Press (cider)	0.88
Foster's Ice	0.58	Strongbow (Blackthorn)	0.48 or 0.58
Frome Valley (cider)	0.88	Tesco (cider)	0.88 or 3.52
Fuller's (London Pride)	0.97	Thatchers (cider)	0.88
Grolsch	0.58 or 0.77	Theakstons	0.97
Guinness Extra Stout	0.58	The Orchard Pig (cider)	0.88
Guinness Original	0.58 or 0.88	Three Counties (cider)	3.52
Hawksridge (cider)	3.52	Tiger beer	0.58
Heineken (Export)	0.58	Tsingtao	0.58
Henney's (cider)	0.88	Vault	0.58
Henry Westons (cider)	0.88	Victoria Bitter	0.58
Hoegaarden (bier blonde)	0.58	Wadworth Export	0.88
Holsten Pils (bottle)	0.58	Waitrose (cider)	0.88 or 3.52
Home made	0.58	Westons (cider)	0.88
Ice Dragon	0.48	Woodpecker	0.48
John Smiths	0.77	Wonky Barn (cider)	0.88
K. Cider	0.48		
Kanterbrau	0.58		
Kingfisher	0.58		
Kingstone Press (cider)	0.88		
Kirin	0.58 or 0.88		
Kopparberg (cider)	0.58 or 0.88		
Kronenbourg (1664)	0.44 or 0.58		
Labatts	0.58		
Labatt's Ice	0.58		
Leffe	0.58 or 0.77		
Lowenbrau	0.58		
Mackeson	0.88		
Magners (cider)	1.00		

**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	2000 (2 litres)	3.52
275	0.48	500	0.88	2500 (2.5 litres)	4.40

## 2.13 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/SCOTTECH 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:** CNA 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)  
**Include:** Food hygiene certificate

34 Military **Include:** Army/navy/air force certificates/qualifications; 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> 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.

## 2.14 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

## 2.15 Self-Completion booklet placement

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**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".

## 2.16 Height and weight measurements

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

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

At **NoHtCo/NoWatco** (reason for not obtaining height/weight) please use the code 'Not in/not available' for reasons such as 'gone to work' 'away on holiday' 'going out' and 'busy off out'.

At **NoHtCo** please use the code 'stadiometer faulty/not available/couldn't be used' for reasons such as 'bad weather couldn't carry it' 'interview conducted in office/flats – not possible' 'car parked along way from interview'

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.

Use code 'child 0-13 asleep' at **NoWtBc** for reasons such as 'fast asleep' 'upstairs in cot' etc.

**\*\*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'.

## 2.17 Reasons for refusing nurse visit

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

## 2.18 Open comment codeframe – Do you have any comments that you would like to make?

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Please note that if part of the verbatim answer is not showing on the edit screen, this will probably mean that the interviewer ran out of space and so entered the remaining verbatim answer as a 'remark' at this question. Please look at the factsheet to see if there is a relevant 'remark' for this question, if that is the case (it may be a few lines down on the fact sheet).

	CODE ALL THAT APPLY
1	GP appointments - difficulty booking/need better access ( <b>Include</b> 'poor cover/not enough Drs so have to go elsewhere', 'make GPs work longer hours')
2	GP appointments - difficulty seeing same Doctor
3	GP appointments - rushed/not enough time ( <b>Include</b> 'little time with GP')
4	GP appointments - long waiting times at surgery
5	GP - good experience ( <b>Include</b> 'brilliant GP surgery. No problems at all')
6	GP - poor experience ( <b>Include</b> 'problems not taken seriously, incorrect diagnosis')
19	GP - other answer ( <b>Include</b> 'cannot change address over phone', 'doctor surgeries-I've not seen who he is, never met him')
21	Accident and Emergency - long waiting times ( <b>Include</b> 'eleven hours in A&E', 'long queues')
22	Accident and Emergency - go to because can't see Doctor
23	Accident and Emergency - local service too far away ( <b>Use code 41</b> for A&E closure)
24	Accident and Emergency - good experience
25	Accident and Emergency - poor experience ( <b>Include</b> 'A&E constantly dirty' 'Eleven hrs in A&E and father got MRSA')
39	Accident and Emergency - other answer
41	NHS - closure ( <b>Include</b> 'local A&E closure')
42	NHS - needs to improve/be more efficient ( <b>Include</b> 'money being wasted/not used effectively')
43	NHS - needs more investment/funds ( <b>Include</b> pay nurses more)
44	NHS - long waiting times ( <b>Include</b> referrals/operations/appointments/treatment)
45	NHS - concern about the future (funding/cut-backs/new policies/privatisation)
46	NHS - should be free for those that contribute
47	NHS - some people should pay for services ( <b>Include</b> 'binge drinkers' 'far too many people who have not put into the system taking things out of the system')
48	NHS - don't use it ( <b>Include</b> 'don't use it that often')
57	NHS/local hospital - good experience/record
58	NHS/local hospital - poor experience/record ( <b>Include</b> 'as we get older, don't get same care'/ 'Did not receive what I was told', 'unsatisfactory' 'lost records')
68	NHS/local hospital - other answer ( <b>Include</b> answers that do not specify GP/A&E/ NHS general/local but are NHS related e.g. 'Gripe about car parking', 'Can find it a bit disjointed sometimes' 'dissatisfied with lack of funding for early intervention in speech and language problems', 'a lack of knowledge about allergies and their impact on people's health')
70	Drugs are over prescribed/complementary therapy/medicines under prescribed
71	Appointments - other ( <b>Include</b> 'can't rearrange', 'appointments long for children' 'delays too long')
72	HSE interview - any comments ( <b>Include</b> comments about interview length)
73	Personal health - any comments ( <b>Include</b> 'can no longer do certain things', 'they cannot give me the care that I need')
95	Other answers ( <b>Include</b> 'eye tests should be essential for all drivers over 65', '')
96	Non applicable answers ( <b>Include</b> '#', 'don't know', Not applicable, numbers -1, -8, 1, 2)
97	No comment/nothing ( <b>Include</b> 'n/a', 'no', 'no comment', 'nothing', nil, blank)



## 2.19 Drug Coding

### MEDBI & MedLngN

**(Use BNF 69 (Turquoise) – March 2015 version for all nurse visits made from 1<sup>st</sup> July 2015)**

For HSE we are including two questions about medications:

MEDBI (in previous years) = Asks about any medications

MedLngN (new for HSE14) = Asks specifically about long-acting medications.

The drug coding from both these medication questions is done in the same place using the same process.

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 the drug is not found use code 999996. At the end of the process all 999996 coded drugs should be sent to the research team, who will send them to UCL for further coding. Once UCL have looked at the queries, for drugs that are not considered a medicine (i.e. we have enough information to decide it is not a drug) should be removed from the CAPI. Drugs that are not codeable (i.e. there is not enough information to decide it is not a drug)/within the BNF – should be left as 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 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

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.

### MedLng (long acting medications)

Flu injection, heart stents and pace makers do not count as a long acting medication.

## 2.20 Folic acid supplement

There are some additional codes at this question to help with coding

{IF Sex=Female and Age=16-55}

### WhyFol

Some people take folic acid supplements. Do you know why some people might take these?

DO NOT PROMPT. CODE ALL THAT APPLY.

1. Yes – for pregnancy (general)
2. Yes – when trying for a baby/trying to conceive
3. Yes – to aid the development of a healthy foetus (before pregnancy/in pregnancy)
4. Yes – to improve/protect health of the mother (before pregnancy/in pregnancy)
5. Yes – as a source of vitamin B9 (before pregnancy/in pregnancy)
6. Yes – as a source of iron/to prevent anaemia (before pregnancy/in pregnancy)
7. Yes – to protect against neural tube defects (NTDs)/spina bifida (before pregnancy/in pregnancy)
- 8 Other (please specify)
9. No – I don't know.
10. Other – Vitamin supplement (pregnancy not mentioned): (include 'multi-vitamin')
11. Other – to help with health condition (pregnancy not mentioned): (include 'to help with dementia')

## 2.21 Weight management

There are some additional codes at these questions to help with coding.

### WMNow

#### Showcard B1

Can I ask, are you currently using any of the things on this card to manage or change your weight?

NURSE: If necessary explain that managing weight is about maintaining a healthy weight.

Explain if necessary, activity trackers or fitness monitors are often a band worn on the wrist like a watch. They keep track of the number of steps people take and track activity over time.

Code all that apply.

1. Websites or mobile phone apps
2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up (include pedometer)
3. Dieting clubs like Weight Watchers or Slimming World (include Herbalife, Cambridge diet)
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse (include gastric band/medical treatment)
6. The gym or other exercise (include body coach, DVD)
7. Another tool or service (SPECIFY AT NEXT QUESTION)
8. None of these (EXCLUSIVE)
9. Other – Diet/healthy eating (include 5:2 diet, diet book, gluten free diet, healthy eating magazines, slimming principles but not group)
10. Other – Tablets (include 'XLS medical fat blocker tablets')

### WMStrt

Why did you decide to start using <textfill>?

NURSE: Code all that apply. Probe for detail.

1. To lose weight (include 'new ideas for diet')
2. Advised to by GP/health professional
3. To maintain/improve health (include 'back ache and liver function')
4. To maintain/improve fitness (include 'to monitor distance')
5. For an occasion (wedding, holiday etc)
6. To feel better about myself
7. Ease/practicality of tool or service
8. Because it is free/cheap
9. Family or friend recommendation (include 'partner using this system')
10. Other (SPECIFY AT NEXT QUESTION)
11. Other – Social reasons (include 'enjoying walking', 'for fun', 'social')

### WMAAdv

#### Showcard B2

Did any of the health professionals on this card advise you to use <textfill> to manage or change your weight?

1. GP/Doctor
2. Nurse (include 'cardiovascular specialist nurse', 'discharge liaison nurse')
3. Dietician

4. Another health professional
5. None of these (EXCLUSIVE)
6. Other – Medical at work

#### **WMAdWn**

Showcard B3

Was this during any of the types of visits on this card?

NURSE: Code all that apply.

1. Your NHS Health Check
2. GP visit
3. Practice nurse visit
4. Hospital visit
5. Another occasion
6. Other – Medical at work

#### **WMAAdv12**

Showcard B2

In the last 12 months, did any of the health professionals on this card advise you to do something to manage or change your weight?

NURSE: Code all that apply.

1. GP/Doctor (include 'consultant')
2. Nurse
3. Dietician
4. Another health professional
5. No one advised me to manage or change my weight (EXCLUSIVE)
6. Other – Pharmacist

#### **WMAd12Wn**

Showcard B3

Was this during any of the types of visits on this card?

NURSE: Code all that apply.

1. Your NHS Health Check
2. GP visit
3. Practice nurse visit
4. Hospital visit (include 'asked to be referred to dietician')
5. Another occasion
6. Other – Chemist

#### **WM12**

Showcard B1

In the last 12 months, have you used any of the things on this card to manage or change your weight?

NURSE: Code all that apply.

1. Websites or mobile phone apps
2. Activity tracker or fitness monitor such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. Another tool or service
8. None of these
9. Other – Diet/healthy eating (include 5:2 diet, diet book, gluten free diet, healthy eating magazines, slimming principles but not group)
10. Other – Tablets (include 'XLS medical fat blocker tablets')

#### **WM12Stp**

Why did you decide to stop using <textfill>?

NURSE: Code all that apply. Probe for detail.

1. Reached my goal
2. Lost motivation/I couldn't be bothered (Include 'didn't re-register')
3. Financial reasons
4. I wasn't using it

5. Difficulty finding time/fitting it in
6. It didn't work for me/it wasn't helping
7. The programme stopped/funding ran out
8. Other (specify)
9. Other – change in circumstances (include 'moved out of area', 'had operation')

#### **WMNxt**

Showcard B1

In the next 12 months, do you plan to use any of the things on this card to manage or change your weight?

NURSE: Code all that apply.

1. Websites or mobile phone apps
2. Activity trackers or fitness monitors such as a FitBit, Fuelband or Jawbone Up
3. Dieting clubs like Weight Watchers or Slimming World
4. Local weight management programme
5. NHS services such as a dietician or obesity nurse
6. The gym or other exercise
7. Another tool or service
8. None of these (EXCLUSIVE)
9. Other – Diet/healthy eating (include 5:2 diet, diet book, gluten free diet, healthy eating magazines, slimming principles but not group)
10. Other – Personal changes (include 'increase will-power')

#### **WMNxY**

Why are you planning to start using <textfill>?

NURSE: Code all that apply.

1. To lose weight
2. Advised to by GP/health professional
3. To maintain/improve health
4. To maintain/improve fitness (include 'to maintain fitness and bone density')
5. For an occasion (wedding, holiday etc)
6. To feel better about myself
7. Ease/practicality of tool or service
8. Because it is free/cheap
9. Family or friend recommendation (include 'will join wife')
10. Other (specify)

## **2.22 Kidney and Liver disease**

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**IF NHSChk=yes**

**NHSCond**

**SHOWCARD C1**

Did a doctor or health professional talk about any of the conditions on this card during your NHS Health Check?

NURSE: Code all that apply

1. Heart disease
2. Stroke
3. Kidney disease
4. Diabetes
5. Dementia
6. Liver disease (include 'fatty liver')
7. Cancer
8. Other (specify)
9. None of these (EXCLUSIVE)
10. Other - Cholesterol
11. Other - Blood pressure (include low/high blood pressure)
12. Other - Thyroid
13. Other - Prostate
14. Other - Can't remember

## **2.23 Waist and hip measurements**

---

There are some additional codes at these questions to help with coding.

**ProbWst**

NURSE: Record whether problems experienced are likely to increase or decrease the waist measurement

1. Increases measurement (e.g. bulky clothing)
2. Decreases measurement (e.g. very tight clothing)
3. Measurement not affected
- Other (7) (SPECIFY AT NEXT QUESTION)
4. Other (unknown) – difficult to ascertain waist – due to weight/fat
5. Other (unknown) – difficult to ascertain waist – unable to stand straight
6. Other (unknown) – Other reasons

**ProbHip**

NURSE: Record whether problems experienced are likely to increase or decrease the hip measurement

1. Increases measurement (e.g. bulky clothing)
2. Decreases measurement (e.g. very tight clothing)
3. Measurement not affected
- Other (7) "Other (SPECIFY AT NEXT QUESTION)"
4. Other (unknown) – other reasons

**2.24 Blood sample**

---

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.

### 3. Longstanding illness codeframe

#### Changed categories:

	From	To
Adenoid problems, nasal polyps	25	14
Astigmatism	09	10
Allergy to dust/cat fur	25	23
Coeliac disease (Coeliac 28)	03, 28	27
COPD, Chronic Obstructive Pulmonary/Lung Disease,	25	22
Deviated septum	36	25
Double vision	09	10
Ischaemic heart disease	18	16
Lazy eye/squint	09	10
Pulmonary embolism	21	20
Sciatica	08	35
Senile dementia	04	08
Shingles	08	37

#### Additions

16	Angioplasty
16	Bypass/ CABG (coronary artery bypass graft)
30	Chronic kidney disease
21	Claudication/ Peripheral artery disease
16	Coronary heart disease
10	Macular degeneration
27	Oesophageal pouch
03	Osteomalacia (replaces Malacia)
38	Thrombocytopenia
32	Urinary incontinence – see 28 faecal incontinence
08	Vascular dementia

**01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts**

Acoustic neuroma

After effect of cancer (nes)

All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast

Bone cancer

Cancers sited in any part of the body or system eg. Lung, breast, stomach

Carcinomas

Colostomy due to treatment for by cancer

Cyst on eye

Cyst in kidney

General arthroma

Hereditary cancer

Hodgkin's disease

Hysterectomy for cancer

Leukaemia (cancer of the blood)

Lymphoma (incl non-Hodgkin's)

Mastectomy for cancer (nes)

Neurofibromatosis

Part of intestines removed (cancer)

Pituitary gland removed (cancer)

Rodent ulcers

Sarcomas

Skin cancer

Wilms tumour

**FOLLOW UP IIIX01 [1-6]**

**If Code 01 coded:**

Which of the following were mentioned?

Breast cancer

Lung cancer

Prostate cancer

Bowel cancer

Melanoma

Other skin cancer

Other cancer

**Endocrine/nutritional/metabolic diseases**

**02 Diabetes**

Incl. Hyperglycaemia

**03 Other endocrine/metabolic**

Addison's disease

Beckwith - Wiedemann syndrome

Cushing's syndrome

Cystic fibrosis

Gilbert's syndrome

High cholesterol

Hormone deficiency, deficiency of growth hormone, dwarfism

Hot sweats

Hypercalcemia

Hypokalaemia, lack of potassium or hyperkalaemia (excess potassium)

Hypothyroidism (underactive thyroid gland)

Myxoedema (nes)

Obesity/overweight

Osteomalacia

Over active adrenal gland

Phenylketonuria

Rickets

Too much cholesterol in blood (hypercholesterolaemia)

Underactive/overactive thyroid, goitre (hypo- or hyper-thyroidism)

Water/fluid retention

Wilson's disease

*Thyroid trouble and tiredness - code 03 only*

*Overactive thyroid and swelling in neck - code 03 only.*

**FOLLOW UP IIIX03 [1-6]**

**If code 03 coded**

Which of the following were mentioned?

Thyroid

Cystic Fibrosis

Cholesterol

Other endocrine/metabolic condition

**Mental, behavioural and personality disorders****04 Mental illness/anxiety/depression/nerves (nes)**

Alcoholism, recovered not cured alcoholic  
Angelman Syndrome  
Anorexia nervosa  
Anxiety, panic attacks  
Asperger Syndrome  
Autism/Autistic  
Bipolar Affective Disorder (manic depressive)  
Catalepsy  
Concussion syndrome  
Depression  
Drug addict  
Dyslexia  
Hyperactive child  
Nerves (nes)  
Nervous breakdown, neurasthenia, nervous trouble  
Phobias  
Schizophrenia  
Speech impediment, stammer  
Stress

*Alzheimer's disease, degenerative brain disease, Dementia, Senile = code 08*

**FOLLOW UP IIX04 [1-6]****If code 04 coded**

Which of the following were mentioned?

Anxiety

Depression

Other

**05 Learning disability**

Incl. Down's syndrome, Mongol  
Mentally retarded, subnormal

**Nervous system (central and peripheral including brain) - Not mental illness****06 Epilepsy/fits/convulsions**

Grand mal  
Petit mal  
Jacksonian fit  
Lennox-Gastaut syndrome  
Blackouts  
Febrile convulsions  
Fit (nes)  
Seizures

**07 Migraine/headaches****08 Other problems of nervous system**

Abscess on brain  
Alzheimer's disease  
Bell's palsy  
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury  
Carpal tunnel syndrome  
Cerebral palsy (spastic)  
Degenerative brain disease  
Dementia  
Dyspraxia  
Fibromyalgia  
Friedreich's Ataxia  
Guillain-Barre syndrome  
Huntington's chorea  
Hydrocephalus, microcephaly, fluid on brain  
Injury to spine resulting in paralysis  
ME  
Metachromatic leucodystrophy  
Motor neurone disease  
Multiple Sclerosis (MS), disseminated sclerosis  
Muscular dystrophy  
Myalgic encephalomyelitis (ME)  
Myasthenia gravis  
Myotonic dystrophy  
Neuralgia, neuritis  
Numbness/loss of feeling in fingers, hand, leg etc  
Paraplegia (paralysis of lower limbs), diplegia, quadriplegia  
Parkinson's disease (paralysis agitans)



Partially paralysed (nes)  
 Physically handicapped - spasticity of all limbs  
 Pins and needles in arm  
 Post viral syndrome (ME)  
 Pre-senile dementia  
 Removal of nerve in arm  
 Restless legs  
 Senile dementia, forgetfulness, gets confused  
 Spina bifida  
 Syringomyelia  
 Trapped nerve  
 Trigeminal neuralgia  
 Teraplegia  
 Vascular dementia

NB Stroke = code 15
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#### **FOLLOW UP IIX08 [1-6]**

##### **If code 08 coded**

Alzheimer's disease  
 Brain damage  
 Degenerative brain disease  
 Dementia (include pre-senile/senile dementia)  
 Metachromatic leucodystrophy  
 Vascular dementia  
 Other

#### **Eye complaints**

##### **09 Cataract/poor eye sight/blindness**

Incl. operation for cataracts, now need glasses  
 Astigmatism  
 Bad eyesight, restricted vision, partially sighted  
 Bad eyesight/nearly blind because of cataracts  
 Blind in one eye, loss of one eye  
 Blindness caused by diabetes  
 Blurred vision  
 Detached/scarred retina  
 Double vision  
 Hardening of lens  
 Lens implants in both eyes  
 Short sighted, long sighted, myopia  
 Squint, lazy eye  
 Trouble with eyes (nes), eyes not good (nes)  
 Tunnel vision

##### **10 Other eye complaints**

Buphthalmos  
 Colour blind  
 Dry eye syndrome, trouble with tear ducts, watery eyes  
 Eye infection, conjunctivitis  
 Eyes are light sensitive  
 Floater in eye  
 Glaucoma  
 Haemorrhage behind eye  
 Injury to eye  
 Iritis  
 Keratoconus  
 Macular degeneration  
 Night blindness  
 Retinitis pigmentosa  
 Scarred cornea, corneal ulcers  
 Sty on eye  
 Thrombosis back of eye

#### **Ear complaints**

##### **11 Poor hearing/deafness**

Conductive/nerve/noise induced deafness  
 Deaf  
 Deaf mute/deaf and dumb  
 Hard of hearing, slightly deaf  
 Hearing impaired  
 Otosclerosis  
 Poor hearing after mastoid operation

**12 Tinnitus/noises in the ear**

Incl. pulsing in the ear

**13 Meniere's disease/ear complaints causing balance problems**

Balance problems

Cogan's syndrome

Labyrinthitis,

loss of balance - inner ear

Vertigo

**14 Other ear and related complaints**

Incl. otitis media - glue ear

Adenoid problems, nasal polyps

Disorders of Eustachian tube

Perforated ear drum (nes)

Middle/inner ear problems

Mastoiditis

Ear trouble (nes),

Ear problem (wax)

Ear aches and discharges

Ear infection

**Complaints of heart, blood vessels and circulatory system****15 Stroke/cerebral haemorrhage/cerebral thrombosis**

Incl. stroke victim - partially paralysed or speech difficulty

Hemiplegia, apoplexy

Bilateral subdural hematoma

Cerebral haemorrhage

Cerebro - vascular accident (CVA) cerebral embolism

Aftermath of brain aneurysm

Transient ischaemic attack (TIA)

**16 Ischaemic heart disease/Heart attack/angina**

Incl. coronary thrombosis

Angina

Angioplasty

Bypass

CABG (coronary artery bypass graft)

Coronary heart disease

Heart attack, myocardial infarction (MI), heart failure

Heart stents

Triple heart by-pass

**FOLLOW UP IIX18 [1-6]****If code 16 coded**

Which of the following were mentioned?

Angina

Heart attack

Other

**17 Hypertension/high blood pressure/blood pressure (nes)****18 Other heart problems**

Aortic/mitral valve stenosis,

Aortic/mitral valve regurgitation

Aorta replacement

Atrial Septal Defect (ASD)

Cardiac asthma

Cardiac diffusion

Cardiac problems, heart trouble (nes)

Congestive heart failure

Dizziness, giddiness, balance problems (nes)

Hardening of arteries in heart

Heart disease, heart complaint

Heart failure

Heart murmur, palpitations

Hole in the heart

Pacemaker

Pains in chest (nes)

Pericarditis

St Vitus dance

Tachycardia, sick sinus syndrome

Tired heart

Valvular heart disease

Weak heart because of rheumatic fever

Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

**FOLLOW UP IIX18 [1-6]**

**If code 18 coded**

Which of the following were mentioned?

Heart disease

Heart failure

Other heart problem

**19 Piles/haemorrhoids incl. Varicose Veins in anus.**

**20 Varicose veins/phlebitis in lower extremities/pulmonary embolus**

Incl. various ulcers, varicose eczema

Pulmonary embolism

Varicose veins

**21 Other blood vessels/embolic**

Arteriosclerosis, hardening of arteries (nes)

Arterial thrombosis

Artificial arteries (nes)

Blocked arteries in leg

Blood clots (nes)

Claudication

Deep vein thrombosis

Hand Arm Vibration Syndrome (White Finger)

Hypersensitive to the cold

Intermittent claudication

Low blood pressure/hypotension

Peripheral artery disease

Poor circulation

Raynaud's disease

Swollen legs and feet

Telangiectasia (nes)

Thrombosis (nes)

Varicose veins in Oesophagus, Oesophageal varices

Wright's syndrome

**NB Haemorrhage behind eye = code 10**

**Complaints of respiratory system**

**22 COPD – Chronic Obstructive Pulmonary Disease/ Bronchitis/emphysema**

Bronchiectasis

Chronic bronchitis

COPD, Chronic Obstructive Pulmonary Disease, chronic obstructive lung disease, Chronic Obstructive airways disease

Emphysema

**23 Asthma**

Bronchial asthma, allergic asthma

Asthma - allergy to house dust/grass/cat fur

Allergy to dust/cat fur

**NB Exclude cardiac asthma - code 18**

**24 Hayfever**

Allergic rhinitis

**25 Other respiratory complaints**

Abscess on larynx

Bad chest (nes), weak chest - wheezy

Breathlessness

Bronchial trouble, chest trouble (nes)

Catarrh

Chest infections, get a lot of colds

Churg-Strauss syndrome

Coughing fits

Croup

Damaged lung (nes), lost lower lobe of left lung

Deviated septum

Fibrosis of lung

Furred up airways, collapsed lung

Lung complaint (nes), lung problems (nes)

Lung damage by viral pneumonia

Paralysis of vocal cords

Pigeon fancier's lung

Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease

Recurrent pleurisy  
Rhinitis (nes)  
Sinus trouble, sinusitis  
Sore throat, pharyngitis  
Throat infection  
Throat trouble (nes), throat irritation  
Tonsillitis  
Ulcer on lung, fluid on lung

*TB (pulmonary tuberculosis) - code 37*  
*Cystic fibrosis - code 03*  
*Skin allergy - code 39*  
*Food allergy - code 27*  
*Allergy (nes) - code 41*  
*Pilonidal sinus - code 39*  
*Sick sinus syndrome - code 18*  
*Whooping cough (pertussis) - code 37*

*If complaint is breathlessness with the cause also stated, code the cause:*  
*breathlessness as a result of anaemia (code 38)*  
*breathlessness due to hole in heart (code 18)*  
*breathlessness due to angina (code 16)*

### **Complaints of the digestive system**

#### **26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture**

Double/inguinal/diaphragm/hiatus/umbilical hernia  
Gastric/duodenal/peptic ulcer  
Hernia (nes), rupture (nes)  
Ulcer (nes)

#### **27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)**

Cirrhosis of the liver, liver problems  
Coeliac disease  
Food allergies  
Gall stones  
Ileostomy  
Indigestion, heart burn, dyspepsia  
Inflamed duodenum  
Lactose intolerant  
Liver disease, biliary artesia  
Nervous stomach, acid stomach  
Oesophageal pouch  
Pancreas problems  
Stomach trouble (nes), abdominal trouble (nes)  
Stone in gallbladder, gallbladder problems  
Throat (oesophagus) trouble - difficulty in swallowing  
Weakness in intestines

### **FOLLOW UP IIX18 [1-6]**

#### **If code 27 coded**

#### **Which of the following were mentioned?**

Liver disease

Other

#### **28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)**

Colitis, colon trouble, ulcerative colitis  
Colostomy (nes)  
Crohn's disease  
Constipation  
Diverticulitis  
Enteritis  
Faecal incontinence/encopresis.  
Frequent diarrhoea, constipation  
Grumbling appendix  
Hirschsprung's disease  
Irritable bowel, inflammation of bowel, IBS (irritable bowel syndrome)  
Polyp on bowel  
Spastic colon

*Exclude piles - code 19*  
*Cancer of stomach/bowel - code 01*

#### **29 Complaints of teeth/mouth/tongue**

Cleft palate, hare lip  
Impacted wisdom tooth, gingivitis  
No sense of taste  
Ulcers on tongue, mouth ulcers

#### **Complaints of genito-urinary system**

##### **30 Kidney complaints**

Chronic renal failure, chronic kidney disease (CKD)  
Horseshoe kidney, cystic kidney  
Kidney trouble, tube damage, stone in the kidney  
Nephritis, pyelonephritis  
Nephrotic syndrome  
Only one kidney, double kidney on right side  
Renal TB  
Uraemia

##### **31 Urinary tract infection excluding kidney infection (nephritis)**

Cystitis, urine infection

##### **32 Other bladder problems/ urinary incontinence**

Bed wetting, enuresis  
Bladder restriction  
Water trouble (nes)  
Weak bladder, bladder complaint (nes)

*Prostate trouble - code 33*

##### **33 Reproductive system disorders**

Abscess on breast, mastitis, cracked nipple  
Amenorrhea  
Damaged testicles  
Endometriosis  
Enlarged prostate  
Gynaecological problems  
Hormone replacement  
Hysterectomy (nes)  
Impotence, infertility  
Menopause  
Pelvic inflammatory disease/PID (female)  
Period problems, flooding, (menorrhagia), pre-menstrual tension/syndrome  
Prolapse (nes) if female  
Prolapsed womb  
Prostate gland trouble  
Turner's syndrome  
Vaginitis, vulvitis, dysmenorrhoea

*prostate cancer code = 01*

*cancer of the uterus, womb, cervix, neck of the womb code = 01*

#### **Musculo-skeletal - complaints of bones/joints/muscles**

##### **34 Arthritis/rheumatism/fibrositis**

Arthritis as result of broken limb  
Arthritis/rheumatism in any part of the body  
Gout (*previously code 03*)  
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica  
Polyarteritis Nodosa (*previously code 21*)  
Psoriasis arthritis/psoriatic arthritis (also code psoriasis)  
Rheumatic symptoms  
Still's disease

#### **FOLLOW UP IIX34. [1-6]**

##### **If 34 coded then**

Which of the following were mentioned?

Arthritis

Other

##### **35 Back problems/slipped disc/spine/neck**

Back trouble, lower back problems, back ache  
Curvature of spine  
Damage, fracture or injury to back/spine/neck  
Degenerative bone disease in neck and spine  
Disc trouble  
Lumbago, inflammation of spinal joint  
Prolapsed intervertebral discs

Schuermann's disease  
Sciatica  
Spondylitis, spondylosis  
Worn discs in spine - affects legs

Exclude if damage/injury to spine results in paralysis - code 08

**FOLLOW UP IIX34 [1-6]**

**If 35 coded then**

**Which of the following were mentioned?**

**Back trouble/back problems**

**Other**

**36 Other problems of bones/joints/muscles**

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms  
Aching arm, stiff arm, sore arm muscle  
Bad shoulder, bad leg, collapsed knee cap, knee cap removed  
Brittle bones, osteoporosis  
Bursitis, housemaid's knee, tennis elbow  
Cartilage problems  
Chondrodystrophia  
Chondromalacia  
Cramp in hand  
Deformity of limbs eg. club foot, claw-hand, malformed jaw  
Delayed healing of bones or badly set fractures  
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger  
Disseminated lupus  
Dupuytren's contraction  
Fibromyalgia  
Flat feet, bunions,  
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose  
Frozen shoulder  
Hip infection, TB hip  
Hip replacement (nes)  
Legs won't go, difficulty in walking  
Marfan Syndrome  
No left/right hand  
Osteomyelitis  
Osteoporosis  
Paget's disease  
Perthe's disease  
Physically handicapped (nes)  
Pierre Robin syndrome  
Schlatter's disease  
Sever's disease  
Stiff joints, joint pains, contraction of sinews, muscle wastage  
Strained leg muscles, pain in thigh muscles  
Systemic sclerosis, myotonia (nes)  
Tenosynovitis  
Torn muscle in leg, torn ligaments, tendonitis  
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)  
Weak legs, leg trouble, pain in legs

*Muscular dystrophy - code 08*

**37 Infectious and parasitic disease**

AIDS, AIDS carrier, HIV positive (*previously code 03*)  
Athlete's foot, fungal infection of nail  
Brucellosis  
Glandular fever  
Malaria  
Helicobacter pylori  
Pulmonary tuberculosis (TB)  
Ringworm  
Schistosomiasis  
Shingles  
Tetanus  
Thrush, candida  
Toxoplasmosis (nes)  
Tuberculosis of abdomen  
Typhoid fever  
Venereal diseases  
Viral hepatitis  
Whooping cough

After effect of Poliomyelitis, meningitis, encephalitis, whooping cough - code to site/system  
Ear/throat infections etc - code to site

### **38 Disorders of blood and blood forming organs and immunity disorders**

Anaemia, pernicious anaemia  
Blood condition (nes), blood deficiency  
Haemophilia  
Idiopathic Thrombocytopenic Purpura (ITP)  
Immunodeficiencies  
Polycythaemia (blood thickening), blood too thick  
Purpura (nes)  
Removal of spleen  
Sarcoidosis (*previously code 37*)  
Sickle cell anaemia/disease  
Thalassaemia  
Thrombocythemia  
Thrombocytopenia

*Leukaemia - code 01*

### **39 Skin complaints**

Abscess in groin  
Acne  
Birth mark  
Burned arm (nes)  
Carbuncles, boils, warts, verruca  
Cellulitis (nes)  
Chilblains  
Corns, calluses  
Dermatitis  
Eczema  
Epidermolysis, bulosa  
Impetigo  
Ingrown toenails  
Pilonidal sinusitis  
Psoriasis, psoriasis arthritis/psoriatic arthritis (also code arthritis)  
Skin allergies, leaf rash, angio-oedema  
Skin rashes and irritations  
Skin ulcer, ulcer on limb (nes)

*Rodent ulcer - code 01*  
*Varicose ulcer, varicose eczema - code 20*

### **40 Other complaints**

Adhesions  
Dumb, no speech  
Fainting  
Hair falling out, alopecia  
Hyperhidrosis (excessive sweating)  
Insomnia  
No sense of smell  
Nose bleeds  
Sleepwalking  
Travel sickness  
Sleep apnoea

*Deaf and dumb - code 11 only*

### **41 Unclassifiable (no other codable complaint)**

After effects of meningitis (nes)/ Had meningitis - left me susceptible to other things (nes)  
Allergy (nes), allergic reaction to some drugs (nes)  
Electrical treatment on cheek (nes)  
Embarrassing itch (nes)  
Forester's disease (nes)  
General infirmity  
Generally run down (nes)  
Glass in head - too near temple to be removed (nes)  
Internal bleeding (nes)  
Pinotalgia  
Old age/weak with old age  
Road accident injury (nes)  
Swollen glands (nes)  
Tiredness (nes)  
War wound (nes)  
Weight loss (nes)

### **42 Complaint no longer present**

*Only use this code if it is actually stated that the complaint no longer affects the informant.*

*Exclude if complaint kept under control by medication - code to site/system.*

**99 Not Answered/Refusal**



# **CODING PRESCRIBED MEDICINES**

**FOR USE ON ALL NURSE SURVEYS**

**TO BE USED WITH BNF 69**

Please note that some drugs were given new codes in 2011. 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) were 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**

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**

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Biguanides (e.g. Metformin).....06.01.22

Others.....06.01.23

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skin.....	13.04.00
MONTELUKAST .....	03.03.02
MOTENS .....	02.06.02
MOTILIUM .....	04.06.00
MOVICOL, MOVICOL-HALF, MOVICOL-PAEDIATRIC PLAIN.....	01.06.04
MST CONTINUS .....	04.07.02
MUCOGEL .....	01.01.01
<b>N</b>	
NALTREXONE HYDROCHLORIDE .....	04.10.03
NAPROSYN, NAPROSYN S/R .....	10.01.01
NAPROXEN	
gout (acute attack) .....	10.01.04
pain .....	10.01.01
rheumatic disease .....	10.01.01
NASEPTIN.....	12.02.03
NATEGLINIDE.....	06.01.23
NATRILIX .....	02.02.01
NAVISPARE .....	02.02.04
NEURONTIN.....	04.08.01
NIASPAN .....	02.12.02
NICORANDIL .....	02.06.03
NICORETTE (any type) .....	04.10.02
NICOTINE REPLACEMENT THERAPY .....	04.10.02
NICOTINELL (any type).....	04.10.02
NICOTINIC ACID.....	02.12.02
NIFEDIPINE .....	02.06.02
NIQUITIN CQ (any type) .....	04.10.02
NITRAZEPAM .....	04.01.01
NITROFURANTOIN.....	05.01.13
NITROLINGUAL (spray) .....	02.06.01
NIZORAL	
scalp .....	13.09.00
skin .....	13.10.02

vaginal and vulval candidiasis .....	07.02.02
<b>NORETHISTERONE / NORETHISTERONE ENANTATE</b>	
(as ingredient) sex hormone .....	06.04.01
combined oral contraception .....	07.03.01
progestogen-only contraception .....	07.03.02
malignant disease .....	08.03.02
menstrual disorders .....	06.04.01
<b>NORGESTON</b> .....	07.03.02
<b>NORIDAY</b> .....	07.03.02
<b>NORMASOL SACHET</b> .....	13.11.01
<b>NOYADA</b> .....	02.05.51
<b>NU-SEALS ASPRIN</b>	
analgesics .....	04.07.01
cardiovascular .....	02.09.00
<b>NYSTAN / NYSTATIN</b>	
antifungal tablets .....	12.03.02
mouth .....	12.03.02
skin .....	13.10.02
<b>O</b>	
<b>OILATUM EMOLLIENT</b> .....	13.02.01
<b>OLBETAM</b> .....	02.12.02
<b>OLMESARTAN MEDOXOMIL</b> .....	02.05.52
<b>OLMETEC / OLMETEC PLUS</b> .....	02.05.52
<b>OMACOR</b> .....	02.12.02
<b>OMEGA-3-ACID ETHYL ESTERS</b> .....	02.12.02
<b>OMEGA-3-MARINE TRIGLYCERIDES</b> .....	02.12.02
<b>OMEPRAZOLE</b> .....	01.03.05
<b>ONGLYZA</b> .....	06.01.23
<b>ORLISTAT</b> .....	04.05.01
<b>OPTICROM (eye drops)</b> .....	11.04.02
<b>ORUVAIL</b>	
capsules .....	10.01.01
gel .....	10.03.02
<b>OTOMIZE (ear spray)</b> .....	12.01.01
<b>OTOSPORIN (ear drops)</b> .....	12.01.01
<b>OVRANETTE</b> .....	07.03.01
<b>OXYBUTYNIN HYDROCHLORIDE</b> .....	07.04.02
<b>OXYGEN</b> .....	03.06.00
<b>OXYTETRACYCLINE</b>	
acne .....	13.06.02
antibiotic .....	05.01.03
<b>P</b>	
<b>PANTOPRAZOLE</b> .....	01.03.05
<b>PARACETEMOL</b>	
analgesics .....	04.07.01
febrile convulsions .....	04.08.03

migraine .....	04.07.04
PARAMAX .....	04.07.04
PAROXETINE.....	04.03.03
PAVACOL-D .....	03.09.01
PENICILLIN, PENICILLIN V or V-K (PHENOXYMETHYLPENICILLIN) .....	05.01.01
PERDIX .....	02.05.51
PERINDOPRIL.....	02.05.51
PERINDOPRIL ARGININE.....	02.05.51
PERINDOPRIL ERBUMINE.....	02.05.51
PERSANTIN, PERSANTIN RETARD.....	02.09.00
PHENERGAN .....	03.04.01
PHENINDIONE.....	02.08.02
PHENOBARBITAL (was PHENOBARBITONE) .....	04.08.01
PHENYTOIN	
epilepsy .....	04.08.01
trigeminal neuralgia .....	04.07.03
PHOLCODINE LINCTUS .....	03.09.01
PHYLLOCONTIN CONTINUS .....	03.01.03
PICOLAX .....	01.06.05
PILOCARPINE HCL	
dry mouth .....	12.03.05
eye .....	11.06.00
PIOGLITAZONE .....	06.01.23
PIRITON .....	03.04.01
PIROXICAM	
capsules and tablets .....	10.01.01
gel .....	10.03.02
PLAQUENIL.....	10.01.03
PLAVIX.....	02.09.00
POLYTAR, POLYTAR AF, POLYTAR PLUS	
emollient .....	13.05.02
liquid/shampoo .....	13.09.00
PRADAXA.....	02.08.02
PRANDIN .....	06.01.23
PRASUGREL.....	02.09.00
PRAVASTATIN SODIUM .....	02.12.01
PRAXILENE .....	02.06.04
PREDNISOLONE	
asthma .....	03.01.00
Crohn's disease .....	01.05.02
eye .....	11.04.01
malignant disease or immunosuppression.....	08.02.02
rectal .....	01.05.02
rheumatic disease .....	10.01.02
other .....	06.03.02
PREGABALIN.....	04.08.01
PREGADAY .....	09.01.01



PREMARIN	
tablets .....	06.04.01
PREMPAK-C .....	06.04.01
PRESTYLON.....	02.12.02
PRIADEL .....	04.02.03
PROCHLORPERAZINE	
nausea and vertigo .....	04.06.00
psychoses .....	04.02.01
PROCTOSEDYL .....	01.07.02
PROCYCLIDINE .....	04.09.02
PROPECIA.....	13.09.00
PROPRANOLOL	
cardiovascular .....	02.04.00
migraine .....	04.07.04
thyrotoxicosis .....	06.02.02
tremor .....	04.09.03
PROSCAR .....	06.04.02
PROTHIADEN .....	04.03.01
PROVERA (sex hormone)	
malignant disease .....	08.03.02
sex hormone .....	06.04.01
PROZAC .....	04.03.03
PULMICORT (inhaler), PULMICORT TURBOHALER, PULMICORT RESPULES .....	03.02.00
PYRIDOXINE .....	09.06.02
<b>Q</b>	
QUESTRAN.....	02.12.02
QUESTRAN LIGHT .....	02.12.02
QUETIAPINE.....	04.02.01
QUINAPRIL .....	02.05.51
QUININE	
malaria .....	05.04.01
nocturnal cramps/muscle relaxant .....	10.02.02
QVAR.....	03.02.00
<b>R</b>	
RABEPRAZOLE .....	01.03.05
RAMIPRIL .....	02.05.51
RANITIDINE .....	01.03.01
RASILEZ .....	02.05.53
REGULAN .....	01.06.01
REGURIN, REGURIN XL.....	07.04.02
RELIFEX.....	10.01.01
REPAGLINIDE.....	06.01.23
RHINOCORT AQUA .....	12.02.01
RISEDRONATE SODIUM.....	06.06.02
RIVAROXABAN.....	02.08.02
RIZATRIPTAN .....	04.07.04
ROSUVASTATIN .....	02.12.01

# S

SALAMOL EASI - BREATHE.....	03.01.01
SALAZOPYRIN	
chronic diarrhoea, inflammatory bowel disease	
(Ulcerative colitis, Crohn's disease) .....	01.05.01
rheumatic disease .....	10.01.03
SALBUTAMOL .....	03.01.01
SALMETEROL .....	03.01.01
SANOMIGRAN .....	04.07.04
SAXAGLIPTIN .....	06.01.23
SCHERIPROCT.....	01.07.02
SECURON, SECURON SR .....	02.06.02
SENNA .....	01.06.02
SENOKOT .....	01.06.02
SERC 16, SERC 8 .....	04.06.00
SERETIDE.....	03.02.00
SEREVENT .....	03.01.01
SEROQUEL, SEROQUEL XL.....	04.02.01
SEROXAT .....	04.03.03
SERTRALINE .....	04.03.03
SEVIKAR.....	02.05.52
SEVIKAR HCT.....	02.05.52
SEVREDOL.....	04.07.02
SILDENAFIL .....	07.04.05
SIMPLE LINCTUS .....	03.09.02
SIMVASTATIN .....	02.12.01
SINEMET, SINEMET LS, SINEMET-PLUS, SINEMET CR .....	04.09.01
SINGULAIR.....	03.03.02
SINTHROME.....	02.08.02
SITAGLIPTIN.....	06.01.23
SLOW-K .....	09.02.01
SNO TEARS (eye drops).....	11.08.01
SODIUM BICARBONATE	
antacid .....	01.01.01
ear drops .....	12.01.03
oral (capsules) .....	09.02.01
urine alkalinisation .....	07.04.03
SOFRADEX	
ear .....	12.01.01
eye .....	11.04.01
SOLIFENACIN SUCCINATE.....	07.04.02
SOLPADOL .....	04.07.01
SOTACOR.....	02.04.00
SOTALOL, SOTALOL HYDROCHLORIDE.....	02.04.00
SPASMONAL .....	01.02.00
SPIRIVA.....	03.01.02
SPIRONOLACTONE.....	02.02.03
STARLIX .....	06.01.23

STEMETIL .....	04.06.00
SUBUTEX .....	04.10.03
SUDAFED	
tablets, elixir .....	03.10.00
SUDOCREM .....	13.02.02
SULFASALAZINE	
inflammatory bowel disease (ulcerative colitis, Crohn's disease) .....	01.05.01
rheumatic disease.....	10.01.03
SULFONYLUREAS.....	06.01.21
SULPIRIDE	
antipsychotic .....	04.02.01
Tourette syndrome .....	04.09.03
SUPRALIP .....	02.12.02
SYMBICORT INHALER .....	03.02.00
<b>T</b>	
TAMOXIFEN .....	08.03.04
TANATRIL .....	02.05.51
TAMSULOSIN HYDROCHLORIDE .....	07.04.01
TEGRETOL .....	04.08.01
TELFAS.....	03.04.01
TELMISARTAN.....	02.05.52
TEMAZEPAM	
anaesthesia .....	15.01.04
hypnotic .....	04.01.01
TEMGESIC .....	04.07.02
TENORET 50 .....	02.04.00
TENORETIC .....	02.04.00
TENORMIN .....	02.04.00
TERAZOSIN	
hypertension.....	02.05.04
prostate enlargement.....	07.04.01
TERBUTALINE SULPHATE .....	03.01.01
TEVETEN .....	02.05.52
THYROXINE (LEVOTHYROXINE) .....	06.02.01
TILADE CFC-FREE INHALER (MINT) .....	03.03.01
TILDIEM LA, TILDIEM RETARD .....	02.06.02
TIMODINE .....	13.04.00
TIMOLOL	
eye drops .....	11.06.00
TIMOPTOL, TIMOPTOL LA .....	11.06.00
TIOTROPIUM INHAER .....	03.01.02
TIROFIBAN.....	02.09.00
TOLBUTAMIDE.....	06.01.21
TRAJENTA.....	06.01.23
TRAMADOL HYDROCHLORIDE .....	04.07.02
TRANDOLAPRIL .....	02.05.51
TRANEXAMIC ACID .....	02.11.00

TRAXAM .....	10.03.02
TRIAPIN.....	02.05.51
TRIMETHOPRIM .....	05.01.08
TRIMOVATE .....	13.04.00
TRIPTAFEN .....	04.03.01
TRITACE .....	02.05.51
TROSPIUM CHLORIDE.....	07.04.02
TRUSOPT .....	11.06.00
TYLEX .....	04.07.01
<b>U</b>	
UNIPHYLLIN CONTINUS .....	03.01.03
<b>V</b>	
VALSARTAN.....	02.05.52
VALSARTAN WITH HYDROCHLOROTHIAZIDE.....	02.05.52
VARDENAFILL .....	07.04.05
VARENICLINE .....	04.10.02
VASCACE .....	02.05.51
VENTOLIN .....	03.01.01
VENLAFAXINE .....	04.03.04
VERAPAMIL	
angina .....	02.06.02
arrhythmias .....	02.03.02
hypertension .....	02.06.02
VESICARE.....	07.04.02
VIAGRA.....	07.04.05
VICTOZA.....	06.01.23
VILDAGLIPTIN.....	06.01.23
VIPDOMET.....	06.01.23
VIPIDIA.....	06.01.23
VISCOTEARs .....	11.08.01
VITAMIN B .....	09.06.02
VITAMIN CAPSULES.....	09.06.07
VOKANAMET.....	06.01.23
VOLTAROL	
emulgel .....	10.03.02
ophtha .....	11.08.02
rheumatic disease and gout .....	10.01.01
<b>W</b>	
WARFARIN .....	02.08.02
<b>X</b>	
XALATAN (eye drops) .....	11.06.00
XARELTO.....	02.08.02
XENICAL.....	04.05.01
XIGDUO.....	06.01.23
XULTOPHY .....	06.01.23
<b>Y</b>	
YASMIN.....	07.03.01

**Z**

ZAFIRLUKAST .....	03.03.02
ZANIDIP .....	02.06.02
ZANTAC .....	01.03.01
ZAPAIN .....	04.07.01
ZESTORETIC.....	02.05.51
ZESTRIL .....	02.05.51
ZIMOVANE .....	04.01.01
ZINERYT .....	13.06.01
ZOCOR .....	02.12.01
ZOPICLONE .....	04.01.01
ZOTON .....	01.03.05
ZOVIRAX	
cold sore .....	13.10.03
eye .....	11.03.03
infections .....	05.03.02
ZYBAN .....	04.10.02
ZYDOL, ZYDOL SR, ZYDOL XL .....	04.07.02
ZYLORIC .....	10.01.04
Unable to code .....	99.99.99

*Codes taken from the British National Formulary No. 69 March 2015*

## WAIST/HIP AND HEIGHT CONVERSION CHART

*1 inch = 2.54cm*

*1 foot = 0.305m*

<b>Cm</b>	<b>inches</b>	<b>m</b>	<b>feet'inches''</b>
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''