

Health Survey for England

2015

Project Instructions

Interviewer and Nurse
instructions
Coder instructions

NatCen

Social Research that works for society

Health Survey for England 2015

**Interviewer project instructions
(Core and Child Boost samples)**

P3527

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1 The Health Survey for England 2015

1.1 How to use these instructions

These instructions give an update on things that are new for the 2015 survey (Core and Child Boost samples). 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 2015

HSE continues to be a vitally important study that provides National Statistics about many aspects of the health and lifestyles of the population. 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 developments.

1.3 Changes for 2015

The HSE 2015 includes two sample types:

- **CORE SAMPLE:** In the core sample, both adults (up to a max. of 10) and children aged 0-15 years old (up to a max. of 4) are eligible to take part in an individual interview. All members of the household that complete an individual interview are eligible for a nurse visit. An unconditional £10 post office cash voucher is included in the advance letter as an incentive.
- **New topics for the 2015 interviewer CAPI in the core sample:**
 - o Shingles and stroke
 - o Learning difficulties (same as 2014)
 - o Gambling questions (young adult/adult self completion)
 - o Saliva sample in the nurse visit
 - o Physical activity questions for children
- **CHILD BOOST SAMPLE:** In the child boost sample, only the children of the household are eligible to take part in an individual interview (up to a max. of 4). Children aged 2-15 will be eligible to take part (children under 2 will not be eligible). There is no nurse visit for the child boost sample and there is no incentive for the child boost.

Points of work will include either all core addresses OR all boost addresses – they will not include a mix of the two. The Child Boost fieldwork will run in parallel to the Core fieldwork. We have arranged the sample for the boost so that they are in the same postcode sectors as the core. This should make them more efficient and reduce travel if you are working on both a core and boost point. We hope that this will be the case for most interviewers.

1.4 Our Client

The HSE is funded by 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.

Public Health England is also contributing funding the Child Boost on the 2015 Health Survey for England. The data collected through the Child Boost will be used to monitor and address contemporary issues such as childhood obesity and levels of physical activity in children.



2 Fieldwork design

Fieldwork and sample design is mainly the same as last year:

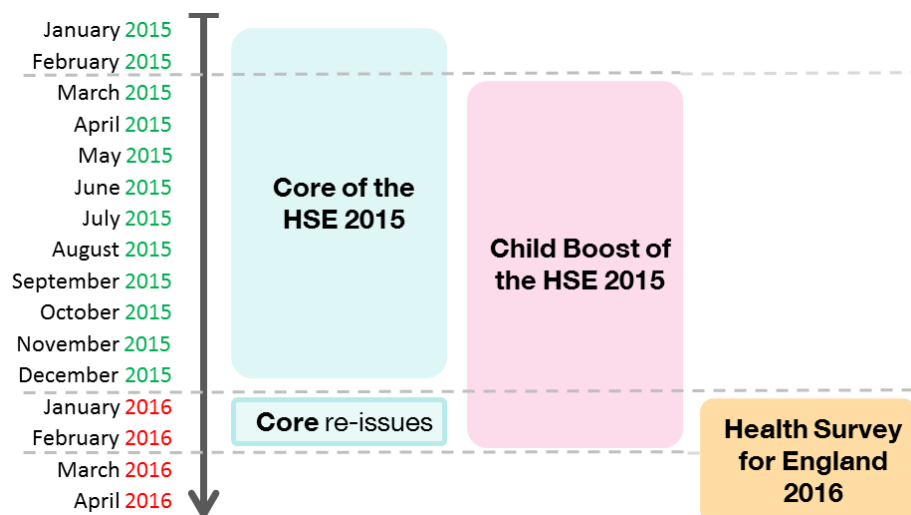
- An assignment consists of 16 addresses at core points, and 38 addresses at child boost points
- Fieldwork starts on the first of each month
- You have approximately 6 weeks to complete your assignment (talk to your FPM)
- An important KPI is to visit all your core addresses in the first 7 days and all boost addresses in the first 14 days
- You will be given the target response rate for your point each month – our national target is 65% household response rate

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.

An important change to fieldwork is that we will be **selecting children differently**. Please see section 3 for details.

Core sample serial numbers will start with a 1
Child Boost sample serial numbers will start with a 5

As the figure shows, the Child Boost is in field from the beginning of March 2015 to the end of February 2016.



3 Child selection - Core

3.1 Interviewer visit – child selection

As in previous years, **all adults** aged 16+ are eligible for the core sample. However, we are changing the child selection procedure in 2015. From 2015, up to a maximum of **4 children** aged 0-15 may be selected in the Core sample. This change has been implemented as it offers a more efficient way to obtain the number of child interviews each year. It should also help to increase our coverage of teenage children.

3.1.1 Core sample: child selection

For the Core sample, we are going to select **up to 2 children aged 0-12, AND up to 2 children aged 13-15**. Of course in most households you won't have children in both age groups, so there will be very little change. Our estimate is that in around 80 households in the whole of 2015 there will be 3 selected children in a household, and in 8 or 9 households there will be 4 selected children.

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

4 Child selection – Child boost

4.1 Child Boost sample: child selection

D.3 Enter details of children aged 2-12.
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 2-12, up to two aged 13-15

The child selection procedure for the Child Boost sample is similar to the selection procedure for the Core sample. However, **the key difference is that only children aged 2-15 years old are eligible** for the child boost (those under 2 are not eligible to take part in the boost). This means that **up to 2 children aged 2-12 AND up to 2 children aged 13-15** can be selected to take part.

The ARF for the child boost has been amended to take into account the difference in eligibility from the core. The picture above shows the child selection section on the child boost ARF (at D3). You will need to screen for eligible children on the doorstep. If there are no children aged 2-15 at the household you will not carry out any interviews at the address.

4.2 Screening for children

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

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

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

4.3 Tips when screening for children

When screening boost addresses, you will be looking for children aged 2-15. At these addresses you need to think carefully about your doorstep approach and be ready with explanations if questioned by household members. Some important things to remember are:

- This survey is on behalf of Health and Social Care Information Centre.
- You can inform them that you have DBS clearance; this may help to reassure people.
- The main reason we are targeting people in this age group is to get an accurate picture of health and lifestyles from all different people, including those who are younger.
- The health of children is very important to us so we need to interview more people of this age to get accurate data. This is why in some areas we will be focusing our attention on children.
- Interviewers all over the country are looking at the health of people of different ages. You have been asked to focus on children's health.
- Make it clear to parents that you can only interview children if the parent or legal guardian is present.
- There is a freephone number on the advance letter if the respondents want further clarification.

There is a separate Stage 1 leaflet for the boost, explaining our focus on the health of children.

4.4 Screening for children with translated screening card

Translated Screening Card

In your HSE starter packs for the **Boost sample** you will receive two translated screening documents, one is pale **green** and one is pale **blue**. On these a short paragraph about the HSE and the reason why you are calling has been translated into a number of major languages.

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

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

The screening cards were developed following a suggestion from an interviewer for use at boost addresses where the person on the door step does not speak English. The screening card may help you to find out whether an address is eligible.

Interviewers told us that they did not use the screening cards very frequently during the last child boost in 2010. In 2015, we have printed these as a laminate for you to refer to as required. If you are working in an area where you need to use the cards frequently, you can request some paper copies if that is helpful.

If no parent speaks English you should follow the rules set out below:

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

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

- If the child is aged 13-15 the adult relative can answer the household questionnaire and the child can do the individual questionnaire **providing the child's parent gives permission and is present**. This permission will need to be obtained by using another family member as an interpreter and you should only proceed if you feel confident that the parent has given **informed consent**.
- If the child is aged 12 or younger, then **the interview cannot be carried out** and you should code **540** on your ARF.

5 Content of the interviews

5.1 The household interview (core and boost)

An overview of the content of the household interview is outlined below. The household questionnaire is the same for the core and the boost sample.

Household questionnaire

Household size, composition, relationships	Household income
Accommodation tenure and number of bedrooms, car ownership	Economic status / occupation of household reference person
Smoking in household	Learning Difficulties (core only)

5.2 The child interview (core and boost)

All core and boost child interviews carried out from 1st March have the same content.

The child interview from 1st March 2014 (core and boost)

Module	Age				
	0-1 (core only)	2-4	5-7	8-12	13-15
General health, longstanding illness, limiting longstanding illness	•	•	•	•	•
Fruit and vegetable consumption			•	•	•
Child Physical Activity		•	•	•	•
Exposure to second hand smoke	•	•	•	•	•
Self-completions				•	•
Height and Weight Measurement		•	•	•	•
Reported birth weight	•	•	•	•	•
Ethnic origin/national identity	•	•	•	•	•

Child self completion content (core and boost)

Module	8-12	13-15
Smoking	•	•
Drinking	•	•
Wellbeing (Warwick Edinburgh Mental Wellbeing Scale)		•
Physical Activity		•
Perception of own weight	•	•

Parent proxy self completion

For all children aged 11-15, parents will be asked to complete a difficulties questionnaire

5.3 The adult interview (core sample only)

The adult interview (core only)		
Module	Age	
	16-64	65+
General health, longstanding illness, limiting longstanding illness	•	•
Self-reported height and weight	•	•
Personal care plans	•	•
Doctor diagnosed hypertension and diabetes	•	•
Use of health services	•	•
Shingles and stroke	•	•
Receipt of social care		•
Provision of social care	•	•
Smoking ^a	• ^a	•
Drinking ^a	• ^a	•
Fruit and vegetable consumption	•	•
Economic status / occupation	•	•
Educational attainment	•	•
Ethnic origin / National identity	•	•
Height and weight measurements	•	•
Consent to link data to health records	•	•

^a These questions are in the self completion for 16-17 year olds and some young adults.

Adult self completion content (core only)		
	Young adults ^a	Adults
Smoking	•	
Drinking	•	
Wellbeing (Warwick Edinburgh Mental Wellbeing Scale)	•	•
Gambling	•	•
Learning Difficulties	•	•
Physical Activity	•	•
Perception of own weight and child's weight	•	•
Sexual orientation / Religion	•	•

^a 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.

5.4 The nurse visit (Core sample only)

As always, in the Core sample, everyone who is interviewed will be eligible for a nurse visit. There is no nurse visit in the child boost.

This is what the nurse visit includes in 2015.

Nurse visit					
	Age (years)				
Module	0-3	4	5-10	11-15	16+
Prescribed medicines, folic acid supplement	•	•	•	•	•
Nicotine replacement products					•
Blood pressure			•	•	•
Waist and hip circumference				•	•
Saliva sample (cotinine)		•	•	•	•
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•

5.5 Interview length

5.5.1 Core sample

The **interview for the Core sample** will last an average of **around 60 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 is a little bit 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.

We recommend that you do not include children and adults in the same interview session in the **Core** sample. 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.

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. For children the nurse visit is shorter and depends on the age of the child. For children under 4 years, it should take less than 5 minutes. For older children (11+), it could take up to 15 minutes.

5.5.2 Boost sample

The **interview of the Child Boost** sample will last an average of 20 minutes per child. The CAPI interview includes questions on Physical activity, Fruit and vegetable consumption and Height and Weight measurements. There is no nurse interview for the Child Boost.

5.6 Interviewing children

Here is a reminder about the guidelines for interviewing children:

<i>2 to 7 year olds</i>	<ul style="list-style-type: none">• Interview parent / guardian about the child• Child must be present for heights and weights• Child should ideally be present during the interview, as they may be able to provide information about themselves that the parent does not know or has forgotten
<i>8 to 12 year olds</i>	<ul style="list-style-type: none">• Interview parent / guardian about the child• Child must be present throughout interview because of self completions and heights and weights
<i>13 to 15 year olds</i>	<ul style="list-style-type: none">• With parental consent, interview child directly• Parent must be at home

6 New content for the HSE 2015

6.1 Learning difficulties (Core and boost sample)

There are few statistics available about how many people have learning difficulties, so the HSE will be finding this out. It is a relatively small proportion of the population, so we need a robust survey like the HSE to investigate.

For the **Core** sample, there are questions in the household questionnaire about whether anyone in the household has any learning difficulties. Then the self completion booklet asks each adult about whether they have learning difficulties. Parents will fill in a booklet for children aged 11-15.

If there is someone in the household who is not able to take part in the interview because of learning difficulties, there is a (short) self completion for a responsible adult to complete on their behalf. The person asked to fill in this in will be 'the person who would usually answer questions on that person's behalf'. Note that you should not collect any other proxy information about the person who is not able to be interviewed.

For the **boost** sample, parents will fill in a booklet for children aged 11-15. There will be no household questions on learning difficulties.

The questions have been used in a different survey and were first used on HSE 2014, and therefore we have kept exactly the same wording. There is a detailed explanation in the household questionnaire of what we mean by learning difficulties. The questions make a distinction between specific learning difficulties such as dyslexia or dyspraxia, or more general learning difficulties.

6.2 Shingles and stroke (Core sample)

These questions will be asked of those aged 16+ in the individual interview. You will ask the respondent if they have ever had shingles and if so, when. This is then followed by a question on whether the respondent has ever had a stroke and if so, when. The questions are straightforward and have been tested on the dress rehearsal.

6.3 Gambling (Core sample)

These questions appear in the adult and young adult self completions. They are the same questions that were used in HSE 2012, with the addition of a new question on the frequency of gambling activities.

6.4 Child Physical Activity (Core and Child Boost sample)

The Core and Child Boost sample will be asked questions on children's physical activity: every day activities (such as walking to school) but also activities that the child does outside school.

7 Interview Documents

7.1 Interviewer documents (for the Core sample)

These are the documents we are using in 2015. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
15-03i	Advance letter (sent direct to respondents)	Letter head
15-04i	Advance letter copy – spares for you to use	Letter head
15-05i	Advance letter laminate	Letter head
15-08i	HSE information leaflet spares – this leaflet is sent direct to respondents	Yellow
15-01i	ARF	Pale blue
15-09i	Results laminate	Colour printed
15-13i	General concerns laminate	Pale yellow
15-10i	Stage 1 leaflet (adult)	Pink
15-11i	Stage 1 leaflet (child)	Colour printed
15-12i	Stage 2 leaflet	Pale green
15-14i	Respondent showcards	White
15-15i	Interviewer showcards	Pale green
15-16i	8-12 year old self completion	Lilac
15-17i	13-15 year old self completion	Orange (from 1 st March)
15-18i	Young adult self completion	Pink
15-19i	Adult self completion	Yellow
15-20i	Difficulties questionnaire (completed by proxy)	Light Blue
15-21i	Measurement record card	Pale blue
15-22i	Data linkage consent form	Yellow
15-02i	Multi Purpose/Broken Appt Card	Purple
15-06i	Follow up letter	Letter head
15-07i	Reissue letter	Letter head

7.2 Advance materials (for the Core sample)

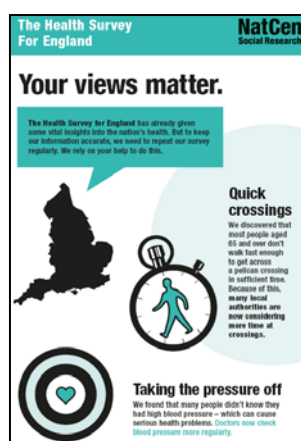
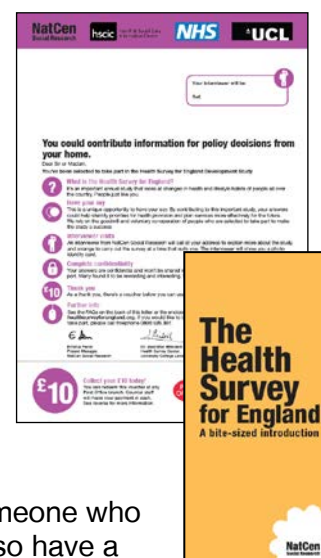
Advance letter and HSE information leaflet

Letters will be sent out from the office with the HSE information leaflet.

The letter includes a £10 post office cash voucher. This is not conditional on the household taking part in the study.

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 on the doorstep to remind respondents.

There are also one or two spare copies of the letter in your 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

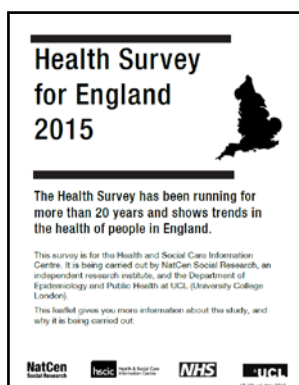
You can also use the HSE results laminate on the doorstep to help introduce the survey.

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 2014 HSE ARF. We are retaining the ENRF details for the nurse. The major change is the child selection;

see Section 3 in these instructions. We want you to select up to two children aged 0-12 and up to two children aged 13-15 using the instructions on the ARF.



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

Stage 1 Child leaflet (NEW)

We have introduced a new Stage 1 Child Leaflet to help you explain the interview to children.



Respondent and interviewer show cards

You will receive two sets of show cards– interviewer and respondent. Please make sure you use the correct set.

Self completions

The 2015 interview will include self completion booklets for the following groups:

- 8-12 year olds (Lilac)
- 13-15 year olds (from the 1st March it will be Orange)
- Young adults (Pink)
- Adults (Yellow)
- Difficulties questionnaire (Light blue)

The difficulties questionnaire is the same as 2014. It is a 6 question self-completion which is completed by proxy:

- For those people who are identified as having a learning difficulty (in the HH questionnaire)
- Children aged 11-15
- CAPI will guide you as to which booklet(s) you need to give out.

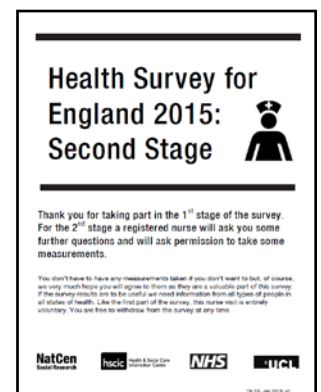
Measurement Record Card

The form is titled 'MEASUREMENT RECORD CARD' and is part of 'The Health Survey for England'. It includes a section for 'SN' (National Number) with a grid of boxes for digits. Below this, there is a line for 'FULL NAME'. The form also features logos for NatCen Social Research, hscic, NHS, and UCL.

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 2015: Second Stage'. It includes a small icon of a person. The text explains that the respondent is being invited to participate in the second stage of the survey, which involves a nurse visit. It also mentions that the respondent will be asked to take some measurements. The leaflet includes logos for NatCen Social Research, hscic, NHS, and UCL.The postcard is purple and features the text 'Throw this away and you're throwing away the chance to improve the nation's health.' It also includes logos for NatCen Social Research, hscic, NHS, and UCL.

Blank postcard

Blank copies of the postcard can be used to write any messages for the respondent.

The letter is titled 'You could contribute information for policy decisions from your home.' It explains that the respondent is being invited to participate in a survey that will help improve the nation's health. It also mentions that the respondent will be asked to take some measurements. The letter includes logos for NatCen Social Research, hscic, NHS, and UCL.

Follow up letter

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

7.3 Interviewer documents (for the Child Boost sample)

These are the documents we are using in 2015. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
15-39b	Child Boost Advance letter (sent direct to respondents)	White – letter
15-42b	Child boost Advance letter copy	White letter quality paper
15-43b	Child boost Advance letter laminate	White letter quality paper
15-08i	HSE information leaflet spares – this leaflet is sent direct to respondents	Yellow
15-09i	Results laminate	Colour printed
15-40b	Child Boost ARF	Pale yellow
15-45b	Child boost translated screening card Polish & Chinese	Pale green
15-46b	Child boost translated screening card Asia	Pale blue
15-02i	Multi Purpose/ Broken Appt Card	Purple
15-47b	Child boost Stage 1 leaflet	Pale yellow
15-48b	Child boost respondent showcards	Pale yellow
15-16i	8-12 year old self completion	Lilac
15-17i	13-15 year old self completion	Orange
15-20i	Difficulties questionnaire (completed by proxy)	Light Blue
15-41b	Child Boost MRC	Pale green
15-44b	Child Boost Project Instructions	White
15-49b	Re-issue letter	White – letter quality

The self-completion documents for the Child Boost are the same as in the Core (i.e. 8-12, 13-15 and the learning difficulties self completions).

7.4 Advance materials (for the Child Boost sample)

Letters will be sent out from the office with the HSE information leaflet.

The letter **does not include** a Post Office voucher.

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 on the doorstep to remind respondents.

There are also spare copies of the letter in your 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.



7.5 Interviewer documents (for the Boost sample)

These are the documents we are using in the Child Boost of 2015. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
15-39b	Child Boost Advance letter (sent from the office)	
15-42b	Child boost Advance letter copy	
15-43b	Child boost Advance letter laminate	
15-08i	HSE information leaflet spares (enclosed in advance)	Yellow
15-40b	Child Boost ARF	Pale yellow
15-45b	Child boost translated screening card Polish & Chinese	Pale green
15-46b	Child boost translated screening card Asia	Pale blue
15-02i	Multi Purpose/ Broken Appt Card	Purple
15-47b	Child boost Stage 1 leaflet	Pale yellow
15-48b	Child boost respondent showcards	Pale yellow
15-16i	8-12 year old self completion	Lilac
15-17i	13-15 year old self completion	Orange
15-20i	Difficulties questionnaire (completed by proxy)	Light blue
15-41b	Child Boost MRC	Pale green
15-44b	Child Boost Project Instructions	White
15-49b	Re-issue letter	

8 Nurse Liaison (Core sample)

8.1 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 NatGen 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.

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 her work.

8.2 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. However, if a respondent has refused a nurse visit, you should code these individuals as 'No'.

For households where there is a nurse visit, please provide relevant information for the nurse 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.

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.

9 Fieldwork timetable

We are often asked about when letters and work packs are sent out, so 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.

For the **Child Boost** the fieldwork timetable is the same as the timetable of the Core until December of 2015. See below for the two additional months of the Child Boost (January and February of 2016).

	Advance letter sent	Workpacks dispatched	Fieldwork starts
January	23/12/2014	17/12/2014	02/01/2015
February	26/01/2015	28/01/2015	01/02/2015
March	23/02/2015	25/02/2015	01/03/2015
April	25/03/2015	27/03/2015	01/04/2015
May	27/04/2015	27/04/2015	01/05/2015
June	26/05/2015	27/05/2015	01/06/2015
July	24/06/2015	26/06/2015	01/07/2015
August	27/07/2015	29/07/2015	01/08/2015
September	25/08/2015	25/08/2015	01/09/2015
October	25/09/2015	25/09/2015	01/10/2015
November	26/10/2015	28/10/2015	01/11/2015
December	10/11/2015	11/11/2015	16/11/2015
January 2016	22/12/2015	22/12/2015	04/01/2016
February 2016	25/01/2016	27/01/2016	01/02/2016

10 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 P3527

Contacts	Equipment / Materials	Please email supply requests to equipment@natcen.ac.uk 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 2015

Nurse project instructions
P8815

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1 The survey in 2015

The Health Survey for England 2015 is sponsored by the Health and Social Care Information Centre. The 2015 survey includes a number of new question modules for interviewers. The nurse visit has very few changes.

1.1 How to use these instructions

These instructions give an update on things that are new for the 2015 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 2014. Each assignment is made up of 16 addresses and you will be paired with an interviewer for that point of work. All respondents who have an interview are eligible for a nurse visit. A change for 2015 however is that up to 4 children (instead of two) could be selected to be interviewed (two aged between 0-12 and two aged between 13-15). Your NRF has been changed to reflect this. 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 2015?

The survey in 2015 is similar in content to the survey in 2014. Some changes for 2015 are:

- Adults will not be asked to give a urine sample but will asked to give a saliva sample instead
- The age range for the folic acid questions has been extended to 16-49

There won't be a hearing test in 2015 and there won't be questions on mental health.

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					•	•
Nicotine replacement therapies					•	•
Blood pressure			•	•	•	•
Waist and hip circumference				•	•	•
Saliva sample (cotinine)		•	•	•	•	•
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•	•

1.4 Measurement protocols

All protocols used in the 2015 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+)
- Saliva sample (4+)

1.4.1 Length of visit

The nurse visit for adults is expected to last around 30 – 35 minutes on average.

2 The Nurse Link

2.1 The Nurse Link and eNRF

The NurseLink is the system by which information is passed from interviewer laptops to nurse laptops. There has been no change to the nurse link for 2015.

****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

Below is a list of documents to be used in 2015.

Reference	Document	Colour
15-33n	NRF pad	Green
15-28n	Child stage 2 leaflet / Child information leaflet	Colour print on white paper
15-26n	Adult consent booklet	Green cover, pale green inner pages
15-27n	Child consent booklet	Pink cover, pale pink inner pages
15-29n	Venepuncture leaflet	White
15-30n	HSE child certificate	Colour print on white paper
	Coding Prescribed medicines booklet	Golden yellow cover, white inner pages
15-32n	Tube labels	White adhesive labels with blue ink print
14-34n	Nurse recontact letter	White - letter quality paper
15-37n	Nurse showcards	White

3.1.1 Adult consent booklet (16+)

The adult consent booklet is an A4 **green** booklet and has a very similar structure to the booklet used in 2014. Adults will need to provide written consent for:

- their blood pressure results to be sent to their GP
- a saliva sample to be taken
- a blood sample to be taken
- their blood sample results to be sent to their GP
- a blood sample to be stored
- a blood sample to respondent

The structure of the adult consent booklet is as follows:

Front cover – this is the similar to the HSE 2014 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 2014 but with a consent for saliva sampling rather than urine since this isn't being taken in 2015. 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 2014. 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 **pink** 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 2014, 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:

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 61**), March 2011 version
- Thermometer and probe
- Omron HEM-907
- Measurement tape (with plastic clip)
- Blood and saliva tube labels
- Blood tubes – plain and EDTA
- Saliva collection materials for child samples- plain 5ml tube and wide bore straw

4 Contacts

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

Project number	P8815	
Contacts	Equipment / Materials	E-mail equipment@natcen.ac.uk
	Support	01277 690200
	Pay Query Line	01277 690219

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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 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
01277 690006

Research contacts

HSE Team

HSETeam@natcen.ac.uk

UCL contacts

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

Mobile 07770 537238
Office 020 7679 1269

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 (0-12) and 2 children (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 16 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+	40-45 minutes
Two adults aged 16+	55-70 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 6).

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.

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.

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 2013. 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

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 GP	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 GP	07	08
e) Blood sample for storage	09	10
f) Blood sample results to respondent	11	12

Inside front cover

The inside front cover contains the office despatch note and space to note any problems with venepuncture. This 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 GP	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. 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 despatch 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.
- ADD NO./ HHLD**: A field with four boxes.
- CKL**: A field with one box.
- PERSON**: A field with four boxes.
- DATE OF BIRTH**: A field with four boxes.
- HSE P3227**: A field with four boxes.
- DAY**: A field with two boxes.
- MONTH**: A field with two boxes.
- YEAR**: A field with two boxes.

Instructions and arrows:

- An arrow points to the **PERSON** field with the text: "Check person number against CAPI & transfer onto label".
- An arrow points to the **DATE OF BIRTH** field with the text: "Check & write in date of birth".
- An arrow points to the **CKL** field with the text: "Check & write in serial number".

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.

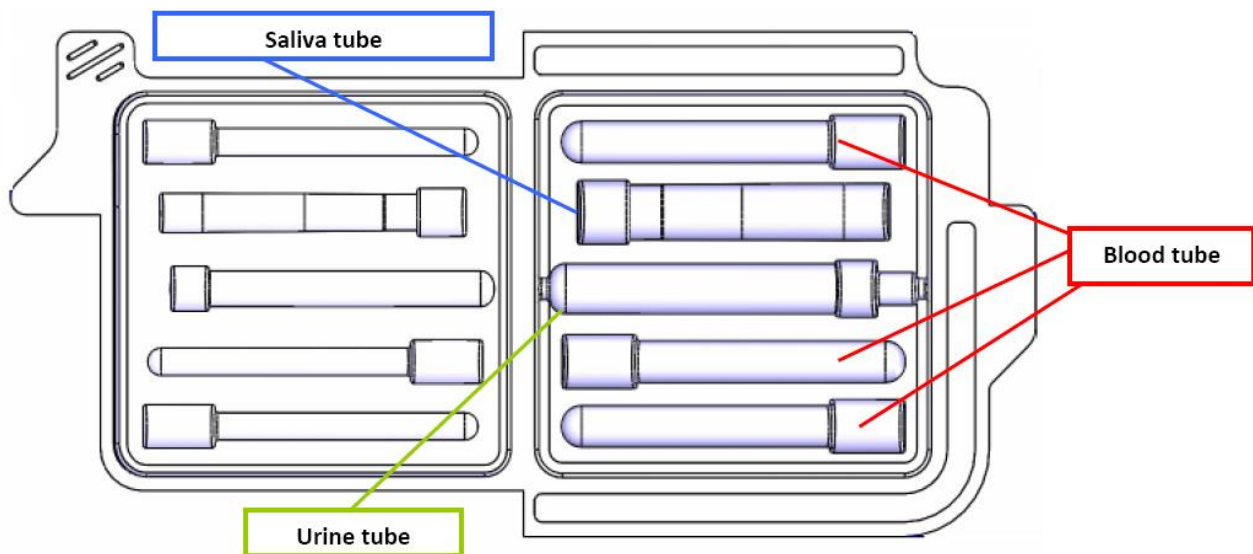
We cannot stress enough the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results.

9.2 Packaging the blood, urine and saliva samples

The 5-vial adult transporter

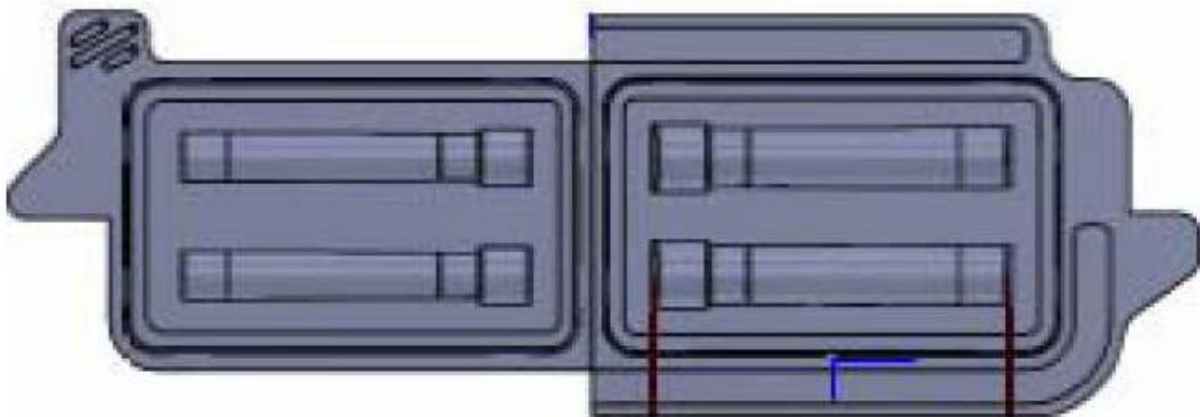
This is designed to carry a full set of adult samples: up to 2 blood sample tubes, a urine sample tube and a saliva tube. You will collect either urine or saliva samples of adults on alternate years. There is also space for a third blood sample tube. Please refer to your HSE year specific

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 Unit 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

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2015. 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.

In 2015 there is a Child Boost that is running alongside the main HSE survey. The Child Boost is a shorter interview and so many edit questions will not appear. Only children aged 2-15 are interviewed for the Boost and there is no nurse visit. The following modules appear in the Child Boost:

- Household questionnaire
- Demographic information
- General health
- Fruit and vegetable consumption
- Child physical activity
- Exposure to second hand smoke
- Self completions
- Height and weight measurements
- Reported birth weight
- 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)
NoPIOth	Backcode to WhyNoPI	Why no personal care plan	GenHlth (Core)
OpOffOt	Backcode to OptOff	Self care options discussed and/or offered	GenHlth (Core)
OpDonOt	Backcode to OptDone	Self care options used by respondent	GenHlth (Core)
StMedOth	Backcode to StopMed	Reason stopped taking medication for high blood pressure	CVD (Core)
WhatTsp	Backcode to WhatTrt	Treatment or other advice for high blood pressure	CVD (Core)
WhatDsp	Backcode to OtherDi	Treatment or advice received for diabetes	CVD (Core)
OthNoET	Backcode tp WhyNoET	Reason not had eye tests for diabetes	Diabetes (Core)
HelpFormO	Back code to HelpForm	Other person that helps with tasks	BSecA2 (Core)
RelOth	Backcode to PrRel	Other person provide help to	BSecB1 (Core)
FrtOth	Back code to FrtC	Type of fruit eaten	FruitVeg (Core)
FrtNotQ	Back code to FrtQ	Amount of fruit eaten	FruitVeg (Core)
OSpEx2	Backcode to NSOSpEx2	Other child activities (weekdays)	ChPhysic (Additional)
OSpEx2	Backcode to WEOSpEx2	Other child activities (weekends)	ChPhysic (Additional)
NbotL7	Code to L7NCodeEq	Brand of bottled lager (7days)	Drinking (Core)
SbotL7	Code to L7SCodeEq	Brand of bottled lager (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)

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

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)
LDCompO	Back code to LDComp	Other reason why Difficulties Questionnaire not completed / partially completed.	SelfComp2 (Additional)
LDAComO	Back code to LDACom	Other reason why Difficulties Questionnaire for ^DMName not completed / partially completed.	SelfComp2 (Additional)
SComp6O	Back code into SComp6	Why self-completion not completed	SelfComp
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)
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 GPreRefC	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)
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)
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)

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

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

IllsM Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1-IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 3, into the variables **IllsM1-IllsM6**.

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

Rule for if two or more separate illnesses are under the same IllsTxt

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

- Change the appropriate **More[]** variable (before the next blank **IllsTxt** 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 **IllsTxt** variable
- Keep repeating this until all the long-standing illnesses are in separate **IllsTxt** 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 **IllsM** variables (linked to the **IllsTxt** 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 IllsTxt 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 **IllsTxt** and the number of illnesses **coded** at **IllsM** i.e. there are two IllsTxt (IllsTxt[1], IllsTxt[2] AND three IllsM (IllsM[1], IllsM[2], IllsM[3]. This would suggest that at one of the IllsTxt variables, two illnesses have been recorded. You should then follow the instructions above to separate the illnesses into separate IllsTxt variables. You will then need to make sure that the IllsM 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). This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 41 is used in any of the other columns.

Code 42 Complaint no longer present

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

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

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

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

Follow-up coding exercise

If the following longstanding illness codes are used at **IllsM1-IllsM6**:

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 Child physical activity

Children in the Core sample (from March 2015) and the Boost sample are asked about the informal and formal activities that they have done in the last 7 days (for weekdays and weekends separately). These activities are recorded on show cards F3 and F4.

CARD F3	CARD F4
1. Cycling (but not to or from school)	1. Football / Rugby / Hockey / Lacrosse
2. Any walking (but not to or from school/nursery/playgroup)	2. Netball / Basketball / Handball
3. Hoovering, cleaning car, gardening etc	3. Cricket / Rounders
4. Hopscotch	4. Running, jogging, athletics
5. Bouncing on trampoline	5. Swimming laps
6. Playing around , (e.g. kicking a ball around, catch, hide and seek)	6. Swimming (splashing about)
7. Skating / Skateboarding / using a scooter	7. Gymnastics
8. Dancing, including any dance lessons	8. Workout with gym machines / Weight training
9. Skipping rope	9. Aerobics
	10. Tennis / Badminton / Squash

They are then asked about any activities that are not listed on these cards, which they have done in the last 7 days (weekday/weekend). These activities are then entered into a look-up file at NSOSpEx2 or WEOSpEx2. If the interviewer cannot find the activity, they will code it as 'other' and write the activity in a verbatim question at OSpEx2. You should try to back code these verbatim activities into the look-up file.

Look-up file activities

Cycling
Exercise bike
Swimming (continuous laps)
Swimming (leisurely splashing about paddling in river/lake/pool)
Running (including on a treadmill)
Jogging (including on a treadmill)
Weight training
Rowing machine
Stepping machine
Home exercises (e.g. push-ups, press-ups, chin-ups, abdominals, back exercises)
Floor exercise (e.g. push-ups, press-ups, chin-ups, abdominals, back exercises)
Aerobics
Step-aerobics
Football (casual or training)
Rugby (casual or training)
Football (game)
Rugby (game)
Basketball (training)
Handball (training)
Netball (training)
Basketball (game)
Handball (game)
Netball (game)
Tennis
Badminton
Squash
Cricket
Dancing (including taking lessons or nightclub)
Martial Arts
Water skiing
Downhill snow skiing

Snowboarding
Dry slope skiing
Golf (NOT mini-golf or golf using a power cart)
Pilates
Bowls (including outdoor, crown green, Petanque)
Horse Riding
Abseiling
Paraseiling
Adventure playground
Aqua Aerobics
American football
Archery
Assault course
Back packing
Baseball
Softball
Rounders
Battle re-enactment
Canoeing
Circuit training
Climbing
Croquet
Curling
Darts
Diving
Dog training
Drumming (in a group)
Rambling
Fell walking
Cross country walking
Fencing
Field athletics
Fishing
Fly fishing
Fives
Gymnastics
Hang gliding
Parachuting
Hitting punch sack
Hockey
Ice skating
Ice dancing
Juggling
Lacrosse
Motor sports (Motor-cross, go-karting, jet-skiing)
Orienteering
Polo
Power boat (driving)
Racketball
Roller skating
Roller blading
Rowing (not including machine)
Sailing (including dinghy)
Scuba diving
Subaqua (underwater) diving
Shooting
Skateboarding
Skipping

Skittles
 Snooker
 Snorkelling
 Sumo wrestling
 Surfing
 Swing ball
 Table tennis
 Tai Chi
 Tenpin bowling
 Territorial Army Training
 Toning table/bed
 Trampolining
 Volley ball
 Water-polo
 Wind surfing
 Wrestling
 Yoga
 Aquafit
 Angling
 Boxing
 Hillwalking
 Kayaking
 Shinty
 Inline skating
 Body boarding
 Other light exercise (such as mini-trampoline, harness racing, Alexander Technique)
 Other moderate exercise (such as tug of war, running/playing with children)
 Other - Unknown energy level
 XXX NOT LISTED/DONT KNOW

2.10 Other alcoholic drinks

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

Normal beer (NBrL7):

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

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

Strong beer (SBrL7):

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

Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits (SpirL7):

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

Sherry (ShryL7):

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

Wine (WineL7):

Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.

Exclude: Non alcoholic wines such as Eisberg

Alcops/pre mixed alcoholic drinks (PopsL7):

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

Coding "other" alcoholic drinks variables:

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

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

After recoding "other" alcoholic drinks the variables **OthL7QA**, **OthL7QB**, and **OthL7QC** 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.

2.12 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	Ruddles	0.58
Amstel	0.58	Sam Smiths (Old Brewery Strong Ale)	0.97
Asahi	0.58	San Miguel	0.58
Banks (Mild only)	0.97	Scrumpy Jack	0.58
Banks Old Ale (nips)	0.32	Singha beer	0.58
Bass (pint bottle)	1.00	Skol	0.58
Becks	0.48 or 0.58	Sol	0.58
Bishops Finger	0.88	Spitfire	0.88
Black Sheep Ale	0.88	Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Boddingtons (Export draught only)	0.58	Stinger	0.58
Bombardier	0.88	Strongbow (Blackthorn)	0.48 or 0.58
Brahma	0.58	Thatchers cider	0.88
Brandenburg	0.58	Theakstons	0.97
Budvar	0.88	Tiger beer	0.58
Budweiser/ Bud Ice	0.58	Tsingtao	0.58
Bulmers / Magners	0.58 or 1.00	Vault	0.58
Carling	0.48	Victoria Bitter	0.58
Carlsberg	0.58	Wadworth Export	0.88
Castle	0.58	Woodpecker	0.48
Cobra	0.58		
Coors	0.58		
Corona	0.58		
Crest Lager (Export)	0.44		
Diamond (Blush, White or Zest)	0.48		
Dragon (Stout)	0.50		
Elephant (Lager)	0.48 or 0.58		
ESB (Fuller's ESB)	0.88		
Export 33	0.44		
Foster's (Unspecified)	0.77		
Foster's Export	0.77		
Foster's Ice	0.58		
Fuller's (London Pride)	0.97		
Grolsch	0.58 or 0.77		
Guinness Extra Stout	0.58		
Guinness Original	0.58 or 0.88		
Heineken (Export)	0.58		
Hoegaarden (bier blonde)	0.58		
Holsten Pils (bottle)	0.58		
Home made	0.58		
Ice Dragon	0.48		
John Smiths	0.77		
K. Cider	0.48		
Kanterbrau	0.58		
Kingfisher	0.58		
Kirin	0.58 or 0.88		
Kronenbourg (1664)	0.44 or 0.58		
Labatts	0.58		
Labatt's Ice	0.58		
Leffe	0.58 or 0.77		
Lowenbrau	0.58		
Mackeson	0.88		
Marston's Pedigree	0.88		
McEwans 80 or 90 shilling	0.97		
Merrydowns	0.58		
Michelob	0.58		
Miller (Draught not Pils)	0.58		
Molson	0.58		
Murphys	0.88		
Newcastle Brown Ale	0.97		
Olde English	0.88		
Old Speckled Hen	0.88		
Oranjeboom	0.58		
Peroni lager (Nastro Azzuri)	0.58		
Pils (unspecified)	0.58		
Pivovar Czech Lager	0.88		
Red Rock	0.58		
Red Stripe	0.58		
Rolling Rock	0.58		
Royal Dutch	0.58		

Conversion Table

mls	pints	mls	pints	mls	pints
180	0.32	284	0.50	550	0.97
200	0.35	330	0.58	568	1.00
250	0.44	440	0.77		
275	0.48	500	0.88		

2.13 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; 1st/2nd/3rd class
- 35 Academic **Include:** 16+ exam certificate; Local, regional and RSA school certificates; Arts foundation courses
- 36 Other professional: This covers qualifications awarded by a recognised professional body only. (eg. Social Work Diploma, Chartered/Management/Certified accountant)

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

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

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

2.14 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

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

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

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

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

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

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?

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 (Include '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 (Include 'little time with GP')
4	GP appointments - long waiting times at surgery
5	GP - good experience (Include 'brilliant GP surgery. No problems at all')
6	GP - poor experience (Include 'problems not taken seriously, incorrect diagnosis')
19	GP - other answer (Include 'cannot change address over phone', 'doctor surgeries-I've not seen who he is, never met him')
21	Accident and Emergency - long waiting times (Include '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 (Use code 41 for A&E closure)
24	Accident and Emergency - good experience
25	Accident and Emergency - poor experience (Include 'A&E constantly dirty' 'Eleven hrs in A&E and father got MRSA')
39	Accident and Emergency - other answer
41	NHS - closure (Include 'local A&E closure')
42	NHS - needs to improve/be more efficient (Include 'money being wasted/not used effectively')
43	NHS - needs more investment/funds (Include pay nurses more)
44	NHS - long waiting times (Include 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 (Include '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 (Include 'don't use it that often')
57	NHS/local hospital - good experience/record
58	NHS/local hospital - poor experience/record (Include '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 (Include 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 (Include 'can't rearrange', 'appointments long for children' 'delays too long')
72	HSE interview - any comments (Include comments about interview length)
73	Personal health - any comments (Include 'can no longer do certain things', 'they cannot give me the care that I need')
95	Other answers (Include 'eye tests should be essential for all drivers over 65', '')
96	Non applicable answers (Include '#', 'don't know', Not applicable, numbers -1, -8, 1, 2)
97	No comment/nothing (Include 'n/a', 'no', 'no comment', 'nothing', nil, blank)

2.19 Drug Coding

MEDBI & MedLngN

(Use BNF 61 (Yellow) – March 2011 version for all nurse visits made up to 1st July 2015)

(Use BNF 69 (Turquoise) – March 2015 version for all nurse visits made from 1st 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 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

2.21 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
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

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
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

Sulphonylureas.....06.01.21

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

Others.....06.01.23

CODING OF PRESCRIBED MEDICINES: ALPHABETICAL INDEX

A	
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ABILIFY	04.02.01
ACAMPROSATE	04.10.01
ACARBOSE	06.01.23
ACCOLATE	03.03.02
ACCUPRO	02.05.51
ACCURETIC	02.05.01
ACENOCOUMAROL	02.08.02
ACICLOVIR	
cold sore	13.10.03
eye	11.03.03
infections	05.03.02
ACIPIMOX	02.12.02
ACRIVASTINE	03.04.01
ACTONEL, ACTONEL ONCE A WEEK, ACTONEL COMBI	06.06.02
ACTOS	06.01.23
ADALAT, ADALAT LA, ADALAT RETARD	02.06.02
ADCAL	09.05.01
ADCAL – D3	09.06.04
AGGRASTAT	02.09.00
ALDACTONE	02.02.03
ALENDRONIC ACID	06.06.02
ALFUZOSIN	07.04.01
ALISKIREN	02.05.53
ALLOPURINOL	10.01.04
ALOGLIPTIN	06.01.23
ALPHAGAN (eye drops)	11.06.00
AMARYL	06.01.21
AMIAS	02.05.52
AMILORIDE (HYDROCHLORIDE)	02.02.03
AMIODARONE (HYDROCHLORIDE)	02.03.02
AMITRIPTYLINE	04.03.01
AMLODIPINE BESILATE	02.06.02
AMOXICILLIN (was AMOXYCILLIN)	05.01.01
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ANTABUSE	04.10.01
APIXABAN	02.08.02
APROVEL	02.05.52
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ASASANTIN RETARD	02.09.00

ASCORBIC ACID	09.06.03
ASMANEX.....	03.02.00
ASPIRIN	
analgesic	04.07.01
antiplatelet	02.09.00
migraine	04.07.04
myocardial infarction	02.10.01
rheumatic disease	10.01.01
ATENOLOL	02.04.00
ATORVASTATIN	02.12.01
ATROPINE SULPHATE (eye drops)	11.05.00
ATROVENT	03.01.02
AUGMENTIN, AUGMENTIN-DUO	05.01.01
AXID	01.03.01
AZATHIOPRINE	
myasthenia gravis	10.02.01
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transplant rejection	08.02.01
ulcerative colitis.....	01.05.03
AZILSARTAN MEDOXOMIL.....	02.05.52
B	
BACLOFEN	10.02.02
BACTROBAN	13.10.01
BALNEUM, BALNEUM PLUS, BALNEUM WITH TAR	13.02.01
BECLOMETASONE (was BECLOMETHASONE DIPROPIONATE)	
asthma	03.02.00
nasal allergy	12.02.01
BECONASE (nasal spray)	12.02.01
BENDROFLUMETHIAZIDE or BENDROFLUAZIDE	02.02.01
BETA-CARDONE.....	02.04.00
BETAGAN (eye drops)	11.06.00
BETAHISTINE DIHYDROCHLORIDE, BETAHISTINE HCL.....	04.06.00
BETNESOL	
ear	12.01.01
eye	11.04.01
nose	12.02.01
BETNESOL N	
ear	12.01.01
eye	11.04.01
nose	12.02.03
BETNOVATE(incl Betnovate-RD, Betnovate-C, Betnovate-N)	13.04.00
BETAMETHASONE VALERATE	13.04.00
BETOPTIC (eye drops)	11.06.00
BEZAFIBRATE	02.12.02
BEZALIP, BEZALIP-MONO	02.12.02
BIMATOPROST (eye drops)	11.06.00
BISACODYL	01.06.02

BISOPROLOL, BISOPROLOL FUMARATE	02.04.00
BRICANYL, BRICANYL SA	03.01.01
BRUFEN, BRUFEN RETARD	10.01.01
BUDESONIDE INHALER	03.02.00
BUMETANIDE	02.02.02
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BUPROPION (HYDROCHLORIDE)	04.10.02
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BUSCOPAN.....	01.02.00
BYDUREON.....	06.01.23
BYETTA.....	06.01.23
C	
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CALCICHEW-D3, CALCICHEW-D3 FORTE	09.06.04
CALPOL	04.07.01
CAMPRAL EC.....	04.10.01
CANAGLIFLOZIN.....	06.01.23
CANDESARTAN / CANDESARTAN CILEXETIL.....	02.05.52
CANESTEN	
anogenital	07.02.02
antifungal/skin	13.10.02
ear	12.01.01
HC	13.04.00
CAPOTEN.....	02.05.51
CAPOZIDE.....	02.05.51
CAPRIN	
antiplatelet.....	02.09.00
CAPTOPRIL	02.05.51
CARACE / CARACE PLUS.....	02.05.51
CARBAMAZEPINE	
bipolar disorder	04.02.03
diabetes	06.05.02
diabetic neuropathy	06.01.05
epilepsy	04.08.01
trigeminal neuralgia	04.07.03
CARBOCISTEINE	03.07.00
CARDICOR.....	02.04.00
CARDURA.....	02.05.04
CAVERJECT	07.04.05
CEFACLOR	05.01.02
CEFALEXIN (was CEPHALEXIN)	05.01.02
CERAZETTE.....	07.03.02
CERUMOL (ear drops)	12.01.03
CETIRIZINE, CETIRIZINE HYDROCHLORIDE.....	03.04.01
CHAMPIX	04.10.02

CHLORAMBUCIL	08.01.01
CHLORAMPHENICOL	
capsules or injection	05.01.07
ear	12.01.01
eye	11.03.01
CHLOROMYCETIN	
eye drops	11.03.01
CHLORPHENIRAMINE or CHLORPHENAMINE (MALEATE)	03.04.01
CHOLESTAGEL	02.12.02
CICLOSPORIN	
organ transplant / bone marrow transplant / nephrotic syndrome.....	08.02.02
rheumatoid arthritis.....	10.01.03
severe atopic dermatitis / severe psoriasis.....	13.05.03
ulcerative colitis.....	01.05.03
CILAZAPRIL.....	02.05.51
CILEST	07.03.01
CILOXAN.....	11.03.01
CIMETIDINE	01.03.01
CIPRAMIL	04.03.03
CIPROFIBRATE	02.12.02
CIPROFLOXACIN	
eye.....	11.03.01
infections (except eye).....	05.01.12
CIPROXIN	05.01.12
CITALOPRAM.....	04.03.03
CLENIL MODULITE INHALER	03.02.00
CLOPIDOGREL.....	02.09.00
CLOTRIMAZOLE	
ear.....	12.01.01
skin.....	13.10.02
vaginal	07.02.02
CO-AMILOFRUSE	02.02.04
CO-AMILOZIDE (diuretic)	02.02.04
CO-AMOXICLAV	05.01.01
CO-APROVEL.....	02.05.52
CO-CODAMOL	04.07.01
CO-DANTHRAMER	01.06.02
CO-DANTHRUSATE	01.06.02
CO-DIOVAN	02.05.52
CO-DYDRAMOL	04.07.01
CODEINE / CODEINE PHOSPHATE	
analgesic	04.07.02

cough suppressant (codeine linctus)	03.09.01
diabetic neuropathy	06.01.05
diarrhoea	01.04.02
COLECALCIFEROL.....	09.06.04
COLESEVELAM HYDROCHLORIDE.....	02.12.02
COLESTID.....	02.12.02
COLESTIPOL HYDROCHLORIDE	02.12.02
COLESTYRAMINE	02.12.02
COLOFAC	01.02.00
COLPERMIN	01.02.00
COMBIVENT.....	03.01.04
COMPETACT.....	06.01.23
CONCERTA XL	04.04.00
CORACTEN.....	02.06.02
CORSODYL.....	12.03.04
COVERSYL /COVERSYL ARGININE / COVERSYL ARGININE PLUS.....	02.05.51
COZAAR.....	02.05.52
COZAAR COMP.....	02.05.52
CO-ZIDOCAPT.....	02.05.51
CREON	01.09.04
CRESTOR	02.12.01
D	
DABIGATRAN ETEXILATE.....	02.08.02
DAKTACORT	13.04.00
DALACIN	
-C	05.01.06
-T (acne)	13.06.01
vaginal	07.02.02
DALMANE.....	04.01.01
DAPAGLIFLOZIN.....	06.01.23
DELTACORTRIL(PREDNISOLONE).....	06.03.02
DEPIXOL	
injection.....	04.02.02
tablets for depressive illness.....	04.03.04
tablets for schizophrenia.....	04.02.01
DEPO-PROVERA (ALSO CHECK Provera) contraceptive	07.03.02
DERBAC-M	13.10.04
DERMOL CREAM	13.02.01
DERMOVATE, DERMOVATE-NN	13.04.00
DEXAMETHASONE (eye drops)	11.04.01
DIAMICRON.....	06.01.21
DIAMICRON MR.....	06.01.21
DIANETTE	13.06.02
DIAZEPAM	
anxiety	04.01.02
epilepsy	04.08.02
febrile convulsions	04.08.03

hypnotic	04.01.01
muscle spasm	10.02.02
DICLOFENAC SODIUM	
eye	11.08.02
gout (acute attack)	10.01.01
postoperative pain	10.01.01
rheumatic disease / arthritis	10.01.01
ureteric colic	07.04.03
musculoskeletal pain	10.01.01
DICLOMAX RETARD, DICLOMAX SR	10.01.01
DIDRONEL, DIDRONEL PMO	06.06.02
DIFFLAM.....	12.03.01
DIFLUCAN	05.02.01
DIGOXIN	02.01.01
DIHYDROCODEINE.....	04.07.02
DILTIAZEM	02.06.02
DIORALYTE	09.02.01
DIOVAN	02.05.52
DIPROBASE	13.02.01
DIPYRIDAMOLE.....	02.09.00
DISTACLOR, DISTACLOR MR	05.01.02
DISULFIRAM	04.10.01
DITROPAN	07.04.02
DIXARIT (migraine).....	04.07.04
DOCUSATE SODIUM.....	01.06.02
DOMPERIDONE.....	04.06.00
DONEPEZIL	04.11.00
DORALESE	07.04.01
DOSULEPIN, DOSULEPIN HYDROCHLORIDE.....	04.03.01
DOVONEX	13.05.02
DOXAZOSIN	
hypertension.....	02.05.04
prostate enlargement.....	07.04.01
DOXYCYCLINE	
acne	13.06.02
antibacterial	05.01.03
malaria	05.04.01
DYAZIDE	02.02.04
E	
E45 (cream)	13.02.01
EBIXA.....	04.11.00
EDARBI.....	02.05.52
EFIENT.....	02.09.00
ELIQUIS.....	02.08.02
ELLESTE SOLO	06.04.01
ELOCON.....	13.04.00
EMPAGLIFLOZIN.....	06.01.23

EMULSIFYING OINTMENT	13.02.01
ENALAPRIL – MALEATE	02.05.51
EPANUTIN	04.08.01
EPANUTIN READY-MIXED PARENTERAL	04.08.02
EPILIM, EPILIM CHRONO, EPILIM INTRAVENOUS.....	04.08.01
EPROSARTAN.....	02.05.52
EPTIFIBATIDE.....	02.09.00
EQUASYM	04.04.00
ERYMAX	05.01.05
ERYTHROMYCIN	
acne	13.06.02
antibacterial, enteritis	05.01.05
ERYTHROPED, ERYTHROPED A	05.01.05
ESTRADERM MX/TTS (patches)	06.04.01
EUCREAS.....	06.01.23
EUMOVATE (cream)	13.04.00
EXENATIDE	06.01.23
EZETIMIBE	02.12.02
EZETROL	02.12.02
F	
FAMOTIDINE	01.03.01
FELDENE	10.01.01
FELODIPINE	02.06.02
FEMARA.....	08.03.04
FEMODENE, FEMODENE ED	07.03.01
FEMULEN	07.03.02
FENOFIBRATE	02.12.02
FERROGRAD, FERROGRAD C, FERROGRAD FOLIC	09.01.01
FERROUS FUMARATE	09.01.01
FERROUS GLUCONATE	09.01.01
FERROUS SULPHATE	09.01.01
FEXOFENADINE, FEXOFENADINE HYDROCHLORIDE.....	03.04.01
FINASTERIDE	
male pattern baldness/alopecia in men.....	13.09.00
prostate enlargement.....	06.04.02
FLAMASACARD.....	02.09.00
FLIXONASE	12.02.01
FLIXOTIDE	03.02.00
FLOMAXTRA XL	07.04.01
FLUANXOL	
tablets for depressive illness.....	04.03.04
tablets for schizophrenia.....	04.02.01
FLUCLOXACILLIN	
antibacterial	05.01.01
ear	12.01.01
FLUOXETINE	04.03.03
FLUPENTIXOL	

injection.....	04.02.02
tablets for depressive illness.....	04.03.04
tablets for schizophrenia.....	04.02.01
FLUTICASONE PROPIONATE	12.02.01
FLUTICASONE FUROATE	12.02.01
FLUVASTATIN	02.12.01
FOLIC ACID	09.01.02
FORCEVAL.....	09.06.07
FORXIGA.....	06.01.23
FOSAMAX	06.06.02
FOSINOPRIL SODIUM	02.05.51
FOSTAIR.....	03.02.00
FRUSEMIDE or FUROSEMIDE	02.02.02
FUCIBET	13.04.00
FUCIDIN	
antibiotic	05.01.07
skin	13.10.01
-H (hydrocortisone)	13.04.00
FUCITHALMIC	11.03.01
FYBOGEL	01.06.01
G	
GABAPENTIN.....	04.08.01
GALENPHOL	03.09.01
GALPSEUD.....	03.10.00
GALVUS.....	06.01.23
GASTROCOTE	01.01.02
GAVISCON, GAVISCON ADVANCE, GAVISCON INFANT	01.01.02
GEMFIBROZIL	02.12.02
GENTISONE HC	12.01.01
GOPTEN	02.05.51
GOSERELIN	
endometriosis/IVF.....	06.07.02
malignant disease.....	08.03.04
GLIBENCLAMIDE	06.01.21
GLICLAZIDE	06.01.21
GLIMEPIRIDE	06.01.21
GLIPIZIDE	06.01.21
GLUCOBAY.....	06.01.23
GLUCOPHAGE.....	06.01.22
GLUCOPHAGE SR.....	06.01.22
GLYCERYL TRINITRATE	02.06.01
H	
HALF-INDERAL LA	02.04.00
HEMINEVRIN hypnotics	04.01.01
HIRUDOID	13.13.00
HYDRALAZINE	02.05.01
HYDROCORTISONE	

asthma	06.03.02
ear	12.01.01
eye drops	11.04.01
haemorrhoids	01.07.02
mouth treatment	12.03.01
skin treatment	13.04.00
steroid replacement therapy	06.03.01
ulcerative colitis	01.05.02
HYDROXOCOBALAMIN (injections)	09.01.02
HYDROXYCHLOROQUINE, HYDROXYCHLOROQUINE SULPHATE.....	10.01.03
HYPROMELLOSE (eye drops)	11.08.01
HYTRIN	
hypertension.....	02.05.04
prostate enlargement.....	07.04.01
I	
IBUGEL	10.03.02
IBUPROFEN	
non-steroid anti-inflammatory	10.01.01
rheumatic disease including gout	10.01.01
topical antirheumatic	10.03.02
IMDUR.....	02.06.01
IMIDAPRIL HYDROCHLORIDE.....	02.05.51
IMIGRAN	04.07.04
IMIPRAMINE	04.03.01
IMODIUM	01.04.02
INDAPAMIDE	02.02.01
INDOMETACIN (was INDOMETHACIN)	
gout (acute attack)	10.01.04
obstetrics.....	07.01.03
rheumatic disease	10.01.01
INEGY.....	02.12.01
INFACOL	01.01.01
INNOVACE.....	02.05.51
INNOZIDE.....	02.05.51
INSULIN	06.01.01
INTEGRILIN.....	02.09.00
INVOKANA.....	06.01.23
IRBESARTAN.....	02.05.52
IRBESARTAN WITH HYDROCHLOROTHIAZIDE.....	02.05.52
ISOSORBIDE DINITRATE	02.06.01
ISOSORBIDE MONONITRATE	02.06.01
ISTIN.....	02.06.02
J	
JANUMET.....	06.01.23
JANUVIA.....	06.01.23
JARDIANCE.....	06.01.23
JENTADUETO.....	06.01.23
K	

KAPAKE	04.07.01
KETOROLAC TROMETAMOL (eye drops)	11.08.02
KLARICID, KLARICID XL	05.01.05
KLIOFEM.....	06.04.01
KOMBOGLYZE.....	06.01.23
L	
LABETALOL HYDROCHLORIDE	02.04.00
LACIDIPINE.....	02.06.02
LACRI-LUBE	11.08.01
LACTULOSE	01.06.04
LAMICTAL.....	04.08.01
LAMISIL cream	13.10.02
LAMOTRIGINE.....	04.08.01
LANSOPRAZOLE	01.03.05
LATANOPROST (eye drops)	11.06.00
LERCANIDIPINE HYDROCHLORIDE.....	02.06.02
LESCOL	02.12.01
LESCOL XL.....	02.12.01
LETROZOLE.....	08.03.04
LEVONELLE	07.03.05
One Step.....	07.03.05
1500	07.03.05
LEVOTYROXINE SODIUM (THYROXINE).....	06.02.01
LINAGLIPTIN	06.01.23
LIPANTIL	02.12.02
LIPITOR	02.12.01
LIPOSTAT	02.12.01
LIQUIFILM TEARS (eye drops).....	11.08.01
LIRAGLUTIDE	06.01.23
LISINOPRIL	02.05.51
LIVIAL.....	06.04.01
LIXISENATIDE.....	06.01.23
LOCORTEN – VIOFORM	12.01.01
LOESTRIN 20, LOESTRIN 30	07.03.01
LOFEPRAMINE HCL	04.03.01
LOFEXIDINE HYDROCHLORIDE.....	04.10.03
LOGYNON, LOGYNON ED.....	07.03.01
LOJUXTA.....	02.12.02
LOMITAPIDE.....	02.12.02
LOMOTIL	01.04.02
LOPERAMIDE	01.04.02
LOPID	02.12.02
LOPRAZOLAM	04.01.01
LORATADINE	03.04.01
LORAZEPAM	
anxiolytic	04.01.02
epilepsy	04.08.02

LOSARTAN POTASSIUM.....	02.05.52
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE.....	02.05.52
LOSEC	01.03.05
LUSTRAL	04.03.03
LYCLEAR	13.10.04
LYMECYCLINE	05.01.03
LYRICA.....	04.08.01
LYXUMIA.....	06.01.23
M	
MAALOX, MAALOX TC, MAALOX PLUS	01.01.01
MACROBID.....	05.01.13
MACROGOL ORAL POWDER.....	01.06.04
MAGNESIUM TRISILICATE	01.01.01
MAGNAPEN	05.01.01
MANEVAC	01.06.02
MARVELON	07.03.01
MAXEPA	02.12.02
MEBEVERINE HYDROCHLORIDE	01.02.00
MEDOCODENE.....	04.07.01
MEFENAMIC ACID	10.01.01
MELOXICAM	10.01.01
MEMANTINE HYDROCHLORIDE.....	04.11.00
METFORMIN.....	06.01.22
METFORMIN HYDROCHLORIDE.....	06.01.22
METHADONE	
analgesic	04.07.02
cough linctus	03.09.01
substance dependence	04.10.03
METHOTREXATE	
malignant diseases	08.01.03
rheumatic diseases	10.01.03
skin (psoriasis)	13.05.03
METHYLDOPA	02.05.02
METOCLOPRAMIDE	
migraine	04.07.04
nausea and vertigo	04.06.00
METOPROLOL (migraines)	04.07.04
METOPROLOL TARTRATE	02.04.00
METRONIDAZOLE	
antibacterial	05.01.11
amoebiasis	05.04.02
Crohn's disease, diarrhoea	01.05.00
giardiasis	05.04.02
skin	13.10.01
trichomoniasis	05.04.03
ulcerative gingivitis.....	12.03.02
MAXEPA.....	02.12.02

MICARDIS.....	02.05.52
MICARDIS PLUS.....	02.05.52
MICROGYNON 30, MICROGYNON 30 ED	07.03.01
MICRONOR	07.03.02
MINOCIN MR	05.01.03
MINOCYCLINE.....	05.01.03
MINODIAB.....	06.01.21
MIRTAZAPINE	04.03.04
MISOPROSTOL	01.03.04
MODECATE	04.02.02
MODURETIC.....	02.02.04
MOEXIPRIL HYDROCHLORIDE.....	02.05.51
MOMETASONE FUROATE	
asthma.....	03.02.00
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
N	
NALTREXONE HYDROCHLORIDE	04.10.03
NAPROSYN, NAPROSYN S/R	10.01.01
NAPROXEN	
gout (acute attack)	10.01.04
pain	10.01.01
rheumatic disease	10.01.01
NASEPTIN.....	12.02.03
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
NORETHISTERONE / NORETHISTERONE ENANTATE	
(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
NORGESTON	07.03.02
NORIDAY	07.03.02
NORMASOL SACHET	13.11.01
NOYADA	02.05.51
NU-SEALS ASPRIN	
analgesics	04.07.01
cardiovascular	02.09.00
NYSTAN / NYSTATIN	
antifungal tablets	12.03.02
mouth	12.03.02
skin	13.10.02
O	
OILATUM EMOLLIENT	13.02.01
OLBETAM	02.12.02
OLMESARTAN MEDOXOMIL	02.05.52
OLMETEC / OLMETEC PLUS	02.05.52
OMACOR	02.12.02
OMEGA-3-ACID ETHYL ESTERS	02.12.02
OMEGA-3-MARINE TRIGLYCERIDES	02.12.02
OMEPRAZOLE	01.03.05
ONGLYZA	06.01.23
ORLISTAT	04.05.01
OPTICROM (eye drops)	11.04.02
ORUVAIL	
capsules	10.01.01
gel	10.03.02
OTOMIZE (ear spray)	12.01.01
OTOSPORIN (ear drops)	12.01.01
OVRANETTE	07.03.01
OXYBUTYNIN HYDROCHLORIDE	07.04.02
OXYGEN	03.06.00
OXYTETRACYCLINE	
acne	13.06.02
antibiotic	05.01.03
P	
PANTOPRAZOLE	01.03.05
PARACETEMOL	
analgesics	04.07.01
febrile convulsions	04.08.03

migraine	04.07.04
PARAMAX	04.07.04
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
Q	
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
R	
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
T	
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
U	
UNIPHYLLIN CONTINUS	03.01.03
V	
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
W	
WARFARIN	02.08.02
X	
XALATAN (eye drops)	11.06.00
XARELTO.....	02.08.02
XENICAL.....	04.05.01
XIGDUO.....	06.01.23
XULTOPHY	06.01.23
Y	
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

Cm	inches	m	feet'inches''
51	20	1.27	4'2''
53	21	1.32	4'4''
56	22	1.37	4'6''
58	23	1.42	4'8''
61	24	1.47	4'10''
64	25	1.52	5'0''
66	26	1.55	5'1''
69	27	1.58	5'2''
71	28	1.60	5'3''
74	29	1.63	5'4''
76	30	1.65	5'5''
79	31	1.68	5'6''
81	32	1.70	5'7''
84	33	1.73	5'8''
86	34	1.75	5'9''
89	35	1.78	5'10''
91	36	1.80	5'11''
94	37	1.83	6'0''
97	38	1.85	6'1''
99	39	1.88	6'2''
102	40	1.91	6'3''
104	41	1.93	6'4''
107	42	1.96	6'5''
109	43	1.98	6'6''
112	44	2.01	6'7''
114	45	2.03	6'8''
117	46	2.06	6'9''
119	47	2.08	6'10''
122	48	2.11	6'11''
127	50	2.13	7'0''