

Health Survey for England

2018

## Project Instructions

Interviewer and Nurse  
instructions  
Coder instructions



# **NatCen**

**Social Research** that works for society

# **Health Survey for England 2018**

**Interviewer project instructions  
P12353**



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# 1 The Health Survey for England 2018

## 1.1 How to use these instructions

These instructions give an update on things that are new for the 2018 survey. They are designed to be used in conjunction with the HSE Interviewer Project Manual, which gives more detailed instructions about different aspects of the survey.

## 1.2 Overview of HSE 2018

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

### New topics and changes for the 2018 interview:

- Revised advance documents (advance letters, information leaflet, follow-up letters)
- 89% of the sample will be eligible for a nurse visit (16 out of every 18 addresses per point)
  - There will be two versions of the stage 1 leaflet: with nurse visit (white) and no nurse visit (pale pink) versions. The ARF will indicate which version to give to participants
  - There will be the measurement record card (for addresses eligible for a nurse visit) and a height and weight card (for addresses with no nurse visit)
- Interviewer content **removed** from 2017:
  - Chronic pain
  - Cardiovascular disease
  - *Provision* of social care
- Interviewer content **added** to 2017:
  - Personal care plans
  - Long social care receipt module (65+)
  - Breathing problems
  - Gambling behaviors (self-completion)
  - GHQ-12 (self-completion)
- Interviewer content **changes** in 2017:
  - NHS satisfaction and open comment questions have been moved earlier in the interview
  - Follow-up consent questions and form (removal of 'other health researchers')
  - Data linkage consent questions and form (separate consents for different health records)

### Change for the 2018 nurse visit:

- No adult saliva sample

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## 1.3 Our HSE client

**Client:** NHS Digital (formerly known as '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.'

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## 2 Fieldwork and sample design

### 2.1 Introduction

Fieldwork and sample design is as follows

- An assignment consists of **18 addresses** per point
- Fieldwork starts on the first of each month
- You have approximately 6 weeks to complete your assignment (talk to your FPM)
- An important KPI is to visit all your addresses in the first 7 days
- You will be given the target response rate for your point each month – our national target is 63% 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.

### 2.2 Incentive experiment

We are continuing the incentive experiment from 2017 into January 2018 to provide one full year of data. The purpose of this experiment is to measure the impact on response rates of increasing the value of the unconditional voucher on the advance letter. Currently HSE sampled addresses are sent an advance letter about the study, containing a £10 voucher that can be redeemed for cash at any Post Office. We are currently investigating the impact of increasing the voucher to £15.

It is well established that the use of monetary vouchers has a positive impact on survey response. **However**, the effect of the monetary value is less clear. Some studies have shown a positive relationship between the value of the voucher and an increase in response rates, but others show little or no impact. We hope that by conducting an incentive experiment on HSE, we will gather robust evidence to decide which voucher should be used on the advance letter.

This is a split sample experiment with 50% of the points allocated the £10 voucher and 50% allocated the £15 voucher. **Your point will be entirely made up of the one of the voucher amounts (£10 or £15).**

The incentive value will also be denoted on the ARF.

### Reissue incentives

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



All reissued addresses will be offered a £10 conditional incentive (regardless of the unconditional incentive value).

## 2.3 Interviewer visit – child selection

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

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

<b>D.3</b> Enter details of children aged <u>0-12</u> . 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 <u>13-15</u> . List in order of age with oldest child first			
Child Number	Child's First Name (Oldest First)	Age	Tick If Selected
1			
2			
3			
4			
5			
6			

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

## 2.4 Nurse visit – who is eligible?

**For addresses eligible for a nurse visit (16 out of 18 addresses per point), everyone who is interviewed will be eligible for a nurse visit.**

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

## 2.5 Interview length

The **household interview** takes, on average, about **8 minutes**. The individual **interview(s)** will last on average **around 43 minutes** for a one person session and **around 57 minutes** for a two person session. Also, as has been the case for the last couple of years, it may be a little longer for people aged over 65, particularly if they have social care needs.

The interview for children is very short. Apart from questions about general health, those aged 5+ are asked about fruit and veg – and of course we need their height and

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weight. If they are under 5 there are virtually no questions, so set expectations appropriately when you are setting an appointment.

The **nurse visit** will last **around 26 minutes** on average for an adult – so considerably shorter than the interview. You can tell participants that the nurse visit is very different, consisting mainly of measurements rather than questions.

## 2.6 Interviewing children

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

## 2.7 The interviewer visit

An overview of the content of the household and interviewer questionnaire is outlined below. Information about new content for 2018 is given in Section 3.

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

## The Interviewer visit

Module	Age (years)								
	0-1	2-4	5-7	8-9	10-12	13-15	16-17	18-64	65+
General health, longstanding illness, limiting longstanding illness	•	•	•	•	•	•	•	•	•
Personal care plans							•	•	•
Doctor diagnosed hypertension and diabetes							•	•	•
Breathing problems*	•	•	•	•	•	•	•	•	•
Social care (receipt of) – long module									•
Fruit and vegetable consumption			•	•	•	•	•	•	•
Smoking (revised questions)				•a	•a	•a	•a	•a	•
Drinking				•a	•a	•a	•a	•a	•
Economic status / occupation / shift patterns							•	•	•
Educational attainment							•	•	•
Ethnic origin / National identity	•	•	•	•	•	•	•	•	•
Self-reported height and weight							•	•	•
Attitude towards NHS / Any comments							•	•	•
Self-completion placement				•	•	•	•	•	•
Height measurement		•	•	•	•	•	•	•	•
Weight measurement	•	•	•	•	•	•	•	•	•
Arranging nurse appointments (if address eligible)	•	•	•	•	•	•	•	•	•
Re-contact information	•	•	•	•	•	•	•	•	•

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

\*Additionally funded content

Self-completion content				
	8-12	13-15	Young adults	Adults
Smoking	• <sup>b</sup>	• <sup>b</sup>	• <sup>b</sup>	
Drinking	• <sup>b</sup>	• <sup>b</sup>	• <sup>b</sup>	
GHQ-12 (general health)		•	•	•
EQ-5D* (health today)			•	•
ONS wellbeing question			•	•
Gambling*			•	•
IPAQ (Physical activities)			•	•
Sexual identity / National identity / Religion	• <sup>c</sup>	• <sup>c</sup>	• <sup>c</sup>	• <sup>c</sup>

\*Additionally funded content

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

c Sexual orientation questions asked of young adults and adults.

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

## 2.8 The nurse visit

This is what the nurse visit includes in 2018.

The nurse visit						
	Age (years)					
Module	0-3	4	5-10	11-15	16-17	18+
Prescribed medicines, folic acid supplements	•	•	•	•	•	•
Blood pressure			•	•	•	•
Waist and hip circumference				•	•	•
Saliva sample (cotinine)		•	•	•		
Non-fasting blood samples (Total and HDL cholesterol, glycated haemoglobin)					•	•

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## 3 New content for 2018

### 3.1 Personal care plans

This is a short section on personal care plans for people with long term health conditions, last asked in 2016.

### 3.2 Social care (receipt)

This long module was last included in HSE 2016 and we included the short module last year. It asks all adults aged 65+ whether they need help or have received help from anyone in the last month because of a long term health condition or problems relating to old age.

### 3.3 Breathing problems

These questions were part of the respiratory module, which was previously asked in 2010. The questions mainly focus on asthma.

### 3.4 GHQ

The General Health Questionnaire (GHQ) is a screening device for identifying minor psychiatric disorders in the general population. These questions focus on how participants have been feeling over the last few weeks and feature in the self-completion booklets (16+ years).

### 3.5 Gambling

These questions ask about peoples gambling behaviours and include questions about gambling participation over the past year and questions about difficulties from gambling. They are included in the young adult and adult self-completion booklets. These questions have been included regularly since 2012 and were last asked in 2016.

### 3.6 NHS satisfaction/open comment

The NHS satisfaction and open comment questions have been moved to after the demographic questions to help the flow of the interview.

## 4 Interview Documents

### 4.1 Interviewer documents

These are the documents that we are using in 2018. Use the reference code if you need to order more of anything from the equipment team.

Reference	Document	Colour
18-01i	ARF	Pale yellow cover
18-02i	Advance Letter £10 (Mailmerge/Non-MM)	White
18-03i	Advance letter copy £10 – spares for you to use	White
18-04i	Advance letter laminate £10	White
18-04ai	Advance Letter £15 (Mailmerge/Non-MM)	White
18-04bi	Advance letter copy £15 – spares for you to use	White
18-04ci	Advance letter laminate £15	White
18-08i	HSE information leaflet	Blue
18-09i	Results laminate	Colour printed
18-13i	General concerns laminate	White
18-10ai	Adult Stage 1 leaflet-Saliva Year-(children only)- WITH nurse visit	White
18-10bi	Adult Stage 1 leaflet-Saliva Year-(children only)- NO nurse visit	Pale pink
18-11i	Child stage 1 leaflet	Colour printed
18-12i	Adult Stage 2 leaflet (saliva - children only)	Pale yellow
18-28n	Child stage 2 leaflet/Child information leaflet	Colour printed
18-14i	Respondent showcards	White
18-15i	Interviewer showcards	Pale yellow cover
18-16i	8-12 year old self completion	Pale blue
18-17i	13-15 year old self completion	Grey
18-18i	Young adult self completion	Orange
18-19i	Adult self completion	Pale green
18-20i	Measurement record card (with nurse visit)	White
18-20bi	Height and weight card (no nurse visit)	Pale pink
18-21i	Data linkage consent form	Green
18-22i	Follow-up consent form	Pink
18-05i	Multi-purpose postcard	Blue/White
18-06i	Follow up letter	White
18-07i	Reissue letter - £10 for all sampled addresses	White

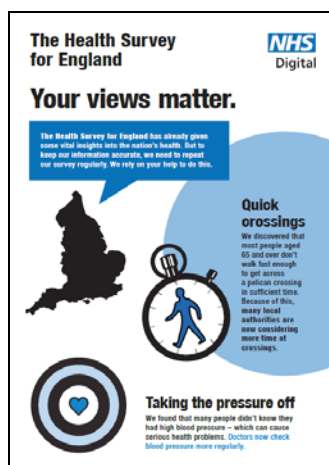
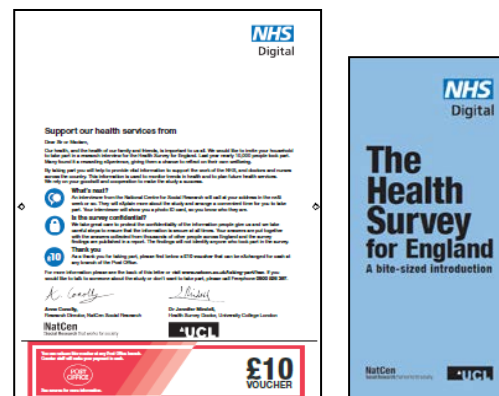
## 4.2 Advance materials

### Advance letter and HSE information leaflet

The advance documents have been redesigned for HSE 2018.

The letter includes a £10 or £15 post office cash voucher. This incentive 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 and explain to them that we are currently designing the survey for next year. Please convey to the respondent how important their help in this dress rehearsal is to the success of the 2018 Health Survey. You will receive an example letter (laminated) which you can show on the doorstep to remind respondents.



### Results laminate

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

### Follow up letter

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

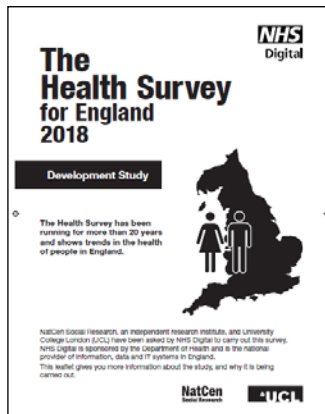


## ARF

The ARF (pale yellow cover) is very similar to the 2017 HSE ARF. It will tell you whether the address is eligible for a nurse visit and what colour stage 1 leaflet to give out.

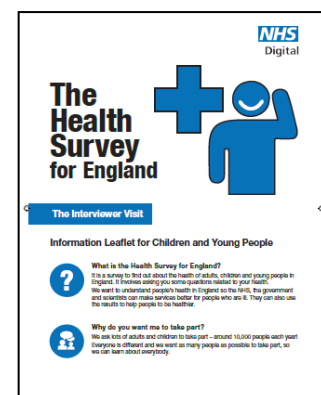
## Stage 1 Adult leaflet

There will be two different versions of the stage 1 leaflet, with nurse visit (white) and no nurse visit (pale pink). The ARF will tell you which colour version to give out. You must give this to participants before the interview and allow them time to read it.



## Stage 1 Child leaflet

Use the 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 for use – interviewer (pale yellow cover) and respondent (white). Please make sure you use the correct set.

## Self completions

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

- 8-12 year olds (pale blue)
- 13-15 year olds (grey)
- Young adults (orange)
- Adults (pale green)

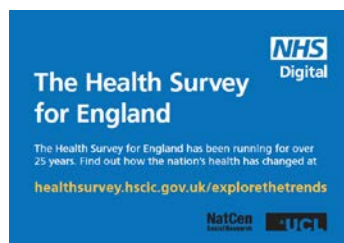
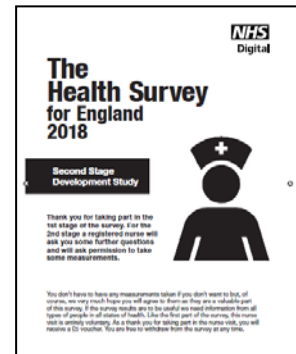


## Height and weight card/Measurement Record Card

Depending on whether the address is eligible for a nurse visit, you will be prompted by CAPI to either use a height and weight card (for addresses not eligible for a nurse visit) or the measurement record card (for addresses eligible for a nurse visit). It is easiest to take measurements and write the results on to the Card, then enter all the results into the computer when you have finished. The Card should be left with the respondent. There is also information on the back of the Measurement record 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 (pale yellow) 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.



### Multi-purpose postcard

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

## 4.3 Nurse documents

Details of those cases where there is a nurse visit will be transmitted electronically to the nurses via the eNRF.

For those cases where there is no nurse visit, these will also be transmitted electronically. It is therefore important that those cases where you know there will definitely be no-nurse visit (e.g. deadwood, refusal) are transmitted promptly to the office so nurses can plan their work.

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## 5 Nurse Liaison

### 5.1 Keep in touch

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

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

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

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

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

### 5.3 What the nurse needs to know

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

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

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

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## 6 Fieldwork timetable

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

	Work packs dispatched	Fieldwork starts
Jan	19/12/2017	02/01/2018
Feb	22/01/2018	01/02/2018
Mar	19/02/2018	01/03/2018
Apr	20/03/2018	01/04/2018
May	19/04/2018	01/05/2018
Jun	23/05/2018	01/06/2018
Jul	20/06/2018	01/07/2018
Aug	23/07/2018	01/08/2018
Sep	22/08/2018	01/09/2018
Oct	19/09/2018	01/10/2018
Nov	22/10/2018	01/11/2018
Dec	02/11/2018	13/11/2018

## 7 Contacts

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

Project number

P12095

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

# **NatCen**

**Social Research** that works for society

# **Health Survey for England**

## **Interviewer Project Manual**

Use for reference. See also your Project Instructions relating to the specific survey year you are working



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# Contacts

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		Please <b>email</b> supply requests to <a href="mailto:equipment@natcen.ac.uk">equipment@natcen.ac.uk</a> quoting the project number. Emailing your request is the best way to order new supplies, and you will be told when your order will be met.
<b>Contacts</b>	Equipment / Materials	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

## Using this manual

This manual gives you all the key information you need to work on the Health Survey for England, and applies for all survey years. It is a reference for both experienced interviewers and for those who have not worked on HSE before.

You should also use the Project Instructions provided for the specific survey year that you are working on. The project instructions will highlight what is special or different about that year’s survey, but don’t give all the background information provided in this manual.

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# 1 General information

The Health Survey for England is a series of annual surveys commissioned by NHS Digital. It is a nationwide survey which has been carried out each year since 1991. The main purpose of the Survey is to provide a random, nationally representative sample with which to monitor trends in the nation's health. It plays an important role in informing the government's strategy for a healthier nation.

The data are used by NHS Digital, the NHS and the Department of Health to estimate the prevalence of specific conditions and the risk factors associated with them, and to monitor progress towards targets relating to the health strategy. For example, the HSE is the main tool through which the Department of Health has monitored progress towards the government's national targets for physical activity and for child obesity.

The survey has been carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research (NatCen) and the Research Department of Epidemiology and Public Health at UCL (University College London).

The interviewer visit will cover a number of topics including general health, smoking drinking and social care. The interview is followed by a visit from a qualified nurse.

## **Website**

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

The website address is:

[www.healthsurveyforengland.org](http://www.healthsurveyforengland.org)

There is a website relating to the latest report which you may like to look at, and show to participants, see

<http://content.digital.nhs.uk/healthsurveyengland>

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## 2 Key features and aims

### 2.1 Key features of HSE

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

**Client:** NHS Digital

This is part of government, but not attached to a specific government department.

**Eligibility:** All adults aged 16+ and up to 4 children aged 0-15 living in private residential accommodation in England

**Sample size:** 8,000 adults and 2,000 children

**Data collection:** Face-to-face CAPI interview, self - completion, objective measurements, followed by a nurse visit

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

### 2.2 Aims of the survey

The survey aims to:

- Provide a reliable picture of the nation's health, including good population estimates of particular health conditions and associated risk factors
- Obtain good estimates of the numbers of older adults receiving social care, and the numbers of all adults who provide social care.
- Monitor change overall and among different groups of the population
- Monitor progress towards the goals of the government's health strategy
- Inform policy on preventative and curative health

## 3 Fieldwork overview

### 3.1 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 if possible.
- An **Individual Questionnaire** for each household member eligible for interview. The Individual Questionnaire includes a self-completion section for those aged 8 and over.

Joint (concurrent) interviews may be conducted where this is practical, with up to four individuals at a time. This is quicker than interviewing each person separately.

However, a couple of guidelines:

- it's often better to interview children in a separate session rather than combine adults and children together, as the child interview is very short.
- If one person in a household is available, it may be best to go ahead and interview them straight away and come back for other household members, rather than wait until all are available (and risk missing them all).

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

#### Estimated Timings

The interview length will vary depending on the individual's age and circumstances, and it can vary from year to year depending on the topics covered. The table below gives approximate timings for one and two adult sessions, including the household questionnaire, based on data from previous years:

Session Type	Average interview length
One adult aged 16+	50 minutes
Two adults aged 16+	70 minutes

Both the Household and the Individual Questionnaires include several 'core' modules which are repeated 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 and form the questionnaire for that year. Detail on the structure of the questionnaire for each year is provided in your HSE year specific instructions.

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## 3.2 Stage 2: the nurse visit

The second stage of the survey is carried out by a qualified nurse/midwife. At the end of the Individual Interview you will introduce the nurse visit and make an appointment using the availability that the nurse has given you. You will be given the contact details of the nurse working on your point and you will both work closely as a team to cover the addresses in your assignment. You will need to communicate effectively with your nurse to achieve good response both at stage 1 and stage 2 of the survey. More on working with your nurse below (section 8).

The average length of the nurse visit will usually be around 30 minutes for adults and 5-20 minutes for children depending on their age, but this can vary in individual years when we have additional measurements. The key thing to emphasise to respondents is that the nurse visit is:

- Much shorter than the interview
- Completely different, it's mainly measurements rather than questions.

People do not need to agree to all the measurements in the nurse visit. The nurse will explain about each measure individually and they can decide about each one.

The core topics included for adults in the nurse visit are blood pressure, waist and hip measurements, blood samples every year, and urine and saliva samples in some years. Nurses also ask about prescribed medications. It can be useful to let respondents know that they will get blood pressure results, and cholesterol and blood sugar (glycated haemoglobin) results if they would like them.

Children are asked about medication, and have different measurements at different ages – saliva sample from age 4, blood pressure from age 5, waist and hip from age 11.

Details about any different measures in any particular year are provided in your HSE year specific instructions.

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## 4 Who to interview

### 4.1 No proxy interviews or translations

On HSE we do not take any proxy interviews for adults or children aged 13-15 – the questions are about personal health and should not be answered on behalf of somebody else. For children aged 0-12, parents answer on behalf of the child but the child should be present to help with the interview if possible.

Note that if people don't speak English well enough to be interviewed, we can't include them – we don't ask other members of the household to translate for them.

### 4.2 Interviewing children

***Please read the NatCen guidelines on Interviewing Children and Young People.***

The child interview is much shorter than the adult interview. It's best to do an interview session with the child or children first, then interview adults, rather than combine adults and children in the same session.

#### **When interviewing children:**

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##### **0 to 12 year olds**

- Interview parent/ guardian about the child
- Child must be present for height and weight, and for self completion booklets aged 8-12
- Child should ideally be present during the interview, so they can provide information about themselves that the parent does not know or has forgotten

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##### **13 to 15 year olds**

- With parental consent, interview child directly
- Parent must be at home

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##### **16 to 17 year olds**

- If participants this age are still living with parents, parental agreement is desirable but not compulsory –these are adults who may give consent for themselves. However, some parents may still regard them as children, so ensure that parents know about the interview.
- 

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

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

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**Child aged 13-15**

- Code as unproductive

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**Child aged 0-12**

- Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.

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**At the height and weight section**

- Enter "Height/Weight not attempted". At the relevant question (NoHtBC and NoWtBC) code "Child away from home during fieldwork period" and enter a note to say why.

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**At the self completion section (Scomp3 & Scomp6)**

- If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At SComp3 code "Not completed" and at SComp6 code "child away from home during fieldwork period" and enter a note to say why.

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**Children who are ill in hospital**

- Children who are ill in hospital for the whole of the period should be treated in the same way, except that at the relevant questions (SComp6, NoHtBC and NoWtBC) code "other" and enter a note.
- 

**Surprise packs for children and young people**

Given the demand we are making on the household, particularly in households with children, we offer a small present to children and young people helping with the survey. These may vary from year to year and include things like stickers. For older children it may be more appropriate to offer a pen.

## 5 The ARF

### 5.1 Overview of the ARF

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

Within a household, you can interview **up to 4 children - up to two children aged 0-12 AND up to two children aged 13-15**. The selection procedure for the two age groups will be carried out separately on the ARF using Section D.3. There is a selection label on the front of each ARF to be used for the child selection. Follow the instructions carefully to ensure that the children are selected randomly. We do regular checks in the office to make sure that the protocol for selecting children is being followed as it is really important to ensure a random sample.

The HSE ARF is produced in a different colour each year. The colour of the ARF for this year is provided in your HSE year specific instructions.

### 5.2 Dwelling Unit Selection

#### REMINDER: DEFINITION OF A DWELLING UNIT

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

Use Section B of the ARF to select a dwelling unit.

#### ► EXAMPLE – DWELLING UNITS

The selected address on the ARF label is '123 High Street', But you find doorbells for these flats: 123a, 123b, 123c, 123d. This is called a **'Divided address'**.

You must first establish whether the extra dwelling units (flats a, b, c, d) were on the PAF or not by checking the address list you have been given.

If the address list looks like this:

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

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



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If there is more than one dwelling unit a **random selection** has to be made:

- List all the addresses at B.2 on the ARF.
- Use the selection label on the front of the ARF, the top row represents the number of DUs at the address.
- The code below the number of DUs tells you which one to choose

## 5.3 Household Selection

### DEFINITION OF HOUSEHOLD.

In HSE a household is one person or a group of people living in a dwelling unit who share a living room or dining area AND share cooking facilities.

Use Section C of the ARF to select a household.

You should select only **one household per dwelling unit** to be included in the survey. As with dwelling units, if there is more than one household, a random selection has to be made. Follow the instructions on your ARF carefully:

- List the name/initials of one of the people from each household at C.2 on the ARF, in alphabetical order.
- Use the selection label on the front of the ARF, the top row represents the number of DUs/HHs at the address.
- The code below the number of HHs tells you which one to choose.

## 5.4 Child Selection

On HSE child selection is completed on the doorstep – use Section D of the ARF. You can interview **up to 4 children - up to two children aged 0-12 AND up to two children aged 13-15**. The selection procedure for the two age groups will be carried out separately on the ARF using Section D.3. The selection label on the front of the ARF will let you select the appropriate children when there are more than two in an age category. Follow the instructions on your ARF carefully:

- List the children in descending **order of age** at **D.3** (List children aged 0-12 and 13-15 SEPARATELY)
- Use the selection label on the front of the ARF, the top row represents the number of children
- The two codes below tell you which children to select.

So for example, if you had 4 children aged 0-12 in a household, using the label below you would select children numbers 3 and 4, as listed at **D.3**.

Serial no:	601	08	1	D								
No. Child	3	4	5	6	7	8	9	10	11	12		
Child 1	1	3	1	2	4	2	5	7	4	10		
Child 2	3	4	2	6	7	8	9	9	10	12		

## 5.5 Shredding your ARFs

Once you have completed all interviews at an address, and completed and transmitted the admin block, you should shred the front page of your ARF. You can recycle the other pages unless you have noted any information that might help to identify a household.

Double check you have all the information you need before you shred! It may be worth checking with your team leader that there won't be any more reissues before you do so.

## 5.6 Details for nurses

There are some questions on the ARF in Section G where you can note down information which you can add in your admin block to be passed to nurses via the nurselink.

The kind of information you should consider including:

- Tips that will help the nurse find the address
- Information about availability of respondent
- Additional contact numbers

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## 6 CAPI

The CAPI questionnaire is easy to follow and most questions give instructions on the screen. If you have any queries about the CAPI questionnaire please contact your Field Performance Manager, or a member of the research team, who will be happy to help and explain the questions.

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

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

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

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

## 6.1 Adding and deleting household members

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

### **ADDING A HOUSEHOLD MEMBER**

Select code 2 ('No – more people') at SizeConf.

This takes you back to the last question in the household grid. Change this from 'no' to 'yes' and continue

### **REMINDER – DELETING A HOUSEHOLD MEMBER**

Select code 3 ('No – fewer people') at SizeConf.

This takes you to a new screen, which displays the people you have entered in the grid so far. Select the person and delete them from the grid

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

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## 6.2 Setting up interviewing sessions

### 6.2.1 Joint or concurrent interviewing

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

### 6.2.2 Allocating individuals to sessions

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

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

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

## 6.3 Individual Questionnaire

### 6.3.1 Presentation of the self completion booklets

In HSE there are different self-completion booklets depending on the age and sex of the respondent. Instructions are given in CAPI about which booklets to use. Each year the self completion booklets will be produced in different colours. For details of the colours of self completion booklet in this year please check you HSE year specific instructions.

As well as booklets for different ages of children, and for adults, the HSE has a 'young adults' booklet. This booklet is the same as for adults but with the addition of smoking and drinking questions. These are normally asked in the CAPI, but if young people are still living with parents and being interviewed with parents around, they may not be completely honest. So this booklet is used for:

- **All** young adults aged 16-17
- Adults aged 18-24 *if you decide that it is more appropriate for these people to answer smoking and drinking questions in self completion format.*

There is a question just before the smoking module where you are asked to decide for adults aged 18-24 whether you want to ask the smoking and drinking questions in CAPI, or in the self completion. Depending on what you code here, the CAPI will route you through the questions appropriately.

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Please put your interviewer ID on each self- completion booklet - you will have some labels for this. This helps us to resolve any queries about serial numbers when they get back to the office.

### 6.3.2 Measurements

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

Detailed protocols of how to take height and weight are provided in Appendix A – height, and Appendix B - weight. If you have any problems in either administering the protocols or with the equipment, contact your Team Leader immediately.

We have a formal accreditation process and interviewers are accredited each year. This takes place during the briefings, and helps us to demonstrate the high standards of work interviewers carry out when taking these measurements.

The scales used for HSE conform to European standards for weight measurements. Please see Appendix B for instructions on how to use the scales.

If possible, measure height and weight on a floor which is **level and not carpeted**. If the entire house is carpeted, choose a floor with the thinnest and hardest carpet (usually the hall, kitchen or bathroom).

Set up your equipment while the participants are doing the self-completion booklet. Then you can measure each person in turn while the others complete their booklets.

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. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. Our equipment provides metric measurements, and the computer does the imperial conversion for you. **The Measurement Record Card should be left with the respondent.** There is also information on the back of the card which you should bring to the respondents' attention should they agree to a nurse visit.

When you are weighing very small children (under 2), you can first weigh the parent, and then weigh the parent holding the child. CAPI will then subtract the parent's weight to give the child's weight.

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

You should be able to measure the height and weight of most respondents. However, in some cases it may not be possible or appropriate to do so. Examples of people who should **not** be measured are:

- **Children under the age of 2 years** do not have a **height** measurement taken, but should be weighed.
- **Pregnant women** are not eligible for a **weight measurement**
- **Respondents in a wheelchair/ not able to get out of a chair**
- If you feel a respondent is too **unsteady on their feet** for these measurements

- 
- If the respondent finds it **painful** to stand or stand straight
  - If an **elderly respondent is too stooped** to obtain a reliable **height** measurement
  - **Respondents weighing more than 200kg (31½ stone).** You will be asked to obtain an estimate instead

## 6.4 Hard refusals

There is a question in the admin block for certain non-productive outcome codes where you can code reasons why an address should not be revisited, if appropriate. Note that we need as high a response rate as possible, and may need to reissue addresses where we haven't achieved any interviews. The information you provide will help to ensure that we don't reissue cases where it wouldn't be appropriate.

Remember always to provide useful information about non-productive outcomes, to help the next interviewer if the case is reissued.

## 6.5 Admin block

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

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

Note that the nurse does **not** receive the full interview you have completed – he/she will only see the information you put in the admin block.

## 6.6 Consents

Respondents aged 16 and over are asked if they will consent to have their name flagged on 2 registers: the **NHS Central Register**, which covers death and cancer, and the **Hospital Episodes Statistics** database.

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

**\*\* Important note on the consent forms \*\***

Once the respondent has read the form they need to:

- **Put their initials** in the box to show they agree
- Sign their name
- Add the date

Please check it's the correct date, and they have initialled the box - NOT TICKED IT. Then you need to add your name, sign and date the form too.

If it's not properly completed we do not have a record of consent, so please take the time to make sure this is all correct.

There is a copy to leave with the respondent, and you send the 'office copy' of the consent back to the office.

## 6.6.1 Information about the registers

There is a card which describes the process of obtaining information from the registers and data linkage. Please read through the card, and let your team leader or a researcher know if you have any queries.

It's a really important part of the HSE to be able to link to these registers, to add more information in the future about the participant's health. Please do all you can to gain consent.

## 6.6.2 Consents for people who are blind/can't read

**For a respondent who is blind or cannot read:**

Add at the bottom of the consent form

**For the respondent:**

*'This form has been read to me and I confirm that I understand the information and give consent to my information being linked'.*

*Respondent's signature*  
(write in their name if they cannot sign)

**For yourself:**

*'I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent to having their data linked'.*

*Interviewer signature and date*

**If someone else is available as a witness:**

*'I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed to having their data linked'.*

*Witness signature and date*

Your showcards have this wording, so you can copy it from there.

## 7 Introducing the different survey stages

### 7.1 Tips for introducing the survey

- The key thing is to avoid too much detail too soon. Our experience shows us that nearly everyone is willing to proceed from one stage of the survey to the next, but that they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.
- Think about the kind of questions that people may ask, and have short answers ready. In particular think about how the survey is used so that you can engage people with a story about how it's made a difference.
- Look at the general concerns laminate provided with your work pack for some ideas of how to counter some of the common reasons for being unwilling.
- Do **not** mention measurements. The advance letter refers only to an interview. We do not want to risk losing an interview because a person is worried about being weighed or measured.
- Introduce the nurse visit at the end of the interview; do not mention it on the doorstep.

### 7.2 Things you can mention on the doorstep

<b>Government Related</b>	<ul style="list-style-type: none"><li>• It is a national survey on behalf of NHS Digital. It's widely used by the NHS and the Department of Health</li><li>• It was set up as a result of a special recommendation in the government's White Paper 'The Health of the Nation' and helps the government find ways to encourage us all to be more healthy.</li><li>• It provides the government with accurate and up-to-date information on the health of the population.</li><li>• It gives the government information on health trends, and monitors how well the health targets set by the Government are achieved.</li><li>• The information will be needed by whichever government is in office.</li><li>• The information is available to all political parties.</li><li>• It is used to help plan NHS services.</li></ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"><li>• Answers are treated in strictest confidence in accordance with the Data Protection Act 1998</li><li>• No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results</li><li>• Results are only published as aggregate statistics</li><li>• Names and addresses are always kept separately from survey data</li></ul>
<b>Signify its importance &amp; status</b>	<ul style="list-style-type: none"><li>• It is a very important survey.</li><li>• It is the largest national survey to look at the health of the general population. Each year around 10,000 people take part.</li></ul>



	<ul style="list-style-type: none"> <li>• Results are published annually and reported in the national press.</li> <li>• It is carried out every year.</li> <li>• Give some examples of how it's been used. Point out the websites.</li> </ul>
<b>Describe population coverage &amp; why certain groups should participate</b>	<ul style="list-style-type: none"> <li>• The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.</li> <li>• Each person selected to take part in the survey is vital to the success of the survey. Their address has been specially selected - not the one next door. No-one else can be substituted for them.</li> <li>• To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.</li> <li>• Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.</li> <li>• Older people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost.</li> </ul>
<b>What previous respondents have said about the survey</b>	<ul style="list-style-type: none"> <li>• 'I found the survey enjoyable and interesting!'</li> <li>• 'I was happy to do the survey over a cup of coffee!'</li> <li>• 'I found the survey quite friendly, sociable and good-natured. There was nothing where I thought mind your own business!'</li> <li>• 'I think doing the survey is great!'</li> </ul>

## 7.3 Introducing the nurse visit

- Explain that the nurse is the best person to describe what (s)he wants to do. The respondent can always change his/her mind after hearing more about it
- Stress that by making an appointment to see the nurse the person is not committing themselves to helping with all, or any, of the measurements.
- The nurse will ask for separate permission to carry out the various measurements.
- We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements.
- Note that in CAPI you can record whether the respondent said 'Yes', 'No' or 'Maybe' to the nurse visit. If it's a maybe, then it's helpful for the nurse to know when she's making contact.

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

the respondent to help with a survey, which provides important information about the population.

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

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

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

### 7.3.1 Stage 2 leaflet

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

### 7.3.2 Appointment record

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

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## 8 Liaising with your nurse partner

Interviewers and nurses are assigned to a survey point as a team. To get a complete picture of a respondent's health, we need both the nurse and interviewer information. So it's really important to be as persuasive as you can in getting agreement for the nurse visit during the interview.

### 8.1 The Nurse Link

Information is transferred across to the nurse when you have completed a household and transmitted your work. So please make sure you transmit as soon as you have completed an address.

All outcomes are transmitted across to the nurse, whether there will be a nurse visit taking place or not - for instance if you were not able to contact a household, or everyone refused a nurse visit.

However, nurses DO NOT see all the information you collect in the interview. Therefore it's really important that you let the nurses know anything that you have discovered about a household which will be relevant for the nurse when she visits. For instance if someone has a severe illness or is very frail, this will be helpful for the nurse to know. Similarly, let the nurse know about availability, whether different people in the household are more/less keen on the survey etc. There are sections in the admin block where you can record all this kind of information, though you should not record anything sensitive or disclosive. If there is sensitive information, you can put 'call me' in the comments box.

The Nurse Link is really useful for providing information but remember:

- It doesn't replace having a quick catch up occasionally about how things are going
- Nothing appears for the nurse until you have transmitted
- It's really helpful to text your nurse to let her know when you've transmitted so she can look out for a new address – this is especially important towards the end of fieldwork when you are catching those last few addresses.

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

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

BEFORE FIELDWORK STARTS	
<p><b>You need to know...</b></p> <ul style="list-style-type: none"> <li>Your nurse's <b>name</b></li> <li>Your nurse's <b>availability</b> for the fieldwork month (as much as they know at this stage).</li> <li><b>Personal info</b> such as their job or former job, whether they work as a nurse in a hospital/clinic/in the community (this information can be very reassuring for respondents)</li> <li>How well they know the area you are both working in</li> <li>How you are both going to <b>keep in touch</b></li> </ul>	<p>The <b>nurse</b> needs to know...</p> <ul style="list-style-type: none"> <li>Whether you have any holiday planned</li> <li>Whether there are any times you know you will definitely <b>not</b> be working on HSE, for example if you are working on a different project</li> <li>How you are both going to <b>keep in touch</b></li> </ul>
DURING FIELDWORK	
<p><b>You need to know...</b></p> <ul style="list-style-type: none"> <li>An <b>update</b> of the nurse's availability. He/she may give you some availability before you start fieldwork but for instance can update you with availability next week</li> <li>If the nurse is going to be away or not available – so you can let respondents know if there will be a gap before she contacts</li> </ul>	<p>The <b>nurse</b> needs to know...</p> <ul style="list-style-type: none"> <li>Details of <b>appointments</b> (time, number of respondents, their names and ages) <b>as soon as</b> these have been made</li> <li>Any households that agreed to the nurse visit, but where you were <b>unable to make an appointment</b> so the nurse needs to make it</li> <li>An <b>update</b> of when you are/are not working on HSE.</li> </ul>

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

The key is **regular communication** between you and your nurse – we suggest a quick email/ phone call or text every week.

### Whose responsibility is it to make the initial phone call?

Both of you can share that responsibility. But since you are going to be working on your assignment first, it would be good for you to call your nurse before you start work, so you can agree a work plan and how you should introduce the nurse.

### What should happen during fieldwork?

- Your nurse should continually update you with their availability and you should update your nurse with fieldwork plans.
- As soon as** you have an agreed nurse appointment at an address, **call or text the nurse the let them know**. Once the household is complete, transmit the household so that nurses can pick up their 'Nurse-Link' (**see 8.2**).

- Where a nurse visit is refused, this information will be transmitted to the nurse once the household is complete. These addresses will show up on the nurse address menu as ineligible.
- Phone your nurse if your work plans change. It is important to phone your nurse at least 4 days in advance, if you know that **you will not use one of the appointment slots that they have given you**. This is because many of the nurses work on other NatCen surveys and/or have other jobs which they may be able to use this time for.

## 8.3 Transferring information electronically

### eNRF

Nurses will fill in a paper NRF (Nurse Record Form) once they have received information via their Nurse Link – this is like your ARF. They rely on you to provide them with relevant information which will help them complete a successful nurse visit.

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

1. **Asknum** – this is the main telephone number for the household. You will be asked to collect this number in the interview. If the household has **a landline**, please make sure you record this, even if they mainly use mobiles – it gives the nurse the maximum flexibility when making contact. During the interview, for each individual aged 16+, you will also be collecting other telephone numbers (for follow-up studies) such as mobile numbers and if the respondent agrees these can be fed forward to the nurse.
2. **AnyOthInf** – record any notes which may help the nurse to find the address - location, parking, entrance to the property etc. The space here is limited so keep your notes concise.
3. **AvailNur** – record any notes about the availability of the respondents, eg dates respondents are not available (e.g. on holiday, if known) or about working patterns (e.g. full time, works shifts etc). It's helpful to record times you found good for contacting/interviewing the respondent (the nurse will know the date but not the time of your interview). Again, space is limited so keep notes concise.
4. **AddTel** – record any additional contact details for the members of the household - the numbers and the name of the person to whom it belongs (e.g. 07777 123456 John). Having as many numbers as possible gives the nurse the best chance of making contact.

It is important to notify the nurse by text or phone call when you send transmit, so she knows to look out for it and can get in touch straight away. This is especially important if you have made an appointment for the nurse to visit.

### Remember

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

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## 9 Survey documents

### 9.1 List of documents and equipment

Before you start working on HSE you will be given a starter pack containing the documents you will need for each assignment that you work. The documents may change slightly from year to year but will include:

- Advance letter laminate
- Respondent showcards
- Interviewer showcards (including fruit size coding and Frankfort plane)
- General concerns laminate
- HSE results laminate
- Interviewer/ Nurse suggestion sheet

In addition for each HSE assignment you work on you will be sent a work pack. Again the precise contents may vary from year to year, and your instructions will tell you which documents are included. If you have any queries about your documents please talk to your team leader. If you need additional supplies, contact the equipment team, see the email address at the beginning of this manual.

Documents will be described and explained in your briefing. A few of our key documents are explained in this section.

### 9.2 Sample cover sheets

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

#### Things to record:

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

---

## 9.3 Letters

### 9.3.1 Follow up letters

You will have a laminate of the advance letter that you can show participants. You will also have some spare paper copies of the letter, in case people haven't received/don't remember the letter.

There is also a 'Follow up' letter that you can use this when you have visited a household a few times but have not made contact. Post it through the letterbox to remind respondents that they have been selected and to expect you to call again.

## 9.4 Leaflets

### 9.4.1 HSE leaflets

The yellow HSE leaflet will be sent to respondents with the advance letter. However, you can still use this on the doorstep to help obtain cooperation or offer to leave it behind after the interview if they no longer have the original one.

### 9.4.2 Stage 1 leaflets

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

### 9.4.3 Stage 2 leaflets

Leave this with a household at the end of the interview when they have agreed to a nurse visit. It provides important information which leads to informed consent for the nurse measurements. It's usually best not to go into detail about the nurse visit yourself, you can explain that the leaflet gives them some information and the nurse will explain everything when she comes.

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## 10 Returning work to the office

You should transmit **CAPi work** at the end of each day. It is very important that work is returned promptly, so that nurses are able to contact people as soon as possible. We also need as accurate a picture as possible about how fieldwork is going so that we can keep our client informed, and take decisions about reissues etc.

### **Do I need to complete the admin block before transmitting?**

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

Remember **paperwork** must also be returned promptly. You should aim to send them in at least twice a week.

### **REMINDER: SENDING BACK PAPERWORK**

Before sending work back:

- Check all paper documents are completed (initials not ticks on the data linkage consent form)
- Check all paper documents have correct serial numbers
- Add labels with your id number to self completions
- Update your Sample Cover Sheet

Return work in two separate envelopes:

1. Consent forms
2. Self-completions



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# Appendix A. PROTOCOL FOR TAKING HEIGHT MEASUREMENTS

## A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and four connecting rods marked with a measuring scale. Please take great care of this equipment. It is delicate and expensive. Particular care is needed when assembling and dismantling the stadiometer and when repacking it in the box provided.

- Don't bend the head plate or base plate or the rods
- Don't drop it, don't knock the corners of the rods or base plate
- When packed away, keep the head plate firmly anchored to the base plate, OR keep it wrapped in a jiffy bag, otherwise it may be damaged and the whole stadiometer will need to be replaced
- Assemble and dismantle the stadiometer slowly and carefully

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

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

### **The rods**

There are four rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. (If you are not familiar with the metric system note that there are ten millimetres in a centimetre and that one hundred centimetres make a metre). Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

### **The base plate**

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

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

### **The head plate**

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

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pressure. Grasp the head plate by the cuff whenever you are moving the head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

### **Assembling the stadiometer**

You will receive your stadiometer with the base plate, four rods and headplate clipped together in the box.

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

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

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

Take the first rod, and place it onto the base plate pin. It should fit snugly without you having to use force.

Add the remaining rods, matching the symbols and making sure that the scale is continuous, and that the scale is the same colour each side (one side is blue and one is black). Before you put the fourth rod in place add the stabilisers (little plastic bars which will rest against the wall) and the headplate.

Push the head plate right to the top of the stadiometer when you are not measuring someone, to avoid anyone walking into the head plate.

### **Dismantling the stadiometer**

Before you begin to dismantle the stadiometer lower the head plate so that you can remove the top rod. Remove one rod at a time

Note that there is a serial number on the base plate of the stadiometer. Make a note of this number as you will be required to enter it when you are entering your measurements. It is recommended that you keep the serial number (with your scales serial number) in the little pocket on your laptop where your support phone numbers are.

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

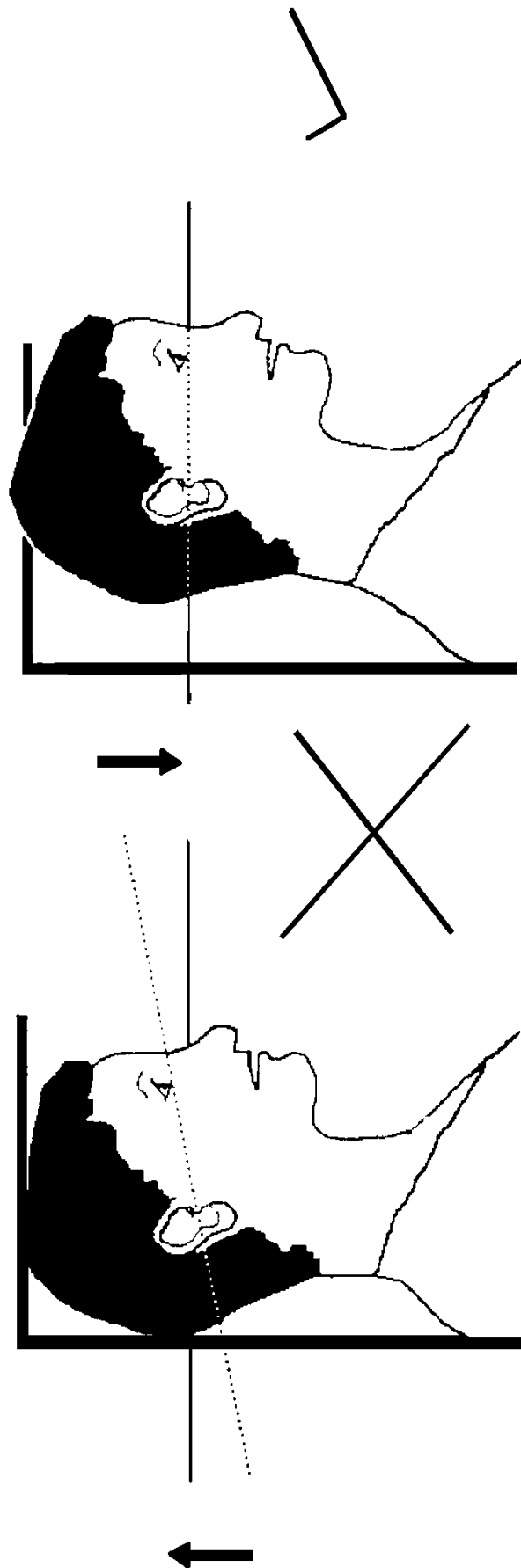
Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

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

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

1. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
2. Instruct the respondent to keep their eyes focused on a point straight ahead, to breathe in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.
3. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.
4. Look at the bottom edge of the head plate cuff. There is a red arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form '123.4', at the question *Height*. You may at this time record the respondent's height onto their Measurement Record Card and at the question *MbookHt* you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At *RelHiteB* you will be asked to code whether the measurement you obtained was reliable or unreliable.
5. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two **millimetres**, it should be recorded to the **nearest even millimetre**. E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.
6. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

FRANKFORT PLANE – ADULTS



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

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

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

It is important that you practise these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

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

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).
7. Firmly but gently, apply upward pressure, lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.

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8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
  9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
  10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check that you have entered the child's height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.
  11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

**REMEMBER YOU ARE NOT TAKING A HEIGHT MEASUREMENT FOR CHILDREN UNDER 2 YEARS OLD**

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

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

#### **E. ADDITIONAL POINTS - ALL RESPONDENTS**

- If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
- If the respondent has a hair style which stands well above the top of their head, or is wearing a turban), bring the head plate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the head plate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite*. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.
- If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that it is correct.

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# Appendix B. PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

## A. THE EQUIPMENT

### Seca 877 Scales

- These scales display the weight in a window on the scales.
- The Seca 877 is switched on by pressing the surface of the scales e.g. with your foot. There is no switch to turn the scales off, they turn off automatically.

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

### Batteries (Seca 877)

The scales take 6 x 1.5v AA batteries. Always ensure that you have some spare batteries with you in case your set has gone flat. If you need to change the batteries, please buy some and claim for them. The batteries used are commonly available.

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

The reading is in metric units. As for height, the computer provides a conversion to weight in stones and pounds. You also have a conversion chart in your interviewer showcards.

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

## B. THE PROTOCOL

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to NatCen at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.
2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.
3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

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

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

5. The scales will take a short while to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory by weighing a lighter item.
6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check that you have entered the respondent's weight into their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

#### **WARNING**

The maximum weight registering accurately on the scales is 200kg ( 31½ stone)

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

### **Additional Points:**

#### **Uneven floor surfaces**

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

Picture A.





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

### **Pregnant women**

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

### **Small children**

Children of all ages should be weighed. If a child under 2 cannot or does not want to stand on the scales alone, you can weigh a parent, and then weigh the child in the parent’s arms. When you enter the two weights into CAPI the child’s weight will be calculated.

### **Weight refused, not attempted or attempted but not obtained**

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

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# **NatCen**

**Social Research** that works for society

# Health Survey for England 2018

Nurse project instructions  
N12353

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# 1 The survey in 2018

The Health Survey for England 2018 is commissioned by NHS Digital. The 2018 survey includes some new questions for interviewers. For nurses, 2018 will be a standard visit, although some measurements and procedures have changed since the 2017 survey.

## 1.1 How to use these instructions

These instructions give an update on things that are new for the 2018 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 has changed for 2018. NHS Digital has experienced a reduction in funding for the study and has asked us to slightly reduce the proportion of people who are eligible to be visited by a nurse. Each interviewer assignment contains 18 addresses and 16 of these addresses (89%) are eligible for a nurse visit. The two ineligible addresses per assignment have been selected at random during the sampling process. Your sample cover sheet will tell you which addresses are ineligible for the nurse visit. As always, you will be paired with an interviewer for that point of work and all respondents in eligible addresses who have an interview are eligible for a nurse visit. In 2018 we will continue to select and interview up to four children at each address (two aged between 0-12 and two aged between 13-15). Your NRF reflects this process of child selection. As in previous years all adults within a household are eligible to be interviewed.

## 1.3 Overview of the nurse visit

### 1.3.1 What's different in 2018?

The survey in 2018 is similar in content to the survey in 2017. Changes for 2018 are:

- 89% of the 18 addresses issued to interviewers will be eligible for a nurse visit (16 addresses per interviewer point)
- Removal of questions about **nicotine replacement products**
- Saliva sample eligibility is only for **children** aged 4-15 (not adults)
- 11-15 year olds can provide a saliva sample using the salivette method if they are averse to using the 'dribble' method

### 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)					•	•
Consent Booklet required (regardless of measures undertaken)		•	•	•	•	•

## 1.4 Measurement protocols

The following protocols remain the same as 2017 HSE work. Please refer to the Nurse Protocols Manual for instruction on:

- Blood pressure measurement (5+);
- Waist and hip measurements (11+);
- Blood sample (16+);

The saliva sample protocol for 4-15 year olds has been updated. 11-15 year olds can provide a saliva sample using a salivette if preferred to dribbling into a tube. See your updated saliva sampling protocol. You will be asked to record which saliva sampling method was used for 11-15 year olds in the CAPI.

---

## 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. In 2016 we moved HSE to SMS (the new Sample Management System). As you may be aware, this has caused some issues for the nurse link where cases that were reallocated or reissued to a different interviewer, but which have then become available for the nurse to contact, are showing as a No Nurse Visit. This should be fixed for 2018 fieldwork but please inform the Nurse Centre immediately if you experience any issues with the information on your laptop.

#### **\*\*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. It is recommended to connect a minimum of 3 times a week when working on an HSE point. The Nurse Text system will also alert you, via a text to your NatCen mobile number when there is new work to pick up. **Please note:** the Nurse Text system will not work if your NatCen mobile is turned off or out of range for a period of time. Any Nurse Text generated by the system will try sending the message to your phone for 48hrs and then will drop off the system. Please try to ensure your NatCen mobile is therefore charged and able to receive messages as often as possible.
- The Project slot for the month will only appear once the first case that the interviewer has completed has been transmitted back to the office. This may be either for an agreement to nurse case or for a 'no nurse visit' case. Thereafter – all cases the interviewer completes will drop into the same month slot as and when then work through and complete their cases to fully sign them off and transmit them back to the office.
- 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 through the NatCen Home page – 'Admin' – 'View Loaded Work' and then select the relevant HSE month or work to check the individual household serial is there, and once you have entered the serial, to the participant schedules are visible to you (for those who have agreed to a nurse visit).
- You should also make sure you have filled in the NRF pad for the household to enable you to log the contact made to participants, to make appointments and when visiting the address to make contact and record your face to face visits. You will have a sheet of address labels for all of the potential addresses in the point of work to use on your paper NRF's. Please be sure to pick the correct label off of the sheet when you are picking up a case from the laptop e-NRF. The paper NRF is then your working document which you will need when you are completing the final admin on the case and to assist you when completing your Trips and Calls for each Face to Face visit you make on the case.
- If the nurse link has not worked (ie you cannot see any information behind a serial to be seen; or you can see the e-NRF but not any individual schedules) there may have been a technical problem and you will need to contact the IT help desk for assistance and ensure your NFPM is notified that you have not received the nurse link with the serial information on it.

- When you receive the work pack, please contact the identified interviewer you will be working with on the point to discuss when they are starting their side of the work; whether either of you have any leave planned during the fieldwork period; whether you will be making your own appointments or not; what your workload level is like so that the interviewer can prepare the participant if there is likely to be a delay in contacting them for any reason and finally how you wish to communicate productive / unproductive cases quickly between you (eg by a quick coded text message or by email etc.). Then keep in touch with your interviewer through the Fieldwork period so you are aware of which households have been fully transmitted by your interviewer so you know what to look out for, and for when they have completed their side of the work.
- Addresses that are ineligible for a nurse visit will appear as '930 – No nurse visit' once interviewers have transmitted these addresses back to the office.
- **Note:** you can only receive the nurse link information about a serial once the interviewer has completed the final admin on their side and then transmitted it. The data system (Host) usually takes a full 24 hrs to receive this transmission, book it in on the interviewer side and then release the nurse link information back onto the Host for you to dial in and pick up. This can take up to 72 hours if the interviewer transmits the case on a Friday night.
- You need to record all appointments using the Appointment Entry facility in the admin section for **all** projects. See separate 'Entering Appointments for Blaise Project Work' in Appendix A of the HSE Nurse Project Manual for further information.

## 2.2 Signing off unproductive cases

There are two ways to sign off unproductive cases:

### 2.2.1 Signing off partially productive households

For cases where any interviewing has been done at the address (e.g. partial households), enter through 'View loaded work' as follows.

1. Enter '**View Loaded Work**'
2. Select appropriate Blaise Project Slot
3. Enter appropriate serial number (Blaise CAPI programme opens)
4. Press '**Ctrl+Enter**' to bring '**Parallel Blocks**' up
5. Select the schedule you wish to code out
6. Code '**no**' to question whether you can interview or not
7. Follow the remaining screens answering as appropriate to identify the '**person code**'
8. When ready - bring '**Parallel Blocks**' up again and select '**Admin**'
9. Continue to complete admin block as normal.

### 2.2.2 Signing off households where no interviewing has been done

For households where no interviewing has been done, enter thorough 'Enter / edit call' as follows.

- 
1. Select '**Enter / Edit calls**'
  2. Select appropriate Blaise Project and Serial (Calls entry screen opens)
  3. Do not any F2F calls unless this is part of the reason why you are coding an unproductive (e.g. a hard refusal at the door was given)
  4. Press '**Alt + B**' to start coding out admin process
  5. Say '**no**' there are no more F2F calls to make
  6. Say '**yes**' that you have finished with this case (Blaise CAPI Programme opens)
  7. Then continue coding each person as a '**no – you will not be able to interview**' following the remaining screens answering as appropriate to identify the 'person code' for each person in the HH
  8. Continue to complete the '**Blaise Admin**' as directed by CAPI to reach the HH Outcome unproductive code.



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## 3 Nurse documents and equipment

### 3.1 Consent booklets

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

The adult consent booklet is an A4 **yellow booklet** and has a very similar structure to the booklet used in 2017. Adults will need to provide written consent for:

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

The structure of the adult consent booklet is as follows:

**Front cover** – this is similar to the HSE 2017 consent booklet. By the end of the nurse visit **every adult** respondent should have **five** 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 do 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 coloured pages** – these are similar to those used on HSE 2017. 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 of the 'Blood sample consent' page. 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. Their full signature is required to formalise any initial that they complete in the consent booklet, whether it is all boxes initialed or just one.**

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**Carbonised pages (white 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 2017.

It is essential that the information on the lab dispatch note is accurate and that your handwriting is clear. Please use block capitals when completing the consent booklet and the dispatch note in particular.

### 3.1.2 Child consent booklet

The child consent booklet is an A4 **blue booklet**. Make sure you keep this separate to your 2017 mainstage documents to avoid any mix ups. Children (and their parents or legal guardians) need to consent to the following:

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

As in 2017, all children aged 4-15 will need a completed consent booklet. Parents or legal guardians of children aged 4-15 will need to provide written 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 coloured 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.

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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 (white 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.

### 3.1.3 Other nurse documents

#### **Contact / Appointment card / broken appoint card – use 2017 cards**

We will continue to use the contact cards from 2017 work (which can be used as appointment reminder / broken appointment cards). You can request prepaid blank slim line envelopes from the Equipment Unit, if you wish to post these at all.

#### **Recontact letter**

The nurse recontact letter has been slightly redesigned. Please use the 2018 versions for your 2018 assignments.

#### **Stage 2 Leaflet**

The interviewer will give out the stage 2 leaflet at the end of their visit. Your role will be to explain the leaflet and measurements in detail. You will be provided with spare copies should any respondents require them. There is a prompt at the start of the interview for you to code that the respondent has read the stage 2 leaflet. These have been slightly redesigned and some of the wording has been updated. Please use the 2018 versions for your 2018 assignments.

#### **Blood leaflet as FAQ**

This is to be used in the same way as used in previous survey years and should be left with respondents who have given a blood sample at the end of your visit. This makes sure that all respondents have the same information and a point of reference after you have left. These have been slightly redesigned. Please use the 2018 versions for your 2018 assignments.

#### **The child information leaflet**

This is to be used when explaining the measurements and samples to children along with the child consent booklet. It explains the procedures and consents in a language

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that is easier to understand. These have been slightly redesigned. Please use the 2018 versions for your 2018 assignments.

### **Child certificate – continue to use 2017 certificates**

We have a certificate for you to give to children who take part in the nurse visit.

### **Measurement Record Card (MRC) – continue to use 2017 cards**

The interviewer will leave a measurement record card with most respondents. Here you can record: waist and hip measurements (11+) and blood pressure readings (5+). You have spare copies should you require them. Please take spare copies, in case the interviewer has handed out the incorrect version.

### **BLUE ink tube labels for samples**

We will be using BLUE ink for the tube labels for 2018 to dispatch blood and saliva samples. They have HSE N12353 printed on them.

### **Coding prescribed medications booklet**

Please use the current blue coding prescribed medicines booklet and BNF 69.

### **NRF pad**

Please use the **yellow** 2018 NRF pad. There are no major changes to the document. If you continue to use the yellow HSE 2017 NRF pad – please remember that the project number for 2018 is N12353.01 (2017 work was under N12095.01).

## **3.2 Nurse equipment**

### **Equipment**

- British National Formulary (BNF 69), March 2015 version;
- Calibrated Thermometer and probe;
- Calibrated Omron HEM-907; 3 different sized cuffs; power plug and adaptor
- EasyCheck measurement tape (with plastic clip);
- Sample tube labels;
- Blood sample collection equipment, including vacutainer blood tubes – plain (10cm red top) and EDTA (7.5cm purple top); (please regularly check the expiry dates on your blood tube supply).
- Saliva collection materials for children (including salivettes);
- Sample dispatch equipment (including plastic dispatch packs and lab poly envelopes);
- Sharps bin.

## **3.3 Liaising with your interviewer**

Please keep your interviewer updated on your availability. We have instructed interviewers to call you and give details of any appointments or agreements to nurse

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contact made so that you can record them in your diaries. Remember that details of appointments made by your interviewer will also be fed forward via the NurseLink and shown on the eNRF.

Please ensure that you keep in touch with your interviewer and that you contact your participants in accordance with the Contact procedures outlined in the accompanying HSE Nurse Project Manual and on the HSE 2018 Key Project Information document received at your briefing.

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## 4 Contacts

If you have a query, please contact your Nurse Field Performance Manager in the first instance. They will then pass you onto the Nurse Centre if they cannot answer your question.

<b>Project number</b>	N12353.01	
<b>Contacts</b>	Equipment / Materials	E-mail <a href="mailto:equipment@natcen.ac.uk">equipment@natcen.ac.uk</a>
	The Nurse Centre	01277 690 061/ 01277 690 135 <a href="mailto:nursecentre@natcen.ac.uk">nursecentre@natcen.ac.uk</a>
	IT Support	01277 690200
	Pay Query Line	01277 690219
	Jenny Mindell, Survey Doctor (8am to 10:30pm)	Mobile 07770 537238
		Office 020 7679 1269

# **NatCen**

**Social Research** that works for society

# **The Health Survey for England**

## **Nurse Project Manual**

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# How to use these instructions

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

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

## Contacts

### Operations contacts

Switchboard  
Equipment  
Supply

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

### Research contacts

HSE Team

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

### UCL contacts

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

Mobile 07770 537238  
Office 020 7679 1269

Sometimes another Survey Doctor covers the phone, so you may speak to someone else – if this happens, please make a note of who you spoke to.

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# 1 Key features

## 1.1 Key features of HSE

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

**Sponsor:** NHS Digital

### **Eligibility:**

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

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

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

**Assignment size:** Interviewers will have 18 addresses per point. 16 of these are eligible for the nurse visit.

# 2 Fieldwork overview

## 2.1 Stage 1: the interviewer visit

The HSE questionnaire has two components:

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

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

## Estimated Timings

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

Session Type	Average interview length
One adult aged 16+	45-50 minutes
Two adults aged 16+	65-75 minutes

Both the Household and the Individual Questionnaires include several 'core' modules which are asked each year. Questions in the Household Questionnaire may be updated from time to time to reflect changes in policy and terminology. In the Individual Questionnaire each year there may be some new and alternate modules that are added to the 'core' modules to form the questionnaire that year. Detail on the structure of the questionnaire for each year is provided in your HSE year specific project 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 at eligible addresses. If you have given your availability they will also make an appointment for you. You will be notified of the contact details of the interviewer working on your point and you will both work together to cover the addresses in your assignment. You will need to communicate effectively with your interviewer to achieve good response at both stage 1 and stage 2 of the survey. There's more on working with your interviewer below (Section 5).

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

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## 3 The sample

### 3.1 Sample design

Respondents of all ages living in addresses eligible for the nurse visit 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. It will tell you which two addresses are ineligible for a nurse visit.

### 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 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 (connect to office). 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 their first household in the point **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. The process of the case coming from the interviewer can take 24 – 72 hrs depending on the time of day and the day of the week / weekend that the interviewer transmits their completed work. An interviewer may pass details onto you by phone / text before you have actually received the case electronically. You should not contact the participant to make an appointment until you have seen that the case has come through onto your laptop **and** the case has the relevant nurse schedules within it.

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, addresses not eligible for a nurse visit, 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 case with 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. You should do this **every 2-3 days**. This will 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. Your Nurse Field Performance Manager (NFPM) will also be aware of which cases the Interviewer has passed onto you and will therefore be able to discuss your progress with you.

If, after connecting to the host, you have not picked up a case that the interviewer or your NFPM has said you should be getting, then please contact IT Support promptly to register the problem and enable them to find the solution.

---

## 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 via the 'NurseLink'. Once you have a household in the address menu (shown as a case serial number) you can enter this case. 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. Detail could be 'works full time' works part time' or 'other' (eg they may be a student / unemployed / retired etc.)
- 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. Be sure to transfer the detail onto your paper NRF pad (see section 4.2) – so that you can keep a log of the phone calls, texts and personal visits that you make while you are working on the case. You will need this information to claim elements of your pay and also to provide required admin information, when the case is completed fully.

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## 4.2 The NRF pad

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

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

### 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 and checking that you can see the relevant schedules for each person in the household agreeing to a Nurse Visit.

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 IT helpdesk for assistance.

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## 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 2016. 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.

Your NFPM will be aware of when the cases are made available to you and thus will be monitoring two key performance indicators (KPIs) for nurse Fieldwork:

- **The Appointment KPI** – whereby all cases should have had contact made on them to book an appointment within the first 3 weeks of receiving the case. Ideally, as stated above, the aim is to have the appointment occur within the first two weeks of receiving the case. All appointments made should be entered into the Case Management System (CMS), so that they appear on the monitoring reports.
- **The Completion KPI** – whereby all cases should be completed within 6 weeks of receiving the case. Although the sooner this happens in that six week period the better. Again the NFPM will be aware of the cases that remain outstanding as the fieldwork period progresses and your attempts at contact and making appointments will then be the focus of discussion when you have your ‘catch up’ communications with your NFPM.

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## 5.2 Contact requirements

Contacting participants quickly is key to ensuring that the momentum for the participant is maintained and that they don't 'cool off' and then decide not to complete the nurse visit after all. Therefore, you will be expected to make all necessary contact attempts before signing a case off as a 'non-contact'. This includes:

- A minimum of 4 x Face to Face (F2F) visits to the address to try to make an appointment
- A minimum of 6 telephone calls to cover all the contact telephone numbers that the interviewer has supplied in the case
- Use of calling cards (which can be personalised and left at the address in the event of a no reply when you visit)
- At least one 're-contact' letter left at the address (again personalised to ensure the participants they know it is you who is trying to contact them)
- Text messages (see - project specific instructions and template)
- Email message (if available for that household. See project specific instructions and template)

You will have been introduced by name to the participant during the interviewer visit and thus participants will be expecting you to contact them either by phone or in person.

Please take advantage of making a F2F visit to the address soon after you receive the case and especially if you already have another appointment in the vicinity. We know from years of data gathering in this way that a F2F approach is often the quickest and easiest way for interviewers and nurses to gain co-operation from participants, who can then see you are professional in your approach and will feel confident to give of their time and take part.

In the event that you have a case that you are just not managing to make contact despite all of your attempts, then please highlight this to your NFPM, who may be able to enlist some further help, or instruct you to send the case back as a non-contact case (if you have met all of the contact requirements as appropriate).

Once you have made an appointment on a case then please enter the appointment into the Case Management System (CMS) through the appointment entry system found in the 'enter/edit calls' menu. **Go to:** NatCen Home – 'Admin' – 'Enter/edit calls' – select the relevant HSE slot – then highlight the relevant serial (do not enter it) – once the serial is highlighted press 'Alt+A' to open the Appointment entry screen. Enter the appointment date (it does not accept a time as well), save and 'Alt+B' to go back to the 'case selection screen / Project month slot'. Once appointments have been entered, then connect to NatCen, to ensure the system and reports are updated. This information is used by your NFPM; Nurse Centre and the Research Team to measure progress on the project as a whole. It shows you are then actively working through your caseload and helps reduce the level of 'catch up' discussion that might be needed with your NFPM.

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Appointments entered in this way can be updated for a forward appointment. Appointments cannot be deleted. So if an appointment is broken – please update it as soon as you have another appointment secured. If you make an appointment for the same day

See **Appendix A** for screen shots of the appointment entering system.

## 6 Prescribed medications

### 6.1 Prescribed medications (all respondents)

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

#### Remember :

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

Drugs are coded using their BNF classification codes to the third level of classification. Use the six-digit format, using a leading zero where appropriate. There is a copy of the BNF in your nurse bag. You also have a coding prescribed medicines booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

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

There are some exceptions to the three level classification rule and some drugs have been given new codes where this is the case. This is to separate different types of drugs, so they can be separated in analyses. Where this is the case, the codes are listed in the coding prescribed medicines booklet. Below are the types of drugs that have been given different codes. You don't need to remember these codes, just remember to **always check the coding booklet first** when coding drugs in CAPI.

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

Statins.....02.12.01  
Other lipid-lowering drugs.....02.12.02

#### **Antihypertensives formerly coded as 02.05.05**

Angiotensin-converting enzyme (ACE) inhibitors.....02.05.51  
Angiotensin II receptor antagonists.....02.05.52  
Renin inhibitors.....02.05.53

#### **Antidiabetic drugs formerly coded as 06.01.02**

Sulphonylureas.....06.01.21  
Biguanides (e.g. Metformin).....06.01.22  
Others.....06.01.23

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## 7 Informed consent and the consent booklet

### 7.1 The Stage 2 leaflet and informed consent

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

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

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

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

### 7.2 Completing the consent booklet

There are separate consent booklets for adults (16+) and children (4-15). An adult consent booklet will need to be completed for **all adult respondents who have a nurse visit** and a child consent booklet will need to be completed for **all children aged 4 and over**. **Do not** fill in a consent booklet for those aged 0 to 3.

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

- Blood pressure readings to be sent to their GP (5+)
- A sample of saliva to be taken (if applicable each year) (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 yes or no coded for each item.

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

## Inside front cover

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

## Inside coloured pages

The coloured pages are the office copies of the signed consents (please check your HSE year specific instructions for the colours of the consent booklets in each year). These pages should remain in the booklet. Ask the respondent to initial the box next to each sample/ procedure they consent to. **As soon as a respondent has initialled one box, please ensure that they sign and date the booklet at the bottom.** You will also need to sign the booklet at this point. Without the initials in the boxes and the signature of the respondent there is no consent. If a respondent does

not consent to a section in the booklet, CAPI will prompt you to cross a line through that section to make it clear in the office that no consent was gained for that part.

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

## Carbonised white pages

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

## Inside back cover

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

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

- Age is pre-coded as all respondents who complete this booklet will be 16+, therefore you will not need to circle this.
- Write in the **number** of tubes obtained. **Do not tick** the boxes.
- Circle a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry on the front page of the consent booklet.
- Complete the date the samples were taken.

## 7.2.2 Child consent booklet

The child consent booklet must be completed for all children aged 4 and over regardless of whether they have completed any measurements or given any samples. 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. Only parents or legal guardians of children aged 4-15 can provide the required written consent for their child's blood pressure to be sent to their GP and a saliva sample to be taken.

## Front cover

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

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

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

## Inside front cover

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

## Inside coloured page

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

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

Child assent is to be recorded in the boxes at the bottom of the consents page. If the child is aged 4 or 5, the parent / guardian of the child can initial the assent boxes on behalf of the child to confirm that the measurement or sample has been explained to the child and that they understand. If a child is 6 or older and can write, then the child can initial the assent boxes. If a child can't write, then the parent/guardian should initial the assent boxes for them.

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

## Carbonised white pages

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

## Inside back cover

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

## 7.2.3 Respondent signatures

Use a black/blue pen when completing the booklets, and ensure that signatures are always in pen, not pencil. Each respondent must **initial** (not tick) each box if they have consented to the measurement or sample to be taken. The respondent must also sign and print their name in the

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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.**

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## 8 Other documents

### 8.1 Nurse re-contact letter

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

### 8.2 Calling card

The calling card can be used both as an appointment card, which you can send out to respondents after making an appointment (if you think they may forget the appointment they have made with you), or to leave at addresses to let the respondent know that you called e.g. on a broken appointment or when just trying to make contact

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 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, please use a pre-paid 2<sup>nd</sup> class envelope. A small stock of these can be obtained from the Equipment Unit.

### 8.3 Protocols manual

There is a NatCen Nurse 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 for the relevant year.



## 9 Labelling and dispatch of samples

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

### 9.1 Labelling tubes

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

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

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

- POINT NO.**: A field with four boxes for the person number.
- ADD NO./ HHLD**: A field with four boxes for the address number/household.
- CKL**: A single box for the collector's code.
- PERSON**: A field with four boxes for the person number.
- DATE OF BIRTH**: A field with four boxes for the date of birth.
- HSE P3227**: A field with two boxes for the HSE reference number.
- DAY**: A field with two boxes for the day of the month.
- MONTH**: A field with two boxes for the month of the year.
- YEAR**: A field with four boxes for the year.

Instructions and arrows point to the following fields:

- Check person number against CAPI & transfer onto label (points to PERSON).
- Check & write in serial number (points to CKL).
- Check & write in date of birth (points to DATE OF BIRTH).

**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.

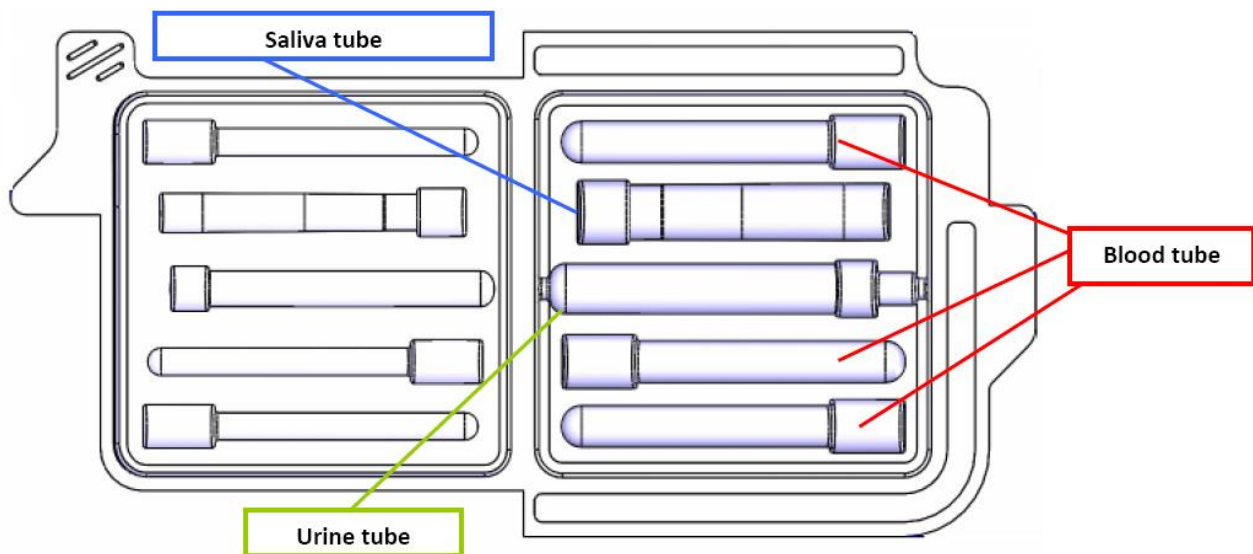
We cannot stress enough the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results.

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

#### The 5-vial adult transporter

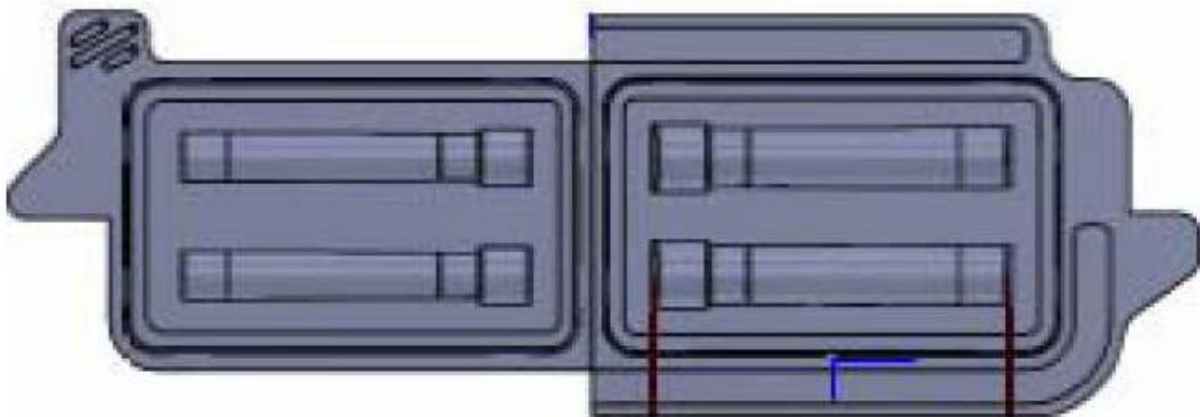
This is designed to carry a full set of adult samples: up to 2 blood sample tubes, a urine sample tube and a saliva tube. You will collect either urine or saliva samples of adults on alternate years. There is also space for a third blood sample tube. Please refer to your HSE year specific

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 polylope lab 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, which you can see has a regular daily collection from it (Monday to Saturday). 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. For samples taken on a Saturday afternoon, please make sure the dispatch pack is posted in a post box that will have a collection on the following Monday. The Nurse Centre will notify you of any laboratory closures. When you have posted the samples, fill in the date of posting on the office copy of the dispatch note.

## 9.4 Which transporter do I use?

**I have a household where some participants have given blood and saliva / urine samples and some have only given saliva samples.**

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; one transporter per respondent, while the saliva samples for the children should be packaged together in the 2 vial transporter; ie two child saliva samples per 2 slot transporter.

**I have a household where the participants have only given a saliva sample (no blood or urine samples otherwise).**

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. ie two saliva samples per 2 slot transporter.

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

## Appendix A – Appointment entering system

### Entering Appointments for Blaise Project Work

NatCen Blaise Appointments Entry Facility is used on Nurse and Interviewer Laptops as part of the '**Enter / Edit Calls**' screen (within the 'Admin' menu). This facility enables better project monitoring at all levels and on all projects, where appointment making is a key activity.

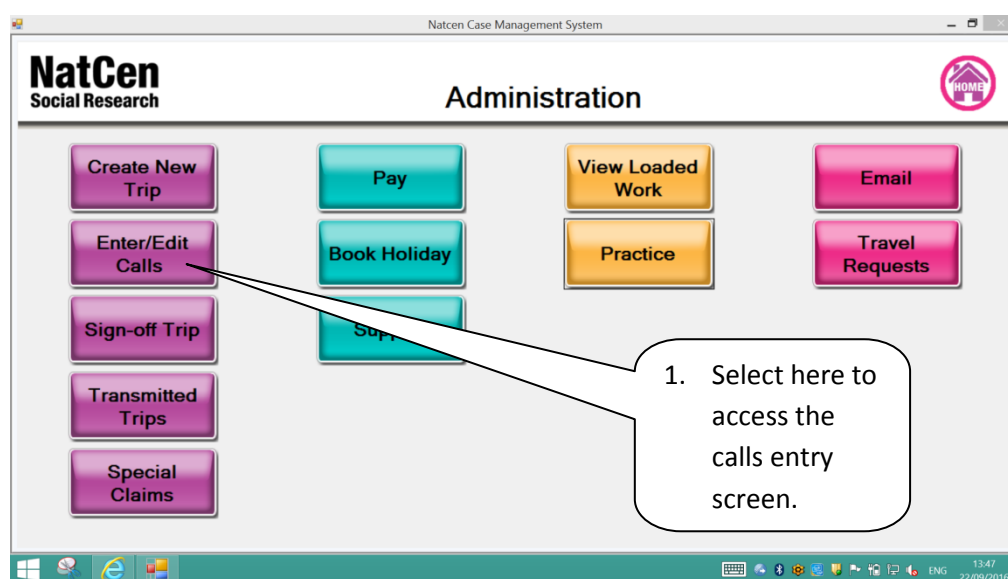
The system is simple to use and allows the Nurse / Interviewer, Nurse / Field Performance Managers, Project Managers and 'in office' staff to see appointments already made across project points, as fieldwork progresses. It also reduces the amount of time that Nurse/Field Performance Managers spend progress chasing information on appointments made, enabling them to focus their time on supporting interviewers and nurses who are finding it difficult to gain appointments in the first place. This element of work is therefore included in the admin fees for the projects interviewers and nurses are working on.

You are therefore asked to notify **all** appointments made on Blaise based Projects, using the Appointment Entry facility; **as soon as possible** once appointments are made. You should then ensure you connect to the office at **least three times a week** to enable the appointments to be transmitted back into the project monitoring system. Appointments, once entered into your computer can then be updated (but not deleted), should an appointment be rearranged for any reason. Once the interviews in the household have been completed place the word 'Complete' or 'Done' into the comments box in the Admin block - the appointment notification then disappears from the laptop screen, showing you visually again how you are progressing.

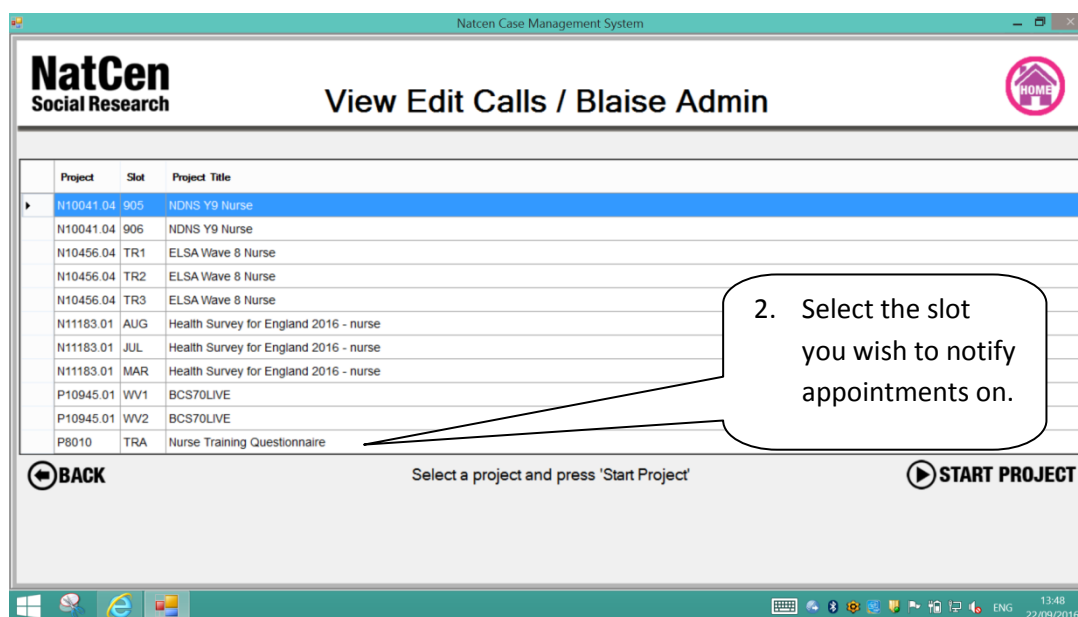
The instructions below, with relevant laptop screen shots, show you how to use the 'Appointment Entry' facility. Should you need any further support then please contact your Nurse Field Performance Manager in the first instance.

#### How to use the Appointments Entry Facility

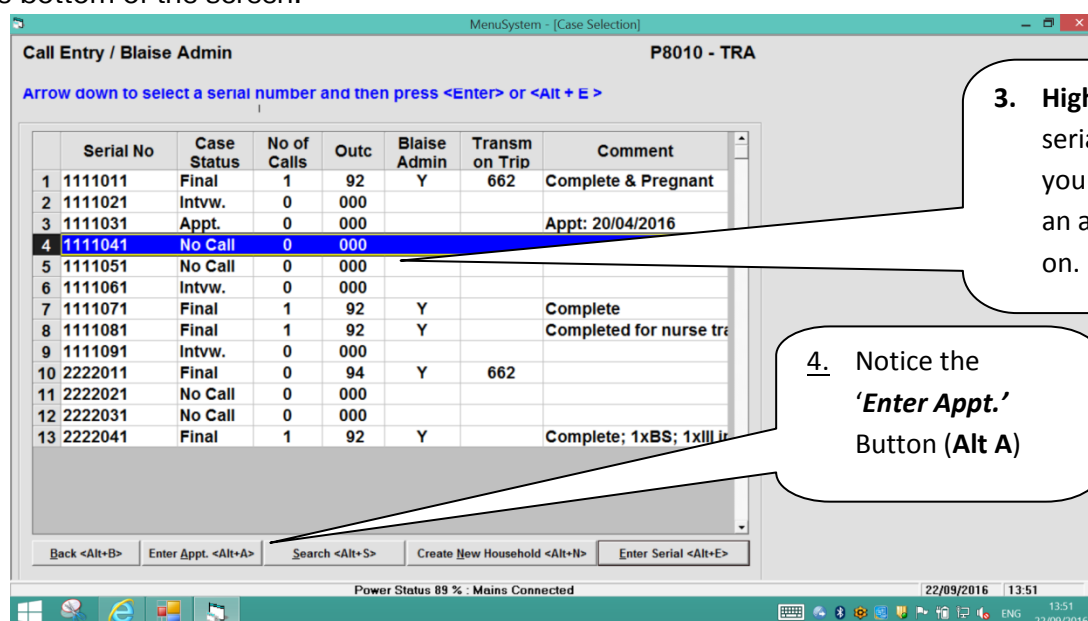
- When you wish to notify an appointment that is made - from the '**Admin**' screen – select the '**Enter/Edit Calls**' button



- Now **select the slot you wish to enter appointments on**. For example, here I want to notify appointments on my work on P8010 TRA Nurse Training Questionnaire.



- You should see the list of serial numbers for that slot. Now highlight (not enter) the serial number you wish to notify an appointment on and notice the new '**Enter Appt**' button (Alt A) at the bottom of the screen.



- Select the '**Enter Appt.**' Button (**Alt A**) to access the *appointment entry* screen, at which point the programme will ask you to confirm the address for the serial number before it will go onto the Appointment Entry screen.

MenuSystem - [Case Selection]

Call Entry / Blaise Admin P8010 - TRA

Arrow down to select a serial number and then press <Enter> or <Alt + E >

	Serial No	Case Status
1	1111011	Final
2	1111021	Intvw.
3	1111031	Appt.
4	1111041	No Call
5	1111051	No Call
6	1111061	Intvw.
7	1111071	Final
8	1111081	Final
9	1111091	Intvw.
10	2222011	Final
11	2222021	No Call
12	2222031	No Call
13	2222041	Final

Address Confirmation

1111041 - P8010 - TRA

Please type in the first line of the address from the Address Confirmation screen.

(Type in the first 8 characters only)

- Press <Alt+C> to confirm your entry.  
- Press <Alt+B> to return to the Address

Back <Alt+B> Confirm <Alt+C>

Power Status 79 % : On Battery 26/09/2016 18:07

3. Enter the first 8 characters of the address eg 35 North. Press enter to confirm address.

- Now you will see the new **Appointment Entry** Screen for the serial you wish to notify on. Enter the date of the appointment you have made. You will be able to alter this in the future should the appointment date change.

Appointment data entry

Forms Answer Navigate Options Help

Serial 1111041 P8010 TRA

Please enter the **date** of the first appointment you have made at this address.

If the appointment gets rescheduled, please update your entry.

If you collect data from more than one household member on different days, we only need the date of the first appointment at the household.

Please enter the date as day/month/year (dd/mm/yyyy).

AppDate

1/1 CMSAppoint P8010 TRA1111041 16319 AppDate 26/09/2016

6. Key in the date of the appointment (dd/mm/yyyy) and press **Enter** on your keyboard to exit the screen.

- The appointment has been entered and your screen will return to the slot view with the serial numbers listed.
- You will then notice that the appointment you have entered will appear in the **Comments Column** for that serial number, giving you a visual reference as you progress through your field work on that slot.

MenuSystem - [Case Selection]

Call Entry / Blaise Admin P8010 - TRA

Arrow down to select a serial number and then press <Enter> or <Alt + E >

	Serial No	Case Status	No of Calls	Outc	Blaise Admin	Transm on Trip	Comment
1	1111011	Final	1	92	Y	662	Complete & Pregnant
2	1111021	Intvw.	0	000			
3	1111031	Appt.	0	000			Appt: 20/04/2016
4	1111041	Appt.	0	000			Appt: 22/12/2016
5	1111051	No Call	0	000			
6	1111061	Intvw.	0	000			
7	1111071	Final	1	92	Y		Complete
8	1111081	Final	1	92	Y		Completed for nurse tra
9	1111091	Intvw.	0	000			
10	2222011	Final	0	94	Y	662	
11	2222021	No Call	0	000			
12	2222031	No Call	0	000			
13	2222041	Final	1	92	Y		Complete; 1xBS; 1xlll ir

Back <Alt+B> Enter Appt. <Alt+A> Search <Alt+S> Create New Household <Alt+N> Enter Serial <Alt+E>

Power Status 78 % : On Battery 26/09/2016 18:13

18:13 26/09/2016

7. The date of the appointment will now be visible to you and the office once you have connected to the 'Host' again.

- To notify other appointments on other serial numbers – follow the same process always remembering in the **Calls Entry Screen** to only highlight the serial and then press **Alt A**.
- **Finally** – once you have entered your appointments and completed any other admin you wished to do – connect to the host to transmit your work (including any appointments entered)

We hope you will find this facility useful to you too in your own workload management, as you can see visually how you are getting on.

### Don't forget:

- in the first instance, contact your Nurse Field Performance Manager, should you experience any difficulties in using this facility on your laptop,
- enter your appointments **as soon as possible** after you have made them,
- once the interviews in the household have been completed place the word **'Complete' or 'Done'** into the comments box in the Admin block - the appointment notification disappears, showing how you are progressing;
- connect to the host **at least three times per week** to transmit your appointments information and to pick up any news or notifications etc.

# **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**

<b>A</b>	
ABIDEC .....	09.06.07
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
AMOXIL .....	05.01.01
AMPICILLIN .....	05.01.01
ANTABUSE .....	04.10.01
APIXABAN .....	02.08.02
APROVEL .....	02.05.52
AQUEOUS CREAM .....	13.02.01
ARIPIRAZOLE .....	04.02.01
ARTHROTEC .....	10.01.01
ASACOL .....	01.05.01
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
rheumatic disease.....	10.01.03
transplant rejection .....	08.02.01
ulcerative colitis.....	01.05.03
AZILSARTAN MEDOXOMIL.....	02.05.52
<b>B</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
BUPRENORPHINE	
analgesic .....	04.07.02
opioid dependence, other .....	04.10.03
BUPROPION (HYDROCHLORIDE) .....	04.10.02
BURINEX .....	02.02.02
BUSCOPAN.....	01.02.00
BYDUREON.....	06.01.23
BYETTA.....	06.01.23
<b>C</b>	
CALCICHEW, CALCICHEW FORTE .....	09.05.01
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
<b>D</b>	
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
<b>E</b>	
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
<b>F</b>	
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
<b>G</b>	
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
<b>H</b>	
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
<b>I</b>	
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
<b>J</b>	
JANUMET.....	06.01.23
JANUVIA.....	06.01.23
JARDIANCE.....	06.01.23
JENTADUETO.....	06.01.23
<b>K</b>	

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
<b>L</b>	
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
<b>M</b>	
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
<b>N</b>	
NALTREXONE HYDROCHLORIDE .....	04.10.03
NAPROSYN, NAPROSYN S/R .....	10.01.01
NAPROXEN	
gout (acute attack) .....	10.01.04
pain .....	10.01.01
rheumatic disease .....	10.01.01
NASEPTIN.....	12.02.03
NATEGLINIDE.....	06.01.23
NATRILIX .....	02.02.01
NAVISPARE .....	02.02.04
NEURONTIN.....	04.08.01
NIASPAN .....	02.12.02
NICORANDIL .....	02.06.03
NICORETTE (any type) .....	04.10.02
NICOTINE REPLACEMENT THERAPY .....	04.10.02
NICOTINELL (any type).....	04.10.02
NICOTINIC ACID.....	02.12.02
NIFEDIPINE .....	02.06.02
NIQUITIN CQ (any type) .....	04.10.02
NITRAZEPAM .....	04.01.01
NITROFURANTOIN.....	05.01.13
NITROLINGUAL (spray) .....	02.06.01
NIZORAL	
scalp .....	13.09.00
skin .....	13.10.02

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

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



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

# S

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

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

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

**Z**

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

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

## WAIST/HIP AND HEIGHT CONVERSION CHART

*1 inch = 2.54cm*

*1 foot = 0.305m*

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

