THE HEALTH SURVEY FOR ENGLAND: 2002

INTERVIEWER PROJECT INSTRUCTIONS
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1. BACKGROUND AND AIMS

“The Health Survey for England” is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

The Government’s health strategy for improving life quality involves a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate its effects.

Before the Health Survey for England, little systematic information was available about the state of the nation's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health Service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with health overall. Even the wider-ranging surveys do not provide measures of change over time.

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vital for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. A major health survey carried out on a continuous basis to monitor the country's state of health, provides that information so that trends over time can be noted and appropriate policies planned.

The Health Survey for England is that survey. It thus plays a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of the government's policies and the extent to which its targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

**In summary, the survey aims to:**

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government’s health strategy
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

2. THE SURVEY

The Health Survey for England is currently being carried out by the *National Centre for Social Research* and the Department of Epidemiology and Public Health at University College London Medical School (UCLMS) through their Joint Health Surveys Unit.
It is a large survey with fieldwork carried out continuously throughout the year. In 1995 children aged two and over were introduced into the survey for the first time, and were included again in 1996. The 1997 survey sample boosted the number of children in the sample. In 1998 sample design reverted to that used in 1996. In 1999 the survey focused on the health of different ethnic groups and included a boost sample of people of Asian, Caribbean and Irish origin. The 2000 survey included a sample of older people living in care homes (age 65 and over) in addition to a sample a general population sample. In 2001 the survey used the same sample design as in 1996 and 1998, but infants aged two and under were eligible for interview for the first time.

In 2002 the survey design will be similar to that used in 1997, with a boost sample of children (0-15) and young adults (16-24). Health in childhood is increasingly recognised as being an important factor in health in later life. The survey will provide information on a group for which there has previously been relatively little information. Valuable information on the health of the family, in particular on maternal health, will also be obtained.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 2002 the major focus of the survey will be the health of children, young adults and mothers. The survey will cover the core topics such as general health, fruit and vegetable consumption, smoking and drinking. The special topics include accidents, breathing problems and physical activity. In addition a new module about maternal health (to be asked of all biological mothers of infants under one year) has been developed for inclusion this year.

Accidents are a major cause of death in England and are the most common cause of death in people under 30 years. They are also a very important cause of illness and disability. Few accidents are due purely to chance. For these reasons a reduction in accidents was one of the key targets of the Health of the Nation and is included in the latest government’s white paper Our Healthier Nation. The survey is designed to obtain better information on the range of accidents that occur to people and the short and long-term effect of these accidents.

There is increasing public and medical concern about ill-health and distress caused by asthma which is thought to increasingly affect children. There is however currently very little reliable information on the extent of this problem in the population as a whole and among particular age groups. This topic was covered for all age groups in 1996 and 2001, and was also included for children in 1997 and 1999. Including this topic again in 2002 will allow us to monitor changes in the prevalence of this condition.

Physical activity levels are of interest in relation to risk of cardiovascular disease, among other conditions. Questions on adults’ physical activity were also included in the 1994 and 1998 Health Survey. Questions about the physical activity of children have been included since 1997.

The fruit and vegetable module has been developed as part of the Department of Health’s 5-a-day policy. Fruit and vegetables contain antioxidants, which are important in the prevention of illnesses such as cancer and heart disease. For the preventative effect to work it is suggested people should eat at least 5 portions of fruit and/or vegetables a day. The Health Survey will provide baseline data on the current consumption of fruit and vegetables among the population and allow the consumption to be monitored over time.
It has long been recognised that a mother’s health and health behaviours during pregnancy can have a major impact on the future of the child’s health. Also there are many health problems that mother’s may experience, such as postnatal depression, after pregnancy which can also effect the mother’s long term health. By including a special module on maternal health in 2002 it will mean that this area can be researched in more detail and comparisons made with the other health measures collected as part of the Health survey.

Information about the survey, its objectives and design have been circulated to the Multi Centre Research Ethic Committee (MREC) and all Local Research Ethics Committees (LRECs). These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.

3. THE HEALTH SURVEY TEAM

In 1993 the National Centre for Social Research and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

The UCL Department of Epidemiology and Public Health is one of the leading academic departments of public health. It was awarded a star, equivalent to the top rating of 5, in the UFC (Universities Funding Council) research excellence assessment exercise. The main thrust of the Department's work has been in cardiovascular disease, diabetes and dental health. It has also conducted studies in mental health, neuro-epidemiology, cancer and chronic respiratory disease.

4. SUMMARY OF SURVEY DESIGN

The Health Survey for England is a survey of people living in private residential accommodation in England. The sample - around 27,400 addresses - has been selected from the Postcode Address File.

Each survey point contains 38 addresses drawn from a postcode sector. Twenty-nine addresses are allocated to sample type I and the other nine are allocated to sample type II.

Sample type I is the child and young adult sample. At these addresses a doorstep screening will be carried out to identify those that contain people aged 24 and under. In this sample all young adults (age 16-24) and up to two children (age 0-15) are eligible for interview (at up to three households). In addition all mothers (regardless of age) of children under one year will also be eligible for interview.

Sample type II is the core sample. At these addresses all adults (age 16+) and up to two children (age 0-15) are eligible for interview (in up to three households).

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (38 addresses) will work together as a team. An advance letter is sent to each address explaining briefly the survey and its purpose.
Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

Fuller details of the sample and associated documents are given in Section 6.

4.1 The Interviewer Visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household there is a short Household Questionnaire which establishes who is resident in the household and collects some basic facts about them and the household. Ideally this questionnaire should be asked of the head of the household or spouse (see Section 10).

For each household member eligible for interview there is an Individual Questionnaire, which includes a short self-completion section for those aged 8 and over. Joint (simultaneous) interviews may be conducted, where this is practical.

Towards the end of the interview, each person's height and weight are measured. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

At the end of the interview, the second stage of the survey is introduced and the interviewer arranges an appointment for the nurse to visit a few days later.

The interview length will vary depending on the individual's circumstances however an interview with two adults (age 16+), including the household questionnaire, will take around 60-70 minutes the longer interviews being those with respondents aged 16-24 years. If the interview includes an interview with a mother this will be slightly longer still.

4.2 The Nurse Visit

The second stage of the survey is carried out by a qualified nurse. After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. All interviewed respondents (age 0 and over) will be eligible for a nurse visit.

The nurse calls on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken and to carry out more measurements; blood pressure (for those aged 5+), lung function (for those aged 7-24), waist and hip measurements (for those aged 16+), length measurement (for those aged over 6 weeks but under 2 years). Respondents aged 4 and over are also asked to provide a saliva sample. If the respondent wishes to be given the results of the measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 11-24 will be asked to provide a small blood sample (approx. 15ml or three teaspoons), subject to written permission from the respondent. The blood samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle upon Tyne for analysis.

With the respondent's permission, blood pressure readings, lung function test and the results of the blood tests will be sent to their GP. This information will also be given to the respondent, if they so wish.
4.3 Summary of Data Collected

Household Questionnaire

Sample type I - Individual interviews with:
- all young adults (max. 10)
- up to two children
- any mothers of children aged under 1 year

Sample type II - Individual interviews with:
- all adults (max. 10)
- up to two children

Height & Weight measurements

Nurse visit – all interviewed

Some of the information collected is limited to a particular age group. The table below and on the next page summarises the information to be collected.

Interviewer visit

<table>
<thead>
<tr>
<th>Questionnaire Items</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household information</td>
<td>Household reference person/spouse</td>
</tr>
<tr>
<td>General health (including fracture history)</td>
<td>All ages</td>
</tr>
<tr>
<td>Use of health services</td>
<td>All ages</td>
</tr>
<tr>
<td>Use of dental services</td>
<td>2 years upwards</td>
</tr>
<tr>
<td>Use of infant health services</td>
<td>Under 2 years</td>
</tr>
<tr>
<td>Maternal health</td>
<td>Mothers of children under 1 year</td>
</tr>
<tr>
<td>Fruit and vegetable consumption</td>
<td>5 years upwards</td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>0-24 years</td>
</tr>
<tr>
<td>Accidents</td>
<td>0-24 years</td>
</tr>
<tr>
<td>Physical activity</td>
<td>2-24 years</td>
</tr>
<tr>
<td>Smoking and drinking</td>
<td>8 years upwards</td>
</tr>
<tr>
<td>Employment status, educational background</td>
<td>16 years upwards</td>
</tr>
<tr>
<td>Height measurement</td>
<td>2 years upwards</td>
</tr>
<tr>
<td>Weight measurement</td>
<td>All ages</td>
</tr>
</tbody>
</table>

Self completions

| General health questionnaire                             | 13 years upwards                    |
| Social support                                           | 16 years upwards                    |
| Local area (social capital)                              | 16 years upwards                    |
| Perception of weight                                     | 8 years upwards                     |
| Pregnancy history                                        | Women 16 years upwards              |
| Pregnancy experiences                                    | Mothers of children under 1 year    |
| Strength and difficulties questionnaire                  | Parents of 4-15 year olds           |

Nurse Visit

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of prescribed drugs</td>
<td>All ages</td>
</tr>
<tr>
<td>Immunisations</td>
<td>Under 2 years</td>
</tr>
<tr>
<td>Length measurement</td>
<td>Over 6 weeks but less than 2 years</td>
</tr>
<tr>
<td>Test</td>
<td>Age Range</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>5 years upwards</td>
</tr>
<tr>
<td>Lung function</td>
<td>7-24 years</td>
</tr>
<tr>
<td>Saliva sample (for cotinine)</td>
<td>4 years upwards</td>
</tr>
<tr>
<td>Waist and hip circumferences</td>
<td>16 years upwards</td>
</tr>
<tr>
<td>Blood sample</td>
<td>11-24 years</td>
</tr>
</tbody>
</table>

**Blood sample analytes**

<table>
<thead>
<tr>
<th>Analyte</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgE</td>
<td>11-24 years</td>
</tr>
<tr>
<td>House dustmite specific IgE</td>
<td>11-24 years</td>
</tr>
<tr>
<td>Ferritin</td>
<td>11-24 years</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>11-24 years</td>
</tr>
</tbody>
</table>
5. **SURVEY MATERIALS**

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have the following supplies.

<table>
<thead>
<tr>
<th>Document</th>
<th>Colour</th>
<th>Document</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample related documents</td>
<td></td>
<td>Other documents</td>
<td></td>
</tr>
<tr>
<td>ARF A Type I</td>
<td>White</td>
<td>Interviewer info card</td>
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</tr>
<tr>
<td>ARF A Type II</td>
<td>Pink</td>
<td>Stage 2 Survey Leaflet</td>
<td>Green</td>
</tr>
<tr>
<td>ARF B</td>
<td>Blue</td>
<td>Health Survey Leaflets</td>
<td>Red print</td>
</tr>
<tr>
<td>Adult list sheet</td>
<td>White</td>
<td>Interviewer Response Form A</td>
<td>Lilac</td>
</tr>
<tr>
<td>Address list either side</td>
<td>White</td>
<td>Suggestion/Problem sheet</td>
<td>White</td>
</tr>
<tr>
<td>Interviewer sample sheet</td>
<td>Pink</td>
<td>Incident Report Form</td>
<td></td>
</tr>
<tr>
<td>Nurse related documents</td>
<td></td>
<td>National Centre Leaflets</td>
<td></td>
</tr>
<tr>
<td>Nurse Record Form (NRF)</td>
<td>Purple</td>
<td>Supplies Request Form</td>
<td></td>
</tr>
<tr>
<td>Appointment Diary</td>
<td>White</td>
<td>Project instructions</td>
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</tr>
<tr>
<td>No nurse visit sheet</td>
<td>Cream</td>
<td>Admin &amp; pay notes</td>
<td></td>
</tr>
<tr>
<td>Interviewer documents</td>
<td></td>
<td>Equipment etc</td>
<td></td>
</tr>
<tr>
<td>Advance letter (SI)</td>
<td>White</td>
<td>Stadiometer</td>
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</tr>
<tr>
<td>Advance letter (SII)</td>
<td>Cream</td>
<td>Scales</td>
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</tr>
<tr>
<td>Survey Leaflet Stage 1</td>
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<td>Frankfort Plane Card</td>
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<tr>
<td>Self completions:</td>
<td></td>
<td>Presents for children:</td>
<td></td>
</tr>
<tr>
<td>- 8-12 year olds</td>
<td>Pink</td>
<td>- surprise packs</td>
<td></td>
</tr>
<tr>
<td>- 13-15 year olds</td>
<td>Green</td>
<td>- pens</td>
<td></td>
</tr>
<tr>
<td>- Young adults</td>
<td>Blue</td>
<td>Back up disc</td>
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</tr>
<tr>
<td>- Adults</td>
<td>Grey</td>
<td>Diskette mailer</td>
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<tr>
<td>- Mothers</td>
<td>Yellow</td>
<td>Envelopes</td>
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</tr>
<tr>
<td>- Parents of 4-15 year olds</td>
<td>White</td>
<td>Cover and Claims Form</td>
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<tr>
<td>Show Cards</td>
<td>White</td>
<td>Interim Payment Request</td>
<td></td>
</tr>
<tr>
<td>Interviewer Coding booklet</td>
<td>Cream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Record Card</td>
<td>Lilac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHSCR consent form – Adult</td>
<td>White</td>
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<td></td>
</tr>
<tr>
<td>NHSCR consent from – Child</td>
<td>Yellow</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **YOUR SAMPLE**

6.1 **The Sample Design**

The sample for this survey has been drawn from the publicly available Postcode Address File. In the survey, 27,360 addresses (delivery points) have been selected, clustered into 720 postcode sectors (ie 38 addresses per sector). Sixty postcode sectors will be covered each month – 2280 addresses. The sample has been designed so that each quarter’s sample is fully representative of the population of England.

Each month, each interviewer will be given 38 addresses to cover in a postcode sector. Addresses 01-29 will be allocated to sample type I; addresses 30-38 are allocated to sample type II.
The first task of the interviewer at a selected address is to identify how many households are resident. This will normally be one but occasionally an address may contain two or more households. All households (up to a maximum of three per address) should be included in the survey.

At sample type I addresses, a doorstep screening exercise must be carried out to check whether there are any children or young adults present (i.e., aged under 25 years). If not, no interviews will be carried out at that address. If there are children or young adults present the address is eligible for interview, the aim is to carry out interviews with all young adults (up to 10) and with up to two children. Any mother of a baby under 1 year is also eligible for interview.

At sample type II addresses, the target is to interview every person aged 16 or over, and up to two children aged between 0 and 15.

### 6.2 Screening sample type I addresses

The sample type I addresses will be issued before the sample type II addresses. (please refer to the timetable sent with your letter of invitation). You receive the ARFs for both sample type I and sample type II addresses but you will not be able to access the sample type II addresses in the CAPI. These will be released at the end of the screening period.

We estimate that approximately 9 sample type I addresses will be eligible for interview however this number will vary between sample points. We have learnt from previous surveys involving screening that is important to establish the size of the assignment at the start of the fieldwork therefore the first five days will be allocated to screening. During this time you will be paid for up to nine hours and three trips to complete the screening. Below are some tips about how to use this time efficiently and effectively.

**First trip**
- Attempt to locate and contact all 29 addresses in sample type I
- Spend approximately four hours screening
- Concentrate on completing the screening
- Make appointments to return to complete the interviews with eligible households

**Second trip**
- Visit any addresses not covered or contacted on the first trip
- Concentrate on screening rather than interviewing
- Try to cover a period up to at least 8pm

**Third trip**
- If the majority of screening is complete, combine interviewing with screening
- Continue to visit any non contacts

**General points**
- Try to include at least one visit at the weekend
- Any non contacts outstanding after the screening period, can be contacted again during the main survey period

**The Screening Question and ARF**
The screening questions start at Q12a on the ARF Type I (see Section 6.6). Ideally you should carry out the screening at the sampled address. Explain the purpose of the survey and that you are looking for people in a particular age group. Then ask the screening question "(Can I
just check) are there any people aged under 25 living in this household?” If the respondent says no at this point you should explain that this does also include children.

The sample type I addresses should have received an advance letter which explains that we are seeking to interview at households containing young people and children. However, you still need to be careful when asking the question so as not to arouse suspicion.

If you are unable to make contact at the sampled address you can carry out the screening at a neighbouring address. The screening question is slightly different, this time you ask if there is anyone living at the address under the age of 30. This is to make sure we don’t miss any people in our target age group. If the response to this question is “yes” then you will need to make contact at the sampled address.

You should only screen at neighbouring address after you have tried to contact the sampled address at least four times. You will need to extra careful when carrying out screening at a neighbouring address. You should avoid mentioning too much about the purpose of the survey - maybe just mention that it is a government survey if asked for more information. This is for confidentiality purposes but also to avoid mis-reporting of information to the respondent which may affect response.

Screening progress
We would like to be able to check the progress of the screening during the screening period. For sample type I addresses there is a special screening progress questionnaire in the CAPI. By completing this questionnaire for each household the office will be able to establish not only those addresses that have been screened out but eligible households that are waiting for an interview. The screening progress questionnaire is covered in section 9.1.

Keep the screening outcomes in the CAPI up to date as you work. You can transmit these back to the office (without completing the Admin) at any time during the screening period. However, all screening outcomes must be transmitted back to the office by midday on the last day of the screening period. The sample type II addresses will only be released once the screening outcomes have been transmitted back to the office.

6.3 Who to interview and obtaining parental consent

Sample I addresses (numbers 01-29)
At each Sample I address you should:
• Carry out the doorstep screening to check for presence of children and young adults aged under 25

Then at each sample type I addresses containing children and/or young adults:
• Carry out a Household interview with the Household Reference Person or spouse
• Interview all young adults aged between 16 and 24 (up to a maximum of 10)
• Interview all children, if there are no more than 2 in the household
• Interview two children, sampled at random by the computer, if there are three or more
• Interview any mother (regardless of age) of a child under 1

Sample II addresses (numbers 30-38)
At each Sample II address you should:
• Carry out a Household interview with the Household Reference Person or spouse
• Interview all adults aged 16 or over (up to a maximum of 10)
• Interview all children, if there are no more than 2 in the household
• Interview two children, sampled at random by the computer, if there are three or more
Interviewing children

For all children under 16 you must get permission from the child's parent(s) **before** you interview the child. If a child is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for that child on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the child up instead of the parents. Such a person should **never** be used as a substitute if the natural or adopted parent is a member of the child’s household. Always give preference to the natural/adopted parent and, wherever possible, to the mother.

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

The parent or “guardian” of a 13-15 year old **must** be present at the time you carry out the interview. They need not necessarily be in the same room but they must be at home and be aware that you are carrying out the interview. This protects both the child and yourself.

If there is any disagreement between parents, or between parent and child, in respect of willingness to co-operate in the survey, you should respect the wishes of the non-co-operating person. Obviously, you may not always know if both parents agree or disagree as you may not see them together. But if the disagreement is brought to your attention, then the above rule applies.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 7 year olds</td>
<td>You should interview the parent or guardian about the child. As you will be measuring the height and weight of the child, the child has to be present in the home at the time of the interview. Ideally they should be present during the interview as they may be able to provide information about themselves that their parent either does not know or has forgotten.</td>
</tr>
<tr>
<td>8 to 12 year olds</td>
<td>Again interview the parent or guardian. Children of this age are asked to complete a self-completion booklet. So make sure that the child is present during the interview and that their parents are happy with the self-completion questionnaire.</td>
</tr>
<tr>
<td>13-15 year olds</td>
<td>Interview in their own right (after obtaining parental permission). These children will also be given a self-completion booklet.</td>
</tr>
<tr>
<td>16 to 17 year olds</td>
<td>It is not necessary to obtain formal parental agreement to interview these young people. It is however courteous to let the parents know that you wish to interview them. This age group is also given a self-completion questionnaire.</td>
</tr>
</tbody>
</table>

Should a parent wish to know the content of the survey, explain briefly the survey coverage (see Section 4.3).
What should you do if there is a child in the household who is away from home for the whole of your fieldwork period? For example, children away at boarding school (who do not come home at weekends), on an extended visit/holiday away from home, or ill in hospital.

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

*Child aged 0-12:* Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.

At HtResp and WtResp enter “Height/Weight not attempted”. At NoHitM and NoWaitM code “Child away from home during fieldwork period” and enter a note in a remark to say why.

If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At SComp3 code “No” and at SComp6 code “child away from home during fieldwork period” and enter a note in the notepad to say why.

Children who are ill at home for the whole of the period should be treated in the same way, except that at SComp6, NoHitM and NoWaitM code “other” and enter a note in the notepad.

These are the only occasions when children might not be present for the interview. Even though you are asking a parent about the health of a child aged between 0-12, you must have the child close-by during the interview so that you do not lose height, weight and self-completions. You must ensure that appointments for interviews are made for times when the child(ren) will be available and not at school, visiting a friend or likely to be in bed. This must be stressed to parents when setting up appointments for your interview and the nurse interview.

**Proxy interviews**

Apart from interviews with children aged under 13 year you should not complete any interviews by proxy. If a person is unable to complete the interview in person then use the appropriate code (eg language difficulties, physical or mental incapable). If the respondent does not speak English you should not complete the interview even if you speak their language.
6.4 Sampling Documents

Documents associated with sample selection and outcome recording are the Interviewer Sample Sheet, Address Record Form sample type I (ARF A Type I), Address Record Form sample type II (ARF A Type II), Address Record Form B (ARF B), Adult List Sheet and Address List. How each of these documents should be used is described below.

6.5 Address Record Forms, Sample Type I and Sample Type II

You will receive an ARF for each of the 38 addresses in your sample point. Each of these 38 ARFs should be completed and returned to the office immediately you have finished work at the address to which it relates.

The Address Label at the top of the ARF gives, in addition to the full address, a seven-digit serial number. This is the serial number for Household No. 1. It is made up of

- three digits for Sample Point
- two digits for the Address (01-38)
- a single digit for the Household (called HHold in the CAPI program)
- a check letter.

Address numbers 01-29 are Sample Type I; these will be supplied to you on the white Type I ARF. Address numbers 30-38 are Sample Type II; these will be supplied to you on the pink Type II ARF. The address label will also indicate TYPE I or TYPE II.

Make sure that when you open a CAPI questionnaire you select the correct Address number. Always check that you have copied the serial number accurately onto all documents relating to that household.

The address label also gives the OS grid reference for the address. This is to help those in rural areas locate addresses.

If there are two or more households at the address, you will need to make out a supplementary ARF B (Blue) for each of the additional households - see below. The ARF B applies to both sample type I and sample type II.

The selection label on the front page should be used where there are four or more households at the address, and you have to select three at which to interview (see section 6.7).
6.6 Completing the ARF

Before returning work to the office, always check carefully that the ARF has been fully and accurately completed.

Calls record
Keep a full record of all the visits you make to an address/household - include abortive visits as well as productive ones.

Any notes about what happened at each call should be made in the notes box. Label the notes with the call number.

Questions 1–7 (Sample Type I and Type II)
These only appear on the ARF A. They guide you through the process of establishing whether the household is eligible for interview and the number of households at the address.

Follow the routing instructions carefully.

Q1 - You first need to establish whether the address is traceable, residential and occupied as a main residence. If the answer is Yes proceed to Q6 to establish the number of households at the address. If the answer is unsure, no or not applicable following the routing to code the reason.

Q2 - Unknown eligibility: these are cases where you are unable to ascertain whether the address contains eligible respondents or not, for example where you are unable to locate an address. You should only code an address as unknown eligibility as a last resort. This means you have done everything possible to locate an address, or identify whether it is residential and occupied.

<table>
<thead>
<tr>
<th>62</th>
<th>Inaccessible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Include remote areas temporarily inaccessible due to whether conditions or other causes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>63</th>
<th>Unable to locate address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Only use this code as a last resort. You must contact the office before using this code. You need to code whether you were unable to locate the address due to an insufficient address or if the address was not traced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>64</th>
<th>Unknown whether address contains residential housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If you use this code you should record if you were unable to establish this information due to a refusal or non-contact at Q5.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>65</th>
<th>Residential address – unknown if eligible household(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You know that the address is residential but the existence of resident(s) eligible for the survey is unknown. If you use this code you should record if you were unable to establish this information due to a refusal or non-contact at Q5.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>67</th>
<th>Other unknown eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Record the full reasons for using this code at Q5</td>
</tr>
</tbody>
</table>

Q3 - Deadwood (Ineligible): Use these codes for addresses which are not eligible for inclusion in the sample for example vacant or empty properties. They also include residential addresses where there are no eligible respondents.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Unable to locate/address doesn’t exist</td>
<td>Use this code for addresses where you have established that the address cannot be located or does not exist because, for example, the building was never built. You must contact the office before using this code.</td>
</tr>
<tr>
<td>71</td>
<td>Not yet built/under construction</td>
<td>The building has not yet been built or completed. If completed but still empty or in the process of conversion, use code 73.</td>
</tr>
<tr>
<td>72</td>
<td>Demolished/derelict</td>
<td>This includes addresses that “disappear” when two addresses are combined into one.</td>
</tr>
<tr>
<td>73</td>
<td>Vacant/empty housing unit</td>
<td>Housing units known not to contain any resident household on the date of the first contact attempt. This includes second homes which are not occupied at first contact attempt.</td>
</tr>
<tr>
<td>74</td>
<td>Non-residential address</td>
<td>Address occupied solely by a business, school, government office, other organisation, etc., with no resident persons.</td>
</tr>
<tr>
<td>75</td>
<td>Address occupied, but resident household</td>
<td>Address is residential and occupied, but is not the main residence of any of the residents. This is likely to apply to seasonal/vacation/temporary residences, except if not occupied at the time of the contact attempt (code 73).</td>
</tr>
<tr>
<td>76</td>
<td>Communal establishment/institution</td>
<td>Address is residential and occupied, but does not contain any private household(s), e.g. institutions and group quarters.</td>
</tr>
<tr>
<td>78</td>
<td>Address out of sample</td>
<td>All addresses in the Health Survey are normally “in the sample” however you may instructed to use code by the office.</td>
</tr>
<tr>
<td>79</td>
<td>Other ineligible</td>
<td>Record the full reasons for using this code at Q5. You must contact the office before using this code.</td>
</tr>
</tbody>
</table>

**Q4 - Not applicable:** Use these codes for those circumstances where you did not attempt to locate an address.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Refusal to office on receipt of advance letter</td>
<td>This code is only used when a decision not to participate in the survey is communicated directly to the National Centre before the initial interviewer contact. If the office refusal comes after the you have made contact then this should be code as a refusal at the appropriate point on the ARF.</td>
</tr>
<tr>
<td>77</td>
<td>Office informed no-one under 25 living at address (SAMPLE TYPE I ONLY)</td>
<td>Use this code for those addresses where the residents have contacted the office and has been established that there is no-one eligible at that address. NB you cannot use this code for sample type II addresses.</td>
</tr>
<tr>
<td>90</td>
<td>To be re-allocated to another interviewer</td>
<td>You will be instructed when to use this code by the office.</td>
</tr>
<tr>
<td>61</td>
<td>Reissue not covered by final cut off</td>
<td>You will be instructed when to use this code by the office. You will not be able to use this code for first issue addresses.</td>
</tr>
</tbody>
</table>
Q5 - If routed to this question then record the full reasons for using the code.

Q6 - At this question you should establish the number of households at the address, you need to enter this information into the Admin block. On the Health survey the definition of a household is: “one person or a group of people who have the accommodation as their only or main residence and share at least one meal a day or share the living accommodation.”

If you are unable to make contact at this point (code 31) or obtain a refusal (code 42), follow the routing to Q19 and record the reason for using this code giving as much information as possible.

Q7 - This summary sorts addresses into those requiring a household selection process (codes C and D) from those where all households are eligible for inclusion in the survey (codes A and B). Make sure you always follow the skip instructions carefully.

Q8 - If there are 4-12 households at your address, list all of them in the grid in the order indicated. Please note that it is only OCCUPIED households that are eligible for selection. An empty flat in a block of flats would not be eligible for selection.

Then use the selection label on the front of the ARF to select the three households to include in the survey. Go along the first row until you reach the number of households at your address, and then look below for the selection codes of the households to include. Ring these codes in the column headed Selection Code. Then go to Q11 and repeat the location details of the three selected households. An example of a selection label is shown below.

It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your supervisor or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper in the order indicated at Question 8. Then use the look-up chart on the back page of the ARF. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Pin the sheet on which you have listed these households to the back of your ARF.

Q11 - Note the difference between the Household Serial Number in the left-hand column and the Selection Code to be entered in the right-hand column. The latter comes from the grid you completed at Q8 and is only used for helping you make a correct household selection. The pre-numbered Household Serial Number is the number (together with the Check Letter) that should be used on all documents relating to that household. It is vital that you do not confuse the two numbers.

Having made your selection, you should prepare ARFs for each household. The household listed first at Q11 is Household No. 1. Use the ARF A for this household. Write the location of this household in the box provided below the selection label. This is both to remind you of which one it is and to help anyone who subsequently wishes to contact this household.

Make out an ARF B for the second and third households listed at Q11 (see above). Also write the location details of the household in the box provided below the selection label.

An example of a completed page 3 is shown overleaf. Given the selection label shown on the next page, you can see that the first, second and fourth households on the list were selected.
The household living in the basement flat becomes the household with serial number 1 (use the Sample I or Sample II ARF A for this household), the ground floor flat is household serial number 2 (make out an ARF B for this household; give it HH no. 2), and the household in the back room on the first floor is household serial number 3 (make out another ARF B for this household; give it HH no.3).

| POINT: 601 |
| ADD/HH: 08 1 D |
| HH: 4 5 6 7 8 9 10 11 12 |
| SEL: 1 3 2 2 1 5 1 1 3 |
| 2 4 3 5 4 6 6 8 6 |
| 4 5 5 7 6 9 9 10 12 |
IF 4-12 HOUSEHOLDS, COMPLETE Q8, Q9, AND Q11

Q8
List all households at address
- In flat/room number order
- OR From bottom to top of building, left to right, front to back

<table>
<thead>
<tr>
<th>Description</th>
<th>Selection Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement flat</td>
<td>01</td>
</tr>
<tr>
<td>Ground floor flat</td>
<td>02</td>
</tr>
<tr>
<td>First floor flat - front</td>
<td>03</td>
</tr>
<tr>
<td>First floor flat - back</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
</tbody>
</table>

Q9
Look at selection label on front of ARF, and select three households.
Ring the in the grid above the selection code of the three selected households.
Repeat their details at B4 and enter the selection codes in the right hand column

IF 13 OR MORE HOUSEHOLDS

Q10
Use the look up chart on page 8 of the ARF to select THREE households.
Enter their details at Q11

IF 2 OR MORE HOUSEHOLDS

Q11
List these (sampled) households below
- In flat/room number order
- OR From bottom to top of building, left to right, front to back

<table>
<thead>
<tr>
<th>HOUSEHOLD SERIAL NUMBER</th>
<th>Description</th>
<th>IF 4-12 HOUSEHOLDS AT ADDRESS, ENTER SELECTION CODE OF HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basement flat</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>Ground floor flat</td>
<td>02</td>
</tr>
<tr>
<td>3</td>
<td>First floor flat - back</td>
<td>04</td>
</tr>
</tbody>
</table>

ALWAYS USE THIS HOUSEHOLD SERIAL NUMBER:
- To enter interviews on laptop
- On “Additional household” ARFs
- On all documents relating to a household

Use this ARF for household number 1.
Complete separate ARF Bs for households number 2 & 3
Questions 12a - 12d: Sample Type I
These questions cover the screening process, to screen for presence of children and young adults in the household.

Q12a and b - First you need to make contact with the household and ask: “(Can I just check) are there any people aged under 25 living in this household?” At this stage it is not essential to contact the householder; this information can be obtained from any responsible adult in the household. If the resident says no, you should add this includes children as well.

Q12c - If you are unable to make contact with anyone in the household after a minimum of 4 calls, then it is acceptable to carry out this first screening stage by asking a neighbour or someone else outside the household if there are any people aged under 30 living at that address. The reason for asking for any people aged under 30 in the first instance is to make sure that we don’t miss any people in our target age group, because informants are not sure of the exact age of household members.

If the answer at Q12b or Q12c is ‘no’, circle outcome code 77. There is no further work for you to do at this household. You will be asked in the admin block to say whether this information was obtained from a household member or someone outside the household.

Q12d - Once you have been told that there is someone aged under 25 living in the household, you MUST contact a householder (Head of Household or spouse of Head of Household) to complete the screening. You should NOT complete this stage of the screening with another adult in the household. You may need to make an appointment to return to the household to contact the householder.

Once you have made contact with a householder, establish how many people there are in the household in each of four age bands: age 25 or over (not eligible for interview), age 16-24, age 2-15 and age 0-1.

If you use outcome codes 32, 42, 53 or 54 go to Q19 and give a full description of why you were unable to make contact with the householder, or reasons for refusal by the householder, or reasons why you were unable to obtain any information about the household.

Q12e - Complete the check question, to summarise the number of people aged 0-24 in the household. If none (code 77) there is no further work at this household. If one, two or three or more, proceed to carry out interviews at the household.

Question 12- Sample Type II
Q12 – Contact the householder and establish the number of people and establish how many people there are in the household in each of four age bands: age 25 or over, age 16-24, age 2-15 and age 0-1. All age groups are eligible for interview in Sample type II addressees.

If you use outcome codes 32, 42, 53 or 54 you are asked to go to Q19 on page 6. Give a full description of why you were unable to make contact, or reasons for refusal by the householder, or reasons why you were unable to obtain any information about the household.

Questions 13-25
These questions are on all three types of ARF.

Q14 – Code whether the household questionnaire was completed or not. If you use outcome code 33, 43, 45, 51-54 or 56 you are asked to go to Q19. Give a full description of why you
were unable to make contact, or reasons for refusal, or reasons why you were unable to obtain any information about the household.

If you use code 52 (away/in hospital all field period) you will need to code in the Admin block whether the household questionnaire was not completed because the responsible adult was away or because they were in hospital.

**Q15** – This is the outcome code for the whole household. It calculated on the of the individual interview. It can only be coded when you have completed all your tasks for that household. This code will be given to you at PrOut in the Admin block. You need to circle the appropriate code on the ARF. The codes are described below.

**Code 11** applies if you obtained an interview with all household members eligible for the survey (ie all persons have outcome codes 11 or 12 at Question 16).

**Code 21** applies if at least one person at Question 16 has outcome code 11 or 12.

**Code 44** applies if you were given a refusal (in person or by proxy) by every eligible household member.

**Code 45** applies if you had a broken appointment for every eligible household member.

**Code 46** is for all other combinations of unproductive individual interviews.

**Q16A** - This is a very important grid. If you fail to complete the details, the ARF will be returned to you and your work will not be booked in until it is completed. For each person on the Household Grid who was interviewed, enter their Person Number and age, record their title, their surname and their full initials.

You also need to enter the outcome codes for the person(s) you have interviewed. These are recorded and displayed on screens IOut and NIOut of the Admin block. The back page of the ARF gives a list of the Individual outcome codes.

<table>
<thead>
<tr>
<th>PERSON N0.</th>
<th>AGE</th>
<th>TITLE</th>
<th>FULL INITIALS</th>
<th>SURNAME</th>
<th>OUTCOME CODE</th>
<th>AGREED NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>3</td>
<td>R</td>
<td>BOREHAM</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

In the Admin. Block you will be asked to enter the title, full initials and surname of all productive respondents into the computer. Make sure you complete the ARF grid correctly, and transfer the details accurately onto the computer, otherwise things like blood test results could be sent to the wrong person.

**Q16B** - For each person not interviewed, give a full description of why you were unable to obtain an interview. It is very important to us to know as much as possible about why a person was not covered in this survey. You do not need to enter the details of the unselected adults on Sample Type I.

**Q17** - Record here reasons why respondents refused to see the Nurse.

**Q18** - For productive households only, record the number of self-completions obtained. You will be given the number to record at SelfCI in the Admin Block.
Q19 - Record here full reasons why the household was not contacted/refused. This information is used to decide whether to try again with a reissue. Record as much information as possible e.g. for a refusal, what was sex and the approximate age of the person you spoke to, what reasons did they give for refusal.

Q20 - For all unproductive households, give your best guess as to whether another interviewer calling back in a couple of weeks’ time would get an interview. This information is also used in deciding whether to reissue an address.

Observation Sheet Questions 21-25
Complete Questions 21-25 for all addresses, other than those classified as deadwood or ineligible at Questions 2-4. Complete from observation of the area in which the address is located. If you are not sure how to code the questions give your best guess. Copy the information to the Admin block when you have finished with the household.

Q21 - Ring a code to indicate the type of area in which the address is located.

Q22 - Ring a code to indicate the predominant type of buildings in the immediate area of the address. If the address was on an estate, it would be the main type housing on the estate; if in a street, the type of property in that street.

Q23 - Ring a code to indicate the type of accommodation lived in by the household. For example, if your address is a whole house, but you find it is occupied by households occupying different flats, then it would be a code 06.

Q24 - Ring a code to indicate whether the house/flat/building has any physical barriers to entry.

Q25 - Ring a code to indicate the ethnic mix of the immediate area of the address, e.g. the ethnic mix of the street in which the address is located.

6.7 Address Record Form B (ARF B)

If there is more than one household at an address, an ARF B should be prepared for each additional sampled household. The maximum number of ARFs you can have for an address is three - one ARF Type I or ARF Type II and two ARF Bs.

ARF B should be prepared by writing the address, postcode and serial number into the box on the first page. Copy the address and postcode from the original label, but add any details to identify the household, e.g. ‘Flat 2’. The point and address numbers for the 2nd and 3rd households are the same as for the 1st household; make sure you copy them correctly. The household number (HH box) for the 2nd household should be 2, and for the 3rd household, 3.

Additional households should be allocated the next check letter in alphabetical sequence from the first address (although check letters i, o and u should not be used). So for example, in the example label shown above, the check letter for Household 1 is D; Household 2 at this address would have check letter E, and Household 3 would have check letter F. You should also write details of the location of the household in the box provided.

At Question A on page 2, enter the address number of the household and code the sample type. Then follow the routing - either to question SII 12 (if Sample II address) or to SI 12a (if Sample I address). Question SII 12 mirrors question 12 on the Sample II ARF A, and SI 12a mirrors questions 12a-e on the Sample I ARF A.
6.8 Adult Selection Procedure

In the unlikely event that you find a household which contains 11 adults (aged 16+) or more, you will have to follow an adult selection procedure. You should take the sheet in your supplies called the ‘Adult List Sheet’. List all the persons aged 16 or over in the household, starting with the oldest and working down to the youngest. Then turn to the back page of your ARF. This gives an Adult Selection Chart. Find the column which gives the number corresponding to the number of adults in your household (eg 12). Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

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

6.9 Interviewer Sample Sheet (ISS)

This document will accompany your set of ARFs. Your supervisor's name and telephone number will be entered on the sheet. It will also tell you whether you are to be supervised in that Survey Month.

Complete this document as you work through your addresses and retain it carefully. It allows you to keep a full record of what you did. Any queries relating to work you sent to the nurse or to your pay can be sorted out.

The ISS is pre-printed with the Serial Number of each address in your point. Beside each Serial Number there are three rows, one for each possible household at the address. Record the location details of each household (if a multi-household address).

For each household record the final outcome of your attempts to interview. Take this from the ARF. In the next column record the number of people you interviewed. Then enter the number of people for whom an appointment was made to see the nurse. The information is summarised in the Admin block at the question called NRF. Then record the date on which you sent the nurse his/her Nurse Record Form or No Nurse Visit Sheet for this household. Finally, enter the date on which you returned the ARF and the date you transmitted your work for that address back to the office.

An example of a partially-completed ISS is shown overleaf.

6.10 Address List

In addition to the ARFs, you will be given a paper listing of all the sampled addresses in your survey point. This will also show the previous and next addresses to the sampled address, from the PAF file. This information is for you to use if you have any problems in locating an address. It will also help you to decide whether you need to interview at multiple households at an address. The basic principle is that if a household has a separate listing on the PAF file, then it has had a chance of being sampled for the survey, and so should not be treated as an additional household.

For example, say the sampled address is:

15 Manor Road

and the listing shows the previous and next addresses as:

13 Manor Road and
17 Manor Road
When you get to 15 Manor Road, you find that it is actually two flats, 15a Manor Road and 15b Manor Road. You can see from the listing that there is only one entry for 15 Manor Road, so you will need to interview at both 15a and 15b.

If, on the other hand, the sampled address had been:

15a Manor Road

and the listing had shown the previous and next addresses as:

13 Manor Road and
15b Manor Road

this would confirm that you only need to interview at 15a (15b was listed separately on PAF and therefore had a chance of being selected in its own right).
### INTERVIEWER SAMPLE SHEET

#### The Health Survey for England: 2002

**Interviewer Sample Sheet**

**Interviewer Name:** HUGO FIRST  
**Interviewer Number:** 3024D2

**Supervisor:** JANE THORNTON  
**Tel Number:** 01783 251 421

#### To be supervised this month

<table>
<thead>
<tr>
<th>Address serial number</th>
<th>H/hold serial number</th>
<th>Household location</th>
<th>Final outcome</th>
<th>If 11 or 21 Number interviewed</th>
<th>No. agreeing to nurse visit</th>
<th>Date NRF/NNV posted to nurse</th>
<th>Date ARF posted to office</th>
<th>Transmit date</th>
<th>Notes</th>
</tr>
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<td>01</td>
<td>1</td>
<td></td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>15/01</td>
<td>16/01</td>
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<td>02</td>
<td>1</td>
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<td>77</td>
<td>10/01</td>
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<td>Screened out at address</td>
<td></td>
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<td>03</td>
<td>1</td>
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<td>21</td>
<td>2</td>
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<td>05</td>
<td>1</td>
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<td>74</td>
<td>10/01</td>
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<tr>
<td>06</td>
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<td>Flat A</td>
<td>11</td>
<td>3</td>
<td>15/01</td>
<td>16/01</td>
<td>16/01</td>
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<tr>
<td></td>
<td>2</td>
<td>Flat B</td>
<td>66</td>
<td>10/01</td>
<td>11/01</td>
<td>Refused screening Q</td>
<td></td>
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</table>
7. INTRODUCING THE SURVEY

7.1 Notifying the Police

You, as the interviewer, are responsible for notifying the police in your area about the work both you and your nurse partner will be undertaking on this survey. You will be given a special form for this purpose. You will need to obtain all the relevant details from your nurse partner (e.g. make and registration number of car) so that you can complete this form. Before you start any work hand this form in at the police station in your area together with a copy of the advance letters, Stage 1 leaflet and Stage 2 leaflet.

You will be given three copies of the police letter, leave one at the station, send one to the nurse with the first batch of NRFs/NNVs and keep one yourself. Request more copies of the letter if you need to register at more than one station.

7.2 Advance letters and Survey Leaflets

A letter describing the purpose of the survey is sent to all sampled addresses a few days in advance of fieldwork. Different letters are sent to Sample Type I and Sample Type II addresses. You have been given copies of the advance letters to use as a reminder.

You have also been given a Stage 1 leaflet which gives further details about the survey. This should be given to everyone you interview. It should only be given out on the doorstep if you feel it will help to obtain a particular person's co-operation. Read it carefully. It will help you answer some of the questions people might have.

You have also been given Health Survey leaflets, which show some results from the survey. These are for you to use on the doorstep to help obtain co-operation, or to leave behind after the interview, as you feel appropriate.

You also have copies of the Stage 2 leaflet, which the nurse will hand out. You may find this useful when answering questions. If necessary you may leave a Stage 2 leaflet with the respondent, if the respondent is very persistent in wanting information about the nurse visit. But it is better to leave the Stage 2 leaflet for the nurse to hand out.

7.3 Doorstep Introduction

The general rule is keep your initial introduction short, simple, clear and to the point.

The way the survey is introduced is vital to obtaining co-operation. Before you go out into the field make sure you know about your survey. Keep your explanation as short as possible, saying as little as you can get away with. This is the way in which interviewers who get the highest response tackle their doorstep introductions.

<table>
<thead>
<tr>
<th>Show your identity card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say who you are</td>
</tr>
<tr>
<td>Say who you work for</td>
</tr>
<tr>
<td>Say that you are carrying out a ‘very important Government survey about health.’</td>
</tr>
</tbody>
</table>
Only elaborate if you need to. Introduce a new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part.

*Concentrate on obtaining the interview.* Do not mention measurements and the nurse visit. The letter sent in advance to sampled addresses refers only to an interview. It does not mention measurements or a subsequent nurse visit. We do not want to risk losing an interview because a person is worried about being weighed or measured, or about seeing a nurse. These are decisions they can make later. The interview itself is very important, and we want this even if we do not get any measurements for a person. Our experience to date has shown that nearly everyone is willing to proceed from one stage of the survey to the next. But they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

Introduce the height and weight measurements when the interview has been completed. Introduce the nurse visit after those measurements have been carried out. Your initial task is to get the household involved so that they feel happy to continue through to the end. Occasionally you may feel that mentioning the measurements is likely to encourage a particular household to respond. In which case, you may of course do so.

Do not turn up with your stadiometer and scales. Leave your car somewhere where you can retrieve these. You will not require them until the end of the interview and they can look very off-putting.

You will want to interview as many people as possible on the same visit to a household. If it is not possible to see them at the same time, then you will need to arrange separate appointments. Try to see everyone in a household within the shortest possible period of time. As well as being easier for you, this will be a big help to your nurse partner.

Once you have identified how many people aged 16+ there are in the household, you know you have to interview all of them (in Sample Type II), or all aged 16-24 (in Sample Type I). If there are 1 or 2 children aged 0 to 15, you have to interview both of these. If there are three or more children in this age range, you will have to complete the Household Questionnaire (see section 10) before you will know which two you have to interview.

If there are two or more people to interview, it both saves time and helps to encourage co-operation if you are able to interview them in pairs (or even in threes or fours). However, you must be prepared to remain flexible, even if it means going back several times in order to interview everyone. This is explained more in Section 11.
Below is a list of things you might want to mention when introducing the survey. These are also included on your interviewer info card.

<table>
<thead>
<tr>
<th>What you might mention when introducing the survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It is a national (Government) survey (on behalf of the Department of Health).</td>
</tr>
<tr>
<td>• It is a very important survey.</td>
</tr>
<tr>
<td>• It was set up as a result of a special recommendation in the government's White Paper “The Health of the Nation” and is also part of the current government’s “Our Healthier Nation” White Paper.</td>
</tr>
<tr>
<td>• It is the largest national survey to look at the health of the general population. In 2002 about 20,000 people will take part.</td>
</tr>
<tr>
<td>• It is carried out annually.</td>
</tr>
<tr>
<td>• It provides the government with accurate and up-to-date information on the health of the population.</td>
</tr>
<tr>
<td>• It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Paper “Our Healthier Nation”) are achieved.</td>
</tr>
<tr>
<td>• It is used to help plan NHS services.</td>
</tr>
<tr>
<td>• The information is available to all political parties.</td>
</tr>
<tr>
<td>• The information will be needed by whichever government is in office.</td>
</tr>
<tr>
<td>• Results are published annually and reported in the national press.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• To get an accurate picture, we <strong>must</strong> 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Old 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.</td>
</tr>
<tr>
<td>• Each person selected to take part in the survey is <strong>vital</strong> to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them.</td>
</tr>
<tr>
<td>• No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results or a results.</td>
</tr>
<tr>
<td>• The government only gets a statistical summary of everyone's answers.</td>
</tr>
</tbody>
</table>
7.4 ‘Thank You’ Presents for Children and Young People

Given the large demand we are making on the household, particularly in ‘child’ households, we feel it is appropriate to make a small present to each of the children and young people helping with the survey. You will be given a selection of small ‘lucky bags’ that contain stickers and puzzles to complete for younger children (NB these are not suitable for children under 3), and some pens for older children. It is up to you to decide at what point in the interview to give the ‘present’; make sure it is clear that all children will be given a ‘present’, whether or not they agree to all the measurements. In some cases you may also feel you should give a ‘present’ to a sibling not selected for the survey. This is fine. The pens are intended for older children - not for adults. It will occasionally be tactful to give an older young person (eg. someone aged 16/17) a present as well as his/her younger siblings. We have only a limited number of presents, so please do not be over-generous; each child should receive a pen or a lucky bag - not both.

7.5 Introducing Height and Weight Measurements

The relationship between general build and health is of great interest to the Department of Health. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population's diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place. Since 1995 the Health Survey has been the main national source of information on children’s heights and weights.

Explain that it will only take a very short time to do and that no one will be asked to undress. The respondent can have a record of their measurements but if they would prefer not to have them written down, then this is okay.

7.6 Introducing the Nurse’s Visit

Our target is to interview and measure everyone. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

Convincing interview respondents of the importance of the second stage of this survey is therefore an essential part of your work and should be taken as seriously as getting an interview in the first place. Your job is only complete when you have arranged an appointment for the nurse to make a visit.

The question called Nurse on the Individual Questionnaire gives an introduction to this second stage of the survey. Use this wording to start with. But sometimes you will need to provide further information in order to convince people of the importance of this stage. They may want to know more about what is involved. Some may be nervous of seeing a nurse and you will need to allay any fears.

Try to convince everyone that seeing a nurse is a vital part of the study and that it is non-threatening.
If the person is reluctant, use the arguments given in the box below to try to get them to change their mind:-

- 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

- 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

- The nurse will ask for separate permission to carry out the various measurements

- No pressure will be put on the respondent to give blood. A blood sample is only taken if the respondent gives written permission at the time. It is the one of the last things the nurse will do during her/his visit

- 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

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings, lung function and the results of the blood tests. If you feel that knowing 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.** 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.

As with the doorstep introduction, say as little as possible in order to gain co-operation.

**Information you may need to know if the respondent asks you questions about the nurse visit**

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable

- the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey

- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 11-24 only). If (s)he likes, this information will also be sent to their GP.

- respondents are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one. The nurse has to obtain written permission from a respondent before a blood sample can be taken

- the amount of blood (15ml or three teaspoons) the nurse will take is tiny compared to the pint that blood donors give.
• we will not be testing the sample for HIV (the “AIDS test”)
• the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
• over 70,000 people have already given blood samples on this survey
• the Multi Centre Research Ethics Committee has given approval to the survey and their local medical ethics committee have been notified of the survey and the approval

Summary of nurse tasks and how to describe them to respondents
The various types of measurements the nurse will ask permission to carry out are listed on the next page. When describing the nurse visit to respondents do not go through all of these. For example, when asked about blood samples, mention the things people might already know about - for example a haemoglobin test to detect anaemia.

You have a copy of the Nurse Leaflet (Stage 2) which the nurse will be giving to all the people she/he visits. This describes the purpose of each measurement. Read it carefully so that you can use the information it contains.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Purpose/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>Both systolic and diastolic pressures will be taken, together with a pulse reading.</td>
</tr>
<tr>
<td>Waist and hip</td>
<td>The waist to hip ratio is a measure of the distribution of fat over the body.</td>
</tr>
<tr>
<td>Length</td>
<td>Together with weight gives a measure of growth in infants.</td>
</tr>
<tr>
<td>Lung function</td>
<td>Involves blowing into a special piece of equipment which gives a measure of respiratory health.</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>Children dribble down a straw, adults chew on a piece of dental roll. The sample is tested for cotinine which is a derivative of nicotine and shows recent exposure to tobacco either because they are a smoker or due to passive smoking.</td>
</tr>
<tr>
<td>Blood sample</td>
<td>Up to two tubes of blood will be taken. The blood is analysed for the following:</td>
</tr>
<tr>
<td>IgE</td>
<td>This is a substance in the blood which is raised in some people who have allergies</td>
</tr>
<tr>
<td>House dust mite specific IgE</td>
<td>Indicates a possible allergy to house dust mites</td>
</tr>
<tr>
<td>Ferritin</td>
<td>This gives a measure of the level of iron in the body.</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>This is the red pigment in the blood which carries oxygen. If you have a low level of haemoglobin you are anaemic. Anaemia may be caused by a shortage of iron.</td>
</tr>
</tbody>
</table>

The blood will not be tested for HIV (the AIDS test).
8. **LIAISING WITH YOUR NURSE PARTNER**

It is vital that you and your nurse partner establish a good working relationship. If possible, you should arrange to meet up before you start working. The success of the survey depends on a good working relationship between the interviewer and the nurse. It is the interviewer’s task to initiate this. You must contact your nurse partner before you start work. Respondents often want more information about the nurse. You may want to describe the nurse, so an elderly or concerned respondent knows who to expect.

Things you need to know about your nurse partner include:

- Make and registration number of her/his vehicle.
- Days and times of availability for the month ahead.
- Does (s)he work as a nurse in a hospital/clinic/in the community, as well as being a survey nurse?
- Does (s)he wear a uniform (the nurse makes her/his own decision about this)?
- How well do they know the area you are both working in?

8.1 **Making Appointments for the Nurse Visit**

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have both been given an Appointment Diary covering the relevant survey period. Go through this together before you start work. Note carefully the days and times on which the nurse is available to make a visit. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liaise frequently in order to update this information.

Ideally you will provide the nurse with an even spread of work and minimise the number of visits (s)he has to make to the area. But of course this might not always be possible.

Try to arrange for everyone in a household to be seen one after the other. Below is a table of the approximate length of the nurse visit based on the age of the respondent. These are only average times so it is important you check with your nurse if she feels she needs more or less time to see a respondent.

<table>
<thead>
<tr>
<th>Age of respondent</th>
<th>Approx. length of nurse visit (mins)</th>
</tr>
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<tbody>
<tr>
<td>Under 2</td>
<td>10-15</td>
</tr>
<tr>
<td>2-4</td>
<td>5-10</td>
</tr>
<tr>
<td>5-6</td>
<td>15</td>
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<tr>
<td>7-10</td>
<td>25</td>
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<tr>
<td>11-15</td>
<td>35</td>
</tr>
<tr>
<td>16-24</td>
<td>45</td>
</tr>
<tr>
<td>25+</td>
<td>20</td>
</tr>
</tbody>
</table>

You will know how long a nurse will need to get from one address to another if you are making appointments on the same day. Do not under-estimate these times.

When you have made an appointment for a household, give the respondents a completed Appointment Record card (this is printed on the reverse of the Stage 1 leaflet). Remember to always fill in the household serial number, in case any respondent has to telephone the office with a problem. If you have made appointments for individual people remember to write their name on the Appointment Record and note carefully the dates and times of each
person's nurse appointment in your Appointment Diary and be sure to pass this information on to the nurse.

Point out to all respondents the notes at the bottom of the Appointment Record. These tell respondents that we would like them not to eat, drink, smoke or take part in vigorous exercise for half an hour before their appointment, and ask them to try to wear light clothing. Adults aged 16 or over are asked not to wear tight clothing, as the nurse will be measuring waist and hip. Light clothing makes it much easier to get accurate measurements.

Make sure your nurse is given good warning of all appointments you have made. Telephone appointments through to your nurse the same day or immediately the next day. A very important part of your job is keeping the nurse fully informed about the outcomes of your attempts to interview people and to arrange for the follow-up nurse visit.

Send the nurse the completed Nurse Record Form for a household as soon as you have finished work there (see Section 8.3). Do not wait until you have a few NRFs, send them immediately. Also if you send a batch of NRFs together (more than 3), split them between envelopes or make sure you weigh them because they become too heavy for standard postal rates and this delays delivery to the nurse. If you have set up nurse appointments before you have completed all interviewing in the household, telephone through the interim appointments. You should telephone the nurse regularly to tell her/him what (s)he should be expecting from you. This is especially important if you have made a nurse appointment for someone within the next day or two, to give the nurse time to prepare her work.

Children aged 2 and 3 in sample type I

In some households the only person a child between 2 and 3 years may be the only person eligible for a nurse visit. For children in this age group the nurse will only be collecting details of their prescribed medications so it will not be necessary for them to visit the addresses. If this circumstance should occur tell the parent(s) that the nurse will contact them rather than making an appointment. Ensure that you have recorded a contact name and telephone number and then inform the nurse.

Accompanying the Nurse

You may come across a situation where you feel that the nurse might not get a response, or might have other problems with the respondent, unless you accompanied them. If you feel this is the case, obtain clearance from your Area Manager to accompany the nurse.

8.3 The Nurse Record Form (NRF) and the No Nurse Visit Sheet (NNV)

The nurse has a list of the addresses in the point being covered. (S)he needs to know the outcome of your visits to each address (including any at which no interview can be attempted because they are vacant or screened out etc). If there is more than one household at an address (s)he needs to know the number of households and the outcome for each of these. If an appointment has been made, (s)he needs full details.

This information is communicated via the Nurse Record Form (NRF) and the No Nurse Visit Sheet (NNV). The Nurse Record Form (NRF) is the nurse’s equivalent of your ARF, and is used for households where you have made an appointment for the nurse to visit. The NNV is for households where there is no work for the nurse to do, either because the address is deadwood, screened out or unproductive to the interviewer, or because it was a productive household but all members refused a nurse visit.
It is your responsibility to prepare one of these for each address/household in your sample. Your sample pack contains a set of NRFs and NNVs, together with a sheet of address labels for household no. 1.

As soon as you have finished your work at a productive household where at least one person agreed to see the nurse, make out the NRF and send it to the nurse (even if you have already told him or her by telephone of appointments you have made).

**Completing the No Nurse Visit sheet (NNV)**

If the address was vacant or other deadwood, or screened out (Sample Type I only), or unproductive, or no individual agreed to see the nurse, then attach the address label to the No Nurse Visit sheet and ring a code to indicate why. CAPI prompts you to do this in the Household Admin block.

You can fit several address labels onto one NNV, but do not wait until a sheet is complete before sending it to the nurse; you should send the NNVs to the nurse regularly (say whenever you send an NRF).

**Completing the NRF**

It is your responsibility to complete the sections on page 1 and 2 of the NRF. Pages 3 and 4 are for the nurse to complete. Enter your name/number and that of the nurse at the top of the first page. Enter the telephone number. If there is more than one household at the address, describe the location of the household covered by that NRF.

If the NRF relates to Household 1 at an address, stick on the address label. If the NRF relates to household 2 or 3, copy the address, postcode and serial number details for the household in the box provided.

Pass onto the nurse any useful tips you can about how to find the address, if this is difficult.

**Completing Part A**

1. Complete the **Interviewer Outcome Summary** box:
   - If you have arranged at least one appointment for the nurse, **ring code A**, and complete Part A.

2. Enter the date on which you conducted the **household interview**.

3. Copy from ARF Question 12 the **total** number of persons in the household age 25 or over, 16-14, 2-15 and under 2.

4. Complete the grid at Questions 4 and 5 on page 2. The Admin. block has a screen called **NRF**. This shows you exactly what to enter here. Complete the NRF from Individual Questionnaire screen as you go along, following the instructions. When you complete the Admin Block check your entries on the NRF. This tells you exactly what to enter into these grids.

   At Question 4 complete one row for **every person in the household aged 16+** regardless of whether or not they agreed to be interviewed or agreed to see the nurse. The nurse needs to know who is resident in that household, and who co-operated with the survey and who did not. If there are more than ten adults in a household, list only those selected for the survey (ie those recorded in the Household Grid - these are the only ones the **NRF** screen will give you).
In Sample I, you still need to enter the details of people aged 25+, even though no interviews are carried out with adults (except mothers of infants). Circle code 4 (Sample I Unselected Adult) for these people.

At Question 5 complete one row for each eligible child under 16 – the children selected for interview by the computer program. The screen NRF will only show these.

Make sure you enter household members in the same order as they appear in the screen called NRF in the Admin block. It is vital that for a particular person the Person Number the nurse uses is identical to the Person Number assigned by the computer to that person.

For each person:
- enter their Person Number
- enter their full name and title (eg Mr. John Anderson)
- circle a code to indicate their sex (1= male, 2= female)
- their age at the date of the Household interview
- ring code 1 if that person agreed to see the nurse
- ring code 2 if you interviewed that person but they refused to see the nurse
- ring code 3 if that person was not interviewed
- ring code 4 if the person is aged 25 or over and Sample I (as they were not eligible for interview)
- enter the appointment date and time

For each eligible child age 0-15 you also need to enter the following details at grid 5.
- enter the Person Number of each “parent” living in the household
- for each “parent” ring code 1 if they are the natural or adoptive parent or code 2 if they are someone who has legal parental responsibility for the child (this is based on the questions Par1/Par2 in the household grid). This again is given on screen NRF. It is VITAL you enter this information correctly. The nurse will use this information in obtaining consents to measure children and it is only these who legally have the right to give consent.
- For infants the nurse also needs to know if they aged under 6 weeks or not. Infants under 6 weeks old will not have a length measurement taken. NRFInf in the admin block will tell you what to code here.

Examples of completed pages 1 and 2 of the NRF are shown overleaf (not a very satisfactory household but it has been filled in to show a variety of outcomes).

In some instances, you will find that you have to make an appointment for some household members to see the nurse in advance of other household members. In other cases, you will make a nurse appointment for the same day, or the day following, your visit. In both these cases, you are likely to have to tell the nurse about this appointment in advance of sending her/him the NRF. If this is the case, fill in the appropriate details on the NRF and telephone the nurse to inform them of the appointment. Read out the information about the respondent/s from the NRF, and give her/him the date of the household interview. The nurse has a form called the Interim Appointment Record, it is a copy of the page on the NRF with Q4 and Q5. The nurse will fill in the respondent's information onto the Interim Appointment Record sheet, including the person number/s of the adult/s who claim legal parental responsibility for any children who are to be seen by the nurse. The nurse will use this until s/he receives the NRF from you. Always make sure you get the nurse to read back the person number and name to you so that you are both sure the information has been
transferred correctly. The nurse will check the details on the NRF against the Interim Appointment Record when it arrives.

8.4 Transmitting Information to the Nurse

In most cases, the information the nurse needs to carry out the nurse visit, ie names, ages etc, will be transmitted to the nurse automatically via modem. You simply connect to the host machine, the necessary information is extracted and made available to the nurse when (s)he connects to the host machine later.

So, once you have made an appointment for the nurse, you should:

1. Connect to the host machine to transmit the details to the nurse
2. Complete a NRF and forward this to the nurse as usual (it is important to have a paper record, both as a back-up and to allow checks later)
3. Telephone the nurse to inform her/him of the appointment date and time.

The system works as long as there is a gap of at least two days between the interviewer transmitting the details and the nurse visit. If the gap is less than two days, the nurse is able to enter the details directly into CAPI, either from the paper NRF or from the Interim Appointment Record which (s)he will have completed with you over the telephone. We wish to avoid this happening wherever possible, because there is far less risk of error if the information is transmitted automatically. If interviewers transmit their work promptly, we ought to be able to use the automatic data transfer system in over 90% of cases.

It is therefore vital that you connect to the host machine as soon as possible after making a nurse appointment. You do not need to have completed all work at a household, or to have done the admin block for a household, in order to transmit the nurse details. You simply connect up, transmit, and the host machine will take only the information it needs to pass to the nurse.

Remember, it is still important to make the nurse appointment for as soon as possible after the interview. If the nurse information has not been automatically transferred, the nurse can enter the details manually.
HEALTH SURVEY FOR ENGLAND: 2002
NURSE RECORD FORM (NRF)

Interviewer name: Hugo First
No: 1234C5

Nurse name: Eleanor Rigby
No: 5678N5

ADDRESS LABEL

POINT: 095  FEB G
ADD/HH: 02 1  J

35 NORTHAMPTON SQUARE
LONDON
EC1V 0AX
FA: 5

HOUSEHOLD LOCATION DETAILS

Off St. John Street.
On the corner of Wyclif Street &
Northampton square

TELEPHONE NUMBER
020 1234 5678

USEFUL TIPS

1. INTERVIEWER
OUTCOME SUMMARY
At least one nurse appointment made

INTERVIEWER TO DO
Complete PART A below and on page 2

NURSE TO DO
Complete PART B on pages 3 and 4

PART A: TO BE COMPLETED BY INTERVIEWER

2. DATE OF HOUSEHOLD INTERVIEW CONDUCTED:

DAY  MONTH  YEAR
1  2  0 1  2 0 0 2

3. TOTAL NUMBER OF PERSONS IN HOUSEHOLD:

NUMBER OF PERSONS 25+
0 1

NUMBER OF PERSONS 16–24
0 1

NUMBER OF PERSONS 2-15
0 1

NUMBER OF INFANTS 0-1
0 1
4. COMPLETE GRID BELOW FOR **ALL PERSONS AGED 16 OR OVER IN HOUSEHOLD**

<table>
<thead>
<tr>
<th>PERSON NUMBER</th>
<th>FULL NAME &amp; TITLE</th>
<th>SEX 1=male 2=female</th>
<th>AGE</th>
<th>AGREED NURSE</th>
<th>REFUSED NURSE</th>
<th>NO INTERVIEW</th>
<th>SAMPLE I INELIGIBLE ADULT</th>
<th>APPOINTMENT DATE</th>
<th>APPOINTMENT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Mr David Graham</td>
<td>1 2</td>
<td>2 5</td>
<td>1 2 3</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 2</td>
<td>Mrs Angela Graham</td>
<td>1 2</td>
<td>2 3</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td>15 Jan 2002</td>
<td>16:15</td>
</tr>
</tbody>
</table>

5. COMPLETE GRID BELOW FOR CHILDREN **AGED 0-15 SELECTED FOR SURVEY**

<table>
<thead>
<tr>
<th>CHILD PERSON NUMBER</th>
<th>FULL NAME</th>
<th>SEX 1=male 2=female</th>
<th>AGE</th>
<th>AGE UNDER 6 WEEKS</th>
<th>AGREED NURSE</th>
<th>REFUSED NURSE</th>
<th>NO INTERVIEW / PARENT</th>
<th>APPOINTMENT DATE</th>
<th>APPOINTMENT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 3</td>
<td>Mr Jake Graham</td>
<td>1 2</td>
<td>0 3</td>
<td></td>
<td>1 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENT 1 0 1</td>
<td>Parent Legal Parental Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 4</td>
<td>Ms Lucy Graham</td>
<td>1 2</td>
<td>0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 Jan 2001</td>
<td>16:00</td>
</tr>
<tr>
<td>PARENT 1 0 1</td>
<td>Parent Legal Parental Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENT 2 0 2</td>
<td>Parent Legal Parental Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. INTRODUCTION TO THE QUESTIONNAIRES

The survey consists of a short screening questionnaire (for Sample I only), and two CAPI questionnaires:
- Household Questionnaire
- Individual Questionnaire (includes pen and paper self-completion questionnaires)

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

An Individual Questionnaire should be completed for each adult in the household and for sampled children. The CAPI program allows you to interview up to 4 persons concurrently in one session.

Most of the instructions appear on the screen, but the rest of this section gives further information about some questions. The questions are referred to by question names. These are the names which appear on the bottom half of the screen either to the left or above the space where the answer to the question is entered.

You also have a set of National Centre Laptop Instructions. These are to help you use the laptop and the CAPI program. Please read them. If you have mislaid your copy, request a new set from Brentwood.

9.1 The screening progress questionnaire

For the sample type I addresses you must first complete the short screening progress questionnaire. When you first open the household you will be given six options:

<table>
<thead>
<tr>
<th>Code 1 - Household screened in - appointment made</th>
<th>Use this code for households eligible for interview (ie at least one person in the household aged 0-24) and you have made an appointment to complete the rest of the interviewing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 2 - Household screened in - no appointment</td>
<td>Again use this code for households eligible for interview (ie at least one person in the household aged 0-24) but you haven’t made an definite appointment to return.</td>
</tr>
<tr>
<td>Code 3 - Household screened out - nobody eligible (code 77 only)</td>
<td>Use this code for sample type I households which are not eligible for interview (ie office informed no one under 25, screened out at address, screened out at neighbours or found not to be eligible after completing the household composition).</td>
</tr>
<tr>
<td>Code 4 – Other final outcome</td>
<td>This code should be used for deadwood addresses or definite refusals during the screening period (but not code 77). It should not used for non-contacts until towards the end of the main fieldwork period.</td>
</tr>
<tr>
<td>Code 5 - Covered but screening not completed</td>
<td>Use this code for those addresses where you have been able to complete the screening, for example due to non-contact.</td>
</tr>
<tr>
<td>Code 6 - Not covered</td>
<td>This code is for those addresses that you have not attempted to contact so are still outstanding at the end of the screening period.</td>
</tr>
</tbody>
</table>

For codes 1 to 4 you then need to enter the number calls you have made out the household to complete or attempt to complete the screening. For codes 1 and 2, after completing the screening
information, you will be taken back to household menu. For codes 3 and 4, you will be routed to the Admin block which you can complete now (code 5 at Choice) or later (code 1 at Choice). Codes 5 and 6 will take you back to the household menu. For code 6 you will first need to record the reason the household has not been covered.

When you re-enter an household in sample type I you will be given the option of going to the main questionnaire or back to the screening questionnaire. If you want to start interviewing or complete the admin then just press <Enter>. If you want to update or change the screening outcome press the down arrow key and then press <Enter>.

Keep the screening outcomes up to date as you work. At the end of the screening period all addresses in sample type I should have a screening outcome code (ideally mainly codes 1-5). The screening outcome code is shown in the household and address menu under the column “SCR”. You will need to transmit the screening outcomes back to the office at the end of the screening period (please refer to the timetable sent with the letter of invitation).

NB: The age of respondents is based on the age at the time of the screening. If a person aged 24 has a birthday between the completing the screening and carry out the individual interviews you must contact the office.

10. HOUSEHOLD QUESTIONNAIRE

This questionnaire consists mainly of a household grid. This grid establishes: (a) who lives in the household, (b) who are the parents of any children, and (c) the relationships of everyone to one another. The grid is followed by some questions about the household as a whole.

Wherever possible, complete the Household Questionnaire with the household reference person or his/her spouse or partner. It will be useful if other household members are present at the time so you can ensure you obtain correct dates of birth, etc. If neither the household reference person nor spouse/partner is available for the duration of the field work period, you can complete the Household Questionnaire with any responsible adult. However this is not ideal as there are some questions which will only come up if the householder answers the Household Questionnaire.

10.1 Introductory Questions

AdrCheck

This is a very important check to ensure that you have selected the right serial number for that household and to make sure that you are not interviewing at an incorrect address. This check will only work if you check with the respondent that you are at the address that is typed on the ARF address label. When the respondent confirms the address, key in the first 10 digits from the first line of the address from the label on the ARF. If the address and serial number do not match, you will be given a warning. If you have chosen the wrong serial number for that address, exit via Admin. and select the correct serial number. Do not continue.

If you have selected the correct serial number, the computer will pass you to DateOK which asks you to confirm the date based on the laptop’s internal calendar. Every 4 to 6 weeks you should check that the date and time on your laptop is correct. This is done by selecting “D” for “Set/Check date and time” at the Action Menu.

Please note that once you have entered them, the address details are not stored with the questionnaire in the computer, so the respondent does not need to worry about confidentiality.
10.2 The Grid
This part of the Household Questionnaire establishes basic information about the composition and structure of the household. Make every effort to complete the grid correctly from the start. In particular, check:

- that you have not omitted any household member
- that you have not included anyone who is not really a member of the household
- that you have the correct date of birth/age for everyone, as much of the subsequent filtering (especially in the nurse visit) depends on this

The order in which you enter the respondents is not crucial, but you (and the nurse) will find it easier later if they are entered roughly in age order, with the Head of Household first. At the very least, you should try to enter the details of parents before you enter those of children.

Before you leave the grid, make sure that you are happy with the information in it. Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid. What to do if you do find errors later is described in section 10.4.

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

Name
You only need to use first names (the name that they are normally known by) and not surnames on the grids. The full names will be written on the ARF. If someone does not want to give you their first name, enter their initials instead (but first names are preferable if possible).

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

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

A person whose spouse has been working away from home for over six months, for example on a contract overseas or in the armed forces, should still be coded as ‘married and living with husband/wife’ if the separation is not permanent.
Par1, Par2
This question must always be read out. Do not make assumptions. This is a very important question as it helps us to establish the person, or people, who have legal responsibility for the child in the household.

Do not attempt to define legal parental responsibility. This is not necessarily the same as acting in loco parentis. It is up to the person concerned to say whether or not they have this legal right. If they are doubtful, then encourage them to say “No”. The responsibility must be on a permanent basis.

If there is no person who is the parent or has legal parental responsibility (eg a schoolchild who is boarding with a family or living with their brother or sister), enter code 97 at both Par1 and Par2. If there is only one “parent” in the household, enter code 97 “Not a household member” at Par2.

Nat1par, Nat2par
Note the need to separate natural children from adopted children. This is for three reasons:

(i) to establish whether the “parent” is a parent (in the legal sense) or someone with legal parental responsibility.

(ii) to establish blood relationships between household members which are of interest when analysing the data on health conditions

(iii) Where the child is an infant aged under 1, to establish whether the mother is eligible for the maternal health module and mother's self-completion (as this is only asked of natural mothers)

You need to be aware that this may be sensitive information in some households, and that is why we have a showcard for this question. If possible, try to avoid children looking over their parents' shoulders when they answer this question.

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

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple is a same-sex couple. That is, the mother of a partner is coded as ‘mother-in-law’. For same-sex cohabiting couples, the mother of a partner should be coded as ‘other non-relative’.

‘Other relatives’ include cousins, nieces, nephews, aunts and uncles.

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

10.3 The Rest of the Household Questionnaire
HoHNum
This question establishes who is the head of household. Remember the following rules:

- In a household containing only a couple (married or living together), and children under 16, the male partner (husband) is always the HoH.
- In all situations where there are other relatives in the household, or where some of the household are unrelated you should ask:
"In whose name is the house (flat) owned or rented?"

- Except that a husband (or male partner) always takes precedence, the person named in reply is the HoH.
- Where more than one person has an equal claim to be HoH the following rules apply:
  - Male takes precedence over female
  - Older takes precedence over younger

Try to establish who is the Head of Household without asking it in these terms. Find out who is responsible for owning or renting the property, and then work out head of household from the relationships of the people in the household.

**HiHNum**

In addition to the head of household you will also establish the Highest Income Householder, which is then used to determine the Household Reference Person (HRP). If there is more than one Householder and they have equal income, then the Household Reference Person is the eldest. Details about income and employment will now be collected for the Household Reference Person.

If there is only one Householder (established at HHldr) they are automatically the HRP.

**Eligible**

This screen shows you which people in the household are eligible for interview. If there are more than two children in the household this screen will show the two that have been selected for interview. If there is a mother eligible for interview in a sample type I household, they will also be displayed at this screen.

**Tenure1, JobAccom, LandLord, Furn1**

*Tenure1* is asking for the formal, legal tenure of the household. If, for example, the respondent is a widow living in a house bought by her son (in his name) who is living elsewhere, she should be coded as living rent-free even though she may regard herself as an owner-occupier. Similarly, a household which is paying a contribution to upkeep but not a formal rent should be coded as rent-free. This could arise, for example, if a parent living in a ‘granny flat’ as a separate household, but paid a contribution to general household expenses.

Only code people as ‘buying with the help of a mortgage or loan’ if they have a mortgage for buying their home. Some people who have paid off their mortgage and are effectively outright owners make an arrangement with the lender to continue to pay a small amount of ‘mortgage’ as payment for the lender for keeping the deeds. They should be coded as outright owners.

People who own their home with a lease are counted as owners. It does not matter that they pay ground rent.

‘Shared ownership’ means paying partly for a mortgage and partly rent so that, if the person moves, (s)he will get some of the proceeds from the sale of the property, according to how much of the original cost has been paid off. Include people who have paid off the mortgage portion.

People who live rent-free do not always regard themselves as doing so, so particular care is needed in dealing with such cases. The sorts of ‘grey areas’ you might encounter include:

- Someone living in a ‘granny flat’ owned in someone else’s name. (Code as rent-free, unless a formal rental arrangement exists.)
• Someone living in the property of a deceased partner which is held in trust. (Code as rent-free.)
• A divorced/separated person living in the house owned solely by her/his ex-partner who no longer lives there. (Code as rent-free if owned solely in the ex-partner’s name; code as owner if house is owned in the name of both partners.)

Please also note that some people may think they live rent-free when they do not, eg people whose total housing costs are met through Housing Benefit. Housing Benefit is paid directly to the landlord by the DSS, and does not go via the tenant.

People in ‘tied accommodation’ should be coded as renters (code 4) or rent-free (code 5), depending on whether or not they pay any rent. This group includes people whose accommodation goes with their job, eg Church employees, caretakers, army personnel, council tenants whose accommodation goes with their job, some farmers. People in tied accommodation who pay rent are classified as private renters, irrespective of who they are renting from.

Unusual schemes/arrangements:
• Co-ownership. This is the joint ownership of residential properties (eg blocks of flats) by a group of people who have formed a registered co-ownership society. These schemes started in the 1970s but new legislation was passed in the 1980s to stop new societies from being started.
• Housing co-operatives. These should be coded as renting from a housing association (code 4 at Tenure1 and code 2 at LandLord)
• Housing Action Trusts. These are set up by local authorities and the properties rented are still owned by local authorities; their tenants are renting from a local authority.
• Rents to Mortgages scheme. These are schemes available to council tenants whereby a tenant has the right to buy a share of their home for roughly the same price as the rent. These should be coded as ‘shared owners’ here and ‘local authority’ at type of landlord.
• Private sector leasing. The Council leases private property for several years and lets it out to tenants. The landlord in this case is the immediate landlord (ie the local authority) rather than the ultimate owner of the property.
• Home Income Plans and Retirement Home Plans. These are where outright owners raise a loan on the security of the house for a regular income. They should be coded as outright owners.
• Schemes for mortgage defaulters. In these cases, the property reverts to the lender and a rent is paid instead of a mortgage. Code as renters.

JobAccom should be coded as ‘yes’ if the accommodation goes with the job of somebody who is currently a household member, or who is temporarily not a member of the household. If the accommodation used to go with the job of someone in the household, but this is no longer the case, code ‘no’.

At LandLord, the following rules apply:
• If property is let through an agent, the question refers to the owner, not the agent.
• If the respondent does not know who the landlord is, use code 7 (other private individual) rather than coding ‘don’t know’
• Code 1 (local authority) includes people renting from Housing Action Trusts
• Use code 5 only if the respondent and landlord were friends before they were tenant and landlord, not if they have become friendly since then.

At Furn1, the category ‘partly furnished’ no longer has any legal significance; any letting which is not explicitly ‘furnished’ will be classified legally as ‘unfurnished’. We retain ‘partly furnished’ here to ensure that respondents do not mistakenly include lettings with, say, curtains but nothing
else provided as ‘furnished’. However, do not use ‘partly furnished’ simply because the respondent thinks that the furniture is inadequate.

**Bedrooms**

Every dwelling must have at least one bedroom, i.e. a room where a person sleeps. A bedsit will have one bedroom. Count as bedrooms those rooms the respondent considers to be bedrooms.

**Questions on heating, condensation and pets**

In 2002 one of the special modules, asked only of 0-24 year olds, is breathing problems. Where there are 0-24 year olds eligible for interview, the household questionnaire includes some questions about heating, condensation and pets, as these are thought to have an impact on breathing problems.

**Heaters**

Only include types of heating that are actually inside the accommodation. We only want to know about those heating and cooking sources which are believed to affect respiratory conditions so electricity is not included.

**HeaType**

- Code 5 - this covers gas fires inside a chimney place and ones linked via a fixed flue to take fumes outside the building.
- Code 6 - use this code if the appliance is free-standing (e.g., a portable calor gas fire) or is not in a chimney place or does not have a fixed flue.

**Damp, Fungus**

These questions ask about condensation and mould occurring during the winter, in any room other than the bathroom and/or toilets. Include any mention of condensation, even if the respondent says it is only a temporary condition when the heating is turned on at the beginning of winter etc.

**SmkTecs**

This question is asked of all households. Please note we do not need to know the number or location of the smoke detectors. We only need to know if they have any installed (i.e., attached to a wall or ceiling) and that they are, as far as the respondent is aware, currently working.

The following questions are only asked if there is a child in the household in a specific age group:

**ChildGats**

This question is asked of households where there is at least one child aged between 4 months and 4 years. It does not include gates used to keep pets in/out of rooms. Play pens are not included.

**SocCvrs**

This question is asked of households where there is at least one child aged between 4 months and 3 years. If the respondent does not know what a socket cover is, then code as a “don’t know”.

**MedCup**

This question is asked of households where there is at least one child aged between 4 months and 6 years. Remember to probe for places where other people in the household, apart from the respondent, may store their medications. Medications stored in the fridge should be coded as “Elsewhere” unless they are stored on shelf in the fridge which is at least 5 feet/1.5 metres above floor level.
PasSm, NumSm
These questions refer to exposure to tobacco smoke in the home. They are therefore concerned only with people who smoke inside the house or flat. Therefore, if someone only smokes in the garden, they should be excluded. Include anyone who smokes inside the home on most days, even if they are not a household member. Note the question is about most days.

Car, NumCars
“Normally available” includes vehicles used solely for driving to and from work and vehicles on long-term hire. It excludes vehicles used solely in the course of work and those hired form time to time.

SrcInc
Code the sources of income for the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER only. Don’t include income for other adults in the household.

IntInc
This first income question asks for the income, BEFORE deductions for income tax, NI etc, of the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER.

Don’t include any income of other household members at this question.

If the respondent only knows the NET income, probe for an estimate of the income before deductions. If they can’t estimate gross income, code the amount of the net income, and explain this in a CAPI remark (Ctrl M).

HHInc
At this question we want the TOTAL income of the household, ie. including any income of other household members, as well as the household reference person and spouse/partner.

Occupation details of Household Reference Person (HRP)
Please note:
• if the HRP has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP’s Individual questionnaire
• if another household member (eg. spouse) has answered the Household questionnaire and given the job details of the HRP, then the occupation details will be asked at the end of the HRP’s Individual questionnaire

This set of questions deals with what the Household Reference Person was doing in the seven days ending on the Sunday preceding the interview. If the HRP’s occupational status has changed since that date, we are interested in the reference week only, even though the temptation is to talk about what the respondent is doing currently.

Order of responses:
Note the order of the responses - if a respondent is doing more than one of these activities at the same time, you should code the one which comes nearest the top of the list. Thus, being a student takes precedence over all other activities, as long as the respondent is a full-time student. People studying part-time should be coded according to their main activity. Those on vacation should be counted as being in full-time education if they are planning to return at the next opportunity (ie are not taking a year out). If return depends on exam results, assume that they get the results and code them as ‘going to school or college full-time’.
Paid work:
It should be left to the respondent to decide whether or not (s)he is in ‘paid work’, but it must be
day of work to the reference week. It is to be included, however little time is spent on it, so long as it is paid.

Temporarily sick or on leave:
Someone who was temporarily sick or on leave from a job in the reference week should still be
coded as in paid work. Longer-term absences are a little more complicated. If the total absence
from work (from the last day of work to the reference week) has exceeded six months, then a
person is classed as in paid work only if full or partial pay has been received by the worker during
the absence, and they expect to return to work for the same employer (ie a job is available for
them).

Maternity leave:
If the respondent is a mother on maternity leave, with a job to go back to, this should be coded as
in paid work (but temporarily away).

Career breaks:
In some organisations, employees are able to take a career break for a specified period and are
guaranteed employment at the end of that period. If a respondent is currently on a career break,
(s)he should be coded as being in paid work only if there is an arrangement between the employer
and employee that there will be employment for the employee at the end of the break. This is not
dependent on his/her receiving payment from the employer during the break. Leave it up to the
respondent to define whether or not (s)he has a job to go back to.

Seasonal employment:
In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial
difference in the level of employment from one season to the next. Between ‘seasons’, respondents
in such industries should not be coded as being in paid work. (However, note that the odd week of
sick leave during the working season would be treated like any other worker’s occasional absence,
and coded as being in paid work.)

Casual work:
If a respondent works casually for an employer, but has not worked for them during the reference
week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for
the employer in the future.

Unpaid work:
Respondents should be coded as ‘doing unpaid work for a business that you/a relative owns’ if
their work contributes directly to a business, firm or professional practice owned by themselves
and/or relatives, but who receive no pay or profits. Unpaid voluntary work done for charity etc,
should not be included here.

Training schemes:
People on Government Training Schemes may count themselves as being in paid work, but they
should be coded as ‘on a Government scheme for employment training’. The main schemes which
are running at the moment are Youth Training and Training for Work (used to be called
Employment Training or Employment Action).

Looking for paid work or a Government training scheme:
‘Looking for paid work or a Government training scheme’ may cover a wide range of activities,
and you should not try to interpret the phrase for the respondent. Those looking for a place on a
government scheme should only be coded as such if the search is active rather than passive. In
other words, a respondent who has not approached an agency but who would consider a place if an agency approached her/him, should not be coded as looking for a scheme.

**Intending to look for work but prevented by temporary sickness or injury:**
‘Intending to look for work but prevented by temporary sickness or injury’ should only be used if the sickness/injury has lasted for less than 28 days. If it has lasted longer than this, code as ‘doing something else’.

**Permanently unable to work because of long-term sickness or disability:**
‘Permanently unable to work because of long-term sickness or disability’ should only be used for men under 65 and women under 60. Those older than this should be coded as ‘retired’, ‘looking after the home or family’ or ‘doing something else’, as appropriate.

**Retired:**
‘Retired’ should only be used for people who retired from employment at around retirement age, or who were permanently sick prior to reaching retirement age.

At *HftPtime*, let the respondent decide whether the job is full-time or part-time. Unusually for *National Centre* surveys, we are not defining it for them in terms of the number of hours worked in a week.

At *HNEmplee*, we are interested in the size of the ‘local unit of the establishment’ at which the respondent works in terms of total number of employees. The ‘local unit’ is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent’s workplace that we are interested in, not just the number employed within the particular section or department in which (s)he works.

If a respondent works from a central depot or office (eg a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work ‘from home’ have a base office or depot that they communicate with. It may even be true of some people who work ‘at home’ (eg telecommuter who retains a desk or some minimal presence in an office). If in doubt, accept the respondent’s view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

**10.4 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.

Once you have left the grid and gone into the rest of the Household Questionnaire, there are restrictions on the changes that you can do to the grid.

To change the people in the household grid, go to the question *SizeConf*, which asks you to confirm the number of people in the household. There are 3 codes -

1. ‘Yes’ (household grid members are correct);
2. ‘No - more people’;
3. ‘No - fewer people’.

* **Adding a household member:** Select code 2 ‘No - more people’ at *SizeConf*. This takes you back to the last *More* question in the household grid. Change this from ‘no’ to ‘yes’, and continue by completing details of the person you wish to add to the grid.
Deleting a household member from the grid: 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. You then select the person who you wish to delete from the grid.

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

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

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

PLEASE NOTE: 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.

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

Other information in the grid (e.g. marital status) can be changed at any point if you should later discover an error.

11. SETTING UP SESSIONS

11.1 Joint or Concurrent Interviewing

This survey differs from many of the surveys that the National Centre carries out in that several persons in a household are interviewed. Ideally, we would want you to carry out the interviews with the different people in the household one after the other. However, this can be time consuming, and can put respondents off - they do not want to sit around waiting while the rest of the household are being interviewed. Carrying out a joint or concurrent interview may prove the best way of obtaining co-operation.

Therefore, in order to make the survey as “respondent-friendly” as possible, we feel that, where appropriate, you should carry out joint interviews. 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.
Remember you do not have to do four people at the same time. The computer allows you to say “no-one else” once you have allocated the required number of people to a session. (Once you have said “no-one else”, it will stop asking you for names).

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

**DO NOT** go back to the Household Questionnaire and add more people to a previous session. Instead set up a new session.

There are some rules about who you can and cannot interview together. These all relate to children 12 or under.

You can:

* have a session which only collects information about children aged 0-12 (in which case the parent will be present answering the questions)
* have a session which includes a child (or children) aged 0-12 as long as one of the other members of the session is aged 18 or over

Basically we want you to collect information about children aged 12 or under from their parent or guardian - not from other household members.

Be sensitive in your choice of people to be interviewed together. Make sure that everyone is happy with the situation. Remember cross-generational interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose some information about themselves in front of all or some household members. We also suggest that there is a “mother” in the household that you should complete interview with her alone, or in session where she also answering on behalf of children, as there will be large section of the questionnaire which doesn’t apply to other respondents.

### 11.2 Allocating Individuals to Sessions

At *EndDisp* press <Ctrl> + <Enter> to bring up the parallel block. Select “Individual_Session [1]” from the parallel block. This is an empty session into which you can allocate the people you want to interview.

On the screen it will display the people, with their person numbers, in the household eligible for interview. If there are more than two children in a household it will display the two children selected to take part in the survey. To allocate the respondents to a session enter their person number at *AllocP*. When you have finished allocating people to a session enter ‘97’. This indicates that there are no more people to go in that session. You can interview up to 4 people in one session.

At *SessConf* you will be asked to confirm that you have the right people allocated to that session, the names of the selected respondents will be displayed on the screen. It is important that you check it is correct. Once you enter ‘1’ to confirm that the session set up is correct you **cannot** go back and change it. If you have entered the wrong people into a session press ‘2’. You can then change the people you have allocated to that session.

Once you have confirmed the session set up, you can then go on to carry out the individual interviews.
To set up another session, press <Ctrl> + <Enter> to bring up the parallel blocks. There will be a new empty individual session in the parallel block. Select this and continue with the allocation procedure as above.

12. INDIVIDUAL QUESTIONNAIRE

Once you have completed the Household Questionnaire try to conduct an individual interview with:

**Sample I**: all young people (aged 16-24) and up to two children (aged 0-15)

**Sample II**: all adults (aged 16+) and up to two children (aged 0-15)

These interviews should be conducted with the respondent in person, except for children aged 0-12. Questions for these children should be addressed to a parent, although the child should be present. If there is no parent in the household, they should be addressed to the person acting *in loco parentis*. The rules for seeking permission to interview children are set out in Section 6.2.

If someone drops out of the Individual Questionnaire before you complete it use the following rules:

* they drop out before you complete the general health, use of services and fruit and vegetables modules treat them as unproductive and give them the appropriate outcome code (a refusal normally)

* they complete at least the general health, use of services and fruit and vegetables modules code them as partially productive (outcome code 21).

At the end of the Physical Activity module you can abort (or suspend) the interview for a particular individual. If you chose suspend/abort here, the respondent will be asked no more questions. If you are able to go back later and collect the rest of the information from the respondent, go back into that interview session, go to the ‘Suspend/abort’ question and change to code 1 continue. If the respondent drops out after this break point, code all remaining questions in the questionnaire as refusal (CTRL + R) from then on.

12.1 The Structure of the Questionnaire

The individual questionnaire is divided into a number of modules, below is the ordering of the modules:

- General Health (including fractures, fractures)
- Use of health and dental services
- Maternal health
- Fruit and vegetable consumption
- Respiratory problems (Breathing module)
- Accidents
- Physical activity
- Smoking
- Drinking
- Employment
- Other classification questions (ethnicity and education)
- Self completions
- Measurements
- Consents
The content of the questionnaire is covered in detail in the rest of this section. If a question or module is specific to an age group this will be indicated in the text.

12.2 Introductory Questions

A RESP
If the respondent is aged 0-12 you are asked to say which respondent will be answering on their behalf. This should be a parent or, if there is no parent in the household, the person who is acting in loco parentis.

12.3 General Health Module

The section starts with a question asking for the date of birth, the following questions cover general health, fractures, visits to the GP and practice nurse for all respondents. For respondents aged under 2 there are also questions about use of child health services. For respondents aged 2 and over there are questions about use of dental services and wearing glasses/contact lenses.

ODoB-ODoBY, OwnAge

The date of birth of each respondent is a vital piece of information. For example, we are using it to check person numbers on documents. Although you have already entered it in the Household Questionnaire, it may have been provided by someone else. Always ask for it again and check their age. Do not copy it from the Household Questionnaire. In the individual questionnaire you will need to enter the day, month and year in separate questions.

If you enter a date of birth which is different to that given in the household grid, you will be given a warning. Make absolutely sure that you now have the right date of birth and suppress the warning. Do not go back to change the household grid - you will not be able to change the date of birth in the household grid. As long as it is correct in the Individual Questionnaire, the computer will update the Household Questionnaire with that date.

If someone does not know their date of birth or refuses to tell you, use the following rules:

i) if you obtained a DoB in the Household Grid, use this one and enter a note (\texttt{<Ctrl> + <M>}) to this effect.

iii) if the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself.

What should you do if someone has a birthday between completion of the household grid questionnaire and the Individual Questionnaire?

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

IllsM, More, LimitAct

Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, “I had an operation to sort out my feet.” This does not tell us what was wrong with “my feet”.

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Probe, “Can you explain a bit more?” etc. Only enter information about one condition at the first \textit{IllsM} then use the “Anything else” probe in order to record any other problems and to ensure that all long-standing illnesses are recorded. There is a maximum of six \textit{IllsM} slots. When you have finished entering all the conditions, a further question will ask if any illness limits the respondent in any way. This is a yes/no response only.

Below is a list of some of the conditions people may mention at the long standing illness question. This is to help you with the spelling. It should \textbf{not} be used as a prompt for respondents.

- Agoraphobia
- Alzheimer's
- Anaemia
- Angina
- Arteriosclerosis
- Arthritis
- Asthma
- Bronchitis
- Cataract
- Cerebral palsy
- Colitis
- Crohn's disease
- Dementia
- Diabetes
- Diverticulitis
- Eczema
- Emphysema
- Endometriosis
- Epilepsy
- Glaucma
- Haemophilia
- Hodgkin's disease
- Huntington's chorea
- Hyperthyroidism (overactive thyroid)
- Hypothyroidism (underactive thyroid)
- Leukaemia
- Lymphadenoma
- Meniere's disease
- Meningitis
- Migraine
- Multiple sclerosis
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Pernicious anaemia
- Psoriasis
- Raynaud's disease
- Rheumatoid arthritis
- Rhinitis
- Sciatica
- Scoliosis

\textbf{LastFort}

This is asked of everyone, and asks about any short-term health issues that affected people in the last two weeks.

\textbf{FracYr and FracEvr}

The aim of these questions is to find the prevalence of fractured or broken bones among the population as a whole. The first set of questions ask about the history of fractures in the last 12 months, the second set about lifetime history (“ever”) of fractures. Note that if a person has broken a bone in their arm or leg there is a follow up question and showcard to establish the location of the fracture on the bone. If the respondent is unsure of the location then code as “Don’t Know”.

Fracture or broken bones includes bones that were chipped and all types of fracture (eg hairline fractures etc).

\textbf{12.4 Use of services module}

\textit{NDocTalk}

Include visits to the surgery, home visits and telephone consultations. Include talking to a doctor at a district health authority clinic (eg a family planning clinic), or talking to a doctor while abroad.
Exclude talking to a doctor at a hospital. Exclude contacts only with receptionists, nurses or practice nurses (there is a separate question about contacts with the practice nurse). Exclude social chats with a doctor who happens to be a friend or relative.

The contact could have been made on behalf of another adult household member (but note the instruction to exclude consultations made on behalf of those aged under 16, as these will be covered later). Consultations made on behalf of people outside the household should be excluded.

Those who did talk to a doctor in the preceding fortnight are asked a set of questions about each time they did so (up to a maximum of 9 consultations, in reverse chronological order).

Nerves
This refers to consultations with a GP – do not include consultations with other health professionals (e.g. midwife).

Infant health services:
The following set of questions are only asked of children aged under 2 years.

HlthVisit
This includes contacts with the Health Visitor in the home or in a clinic.

DevChk
The first development check up is usually around 6 to 8 weeks, we don’t need to know if they are about to have a check up. Most parents will know whether their child has had a development check up. If they do not understand the term, then code this as a “Don’t know”.

CClinic
Do not count visits to a child health clinic for a development check up. Again if a parent does not understand the term, then code this as a “Don’t know”.

12.5 Maternal Health
This is new set of questions for the 2002 survey. The questions are asked of the natural mothers (age 16+) of children aged under one year. The questions cover the mother’s experiences during pregnancy, labour and after the birth of their child.

The maternal health questions refer to the mothers last pregnancy. It is especially important that you stress this when interviewing mothers who are currently pregnant or those who have other older children.

MHPgPl/MhTry
For planned pregnancies we would like to know approximately how long it took them to become pregnant. At MhTry code the unit of measurement based on the respondent’s answer then enter the number at MhDay/MhWk/MhMth/MhYr.

MhFlA/MhFlB
For planned pregnancies we would like to know if the mother increased her intake of folic acid both before and during pregnancy. For unplanned pregnancies we only ask about folic acid intake during the pregnancy. Note the other names used for folic acid are “folate” or “vitamin B8”.

MhPrb/MhHosp
For each problem the respondent experienced, where they say they attended hospital there are
three follow-up questions to establish if the mother was admitted as an inpatient (MhIPat), day patient (MhDPat), went to outpatients (MhOPat) or casualty (MhCslt) for that condition.

**MhStay**

This refers to how long the mother stayed in hospital following the birth. Code the unit of measurement at this question and the number at MhStyW/MhStyD/MhStyH. Some mothers may have stayed in a maternity home after leaving hospital. Don't include this time – code the length of time they stayed in hospital, rather than how long between birth and returning home.

**MhComp and MhWrg**

Note the difference in these questions, the first is problems that may occur **during** the birth of the child and the second problems that may occur **after** the birth of the child.

**MhWrg-MhStpW**

If the birth was a multiple birth the questions about problems following child birth, length of stay in hospital and breast feeding are asked about each child in turn.

### 12.6 Fruit and vegetable consumption

This question module was developed by the National Centre for inclusion in the Health Survey for England 2001, and is being repeated this year. The questions are intended to monitor the population’s consumption of fruit and vegetables and to allow fruit and vegetable consumption to be expressed in terms of portions eaten per day. The current intention is that these questions will be included in the Health Survey every year. The information collected through this module will become the main national reference for fruit and vegetable consumption.

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

This module is asked of all respondents aged 5 and over. Although respondents aged 5-12 do not answer of their own behalf, due to the nature of the questions it is particularly important that they should be present during this module and encouraged to contribute information. In particular, this may be necessary if the child has been at school the previous day.

**What is a portion?**

We have adopted the following definition of a portion:

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

These definitions are used in the questions themselves. The questions do not use the term ‘portion’. This is deliberate: partly in order to keep the questions as simple as possible and also in
case people have an idea about the number of portions of fruit and vegetables they should be eating. For these reasons, please do not use the term ‘portion’ during the interview.

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

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

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

**Nuts** are *not* included.

**VegSal**
This question includes an instruction *not* to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and *VegSalQ*. Salads made *mainly* from beans or other pulses, can *either* be included at this question or at *VegPul* - please make sure they are not recorded twice.

**VegPul**
Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, respondents may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can *either* be included at this question or at *VegVeg* – please make sure they are not recorded twice.

*For information, an average size can of baked beans is equivalent to 10 tablespoons.*

**VegDish**
This question asks about dishes made mainly of vegetables and pulses. Don’t include any dishes where vegetables or pulses are not the *main ingredient*. Vegetable soups should not be included (even if they are home made).

**FrtDrnk**
This question states that cordials, fruit-drinks and squashes should not be included. Some of the main brand names that should be excluded are Sunny Delight and JuiceUp.

**FrtFrt, FrtQ, FrtMor, FrtOth, FrtNotQ**
These questions are about the consumption of *fresh* fruit. Don’t include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either *FrtFroz* or *FrtDish*. For each different kind of fruit which the respondent ate yesterday, use *coding list A* to code the size of this fruit at *FrtFrt*. The next question *FrtQ* collects information about the amount of each type of fruit the respondent ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at *FrtFrt*. There is capacity to record up to 15 different types of fruit but each should be entered at a separate *FrtFrt*. If the fruit mentioned by the
respondent is not on the coding list – record the name of this fruit at FrtOth and the amount the respondent ate at FrtNotQ. Please note that fruit, such as rhubarb and quince, on this list as they are more likely to have been eaten cooked. Check if they were eaten raw, if not they should be recoded at FrtDish.

FrtDry
Don’t include small amounts of dried fruit in cereals, cakes etc.

FrtDish
This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don’t include any dishes where vegetables or pulses are not the main ingredient. Fruit yoghurts should not be included.

VegUsual, FrtUsual
These questions give respondents the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for respondents to be particularly concerned to give a precise answer to these questions.

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

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

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

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

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

12.7 Respiratory problems (Breathing module)
In 2002 we are using the shortened version of the of the breathing problems module last used in the 1999 survey. This module is only asked of children (0-15 year olds) and young adults (16-24 year olds). The module deals with wheezing, asthma, chest infections in early childhood; runny/blocked noses; hay fever; itching and eczema. It also referred to as the Breathing module.

In this module do NOT mention the term asthma, EXCEPT where it is specifically part of the question text.
In this module it is particularly important that you obey the following rules (which apply to most questionnaires most of the time):

1. The question should be repeated exactly as it appears on the screen. If there is an ambiguity or misunderstanding, repeat the question emphasising the wording, but do not change the wording.

2. Try to get the respondent to give a definite answer. If the respondent does not understand a yes/no question even after it is repeated, code it as Don't know.

3. On other questions, if the respondent does not know the exact answer, get their best guess.

4. For some questions an explanation may be given. Most of these are given as interviewer instructions on the screen, but some further instructions are listed below.

**EverW**

Wheezeing can be described as:

\[ \text{a whistling sound whether high or low pitched, and however faint} \]

No distinction is made between those who wheeze during the day and those who only wheeze at night. **DO NOT MENTION ASTHMA.**

**Dib**

Among younger children the symptoms of breathing problems are different to those experienced by adults. They are more likely to have general breathing problems rather than specifically wheezing or whistling. For this reason the questions for children aged 4 and under first ask about “difficulty in breathing”. If the response to this question is “No” only then will the question about “wheezing and whistling” be asked (at `Cwheeze`).

**Attak**

Up to this point you are asked to say “wheezing and whistling” in full. From now on whenever you see `wheezing/whistling` use either wording as appropriate for your respondent. If a respondent has problems understanding the term “attack” you can say “period” or “bout”.

**ConDr**

If the respondent does not understand what asthma is or is unsure, code as Don't Know. In this context, a Doctor is a licensed medical practitioner. Exclude other therapists, e.g. homeopaths.

**TrtWze and TrtWh**

Codes 5 and 6 are for all sorts of doctors seen at hospital outpatients, including the junior doctor.

**12. 8 Accidents module**

This section is asked of/about all respondents aged 0 to 24. Reduction of accidents is a key target of the government’s health policies.

This module asks first about accidents that were serious enough for the respondent to see a doctor or go to hospital in the last six months (major accidents). Details are gathered about the most recent such accident suffered by each respondent.

The module then asks about accidents which caused the respondent to suffer pain or discomfort for 24 hours or more, but about which they did not see a doctor or go to hospital, in the last month
(minor accidents). Details are then gathered about the two most recent such accidents suffered by each respondent.

DrAcc (major accidents)
All types of accident that resulted in the respondent seeing a doctor or going to hospital should be included. Do not include accidents where the respondent only consulted a doctor over the telephone or visited a chemist. Use the list below as a guide to deciding whether something qualifies as an accident or not.

INCLUDE
* Accidents outside the UK
* Consultation delayed because seriousness of accident not initially appreciated
* animal/insect bites or stings
* swallowing foreign objects
* burns or scalds
* accidental inhalation of smoke or fumes
* sports injuries
* injury to back and other muscles from lifting heavy object or other strenuous activity

EXCLUDE
* telephone only consultations with doctor or hospital
* deliberate swallowing of harmful substances (eg drug over-dosing)
* other forms of self-inflicted harm
* harm arising from attacks by other persons
* where harm is limited to shock or other psychological damage only
* stroke/heart attack/epileptic fit/etc - if no accidental injury to external part of body occurred as a result of blackout
* recurrence of symptoms arising from previous accident affecting for example back or other muscles

Axi (minor accidents)
Include here accidents leading to telephone only consultations with doctor or hospital here, if the pain or discomfort lasted at least 24 hours.

DrWyr, AxWyr
Code 5 includes all parts of the school/college premises, other than gymnasiums, sports centres or playing fields. For example, the school car park, kitchens, changing rooms, etc.

DrFal, AxFal
Include all types of fall, including falling off a bike (as opposed to being knocked off it). Falling down as a result of a blackout would count as a fall.

DrCar, AxCar
Count as a moving motor vehicle both those used on and off road. Thus, farm vehicles and construction site vehicles count. A motor vehicle should be taken as something that moves from place to place and has a driver. This includes trains, planes, helicopters and boats with engines, provided they were moving at the time.

Some vehicles have a dual use - they can be used to transport people about but they can also be used as a piece of machinery. Such equipment should only be counted here as a moving vehicle if the accident related to its capacity as a transporter. If the accident related to the machinery aspect of the vehicle, then the accident should be treated as an accident involving mechanical equipment.
(see DrTul). For example, if someone was assembling a tower crane and it collapsed, this should be treated as an accident that involved mechanical equipment (See DrTul) not a moving vehicle. But if they were run over by a crane when moving around, then it would be an accident involving a moving motor vehicle. Similarly, if someone fell into the works of a combine harvester, this would be a mechanical equipment accident.

**DrBik, AxBik**

Include as non-motor vehicle:

* sailing boats
* canoes, etc
* horse-drawn vehicle
* wheelchairs, include ones with motors

Do not include accidents involving non-moving vehicles.

**DrTul, AxTul**

Include household and gardening appliances - knives, drills, garden forks - and also vehicles if they were not moving at the time - for example, falling over a child's bicycle or cutting oneself while working on a car. As a rule of thumb, if someone was using the implement/appliance at the time of the accident, count it as causing the accident. For example, if someone fell off a ladder. However, the implement/appliance has to be the cause of or instrumental to the accident. Therefore do not include here accidents which are unrelated to a piece of equipment being used at the time.

**DrSpt, AxSpt**

Was the accident the result of taking exercise or playing sport?

Gardening and ordinary, everyday walking should be excluded. Hiking, rambling, mountain walking should be included as a sport. If necessary, include walking using special footwear as a sport and with ordinary footwear as not a sport.

Horse riding is a sport. Do not count as a non-motor vehicle.

**DrInj, AxInj**

“Broken bones” includes hairline fractures. In most cases a broken bone will lead to the respondent seeing a doctor or going to hospital. For this reason if you code Broken Bone as part of the questions about minor accidents you will be asked to check if this accident should be re-coded as a major accident.

**DrBdy, AxBdy**

“Face” is the part of the head not covered by the scalp.

**DrNDA, AxNDA**

By “normal daily activities” we mean whatever is normal for the respondent. So, for example, if someone has a disability and cannot carry shopping, then carrying shopping is not part of the normal daily activities and they cannot be prevented from doing it by having an accident.

**DrTOW, DrTNN, AxTOW, AXTNN**

If more than one spell off due to same accident, count total time off.

If the accident happened during, say, a holiday, then do not count the time incapacitated during
the holiday as time off work or school. Count as time off, time not spent at school or work which the respondent would otherwise have spent there.

If someone's normal daily life was already disrupted by another event, such as an illness or another accident, do not count the accident under discussion as causing loss of normal daily activities, unless it extended the disruption time.

**DrWrk, Axwrk**
Include all accidents which occurred at the respondent's workplace. If the respondent has a travelling job, his or her base (which may be home) counts as normal workplace. Accidents occurring while at work but not at normal workplace should have been coded at **DrWyr** according to location.

### 12.9 Child physical activity
These questions will be asked of respondents aged between 2 and 15 years, and were last included in 1999. The module aims to get a general picture of the child’s level of physical activity.

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

For children who are at school, activities that are done as part of school lessons should NOT be counted at any of these questions. Activities done on school premises, but not as part of school lessons (eg. after school clubs, things done during lunch break) SHOULD be included.

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

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

**WkSpor/WkActH/WkSitH**
At these questions, enter the amount of time spent doing the activity on EACH weekday. Take an average if the amount of time varied from day to day.

### 12.10 Adult physical activity
These questions will only be asked of those adult respondents aged between 16 and 24 years. These questions were last included in 1999. Below are some more detailed instructions about these questions.

The questions all relate to the four weeks prior to the interview, so you need to focus the respondent’s attention on this.

**Active**
This asks about physical activity in the respondent’s job. If they have more than one job, ask them about their **main** job.

**Housework**
This asks about housework - excluding any done as part of the respondent’s job. It is important that you read the preamble. The first show card asks about general housework, and the second show card focuses in on heavy housework. It is the heavy housework we are interested in - from
the card or other similar types of housework.

We want to know about the number of days in the last four weeks on which the respondent has done any type of heavy housework. We do not need to know about individual activities. People tend to report housework as heavy even when it isn’t, so please be careful to stress that we mean heavy housework such as the things on the show card, and not just any housework.

\textit{Garden/ManWork} \\
Exclude any work done as part of a job eg as a gardener or builder.

Again there is a showcard with general building and maintenance tasks on it. Another showcard focuses on heavy manual work. It is the heavy work that we are interested in. Again we want to know the number of days in the last four weeks on which such work was done.

\textit{Wlk5Int} \\
This question asks about walking, which is such a commonplace activity that many people cannot recall doing any. If someone says that they have done no walks of five minutes or less, check that this is the case. Stress the term \textit{any}, including walking to the shops, or home from the bus stop.

\textit{Wlk30M} \\
We then ask about longer walks of at least 30 minutes. This can include most things - rambles, walking to work etc, but exclude:

- Walking as part of a sport (eg golf)
- Walking in the course of one’s main job
- Shorter walks which together add up to 30 minutes
- Just being on your feet for 30 minutes

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

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

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

\textit{OthAct} \\
Include any other sports mentioned here, eg golf.

\textit{ExcHrs/ExcMin} \\
We want to know how much time the respondent usually spends doing an activity. This is time actually doing the activity, excluding time spent changing or any breaks they took. This is especially important to emphasise with swimming or dancing.
ExcSwt
This is to ascertain the amount of effort that was put into an activity. We need to know whether the level of activity was enough to make them either out of breath or sweaty (e.g. swimming might make you out of breath, but not sweaty).

12.11 Smoking Module
Smoking is an important risk factor in many diseases, especially cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns and disease. The data collected here will allow us to discover what proportion of the population is exposed to this risk factor, and how it relates to other risk factors such as heavy drinking or high blood pressure.

The questions are the same as previous years and this will also allow us to monitor over time whether smoking habits change. There are some new questions for mothers of children under 1, asking about their smoking habits before and during their pregnancy with their last child. Consequently all these mothers will be asked the smoking questions in the CAPI.

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

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

8-17 year olds
It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format for 8 to 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. The 13-15 olds have a simplified set of questions, and the 8-12 year olds have just a few very simple questions. Note that if a 16-17 year old is also a mother of a child under 1, she will be asked the questions in the CAPI rather than in the self-completion.

18 to 24 year olds
If a respondent is age 18 to 24 and is in a situation where you feel that you would be likely to get more accurate information by their completing the self-completion booklet than by answering questions in front of parents, ask them to complete the Young Adult booklet rather than the Adult Booklet. If you are interviewing an 18-24 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this respondent will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should continue with the interview if you have no reason to suppose that there is pressure on the 18-24 year old to “cover up”. (Note that the option of a self-completion is not offered where an 18-24 year old is the mother of a child under 1).

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

SmokEver
By ever smoked, we mean even just once in the respondent's life.
**DlySmoke, WkndSmok, RolDly, RolWknd**

If roll-ups are smoked, ask first if they can estimate the number of cigarettes smoked a day. If they cannot estimate this, enter code 97 at DlySmoke and record number of roll-ups smoked at RolDly and RolWknd.

If respondent can only offer a range smoked each day, try to reach an estimate.

**CigType, CigBrand, Tar, TarEst**

This is set of questions attempt to assess the strength of the respondent’s usual brand of cigarettes. If (s)he smokes more than one brand, take the one smoked most often.

You have been given a coding list which lists the most common cigarette brands, and from this list you should assign a four-digit code. It is ordered alphabetically by brand name, and alphabetically by type within brand name.

If you are unable to find a four-digit code which matches the respondent’s usual brand, enter ‘9997’, and you will then be asked to enter the tar level of the usual brand. This is usually printed on the side of the packet, along with the nicotine content. Be careful not to confuse the two. Tar level is only ever given in whole numbers, whereas nicotine content can have a decimal point. Try to get the tar level from the packet if appropriate, and if this is not possible, code this at TarEst. You may find that cigarettes bought abroad don’t always have the tar level on the pack.

**NumSmok**

If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.

**PregRec**

“Pregnant in the last 12 months” means any stage of pregnancy at any time in the last year.

**FathSm, MothSm**

If the respondent did not live with their natural mother or father, ask about the “father” or “mother” figure - ie the people who brought them up. In situations where the respondent spent part of their childhood in one family and part in another family (such as after a divorce, etc), treat as having lived with a smoker parent if this occurred in one “family”.

**12.12 Drinking Module**

The information collected here will be used to look at the relationship between drinking habits and health. We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the respondent is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade does have a reasonable alcohol content and so is included.

 Mothers of children under 1 are asked some new questions this year, about their drinking habits before and during their pregnancy with their last child.

**8-17 year olds**

As with smoking, 8-17 year olds (and 18-24 year-olds at your discretion) are asked about drinking in their self-completion booklet which is presented near the end of the interview. (Again this option is not offered for mothers aged 16-24).
This is the first of a series of questions, each set asking about a different group of drinks, and how often they are drunk. You will ask first how much normal strength beer, stout, cider or shandy is drunk in the last 12 months and then how much was drunk on a drinking day. These questions are repeated for each type of drink. Then, for each type of drink, you will also ask the respondent about their drinking in the previous seven days.

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

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

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

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

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

Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg “I have a couple of spoonfuls of brandy in my coffee” then ascertain the size of spoon and use <Ctrl> + <M> to make a note.

For wine the answer is in glasses:

- A carafe or 70cl standard bottle = 6 glasses
- Half a bottle = 3 glasses
- 1/3 or ¼ bottle = 2 glasses
- Litre bottle = 8 glasses
- Half a litre bottle = 4 glasses
- 1/3 of a litre bottle = 3 glasses
- ¼ of a litre bottle = 2 glasses

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses.

There is a separate question about ‘alcopops’, eg alcoholic lemonade.
There are some drinks that people like to think are non-alcoholic such as Ginger Wine or Peppermint cordial. These should be included, if mentioned, under AlcOt.

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

12.13 Employment Classification Module

- If the Household Reference Person (HRP) has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP’s Individual questionnaire.
- If another household member (e.g., spouse) has answered the Household questionnaire and gave the job details of the HRP, then the occupation details will be asked at the end of the HRP’s Individual questionnaire.

This set of questions deals with what the respondent was doing in the seven days ending on the Sunday preceding the interview. If the respondent’s occupational status has changed since that date, we are interested in the reference week only, even though the temptation is to talk about what the respondent is doing currently.

Order of responses:
Note the order of the responses - if a respondent is doing more than one of these activities at the same time, you should code the one which comes nearest the top of the list. Thus, being a student takes precedence over all other activities, as long as the respondent is a full-time student. People studying part-time should be coded according to their main activity. Those on vacation should be counted as being in full-time education if they are planning to return at the next opportunity (i.e., not taking a year out). If return depends on exam results, assume that they get the results and code them as ‘going to school or college full-time’.

Paid work:
It should be left to the respondent to decide whether or not (s)he is in ‘paid work’, but it must be paid work to count. ‘Paid work’ at this question means any work for pay or profit done in the reference week. It is to be included, however, little time is spent on it, so long as it is paid.

Temporarily sick or on leave:
Someone who was temporarily sick or on leave from a job in the reference week should still be coded as in paid work. Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as in paid work only if full or partial pay has been received by the worker during the absence, and they expect to return to work for the same employer (i.e., a job is available for them).

Maternity leave:
If the respondent is a mother on maternity leave, this should be coded as in paid work (but temporarily away).

Career breaks:
In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a respondent is currently on a career break, (s)he should be coded as being in paid work only if there is an arrangement between the employer and employee, that there will be employment for the employee at the end of the break. This is not dependent on his/her receiving payment from the employer during the break. Leave it up to the
respondent to define whether or not (s)he has a job to go back to.

Seasonal work:
In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between ‘seasons’, respondents in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker’s occasional absence, and coded as being in paid work).

Casual work:
If a respondent works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.

Unpaid work:
Respondents should be coded as ‘doing unpaid work for a business that you/a relative owns’ if their work contributes directly to a business, firm or professional practice owned by themselves and/or relatives, but who receive no pay or profits. Unpaid voluntary work done for charity etc, should not be included here.

Training schemes:
People on Government Training Schemes may count themselves as being in paid work, but they should be coded as ‘on a Government scheme for employment training’. The main schemes which are running at the moment are Youth Training and Training for Work (used to be called Employment Training or Employment Action).

‘Looking for paid work or a Government training scheme’ may cover a wide range of activities, and you should not try to interpret the phrase for the respondent. Those looking for a place on a government scheme should only be coded as such if the search is active rather than passive. In other words, a respondent who has not approached an agency but who would consider a place if an agency approached her/him, should not be coded as looking for a scheme.

Intending to look for work but prevented by temporary sickness or injury:
‘Intending to look for work but prevented by temporary sickness or injury’ should only be used if the sickness/injury has lasted for less than 28 days. If it has lasted longer than this, code as ‘doing something else’.

Permanently unable to work because of long-term sickness or disability:
‘Permanently unable to work because of long-term sickness or disability’ should only be used for men under 65 and women under 60. Those older than this should be coded as ‘retired’, ‘looking after the home or family’ or ‘doing something else’, as appropriate.

Retired:
‘Retired’ should only be used for people who retired from employment at around retirement age, or who were permanently sick prior to reaching retirement age.

12.14 Other Classification Questions

EthnicI/EurCult/MixCult/BlaCult/IndCult/OthCult
At EthnicI code the group to which the respondent considers s/he belongs. Never attempt any judgement of your own, even if the respondent refuses or is unable to answer the question.

EurCult-OthCult are different follow up questions about the respondent’s cultural background, depending on the answer given at EthnicI. Note you should code all that apply.
Qual, QualA, OthQual, QualB
Make sure that the respondent has properly looked at the showcard and told you all the qualifications they have that are listed on it. Enter all codes for all of these. If in doubt about a qualification record it as “Other Qualification” at OthQual and QualB. If a respondent has a degree at QualA, they will not be asked QualB.

When filling in other educational qualifications at QualB, always type in the full name. Please do not use initials and abbreviations, these are often very difficult to interpret.

12.15 Presentation of Self-Completion Booklets
The self-completion booklets are as follows:
8-12 year olds  Pink  Smoking, drinking, perception of weight and use of bicycle helmets.
13-15 year olds Green  Smoking, drinking, perception of weight and general health.
Young adults  Blue  Smoking, drinking, general health, social support, local area, and for women, pregnancy history and use of the contraceptive pill.
Adults  Grey  General health, social support, local area, and for women, pregnancy history, use of the contraceptive pill and HRT.
Mothers  Yellow  General health, social support, local area and during and post pregnancy health pregnancy history, use of the contraceptive pill and HRT.
Parents of  White  Strength and difficulties questionnaire. This will be given to the parents at the end of the child’s questionnaire
4-15 year olds

Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen at ScIntro/SCIntCh.

Explain how to complete the booklet.

ParSDQ
At this question you should code the person number of the PARENT who is completing the Booklet for Parents of 4-15 year olds. CAPI will prompt you with the person numbers and first names of the child’s parents.

PrepSDQ
Remember to write the person number and first name of both the parent completing the Booklet for Parents, and the child to whom the booklet relates in the appropriate boxes on the front of the booklet.

SCCheck
Look through all the booklets when returned to see if fully completed. Encourage respondents to complete any missing answers by saying something like “did you miss this one by mistake?”

SComp5A
Code who was present in the room while the booklet was completed. Remember to INCLUDE yourself.

General Points about Self-Completions
- Encourage respondents to fill out the questionnaire on their own (without interference from, or
• Encourage respondents to answer all the questions.

• Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.

**Smoking and drinking**

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. As explained earlier, this Young Adult booklet should also be given to 18-24 year olds if you feel better quality information would be collected by so doing. 13-15 and 8-12 year olds have simplified smoking and drinking sections.

For the 16-17 year olds and the 13-15 year olds, the section on drinking is probably the most complex part of the self-completion. You can help the respondent out if they are having difficulty, but take care to preserve the anonymity of the respondent's information.

Note that the second part of the grid is slightly different for the two age groups. The 16-17 year olds get asked “How much have you usually drunk on any one day?” AND how much they drank on their heaviest drinking day in the last week - like the CAPI question. The 13-15 year olds get asked “How much did you drink in the last 7 days?”.

**12.16 Measurements**

Detailed protocols of how to take height and weight measurements are appended to these instructions. It is **vital** that you learn to administer these protocols properly and systematically. You are responsible for providing the official statistics on the population's height and weight. If you have any problems in either administering the protocols or with the equipment, contact your Supervisor or Area Manager immediately.

In this section we describe who is eligible, the type of site required to take the measurements and how to complete this section of the questionnaire.

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at RelHiteB and RelWaitB. Examples of people who should **not** be measured are:

• Chairbound respondents.

• If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.

• If the respondent finds it painful to stand or stand straight, do not attempt to measure height.

• If an elderly respondent is too stooped to obtain a reliable measurement.

• Pregnant women are not eligible for weight as this is clearly affected by their condition.

• Children under the age of 2 years do not have a height measurement taken.
For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights, and the computer will calculate the child's weight.

If the respondent is not willing to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as Refused at RespHts/RespWts and code the reason for refusal at ResNHi or ResNWt. DON’T use the ‘Not attempted’ code for these cases.

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

Read the preamble at the question called Intro. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.

If the height or weight is refused or not attempted, the respondent is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements.

RelHite and RelWaitB
You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

Birthweight
The natural mother of each child selected for the survey is asked for the child’s birthweight, even if that child is not included in the current session. If the birthweight is lower than 2.5kg, she is asked whether or not the child was born prematurely. If so, she is also asked how many weeks early the child was born. Accept an estimate if she is unsure, but say so in a note.

Measurement Record Card
When you have taken the respondent's height and weight, offer the respondent a record of his/her measurements. Make out a Measurement Record Card and give it to the respondent. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you.

12.17 The Nurse Visit

Nurse
This is the first place that the nurse visit is introduced in the CAPI. Be careful to read out exactly what is on the screen. Only read the section after “IF ASKED FOR MORE DETAILS” if the respondent probes for more details. Information about the nurse visit is covered in the stage leaflet and you can refer respondents to this section. Remember try not to get into a discussion about the different measurements, it is better to leave nurse to answer these questions.

12.18 The National Health Service Central Register and Cancer Registry
The National Health Service has a central register, which lists all the people in the country and their NHS number. The national Cancer Registry is run by the Office for National Statistics, and
collects details about all types of cancer.

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

When the respondent dies, the NHS Register provides the Health Survey team with a replica of the respondent’s Death Certificate (something that is publicly available). The information on the Death Certificate is then attached to the data file. Similarly if a respondent is diagnosed with cancer, a code indicating which sort of cancer it is will be added to the data file.

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

No other information is given, not even the serial number used by the interviewer. A totally different case number is allocated to ensure anonymity.

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

**NHSCan and NHSSig**

Since 2000 we are required to obtain the respondents written consent to send their details to the NHS central register and cancer registry.

There are two forms for consent;
- Adults (age 16 and over) White form
- Children (age 0 to 15) Yellow form

Give the form to the respondent (or parent) and allow them time to read the form. Code wether consent is given at NHSCan. Make sure that you enter the serial number correctly on the forms. Check the number against the display on screen. Write in the name of the respondent on the form and ask them to sign and date the form. For children you will need to write in the name of the child’s parent or guardian and the child’s name. The form is signed by the parent or guardian.

At NHSSig code which, if any, consents where obtained. If signed consents obtained, remove the blue “carbon copy” sheet from the back of the form and give this to the respondent.

**TPhone**

Collect the telephone number and write on the ARF. You will later need to key it into the Admin block.

**FstNm/NewNm**

The NHS central register sometimes has trouble locating the records of HSE respondents because in previous years we recorded only their title, initials and surname on the computer. This question has been added to allow us to record the first name also.
If you used an abbreviation or initial or spelled the name incorrectly in the household grid, you should ensure that the name entered here is correct and complete. For example, if you entered ‘Jim’ at the household grid but the respondent’s full name is ‘James’, code 2 ‘No’ at FstNm and enter ‘James’ at NewNm.

The computer will not allow you to accidentally delete a name from this screen. If the name field is left blank, it will instruct you to re-enter what was originally there.

12.19 The Admin Block

AdmNote
This question allows you to make notes that will appear on the Address menu.

Choice
Until you have finished completely with everyone in the household, you should enter 1 for ‘RETURN TO MENU’ here.

When you have finished completely with the household, enter 5 for ‘COMPLETE ADMIN DETAILS’.

You are asked to complete a few administrative questions and if the household is:

fully productive  you complete the ARF and NRF.

partially productive  you enter the outcome codes of the unproductive household members and then complete the ARF and NRF.

fully unproductive  you enter the outcome code for the household and complete the ARF

Not all of the following questions will be displayed, they are dependent on whether the household is productive or un-productive. It is important that you following the instructions on the screen. You will be asked to either record information from the ARF into the CAPI, or information in the CAPI onto the ARF.

IOut
This screen summarises the outcome codes for all individuals in the household. If an interview was carried out, the individual outcome code will be filled in for you. For unproductive individuals in the household, you should enter an outcome code from the list on the screen.

PrOut
If you have completed all interviewing at the household, the question called PrOut will appear and tell you which final outcome code for the household to enter on the ARF.

Unout
If the household is unproductive you should enter a code from the ARF. You will be asked to confirm the code is correct at UnConf. For refusal outcome codes you will also be asked to code the reason for refusal at ReasRef.

AdNum, ChNum, InfNum
If the household is unproductive, record at these questions the total number of adults, children and infants in the household (ie not just the ones selected for interview).
**Letter**
Code whether the advance letter was received. Copy this from the front of the ARF.

**HHSelec**
This question is a prompt to check if you carried out a household selection.

**NOFHH**
Copy this from the ARF question 3. If you entered “Yes” at HHSelec then you must enter a number greater than 1 at this question.

**ExHHold**
Please note that if there are extra households at an address you will need to open these extra households at the Household menu before you can code the current household as completed. You will not be able to return the work until this is done.

**SelecDig1-3**
If there are more than 4 households at an address, you will have carried out a selection procedure. You are asked to enter the selection numbers ie the numbers on the right hand side of the grid at Q8 on the ARF.

**TNC**
Take this number this from the front sheet ARF.

**AdrConf**
This lets us know whether or not we need to amend our records in the office.

**NRF**
Use this question to fill in and check on the NRF the Interviewer Outcome Summary code on page 1 and the grid on page 2.

It is important that for children (0-15 years) that you record the parent number and parent type on the NRF.

Use this information if you have to telephone through an appointment to your nurse and to complete the NRF.

**NRFInf**
For respondents under the age of two, you should also code if they are aged under 6weeks or not. The nurse needs this information so that she knows which measurements she will be taking and so the equipment she needs to carry.

**NoNurse**
If there is no work for the nurse to do at this household, you will be instructed to at the address label to the No Nurse Visit Sheet.

**AskName**
Type in the full name of the main contact person for the household, from the front of the ARF.

**ConfName**
Once you have coded 1 to indicate that the name is correct, the answer to AskName will be hidden
to ensure confidentiality.

**Ttl/OthTitle/InitI/Surname**
For all productive individuals in the household enter the title, full initials and surname, from ARF. This information will be used for generating GP and respondent letters, and for any flagging on the NHS Central Register and Cancer registry. Please be sure to type names correctly. Initials should be entered in capitals; surname should have a leading capital.

**ConfGrid**
Check that you have typed in all names accurately, and that you have type in the correct name for each person number. Once you enter code 1 (Names correct), the names will be hidden to ensure confidentiality.

**AreaType - EthMix**
Copy this from the appropriate questions on the ARF.

**NIOut**
NIOut allows you to check that you have completed all the individual outcomes at Q12 of the ARF. Remember to complete the details of productive and unproductive individuals at Grids A and B at Q14.

**IntDone**
Do not say 'yes' until you have finished completely with all persons in the household.

**13. RETURNING WORK TO THE OFFICE**
Transmit CAPI work immediately at the end of each day’s work. You must not wait until a household is complete before returning your work, as the nurse needs to be able to pick up her/his work daily, and (s)he cannot do that unless you have returned yours. You do not need to have completed the admin for a household before transmitting - it is more important to transmit promptly.

Paper work and ARFs must also be returned promptly, and you should aim to send those in at least twice a week. Paper work and ARFs should not be sent back until a household is completed.

Even if your nurse’s appointments are not imminent, it is very important that work is returned promptly, for two reasons. Firstly, it gives plenty of time for the information to be transmitted to the nurse, and there will be time to sort out any problems. Secondly, we need information from your work to help us deal with any abnormalities detected by the nurse tests. Occasionally, we find something potentially life-threatening. Delays in getting in touch with the GP/respondent could be very serious.

Before returning work for a household, check all paper documents for correct serial numbering and completion - the ARF, the Self-Completion questionnaires and the consent forms. Bring your Interviewer Sample Sheet up-to-date. Collate documents in person number order.

Before returning work:
- Make sure you have a Backup copy of your most recent work.
- Connect up your modem
- Select 'T' for Transmit/Return data to HQ from the Action menu, and follow the instructions on the screen.
CAPI questionnaire data will be transferred back to the office via the modem. Remember you still need to return the paper documents.

Return work in two separate envelopes:
• ARFs and consent forms
• Self-completions (to be posted at same time as the ARF)

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

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

When your assignment is completed, make your last return of work as follows:

• Make sure that you have taken a Backup of your most recent work.

• Do your last Return-of-work via modem, by selecting 'T' for 'Transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.

• Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the **Backup disk** for the last time.

• Return to Brentwood in **two** separate envelopes, posted at the same time:
  
  (a) the last batch of ARFs
  the last batch of consent forms
  (b) the last batch of Self-Completion Questionnaires
  back-up disk

**YOUR ASSIGNMENT IS NOT COMPLETE UNTIL THIS PROCEDURE HAS BEEN CARRIED OUT. THE ADMIN FEE WILL NOT BE PAID UNTIL THE BACKUP DISK HAS BEEN RECEIVED.**

**14. ANY PROBLEMS**

If you have any problems with the survey itself, or with the questionnaires, contact any of the research team at the **National Centre**. If you have a problem with your equipment or supplies, talk to your Area Manager or Health Manager.

You are provided with incident report forms. Please complete one of these if anything untoward occurs while you are in a respondent's home, or there is anything which you would like to be recorded.
APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

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

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

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

The rods

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

The base plate

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

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

The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the 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 three rods banded together and the head plate attached to the pin so that the blade lies flat against on the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods are numbered to guide you through the stages of assembly. (There is also a number engraved onto the side of the rods, this is the serial number of the stadiometer). The stages are as follows:

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

2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.

3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.

4. Take the remaining rod and put it onto rod 3.

Dismantling the stadiometer
Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate

2. Remove one rod at a time

B. THE PROTOCOL - ADULTS (16+)

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

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

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

4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (ie 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, ie the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

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

7. Look at the bottom edge of the head plate cuff. There is a green 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 RelHiteB you will be asked to code whether the measurement you obtained was reliable or unreliable.

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

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

C. THE PROTOCOL - CHILDREN (2-15)

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

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

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

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).

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

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

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

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

6. Cup the child's head in you hands, placing the heals of your palms either side of the chin. Your fingers should come to rest just under the ears. (See diagram).

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

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

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

10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” At the question “MbookHt” you will be asked to check that you have entered the child's height onto their 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 (ResNH and NoHitM) which will allow you to say why no measurement was obtained.

E. ADDITIONAL POINTS - ALL RESPONDENTS

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

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

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

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X

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APPENDIX B: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

A. THE EQUIPMENT

There are five different types of scales used on the Health Survey. They differ in the type of power supply they use, where the weight is displayed and the way the scales are turned on. Before starting any interviewing check which scales you have been given and that you know how they operate.

Soehnle Scales
- These scales come in two different versions. Both work in exactly the same way, but one has a “remote display” (ie the weight reading is shown on a separate handset), while the other shows the weight reading window on the scales.
- The Soehnle scales are turned on by pressing the top of the scale (eg with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 1 x 9v rectangular MN1604 6LR61 batteries.

Seca 850
- These scales display the weight in a window on the scales.
- The Seca 850 is switched on by pressing the top of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 4 x 1.5v AA batteries/1 x 9v rectangular MN1604 6LR61.

Seca 870
- These scales display the weight in a window on the scales.
- The Seca 870 is switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.
- The scales have an fixed battery which cannot be removed.

Tanita THD-305
- These scales display the weight in a window on the scales.
- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.
- The scales take 4 x 1.5v AA batteries.

When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on. (This does not apply to the Seca 870 scales)

Batteries (Soehnle, Seca 850 and Tanita)
It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

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

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

WARNING

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

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

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

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

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

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

B. THE PROTOCOL

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the National Centre 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. Turn the scales on with your foot 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 and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

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 onto 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 130kg (20½ stone). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit 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**
If you are using one of the scales that has the read out on a handset, it is possible that skirts, coats and legs can obstruct the beam between the receiver and the transmitter and prevent a reading. Try to ensure that the respondent and their clothing are positioned so as to avoid this.

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

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

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

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

   a) Code as “Weight obtained (child held by adult)” at RespWts

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

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

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

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

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

The following check-letters will be needed to access the HSE 2002 practice interviews (P2227 PRACTICE).

**Extra households at an address** are given the next check letter in alphabetical sequence (remembering that i, o, and u are not used). So for address 01, the checkletter for Household 1 is H, the checkletter for household 2 will be J and for Household 3 will be K).

If you want to do more practice interviews, open second and third household questionnaires for any of the practice serial numbers.

<table>
<thead>
<tr>
<th>Serial</th>
<th>Check letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>100011</td>
<td>H</td>
</tr>
<tr>
<td>100021</td>
<td>T</td>
</tr>
<tr>
<td>100031</td>
<td>E</td>
</tr>
<tr>
<td>100041</td>
<td>Q</td>
</tr>
<tr>
<td>100051</td>
<td>B</td>
</tr>
<tr>
<td>600061</td>
<td>Q</td>
</tr>
<tr>
<td>600071</td>
<td>B</td>
</tr>
<tr>
<td>600081</td>
<td>M</td>
</tr>
<tr>
<td>600091</td>
<td>Y</td>
</tr>
<tr>
<td>600101</td>
<td>J</td>
</tr>
</tbody>
</table>
THE HEALTH SURVEY FOR ENGLAND: 2002

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1. BACKGROUND AND AIMS

‘The Health Survey for England’ is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation’s health.

The Government’s health strategy for improving life quality involves a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate its effects.

Before the Health Survey for England, little systematic information was available about the state of the nation’s health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people’s contacts with the National Health Service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with health overall. Even the wider-ranging surveys do not provide measures of change over time.

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

But good information is vital for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. A major health survey carried out on a continuous basis to monitor the country’s state of health, provides that information so that trends over time can be noted and appropriate policies planned.

The Health Survey for England is that survey. It thus plays a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of the government’s policies and the extent to which its targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

In summary, the survey aims to:

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government’s health strategy
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

2. THE SURVEY

The Health Survey for England is currently being carried out by the National Centre for Social Research and the Department of Epidemiology and Public Health at University College London Medical School (UCL) through their Joint Health Surveys Unit.

It is a large survey with fieldwork carried out continuously throughout the year. Since 1995 children aged two and over have been included in the survey, as well as adults, and since 2001 those aged less than 2 have also been eligible.

In 2002 the survey design will be similar to that used in 1997, with a boost sample of children (0-
Health in childhood is increasingly recognised as being an important factor in health in later life. The survey will provide information on a group for which there has previously been relatively little information. Valuable information on the health of the family, in particular on maternal health, will also be obtained.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 2002 the major focus of the survey will be the health of children, young adults and mothers. The survey will cover the core topics such as general health, fruit and vegetable consumption, smoking and drinking. The special topics include accidents, breathing problems and physical activity. In addition a new module about maternal health (to be asked of all biological mothers of infants under one year) has been developed for inclusion this year.

Accidents are a major cause of death in England and are the most common cause of death in people under 30 years. They are also a very important cause of illness and disability. Few accidents are due purely to chance. For these reasons a reduction in accidents was one of the key targets of the Health of the Nation and is included in the latest government’s white paper Our Healthier Nation. The survey is designed to obtain better information on the range of accidents that occur to people and the short and long-term effect of these accidents.

There is increasing public and medical concern about ill-health and distress caused by asthma which is thought to increasingly affect children. There is however currently very little reliable information on the extent of this problem in the population as a whole and among particular age groups. This topic was covered for all age groups in 1996 and 2001, and was also included for children in 1997 and 1999. Including this topic again in 2002 will allow us to monitor changes in the prevalence of this condition.

Physical activity levels are of interest in relation to risk of cardiovascular disease, among other conditions. Questions on adults’ physical activity were also included in the 1994 and 1998 Health Survey. Questions about the physical activity of children have been included since 1997.

The fruit and vegetable module has been developed as part of the Department of Health’s 5-a-day policy. Fruit and vegetables contain antioxidants, which are important in the prevention of illnesses such as cancer and heart disease. For the preventative effect to work it is suggested people should eat at least 5 portions of fruit and/or vegetables a day. The Health Survey will provide baseline data on the current consumption of fruit and vegetables among the population and allow the consumption to be monitored over time.

It has long been recognised that a mother’s health and health behaviours during pregnancy can have a major impact on the future of the child’s health. Also there are many health problems that mother’s may experience, such as postnatal depression, after pregnancy which can also effect the mother’s long term health. By including a special module on maternal health in 2002 it will mean that this area can be researched in more detail and comparisons made with the other health measures collected as part of the Health survey.

Information about the survey, its objectives and design have been circulated to a Multi-Centre Research Ethics Committee and all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.
3. THE NATIONAL CENTRE AND UCL TEAM

3.1 The research team

In 1993 the National Centre for Social Research and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

The UCL Department of Epidemiology and Public Health is one of the leading academic departments of public health. It was awarded a star, equivalent to the top rating of 5, in the UFC (Universities Funding Council) research excellence assessment exercise. The main thrust of the Department's work has been in cardiovascular disease, diabetes and dental health. It has also conducted studies in mental health, neuro-epidemiology, cancer and chronic respiratory disease.

3.2 The Survey Doctor

Dr. Paola Primatesta of UCL is the ‘Survey Doctor’. Dr Primatesta is responsible for providing nurses with medical support and for liaising with GPs in respect of measurement or blood sample abnormalities which are detected as a result of this survey.

3.3 The Fieldwork Team

Each nurse will be supported in her/his area by a local fieldwork team consisting of the Area Manager, a nurse supervisor and a Health Survey manager. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will from time to time accompany you in the field. The Health Survey manager manages interview work on the Health Survey within each field area (including allocation of work to interviewers, fieldwork progress), and will work with the nurse supervisor to oversee nurse progress. The supervisors are there to help you do your job to the best of your ability - please consult them whenever you feel you need help. The names of your supervisors are listed in the separate Project Administration notes.

Section 18 gives a list of names and telephone numbers of others to contact if you have problems.

4. SUMMARY OF SURVEY DESIGN

The 2002 Health Survey consists of a sample of people living in private residential accommodation in England. The sample – around 27,400 addresses – has been selected from the Postcode Address File.

There are two sample types which determine the type of nurse visit. Most points are sample type I and have a short nurse visit. Selected points are sample type II and have a longer nurse visit. All address within a point are the same sample type.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (19 addresses) will work together as a team.

An advance letter is sent to each selected address briefly explaining the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent
with greater detail.

All people aged 16+ and up to two children aged 0-15 are to be interviewed at each address.

Some addresses will contain more than one household. Everyone interviewed, irrespective of their age, is then eligible for a nurse visit. Interviewers carry out interviews at all households at an address (unless there are more than three, in which case three are selected at random for the survey).

Fuller details of the sample are given in Section 12. See Section 5 for information about associated documents.

4.1 The interviewer visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household there is a short Household Questionnaire that establishes who is resident and collects some basic facts about them and the household. For each selected individual respondent there is an Individual Questionnaire, which includes a short self-completion section for those aged 8 and over. Towards the end of the interview, each person’s height and weight are measured. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

At the end of the interview, the second stage of the survey is introduced (if applicable) and the interviewer arranges an appointment for the nurse to visit a few days later.

4.2 The nurse visit

In 2002, nurse visits will be carried out with all interviewed respondents. The measurements taken will vary with the age of the respondent.

A nurse will be allocated to each sample point to work with the interviewer.

After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. The nurse calls on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken; immunisations they have received (if under two years of age), measurements at birth (if under one year of age) and nicotine replacements used in the last week (if aged 16 or over). The nurse then carries out a series of measurements. In all households these include: blood pressure (age 5+), infant length (age less than 2, but at least 6 weeks), waist and hip measurements (age 16+) and saliva sample (age 4-15). In sample II households adults are also asked to provide saliva (age 16+), urine (16+) and a fasting blood sample (35+). If the respondent wishes to be given the results of the measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 16-24 will be asked to provide a small blood sample (approx. 15ml or 3 teaspoons), subject to written permission from the respondent. Two tubes of blood are required. The blood samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle upon Tyne for analysis. Details of these analyses are given in Section 26.

With the respondent's permission, blood pressure readings, lung function recording and the results of the blood tests will be sent to their GP. This information will also be given to the respondent, if they so wish.
### 4.3 Summary of data collected

To summarise, the survey process is as follows:

**Household questionnaire**

Individual interviews with:

**Sample type I:**
- Up to two children
- All young adults 16-24 (max. 10)

**Sample type II:**
- Up to two children
- All adults 16+ (max. 10)

**Height and weight measurements**

**Nurse visit**

Some items of information are limited to particular age groups. The table below summarises the data to be collected:

<table>
<thead>
<tr>
<th>INTERVIEWER VISIT</th>
<th>QUESTIONNAIRE ITEMS</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household information</td>
<td>Household Reference Person/spouse</td>
<td>All ages</td>
</tr>
<tr>
<td>General health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Health and dental services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit and vegetable consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory problems</td>
<td></td>
<td>0-24 years old</td>
</tr>
<tr>
<td>Accidents</td>
<td></td>
<td>0-24 years old</td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td>2-24 years old</td>
</tr>
<tr>
<td>Smoking and drinking</td>
<td></td>
<td>8 years upwards</td>
</tr>
<tr>
<td>Employment status, educational background</td>
<td></td>
<td>16 years upwards</td>
</tr>
<tr>
<td>General Health in self-completion questions</td>
<td></td>
<td>13 years upwards</td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td>2 years upwards</td>
</tr>
<tr>
<td>Weight measurement</td>
<td></td>
<td>All ages</td>
</tr>
</tbody>
</table>

**NURSE VISIT**

- Details of prescribed drugs: All ages
- Immunisations: Under 2 years
- Measurements at birth: Under 1 year
- Nicotine replacement products: 16 years upwards
- Blood pressure: 5 years upwards
- Waist and hip circumferences: 16 years upwards
- Infant length: Under 2 years, and at least 6 weeks
- Lung function: 7-24 years
- Saliva sample: 4 years upwards
- Blood sample: 11-24 years old

**BLOOD ANALYTES**

- IgE: 11-24 year olds
- House dust mite specific IgE: 11-24 year olds
- Ferritin: 11-24 year olds
- Haemoglobin: 11-24 year olds

**SALIVA ANALYTE**

- Cotinine: 4 years upwards
5. SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

<table>
<thead>
<tr>
<th>Document</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Identity Card</td>
<td>Green</td>
</tr>
<tr>
<td>Nurse Sample Sheet</td>
<td>Purple</td>
</tr>
<tr>
<td>Nurse Record Forms (NRFs)</td>
<td>Purple</td>
</tr>
<tr>
<td>(these will be sent to you by your interviewer partner)</td>
<td></td>
</tr>
<tr>
<td>Consent Booklet – office copy</td>
<td>Yellow</td>
</tr>
<tr>
<td>Consent Booklet – respondent copy</td>
<td>White</td>
</tr>
<tr>
<td>Sets of labels for blood tubes</td>
<td>Green</td>
</tr>
<tr>
<td>Drug coding booklet</td>
<td>Pink</td>
</tr>
<tr>
<td>Immunisations show card</td>
<td>White</td>
</tr>
<tr>
<td>Appointment Diary</td>
<td>White</td>
</tr>
<tr>
<td>Interim Appointment Record Form</td>
<td>Green</td>
</tr>
<tr>
<td>Stage 2 Survey Leaflet</td>
<td>Green</td>
</tr>
<tr>
<td>Information for Children Leaflet</td>
<td>Aqua</td>
</tr>
<tr>
<td>Information about AMETOP gel</td>
<td>White</td>
</tr>
<tr>
<td>Measurement Record Card</td>
<td>Lilac</td>
</tr>
<tr>
<td>Broken Appointment Card</td>
<td>White</td>
</tr>
<tr>
<td>Nurse response form A</td>
<td>Lilac</td>
</tr>
</tbody>
</table>

**Equipment**

Pilot Bag checklist
British National Formulary (BNF), September 2001 version (purple)
Dinamap 8100
Insertion tape
Skin marker pen
Rollameter baby measure mat
Frankfort plane card
Spirometer, cardboard mouthpieces and calibration syringe
Thermometer and probe
Saliva collection materials - plain 5ml tube and wide bore straw, and dental rolls
Vacutainer equipment (for blood sample)
Other blood sample equipment - see Protocol for taking blood in Section 26

The equipment is described in more detail later in the sections on the measurement protocols.

6. NOTIFYING THE POLICE

The interviewer with whom you will be working will notify the police about the survey and inform them that the two of you will be working in the area. This is particularly important given the emphasis on children and young people in 2002. Your interviewer partner will need to collect some details about your car so that (s)he can fill in the necessary details on the letter to be left with the police. Your interviewer partner has an extra copy of the police letter which they should forward to you with the first batch of NRFs/No Nurse Visit sheets. This should tell you the name of the station at which they have registered.

You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey worker before agreeing to see you.
7. LIAISING WITH YOUR INTERVIEWER PARTNER

You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. If possible, you should arrange to meet up before you start work. The interviewer has been told to make contact with you to set this up. Contact your Area Manager if you do not know who your interviewer partner is. In addition, there is an arrangement which allows you to accompany your interviewer to see their side of the work, and vice versa. You will receive a payment for this. Please contact your Nurse Supervisor or Area Manager if you are interested in organising this.

The formal lines of communication between you and your interviewer are described in the next section. The informal lines are equally important. An important part of the interviewer's job is to keep you fully informed about the outcomes of all his/her attempts to interview people, whether or not they are productive. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

You and your interviewer have both been given an Appointment Diary covering the relevant survey period. You should go through this together before you start work. Let the interviewer know the days and times on which you are available for appointments to see respondents. Make sure you keep a careful note of the times you give her/him. You will need to liaise frequently in order to update this information. Never put the interviewer in the situation where (s)he makes an appointment for you in good faith, only to discover you have a prior commitment. If you are working on HSE for the first time you must contact your nurse supervisor before agreeing early dates of the month with your interviewer partner because your supervisor will be assisting you on your first visit.

Give the interviewer as much flexibility as possible for making appointments. People lead very busy lives nowadays. They are doing something to help us and may not give it the greatest priority.

The interviewer will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work.

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. The table below shows the estimated average time required to carry out the nurse visit with individuals of different ages. The interviewers have also been given the same information. You will of course also need some time to introduce yourself to the household and generally set up equipment. These estimates are likely to vary slightly from nurse to nurse and with different respondents of the same age.

<table>
<thead>
<tr>
<th>Age of respondent</th>
<th>Approx. length of nurse visit (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 2</td>
<td>10-15</td>
</tr>
<tr>
<td>2-4</td>
<td>5-10</td>
</tr>
<tr>
<td>5-6</td>
<td>15</td>
</tr>
<tr>
<td>7-10</td>
<td>25</td>
</tr>
<tr>
<td>11-15</td>
<td>35</td>
</tr>
<tr>
<td>16-24</td>
<td>45</td>
</tr>
<tr>
<td>25+</td>
<td>20</td>
</tr>
</tbody>
</table>

Information about each household and details of appointments that have been made will be
passed to you by the interviewer by telephone and on a Nurse Record Form (see Section 12.4). The interviewer has been asked to give you good warning of all appointments made for you. Use the Interim Appointment Record Form to help you collect, over the telephone, all the information you need.

Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days' notice, tell the interviewer so that she/he can phone through other appointments too.

8. WHAT THE INTERVIEWER HAS TOLD RESPONDENTS ABOUT YOUR VISIT

The interviewer introduces your visit at the end of the interview by reading out the following:

There are two parts to this survey. You have just helped with us with the first part. We hope you will also help us with the second part. The second part of the survey is a visit by a qualified nurse to ask a few more questions and to carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?

The box on the below shows the general points given to interviewers to help them answer questions about your visit.

Information you may need to know if the respondent asks you questions about the nurse visit

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable
- the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey
- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 11-24 only). If (s)he likes, this information will also be sent to their GP.
- Respondents are not committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one. The nurse has to obtain written permission from a respondent before a blood sample can be taken
- the amount of blood (15ml or 3 teaspoons) the nurse will take is tiny compared to the pint that blood donors give.
- we will not be testing for HIV (the "AIDS test")
- the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample
- over 70,000 people have already given blood samples on this survey
- the Multi Centre Research Ethics Committee has given approval to the survey and their local medical ethics committee have been notified of the survey and the approval

If a person is reluctant, the interviewer is asked to stress that all they wish to do is to make an appointment for you to go and explain what is involved. They point out that by agreeing to see you they are not necessarily agreeing to take part in all, or any, of the tests. We hope your general professional approach will convince nervous respondents more effectively than can an interviewer.
At the end of the interview each respondent is given a blue Stage 1 Survey Leaflet by the interviewer. The leaflet briefly describes the purpose of your visit and copy of it will be in your pack. You will be giving respondents a green Stage 2 Survey Leaflet. The Stage 2 leaflet describes in greater detail the measurements and tests involved in the nurse visit.

**Appointment Record Form**
The reverse of the Stage 1 Survey Leaflet, given to all respondents, consists of an Appointment Record Form. This confirms the appointment time and reminds them that we would like them to avoid eating, smoking, drinking alcohol or doing any vigorous exercise for 30 minutes before you arrive. It also asks them to wear light, non-restrictive clothing and to find their medicine containers. If you will be visiting a respondent of less than 2 years old, the parent will be reminded to have the relevant Child Health Record Book available for reference. A copy of the Stage 1 Survey Leaflet is in your supplies for information.

### 9. ACHIEVING A HIGH RESPONSE RATE

#### 9.1 The importance of a high response rate

The response rate to the nurse to date has been very good and we want keep this up. Past experience shows that this requires continuous hard effort. A high response rate at both stages of the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey is therefore vital to its success.

#### 9.2 “You won’t want to test me . . .”

Some people think that they are not typical (they are old, they are ill, they are young and healthy, and so on) and that it is therefore not worthwhile (from both your and their point of view) to take part in the survey. You will have to explain how important they are. The survey must reflect the whole population, young and old, well and ill. We need information from all types of people, whatever their situation. If someone suggests that you see someone else instead of them, explain that you cannot do this, as it would distort the results.

Our target is to interview and measure all eligible respondents. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

#### 9.3 Health is interesting and important

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. Survey reports receive wide press coverage. In any case, your respondents have already co-operated with the first part of the survey, and have agreed to see you.

Most of these will be looking forward to your visit and will be keen to help. But some may have become reluctant to co-operate, perhaps because they have become nervous. You will need to use your powers of persuasion to reassure and re-motivate such people, it is vital that they take part.

#### 9.4 Respondents are not patients

Your previous contact with the public as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional. Your contacts with people in the course of this survey will be quite different. Instead of being patients, they will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.
They are under no obligation to take part, and can decline to do so - or can agree, but can then decline to answer particular questions or provide particular measurements. But of course we want as few as possible to decline, and we rely on your skills to persuade them to participate.

10. WHAT TO DO ON INITIAL CONTACT

10.1 Keep your introduction short

While you will need to answer queries that respondents may have, you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off. The general rule is keep your initial introduction short, simple, clear and to the immediate point. An example of how to introduce yourself on the doorstep is given below.

| Show your identity card |
| Say who you are: |
| “I am a nurse called ….” |
| Say who you work for: |
| “I work for The National Centre for Social Research” |
| Remind respondents about your appointment: |
| “A few days ago you saw an interviewer about the Health Survey for England and (s)he made an appointment for me to see you today.” |

For most people this will be enough. They will invite you in and all you will have to do is explain what your visit will cover and what you want them to do. Others will be reluctant and need further persuading. Build on what has gone before. Be prepared to answer questions about the survey. Some respondents may have forgotten what the interviewer told them about the survey's purpose or about what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example, about how the household was sampled. Some points you might need to cover are shown in the following box.

Only elaborate if you need to, introducing one new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part. Do not quote points from the boxes except in response to questions raised by the respondent.

Be careful to avoid calling your visit a "health check". 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.
• **who you are working for** – the National Centre for Social Research and UCL
• **who the survey is for** - for the government (it has been commissioned by the Department of Health)
• **why the survey is being carried out** (see Sections 1 and 2)
• **what you are going to do** (see Section 4.2)
• **how the respondent was selected** - it was the address that was selected. Addresses in this area were selected from the Postcode Address File. This is a publicly available list of addresses to which the Post Office delivers mail. The addresses have been picked at random from areas across the country in order to get a good representation of the groups in which we are interested. Once an address is selected, we cannot replace it with another address. Otherwise we would no longer have a proper sample of the population.
• **the confidential nature of the survey** – individual information is not released to anyone outside the research team.
• **how much time you need** - this varies a bit but it is best to allow around 30 minutes for each person plus another 15 minutes per household (to put equipment away and so on). Respondents aged 16-24 will take a bit longer.

### 10.2 Being persuasive

It is essential to persuade reluctant people to take part, if at all possible.

You will need to tailor your arguments to the particular household, meeting their objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to your Nurse Supervisor (or your Area Manager).

### 10.3 Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out for an urgent or unexpected reason.

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card** at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Add a personal note to the card. Try telephoning them and find out what the problem is. Only telephone respondents if you are confident that you can deal with the situation on the telephone, as it is easier for respondents to refuse or try to put you off re-visiting on the telephone than it is face-to-face. Allay any misconceptions and fears. Make them feel they are important to the success of the survey. A chat with your interviewer partner might help. (S)he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

### 10.4 The number of calls you must make

You are asked to keep a full account of each call you make at a household on page 3 of the **Nurse Record Form** (see Section 17.1). Complete a column for each call you make, include telephone calls to the household as well as personal visits. Note the exact time (using the 24-hour clock) you made the call, and the date on which you made it. In the notes section keep a record of the outcome of each call - label your notes with the call number.
You must make at least 4 **personal visits per respondent** before you can give up. Each of these calls must be at different times of the day and on different days of the week. However, we hope you will make a lot more than four calls to get a difficult-to-track down respondent. If you fail to make contact, keep trying.

**What you might mention when introducing the survey**

* It is a national (Government) survey (on behalf of the Department of Health).
* It is a very important survey.
* It was set up as a result of a special recommendation in the government’s White Paper “The Health of the Nation” and is also part of the current government's "Our Healthier Nation" White Paper.
* It is the largest national survey to look at the health of the general population. Around 20,000 people will take part this year.
* It is carried out annually.
* It provides the government with accurate and up-to-date information on the health of the population.
* It gives the Government information on health trends and monitors how well the health targets set by the Government (in the White Paper "Our Healthier Nation") are achieved.
* It is used to help plan NHS services.
* The information is available to all political parties.
* The information will be needed by whichever government is in office.
* Results are published annually and reported in the national press.
* The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.
* To get an accurate picture, we must talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government’s policies and those who do not.
* Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.
* Old 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.
* Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.
* No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.
* The government only gets a statistical summary of everyone's answers.
11. INTRODUCING YOUR MEASUREMENT TASK

11.1 The introduction

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. (S)he will have told respondents that you are the best person to explain what your visit is about.

So, before you make any measurements, you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure and lung function readings, and the results of the blood test (by letter).

11.2 The Stage 2 Leaflet

A copy of this leaflet must be given to all respondents before you start doing any measurements. It describes what you will be doing and sets out the insurance implications of allowing the information to be passed to GPs.

Give the Stage 2 Leaflet to respondents after you have explained what you are going to do and the order in which you wish to see them. Ask them to read it while you get your equipment ready. This will give them something to do, allow them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

There is a child information sheet for use with younger respondents who may find the Stage 2 leaflet difficult to understand.

12. THE SAMPLE

12.1 Sample design

The sample has been drawn from the publicly available Postcode Address File. This file includes all the addresses in England to which the post office delivers and which receive 50 or fewer letter per day.

13,700 addresses have been selected, clustered into 720 postcode sectors (i.e. 19 addresses per sector). The sample has been designed so that each quarter’s sample is fully representative of the population of England.

Each month 60 postcode sectors will be covered. All respondents will be eligible for a nurse visit.

The interviewer’s first task is to make contact at each sampled address and identify how many households are resident. In most cases there will be only one household at address, but occasionally an address will contain two or more households (e.g. a house may be split into flats which are not separately identified by the address file). All households (up to a maximum of three) are eligible for inclusion in the survey (if there are more than three, the interviewer will randomly select three for the survey).

In all households, all persons aged 16 or over (up to a maximum of 10) and up to two children aged 0-15 will be interviewed. At the stage 1 interview there are no differences in what is asked of sample I and sample II households.
All interviewed respondents are eligible for a nurse visit. The interviewer will arrange an appointment for you to call. In some cases, however, the respondent will refuse to co-operate with this second stage.

The interviewer will provide you with full details of the appointments made, households at which none co-operated or households where no one was eligible. If you come across someone who originally was eligible but refused to take part in the interview stage but has subsequently changed their mind, try and persuade him/her to see the interviewer in person. Explain that without the information obtained at the interview stage, the measurements obtained by the nurse will have little meaning. Do not take measurements from a respondent until they have been interviewed in person by the interviewer.

### 12.2 Serial Numbers

Each address/household/person in the survey has been assigned a unique identity number. This number is called the Serial Number. It allows us to distinguish which documents relate to which person. It is made up of different components:

- **Point number**
  - a three-digit number for the sampling point (postcode sector). All addresses you will have in a month will have the same point number.
- **Address number**
  - a two digit number for the address sampled from the postcode file (remember addresses 01-29 are the child and young adult sample, addresses 30-38 are the core sample)
- **Household number**
  - one-digit number for each sampled household at the address (number 1, 2 or 3).

The Point number, Address number and Household Number (plus a check letter - see below) are all found on the address label at the top of the Nurse Record Form which the interviewer sends you, or on the label on the No Nurse Visit sheet (see Section 12.4). For example:

```
POINT: 124       TYPE I
ADD/HH: 08 1 D      JAN G
32 HIGH ASH ROAD
GLENARNE PARK
ST ALBANS
HERTS
AL3 8GY      FA: 6
GR: 517200 213400
```

GR is the Ordnance Survey grid reference for the address. This is to help those in rural areas to locate addresses.

- **Check letter (CKL)**
  - a letter of the alphabet which allows the computer to check that a correct serial number has been entered

- **Person number**
  - a two-digit number assigned by the computer to each person in a household. Each person in a household is given a person number, whether or not they are interviewed. There is no particular order in which they are assigned by the computer to people within a household.

The Person Number is the number beside the name on page 2 of the Nurse Record Form (NRF). An example of pages 1 and 2 of the NRF is provided at the end of Section 12. In that example Mrs
Petunia Dursley is person number 02. Her full serial number is: 600 02 1 X 02.

The serial number of the respondent must be recorded on all documents for that respondent. Great care must be taken to ensure that the correct serial number for a particular person is used. It is vital that the information the interviewer collects about someone is matched to the information you collect about them. If the wrong serial numbers are entered on documents or on blood samples, data from one person will be matched with that of someone else.

In the few cases where the interviewer finds more than one household at an address, address details for the second and third households will be hand-written onto the NRF by the interviewer, rather than on a printed label.

12.3 Nurse Sample Sheet (NSS)

At the start of each month’s fieldwork you will be given a list of the issued addresses in the point you and your interviewer are covering. You will also be given a Nurse Sample Sheet (NSS). This tells you the postcode sector or area in which you will be working and its point number.

The NSS is divided into rows; one for each address sampled (up to 38). These have been numbered 01 to 38. The purpose of this sheet is to let you keep account of the work you receive from the interviewer. At the end of the interviewer’s fieldwork period you should be able to account for all addresses on your NSS. Keep your NSS for a couple of months after you finish your month’s fieldwork, as they are sometimes useful when sorting out a query from the office.

Each address row has been subdivided into three, to allow for up to three households at an address (see above). Where there is only one household at an address, that household is automatically Household No. 1. If there are additional households to be covered, the interviewer will have given these Household Serial Numbers 2 and 3.

12.4 Nurse Record Form (NRF) and No Nurse Visit sheet

You will receive these documents from your interviewer. At the end of your assignment, you should have received information about all issued addresses from the interviewer. Check that all addresses have been dealt with by the interviewer-nurse team, and that none has been missed by either of you.

Where there is no work for you to do at an address (for example, it was a business address and therefore ‘deadwood’), the interviewer will affix the address label to a No Nurse Visit Sheet (NNV), and code the reason. The interviewer should send these sheets to you on a regular basis. You do not need to complete any admin for these addresses; they will automatically be coded 93 when you connect to the host machine to pick up your work. However, it is important that you keep a track of which addresses are deadwood, etc., so that you can account for every issued address in your assignment and are aware of which ones require a nurse visit. Each time you receive details of an address on a No Nurse Visit sheet, enter the date of receipt and code the outcome on your NSS. Send the NNV back to the office once you have done this.

You will receive a Nurse Record Form (NRF) for each issued address where there is work for you to do. If there is just one household at a sampled address, you will receive one NRF. If the interviewer finds two or more productive households at an address you will receive one for each sampled household. Each time you receive an NRF enter the date of receipt on your NSS.

The Nurse Record Form has two functions. It tells you the outcome at the household of the interviewer’s attempts to arrange appointments for you. It is also the form on which you report to the office how successful you have been at those households.
The NRF will arrive with pages 1 and 2 completed by the interviewer. At the top of page 1 you will find the address, the household serial number, the location of the household within the address (if there is more than one household living there), any tips about the household location or the occupants that the interviewer feels you might find useful, the household's telephone number, if known, and the name of the main contact person.

In the box labelled Interviewer Outcome Summary the interviewer will have ringed code A to show that there is something for you to do at that household, and filled in pages 1 and 2 of the NRF. (S)he will have:

- entered the date on which (s)he conducted the household interview at that household.
- recorded the total number of persons living in that household - regardless of whether or not they were interviewed and whether or not they agreed, or are eligible, to see you. This provides you with some background information on the size of the household.
- completed the grids at Questions 4 and 5 on page 2. In the grid at Question 4 details of up to six household members aged 16+ will be entered. In the unlikely event that there are more than 6 adults in a household the interviewer will continue on a second copy of the NRF.
- ringed code 1, 2, 3 or 4. Carry out a nurse visit only with those persons for whom code 1 has been ringed - these are the household members who agreed both to be interviewed and to see you. Code 2 will be ringed if the person was interviewed but refused to see you. Code 3 will be ringed if the person could not be interviewed (they were mentally incapable, refused, etc). Code 4 will be ringed if the person was an unselected adult in sample type I (i.e. 25 or over, and not a mother of a child under one). Note that these people will often be the parents of an eligible child, and so you will need them to give consents for measurements. In the column to the left of each person's name is their Person Number. Whenever you enter a serial number for that person you must use this and only this Person Number.
- in the grid at Question 5 there will be details of children in the household selected for the survey. If they are less than 2 years old, then the interviewer will code whether they are also under 6 weeks. This will inform whether or not you need to bring the Rollameter Baby Measure Mat. The person number of each selected child’s parent(s) will also be recorded, alongside whether they are an actual parent or whether they have legal parental responsibility. If you see a code 97 in the box for person number for the parent this means there is either no or only one parent in the household.

You complete the rest of this form (see Section 17). An example of pages 1 and 2 of a NRF completed by the interviewer is shown on the following pages.

Occasionally you will find that someone in the household with code 2 (Refused nurse) or code 3 (No interview) ringed decides they want to co-operate after all. If they are code 2 (ie refused nurse visit) you can take the measurements, as these people have already completed a full interview. Make a note on the NRF explaining what has happened. If they are code 3 (ie not interviewed) or code 4 (unselected adult) you cannot take any measurements. Under no circumstances must you ever measure an individual before an interviewer has completed a full interview on CAPI.

12.5 Interim Appointment Record Form

This two-sided form is for you to keep by the telephone. Complete a form when your interviewer telephones through an appointment. It will ensure that you remember to collect all the information you need. Take it with you when you keep the appointment.

Check that you have down the correct Point, Address and Household numbers (including the check letter) by reading them back to the interviewer.
It is also important to record the date of the interviewer’s household interview. This information is necessary to allow the computer to calculate the respondent’s age at the time of the interviewer visit. Without it, the computer will not be able to work out which route to take through the schedule and you will not be able to do that interview. It is vital, therefore, that you get this information from the interviewer.

Page 2 of the Interim Appointment Record Form is identical to page 2 of the NRF. Be very careful to write each person in the correct row, and to enter them in ascending order of person number. Ask the interviewer to tell you the Person number of each person before you enter their details. This way you will avoid listing them in the wrong order.

You will, of course, eventually receive a NRF from the interviewer. The NRF replaces the Interim Appointment Record Form. Check it against the NRF and query any discrepancies with the interviewer - is it you or the interviewer who is wrong? Sort it out. The important thing to remember is that the Person number assigned to someone by the interviewer must be used on every document and every blood tube for that person. If you discover you have done something wrong and you cannot sort it out before work is posted (for example, if you have already sent blood to the laboratory), telephone the operations department immediately and explain the problem, so that she can arrange for it to be corrected.

**WHAT DO I DO IF A RESPONDENT HAS A BIRTHDAY BETWEEN THE INTERVIEWER AND NURSE VISIT?**

The age of the respondent is ‘frozen’ at the time the interviewer has made her/his visit and administered the household questionnaire. The age that has been entered on the NRF by the interviewer is the age you must use. This means that even if an individual has had a birthday which moves them into a category where they would have had a particular measurement you do not do that particular test. For example, if a respondent was 5 weeks old at interview but becomes 7 weeks by your visit, do not take infant length measurement even though (s)he is over 6 weeks and under 2 years old when you see him/her. If respondents query this or ask you to perform the measurement/test you must explain to them that you are not able to because the age of the individual is based on the age at interview. The computer will automatically calculate which measurements you should take in this situation.

**13. OBTAINING CONSENT TO INTERVIEW MINORS**

The rules to follow depend on whether the minor is aged 16/17 years or is between 0-15 years of age. *Never break any of these rules.*

**16/17 year olds:** Apart from gaining consent from the respondent, you do not need parental consent to interview someone of this age. If the respondent lives with their parent(s), out of courtesy, advise the parents what you will be doing. You will however need parental consent to take blood from this age group.

**0-15 year olds:** For children aged 15 and under, the interviewer will have obtained information on which of the people living in the household are their parents, or have legal parental responsibility on a permanent basis, for them. This information is recorded on the Nurse Record Form (NRF) in order that you know in advance of your visit who to speak to, to obtain permission to interview and measure a child.
The term ‘parent’ means the child’s natural or adoptive parent. All other people who claim parental status have been classified on the NRF as having legal parental responsibility.

Verbal consent to interview and measure someone aged 0-15 has to be obtained from someone with legal parental responsibility. If this is not forthcoming, then you cannot interview/measure that child. The agreement of the child should of course also be sought.

Always give priority to someone defined as a parent when obtaining permission. If possible, when seeking consent obtain it from the mother.

If disagreement arises between parents and/or parent and child about whether or not to co-operate, always respect the wishes of the non co-operator.

### 14. CARRYING OUT THE INTERVIEW

#### 14.1 Who to interview
You can only interview and measure respondents who have completed a full individual interview with the interviewer. Respondents must have completed this interview before you see them.

#### 14.2 Interviewing children
The rules for obtaining consent to interview and measure children are given above.

For children of all ages (0-15) you should always ensure that a parent is present during your interview. This is both to protect the child and yourself. You will also require their presence in order to obtain written consents during the interview.

Children aged 13-15 were interviewed personally by the interviewer. Treat them in the same way whilst referring to their parent(s) as appropriate. Information about younger children was collected direct from the parent at the interview stage, although the child was present and children aged 8 upwards were asked to complete a self-completion questionnaire.

#### 14.3 Interview documents
The Nurse Schedule is on computer (CAPI). As well as the computer schedule, you will use two other documents during the interview itself: the Office and Respondent copies of the Consent Booklet. The Consent Booklets contain the forms the respondent has to sign to give written consent for:

- blood pressure readings to be sent to their GP (child or adult)
- lung function readings to be sent to their GP (child or adult)
- a sample of blood to be taken
- the results of the blood sample analyses to be sent to their GP
- a small amount of blood to be stored for possible future analyses

The Respondent Consent Booklet is to be left behind with the respondent for their future reference. The Office Consent Booklet contains exactly the same forms, and also contains the despatch note that accompanies the blood sample tubes when they are sent to the laboratory.

The Nurse Schedule and the Consent Booklets are designed to work together. Full instructions on completion of the two are given in Sections 15 and 16.
14.4 **General tips on how to use the documents/computer program**

Read out the questions in the Nurse Schedule *exactly as worded*. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Enter the code number beside the response appropriate to that respondent indicating the answers received or the action you took.

Some questions take the form of a ‘CHECK’. This is an instruction to you to enter something without needing to ask the respondent a question. The convention is that, if a question appears in capital letters, you do not read it out.

When you get a response to a question which makes you feel that the respondent has not really understood what you were asking or the response is ambiguous, repeat the question. If necessary, ask the respondent to say a bit more about their response.

14.5 **Preparing the documents/computer**

**Before you leave home**, you should connect your computer to the modem (separate instructions about this are provided) and pick up any work which is ready for you. To ensure that the information from the interviewer has been transferred onto your computer, you should view the household schedule(s) for the household(s) that you intend to visit on that trip. If the interviewer’s information has been successfully transferred, the computer will show you the information about the members of that household, and you can go ahead with that household. If the information has not been transferred electronically, it will ask you if you want to enter the information manually. It is better to wait until the information is transferred electronically, but if you have an imminent appointment, you will need to enter it manually from the NRF or Interim Appointment Record. Entering the data manually will take several minutes, so you should do this before you leave home, or at least before you enter the respondent’s household.

When you arrive at the household, you should enter the household schedule and check that it is the right one by looking at the serial number and/or viewing the information about the household members.

Immediately before you start to carry out measurements on a respondent, complete the first half of page 1 of both Consent Booklets. **Never do this in advance of the visit to the household.**

Check carefully that you have entered that person's correct serial number. **Never** prepare the Consent Booklet in advance of your visit. There is a serious danger that you will use the wrong one for the wrong person. It is all too easy to do in the stress of the moment.

15. **THE CONSENT BOOKLETS**

Use a blue pen when completing the booklets, and ensure that signatures are always in pen, not pencil. Use capital letters and write clearly. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

A copy of the Respondent Consent Booklet is to be signed by and left behind with every respondent. We would like you to always ask respondents to sign this – however, if a respondent is unwilling to sign their copy, they can just have a blank one to keep (it is the signatures in the office Consent Booklet that are important – without these there is no consent).

The only exception is where no measurements requiring consents are to be taken (e.g. children aged under 4) – in these cases a Respondent booklet is not necessary.

The Office Consent Booklet must be filled out for **every** respondent, regardless of whether
measurements requiring consents are to be taken – this is because it provides an important check in the office1.

Write the address at which you are interviewing in the box at the top of the Office Consent Booklet. Write the survey month next to the box, and then fill in the serial number boxes. Accuracy is vital.

Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2.

*Complete Items 3 to 6 before you start using the computer to collect the information from the respondent.*

At Item 3 record the **full** name of the respondent. We will be using this to write a thank-you letter to the respondent giving them their test results (if they wish), and to write to their GP (with their permission) to give him/her their test results. The name by which the GP knows the respondent is checked, if appropriate, during the interview. This may, for example, be a maiden name.

Ask the respondent for his/her date of birth and enter this in the boxes provided at Item 5. The respondent may say they have already given it to the interviewer. Explain that you have been asked to get it again as it will help ensure the right documents get put together.

*Items 6 to 9 are completed during the course of your interview.*

At Item 6 write the name of the parent/guardian where the respondent is under 18 years of age.

At Item 7 you write in the name, address and telephone number of the respondent’s GP, if the respondent gives consent for blood pressure and/or blood test results to be sent to the GP. If a respondent does not know the name of her/his GP, leave the top line blank (otherwise the computer will send out nonsense letters like *Dear Dr. Ash Grove Practice*).

Fill in the full name and 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 they reach the office.

At Item 8 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, then ring code 1.

Item 9 is very important. Throughout the visit you record here the outcome of your requests for permission for:

a) The blood pressure results to be sent to the GP
b) Lung function results sent to GP
c) A sample of blood to be taken
d) The results of the blood sample to be sent to the GP
e) A small amount of blood to be stored for future use
f) The results of the blood sample to be sent to the respondent

By the end of the interview every respondent should have **SIX** codes ringed at Item 9.

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1 The Consent form has been translated into Urdu, Punjabi, Gujarati, Hindi and Chinese for respondents whose normal language is not English. If appropriate give one to the respondent and ask them to read and sign it. Clip it into the English version of the Consent booklet.
There are a are six different Consent Sheets contained in each version of the booklet:

**BP(A) and BP(C)**  
Blood pressure information to GP consent forms. BP(A) is for adults age 16+ to sign and BP(C) is for the parent or person with legal parental responsibility of children under 16 to sign.

**LF(A) and LF(C)**  
Lung function results to GP consent forms. LF (A) is for adults age 16+ to sign and LF(C) is for the parent or person with legal parental responsibility of children under 16 to sign.

**BS(A) and BS(C)**  
These are the blood sample consent forms. The age ranges for these consents are different to the other consents. BP(A) is for adults aged 18+ and BP(C) is respondents under the age of 18.

The blood sample consent sheet has three parts. Part I obtains consent to take the blood, part II obtains consent to send the results to their GP and part III obtains consent to store a small amount of blood. On the consent form BP(C) each of the consents must be signed by the respondent and countersigned by their parent or person with legal parental responsibility.

The last two pages of the Office booklet are despatch notes for blood samples to be sent to the laboratory and details for the office. **Despatch 1** is a tear-off sheet to go with the blood samples to the laboratory. **Despatch 2** is to be completed and returned to the office with the rest of the booklet.

### 16. THE NURSE SCHEDULE

#### 16.1 Organising the interview

Before setting out to carry out any interviews, you must check to make sure that you have either received the household information via electronic transfer or through manual input (see Section 14.5). You will not be able to conduct the interview without having done this.

When you arrive at the household, before starting to carry out your interview, check whether any of the people you have come to see have eaten, smoked, drunk alcohol or done any vigorous exercise in the last 30 minutes. This could affect their measurements. If someone has done any of these things, arrange to see other members of the household first in order to give time for the effects to wear off.

Similarly if someone in the household wants to eat, smoke or drink alcohol in the near future (eg one person is going out and wants a snack before they leave) then try to measure that person first. Adapt your measurement order to the needs of the household.

You may feel that if you try to rearrange things in this way, you are likely to lose an interview with someone you may not be able to contact again. In such cases, give priority to getting the interview, rather than rearranging the order.

The grid below shows which measurements apply to which age group. The computer will automatically take you to the correct measurements for each person in each sample type, so you do not need to know this off by heart. However, you may find it useful to know this information when making your introduction to respondents.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>5 years upwards</td>
</tr>
</tbody>
</table>
Waist and hip circumferences | 16 years upwards
Infant length | Under 2 years, and at least 6 weeks
Lung function | 7-24 years
Saliva sample | 4 years upwards
Blood sample | 11-24 years

Make sure you fully understand the differences in the protocols for children and adults.

When you are at a household where you will be interviewing a girl aged 10-15, start off by making a general statement to everyone of all ages: "Before I start, can I check is anyone pregnant? I need to know as some measurements do not apply to pregnant women." This will give a pregnant girl the opportunity to tell you, if she wishes to. We have not put a formal question into the Schedule as we do not wish to embarrass girls of this age group in front of their parents. In the unlikely event you encounter a pregnant girl aged below 16 years, question UPreg will prompt you to enter this fact once you have asked the questions which apply to all respondents. The computer will then terminate the interview at the appropriate point.

16.2 Getting into the Nurse Schedule

Once you have switched on and entered the keyword, you will see the Project Menu on screen. The Project Menu will look something like this, with a separate code number for each month’s fieldwork:

<table>
<thead>
<tr>
<th>CODE</th>
<th>PROJECT</th>
<th>PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P2237</td>
<td>PRACTICE</td>
</tr>
<tr>
<td>2</td>
<td>P2237</td>
<td>JAN</td>
</tr>
<tr>
<td>3</td>
<td>P2237</td>
<td>FEB</td>
</tr>
</tbody>
</table>

The menu will change automatically each month you work, by adding the new month.

To get into the nurse schedule, type in the number next to the relevant survey month (in the above example, if you were working in January you would type in <2> and press <Enter>). You will then be asked to enter the password for HSE, which will be given to you at the briefing. This done, you will be taken to the Action Menu, where you should type <I> if you want to enter information.

You will then see the Address Menu, which shows the serial numbers of all the addresses in your sample point, and will look like this (but longer):

<table>
<thead>
<tr>
<th>SERIAL</th>
<th>NOTES</th>
<th>STATUS</th>
<th>OUTC</th>
<th>DONE</th>
<th>RET</th>
</tr>
</thead>
<tbody>
<tr>
<td>001011</td>
<td></td>
<td>00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>001021</td>
<td></td>
<td>00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>001031</td>
<td></td>
<td>00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>001041</td>
<td></td>
<td>00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using the arrow keys, move the highlight bar until it rests on the household in question, then press <Enter>. The highlight bar will start off on the first address, which in the above example would be serial number 001011. If you wanted to work on, say, serial number 001041, you would press your
down arrow three times then press <Enter>.

(When you pick up your work at the start of the month, the Address Menu will contain all the addresses that are allocated to your interviewer partner. As the month goes on, each time you connect to the modem, the list of addresses will be automatically updated according to the information received from your interviewer partner).

The next menu you will see is the Household Menu, which, for the example serial number given above (001041), would look like this:

<table>
<thead>
<tr>
<th>HOUSEHOLD MENU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey: P2137</td>
</tr>
<tr>
<td>HHOLD NOTES</td>
</tr>
<tr>
<td>HHOLD1</td>
</tr>
<tr>
<td>HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]</td>
</tr>
</tbody>
</table>

You only need to use the Household Menu if there is more than one household at that address (the interviewer will have told you about this and made out a separate NRF for each household). In the unlikely event that you need to open up a new household, move the highlight bar down to:

‘HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]’

and press <Enter>, then follow the instructions on the screen. Otherwise, just press <Enter> to get into Household 1.

Then you will get a screen that asks you to enter the check letter, which you will find on the NRF. The first time you enter a particular serial number, you may get a Warning screen, which says: ‘Blaise data files do not exist for this data model’. All you need to do here is press <Y>. The next time you go into that serial number, the warning will not appear.

You are now in the nurse schedule and ready to start entering data.

If you want to practice at home before ‘going live’, at the Project menu you should type in the number next to the P2237 Practice slot (in the above example, this would be number <1>) and press <Enter>. Then follow the instructions as above. Some ‘dummy’ households have been put into this slot for you to practice on.

16.3 Household information

The household information should be checked or completed before making the visit.

ScrOut

This screen will be displayed only if the information has not yet been received electronically from the interviewer. If you need to enter the information manually, you should enter code ‘1’. If there is no work for you to do at that household (i.e. because no-one was interviewed or no-one agreed to the nurse visit), you should enter code ‘3’. If you are able to wait until the information does arrive electronically, you should enter code ‘2’.

HHDate

This is necessary to allow the computer to calculate the respondent’s age at the time of the
interviewer visit, as this is the age that dictates which sections of the schedule apply. You will find this date at Q.2 on the NRF or the Interim Appointment Record.

**Intro - OC**
This set of questions only appears when you have elected to enter the household information manually. It asks you to enter the data found on page 2 of the NRF, ie person number, name, sex, age and outcome of interviewer visit and (for children) details of parents in household. From this information, the computer will work out how many individual schedules are required, and which questions should be asked of each individual.

*It is important that you enter the individuals in ascending order of person number. Otherwise, you will find it very confusing to find your way around the computer program.*

**More**
If you are entering the household information manually, at the end of the information for each individual, the computer will ask you if there is anyone else who was seen by the interviewer. If you enter ‘yes’, another row on the household grid will be created for you to complete. If you enter ‘no’, that signifies that you have entered details of all eligible persons in that household.

If, after entering ‘no’ at More, you realise that there are other household member(s) to be added, you can do this by pressing <End> then the Up Arrow key, and changing More from ‘no’ to ‘yes’.

**OpenDisp**
If the household information has been electronically transferred, this will be one of the first things you see. If you have entered the household information manually, it will summarise the information that you have entered, so that you can check it is correct before proceeding. Note that it will only display information about individuals who were interviewed by the interviewer (as these are the only individuals who you can interview) or adults who were unselected in Sample Type I (as you may need to obtain parental consent from them). Other household members may be listed on the paper documents, but they will not be listed on the computer.

For all individuals who were seen by the interviewer, OpenDisp shows the person number, name, sex, age, and whether or not a nurse visit was agreed (for unselected adults in Sample Type I, ‘N/E’ – not eligible – is shown in this column). For those ages 0-15, it will also show the person numbers of the parent9s0 (under the columns headed Par1 and Par2) and their status ie natural/adoptive parent (“parent”) or person with legal parental responsibility (“guardian”). The parental status is shown under the columns headed NatPs1 and NatPs2 for Parent 1 and Parent 2 respectively.

Once you have checked the grid at OpenDisp, press <Ctrl+Enter> to bring up the Parallel Blocks screen (see Section 16.7), from which you can either exit the household (by pressing <Alt+Q>), or select an individual schedule (by highlighting the schedule and pressing <Enter>), or go into the admin block (see section 16.6).

**16.4 Individual information**
The individual information should be collected when you are in the household.

**Info**
If the respondent has already agreed to a nurse visit, this question will check that you wish to interview him/her. You should code ‘yes’ if you want to carry on with the interview straight away, and ‘no’ if the respondent has changed his/her mind about being interviewed. If neither of these options apply, you should press <Ctrl + Enter> and select one of the other individual
NurOut
If the respondent did not agree to a nurse visit, you still have to enter a small amount of information. This is because people sometimes change their minds about seeing the nurse, once they see other household members being measured. If a ‘refused’ respondent does have a change of heart, code ‘yes’, and the schedule will continue. If you code ‘no’, you will be taken right to the end of the schedule.

StrtNur/DateOK/NurDate
The start time and date are necessary because the computer’s internal time is not always right. The date is also used to check the respondent’s age.

NDoBD/NDoBM/NDoBY
If the household information was transferred electronically, your response here will be checked against the date of birth recorded by the interviewer. If the two dates do not match, the computer will instruct you to either amend the date of birth which you entered, or to enter a note using <Ctrl+M> to tell the office that your date is correct, or that you have done all you can to resolve the discrepancy.

CparNo – children only
If the child is aged 0-15, you must enter the parent/person with legal parental responsibility who is giving permission for the child to be interviewed.

PregNTJ - adult women only
This question is asked of women aged 16-49. If a respondent is pregnant, the only items of information obtained are contained right at the start of the schedule. Once these are completed, the computer will automatically take you to the end of the schedule.

Prescribed medicines (All respondents)
There is then a set of questions about prescribed medicines. Ignore any non-prescribed medicines that the respondent may be taking. Record the brand name of all the prescribed medicines currently being taken by the respondent (we are not interested in any medicines prescribed years ago, and no longer being taken). Medicines should be being taken now, or be current prescriptions for use "as required". Keep checking "Are you taking any other medicines, pills, ointments or injections prescribed for you by a doctor?". Try to see the containers for the medicines.

Do not probe for contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. Pills for hormone replacement therapy should also be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

The interviewer will have told the respondents that you will be asking about prescribed medicines, and will have asked the respondents to get their medicines ready prior to your visit. The respondents may have forgotten this, and so you may have to ask them if they can fetch the containers so you can look at them. If possible ask all members of the household to collect together their medicines and prescribed dietary supplements early on in your visit, to avoid multiple trips to the bathroom cabinet.
Check the name of the medicine very carefully and type it in accurately. Record the brand name or generic name so that you can code it.

One of your tasks is to enter a six-digit code for the drug. You do not have to do this as soon as you enter the names of the drugs, but the computer will not let you leave the schedule until it is done, as it will give you the chance to query any hard-to-find drugs and to ask a respondent what a drug is used for if it has several uses. There are also one or two follow-up questions to ask if the drug is one commonly prescribed for CVD conditions, to find out whether or not it has been prescribed for one or more of these conditions.

You can do the drug coding whenever you wish, by pressing <Ctrl+Enter> and selecting ‘DrugCode’. If you are doing more than one interview in a household, you will be given the choice of several drug coding blocks. You should choose the one which matches the individual schedule, eg if you are completing ‘Nurse_Schedule [1]’ that person’s drug coding block will be called ‘DrugCode[1]’. If you go into the wrong drug coding block by mistake, just press <Ctrl+Enter>, then select the right one.

To get out of the drug coding block, press <Ctrl+Enter> and select whichever ‘Nurse_Schedule’ you are currently completing. This will take to back to the start of that individual schedule, so you will have to press <End> to get back to where you were before.

The ideal time to code the drugs is while the respondent is resting with the cuff on prior to the blood pressure measurement. With practice, you will get to know the more common drugs and will be able to code them quickly.

Drugs are to be coded using their British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate.

You have a copy of the BNF (make sure it is the September 2001 edition), in your Dinamap bag. You also have a pink Drug Coding Booklet, which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* tablets as an example, the alphabetic listing gives the entry 06 04 01. Enter this as a continuous string of numbers, ie 060401 (no spaces or dashes). Alternatively, if you had looked up *Premarin* (tablets) in the BNF itself, you would have found it listed in section 6.4.1.1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6.4.1. With leading zeros, this becomes 06 04 01.

If you are unable to find the correct code, enter ‘999999’.

If you cannot find a drug in the BNF, or it is has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for.

If the respondent takes aspirin record the dosage, as this can vary.

**Vitamin/Dietary supplements (All respondents)**

*Vitamin*

This is just asking about non-prescribed diet supplements eg multi-vitamins, iron tablets, or any other "health-food supplements". Any dietary supplements that are prescribed should be recorded in the previous set of questions.
Smoking/nicotine replacement products (Aged 16+)

Smoke - UseNas

Smoke/LastSmok
These were new questions in 1998, and they have been included to help with the analysis of the blood pressure readings.

UPreg - girls aged 10-15
Be careful not to read this question to the respondent - only code ‘yes’ if the information has already been given to you.

UseNic-UseNas
We want to check whether the respondent has been exposed to nicotine other than by smoking or passive smoking, as this may affect some of the blood tests. We are only interested if they have used any of these products in the last seven days.

UseNic asks whether the respondent has used any nicotine replacement products in the last 7 days. If the respondent says yes here, then the questions that ask about different types of nicotine replacement products follow on.

If the respondent has used nicotine chewing gum in the last seven days, check if it was 2mg or 4mg. If they used both, code the strength used most recently.

UsePat and NicPats ask about nicotine patches. There are many types of nicotine patch on the market. Most of them have similar names and many of them have different strengths within a brand. At NicPats ask for the name and strength of the product that the respondent uses. Do not prompt the respondent, as they are likely to pick one of the names you say (since so many of them have similar brand names). Ideally, try to see the packet.

If they have used more than one brand or strength within the last 7 days, code the most recently used.

Nicotine sprays or inhalants (UseNas) are fairly rare but some respondents may have used them.

Immunisations (under 2 years)

ImAny – ImOthWh
These questions are asked of all infants aged under 2 years, to find out what immunisation young children are actually receiving.

ImAny asks whether they have received any immunisations at all, some infants may still be too young. We are not interested in immunisations received only for travel or holidays, but immunisations received while abroad for other reasons should be included.

ImIntro refers to the Child Health Record Book in which the child health clinic and the parents can record information about the child. This book is brought along to the clinic whenever the child is having a development check-up or immunisations done. It is usually red and is often known as ‘the Red Book’, though a few Health Authorities use a different coloured cover. At the end of the interviewer visit, the interviewer will ask parents of selected children aged under 2 years to have this book ready for when the nurse visits. It is best if the parent does refer to the book, as parental recall of what immunisations their child has had can be poor. The book is there to act as a prompt and if the parent permits you should refer to it directly. If the parent says something different to
the book you should accept the parent’s answer.

*ImBook* There is a show card that you need to give to the respondent at this question that lists the immunisations their child is most likely to have received.

*ImWhic* At this question there are separate precodes on screen for Mumps, Measles and Rubella as separate immunisations. Do not use the MMR code unless the immunisation were received in a single jab.

*ImOth* Check the book for other immunisations received and code these at this question. Other immunisations will either be hand written on the bottom of the same page as the standard immunisations are pre-printed, or they may be on an additional sheet inserted into the Child Health Record book.

**Measurements at birth (under 1 year)**

*MbIntroB – MbHcRb*

These questions are asked of all infants under 1, and are designed to tie in with questions on maternal health in the main interview. You are asked to record due date, length at birth in centimetres, and head circumference at birth. Note that birthweight is not collected because this is already asked about in the main interview.

Where at all possible you should encourage parents to consult the Child Health Record book to obtain the information (see previous section for details). After each question you are asked to code whether or not the Child Health Record book was consulted, and whether the information was available. If for any reason the information is unavailable and the parent does not know the answer, code don’t know by entering <Ctrl+K> and then <enter>, as usual.

**Infant Length Measurement (6 weeks and over, under 2 years)**

*LghtMod-OthNLth*

The Health Survey for England is the only national reference for the nation’s height and weight (from which Body Mass Index can be calculated). Having this measurement for those aged under 2 means that the growth of infants can also be monitored. The interviewer measures all respondents’ weight, but only the height of those aged 2 and over. Because special equipment is required for measuring supine infant length, this measurement is being done by the nurse.

This measurement is for all respondents aged under 2 but only if they are also over 6 weeks old. (see Section 20 for the protocol). You only need to take one measurement. Record this in centimetres and millimetres at Length. Use the ‘round to the nearest even’ rule should the measurement fall between two mm marks.

Record the infant’s length on the MRC in the space provided. If necessary, use the chart on the back of the drug coding booklet to convert the measurement into inches (NB the conversion chart only goes down to 51cm).

If the measurement is refused or not obtained for other reasons code this at *LghtInt* and code the reason why at *NoAttL*.

If you attempt the measurement but it is not obtained code 999.9 at *Length* and enter the reason *YNoLgth*. 
Ambient Air Temperature (All aged 5+ who agree to BP measurement)

AirTemp

Blood pressure can be affected by air temperature. For this reason, we wish to measure the air temperature in the room at the time blood pressure is being taken. You are supplied with a thermometer and probe. Section 21 contains the full protocol.

Wait until you have got your respondent resting with their blood pressure cuff on. Then set up the thermometer on a surface close to where they are sitting. Immediately prior to taking blood pressure, record the temperature. Then switch the thermometer off so that the battery does not run flat.

Remember to check that the thermometer has reached its final reading. It can take several minutes to do this if it is, say, moved from a cold car to a warm house.

Blood Pressure (Aged 5+)

BPIntro-BPOffer

Everyone aged 5 and over (except those who are pregnant) is eligible for blood pressure measurements. The protocol in Section 22 explains how to take blood pressure readings. You will be taking three readings.

BPConst - If you code ‘refused’ here, the computer will skip you past the measurement. You should code ‘unable’ if the respondent is prepared to co-operate, but for some reason it is not possible to take the measurement (eg the Dinamap is broken or there is some physical reason).

ConSubX - Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply.

DINNo - Always note down the National Centre serial number for the Dinamap you are using. Sometimes we identify an equipment problem and wish to be able to track down all readings that have been taken using the particular piece of equipment.

CufSize - See Section 22.4 for how to select the correct cuff size. If you have a particularly large respondent and the large adult cuff is too small, contact your Nurse Supervisor. She holds a small stock of "thigh" cuffs which can be used to take the blood pressure of very large people. These are used on the arm in the same way as the ordinary cuffs. If you use one of these cuffs, record in the CAPI Extra large adult cuff used.

AirTemp – See Section 21.

Readings - Record the blood pressure readings in the order shown on the screen. Double check each entry as you make it to ensure you have correctly entered the reading. If you have got to this point and then become aware that you are not going to be able to get a reading after all, you should enter ‘996’ then press <End>. This will automatically enter ‘999’ in each box, to save you having to type it in 12 times.
YNbP - If you did not get three full readings, you are asked to enter one of three codes. Code 1 should be used if you attempted to take a blood pressure measurement but were unsuccessful. Use code 2 if you did not attempt to take blood pressure for reasons other than a refusal. If you got a refusal, use code 3.

NATBP - If you failed to get a reading, or you only managed to obtain one or two readings, enter a code to show what the problem was. If necessary, write in full details at OthNBP.

DifBP - Code whether the readings were obtained without problem, or whether any problems were experienced.

GPRegB - If you obtained at least one blood pressure reading, you are asked to collect details of the respondent’s GP. If the person agrees to the results going to their GP, turn to the second page of the Consent Booklets (Blood Pressure to GP Consent Form - sheet BP(A), or BP(C) for under 16s). Explain you have to get written consent in order to send the blood pressure readings. Fill in the respondent name at the top of the form. Ask the respondent to sign and date the form.

Then turn to the front of the Office Consent Booklet and ring consent code 01. Ask the respondent for the name, address and telephone number of their GP. If possible, obtain the postcode. Record this at items 7 and 8 of the Office Consent Booklet (if you have not already done so). If your respondent does not know their GP’s full address and/or postcode, look it up in the relevant telephone directory later (public libraries hold telephone directories for the whole country). Do your best to get hold of the phone number as well - including the local area code. You may find it useful to keep a notebook containing the address details of local GPs given by previous respondents, as if you are working the same area, you will almost definitely come across several people with the same GP, and this will save you having to keep looking up the same GP’s details if a respondent cannot give them to you.

Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the Measurement Record Card (MRC). If an adult respondent has a raised blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC. The interviewer should have given them a MRC with the height and weight recorded on it. If the respondent has lost it, or claims never to have had one, make out a new one, ensuring the name is on the front of the card.

It is not the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. Section 22.7 contains detailed guidelines on how to inform adult respondents about their blood pressure readings. Make sure you are very familiar with this guidance. We wish it to be strictly followed. It is very important that as little anxiety as possible is caused but at the same time we have a duty to advise people to see their GPs if blood pressure is raised.

**Waist and hip circumferences (Aged 16+)**

**WHMod-WHRes**

Waist and hip measurements are taken from respondents aged 16+. Each measurement is taken twice, to improve accuracy. Fuller details are of how to do this are given in Section 23.

Record the two measurements to the nearest even millimetre (see Section 23). *Always record the response to one decimal point (eg 95.4). The computer will not allow to enter a response without a decimal
point, so even if the measurement comes to, say, exactly 96cm, you must enter ‘96.0’. If you do enter a measurement ending in ‘.0’, the computer will ask you to confirm this.

If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement.

Amend a previous response if: you have made a mistake when entering the measurement, eg entered ‘65.2’ instead of ‘75.2’.

Take a third measurement if: there is another reason for the measurements being different.

If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use. If you do decide to take a third measurement, the computer will ask you to enter both waist and hip measurements again, even if only one of the two sets of measurements was more than 3cm apart.

If anyone refuses to have these measurements taken, record why.

At WJRel and HJRel, record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered (eg. clothing the respondent was wearing), this should be counted as unreliable.

Offer to write the measurements on the Measurement Record Card.

You can use the conversion chart on the back of the drug coding booklet, if the respondent wants to know the measurements in inches.

**Lung Function (Aged 7-24)**

*LFInt - NCIns2*

This measurement is for everyone aged between 7 and 24 years old. The protocol for taking the lung function measurement is in Section 24. Everyone in this age group is eligible for a lung function measurement except for those who have had chest surgery in the last 3 weeks, have been admitted to hospital with a heart complaint in the last 6 weeks or who are pregnant.

Before you start, as with the blood pressure procedures, always read out the preamble contained in the Schedule at LFIntro1 or LFIntro2. Tell the respondent (or parent, in the case of children) that the GP is best placed to interpret the readings. By telling them in advance that you cannot interpret the readings, you will avoid the embarrassment of seeming to be covering up afterwards.

*ChestInf, Inhaler and InHalHrs* - these questions collect information about respiratory infections and use of inhalers which could affect someone’s lung function measurement.

*LFWill* - If you code ‘no’ here the computer will skip you past the measurement. You should only use the code ‘no’ here if the respondent refuses to do the measurement. If you are unable to obtain the measurement because of another reason this is coded later on.

*SpirNo* - Record the three digit serial number of the spirometer here.
**LFTemp** - Record the ambient air temperature. Take the temperature again, do not re-use previous readings (eg from the blood pressure) as the temperature may have changed even in a few minutes.

**Blow[1]-Blow[5]** - Get the respondent to carry out five blows. For each blow record FVC, FEV and PF. Remember to press the Clear Button at the end of each reading. At Technique record whether or not the respondent’s technique was satisfactory. (The definition of technically satisfactory blow is given in the protocol section 24).

If no reading was obtained enter ‘0’. If you get to this section in the measurement and find you will not be able to take any readings, enter 9.95. This will take you to the end without having to type 0 at each individual reading.

**LFResp** - Record a code to show the outcome of your attempt to obtain the lung function readings. Use code 1 if all five blows were obtained and technically satisfactory. Use code 2 in cases where not all five blows were obtained or they were not all technically satisfactory. Use code 3 if you get a refusal. Use code 4 if you did not attempt to measure lung function for some other reason than refusal.

**ProbLF** - If not all five blows were obtained or were not technically satisfactory record the reason why. Use all codes that apply.

**YNoLF** and **NoAttLF** - Record here why the lung function measurement was refused or not attempted. If no lung function readings were obtained circle code 04 on the front of the consent booklet.

**LFSam** - **NCIns1c**
If you obtain a lung function reading ask these questions. If you have not already asked the respondent, check if they are registered with a GP. Check with the respondent or parent if the results can go to their GP. If they agree, turn to the page of the Consent booklets Lung function to GP Consent Form - sheet LF (A), or LF (C) for a child under the age of 16. Explain that you have to get written consent in order to send the lung function readings to their GP. Fill in the respondent’s name at the top of the form and ask them to sign and date the form.

Then turn to the front of the Office Consent booklet and ring consent code 03. If you have not already done so, ask for the name address and telephone number of the GP (see the section on blood pressure for collecting the GP’s details).

**NCIns2c** - Offer the lung function readings to the respondent. If (s)he would like them, enter them on the Measurement Record Card (MRC). The computer will automatically calculate the highest lung function readings for you to record on the MRC. Never attempt to interpret these readings. This has to be done in the office, taking other information about the respondent into account.

**Saliva Sample (Aged 4+)**

**SalIntr1-SalNObt**
Saliva will be analysed at a laboratory for cotinine. Cotinine is a derivative of nicotine and will be present in saliva if the respondent has been exposed to tobacco smoke - either because they smoke or have because they have been exposed to other people's smoke. See section 25 for the full protocol.

**SalObt1** - Code if saliva has been obtained, even if it is only a small amount.
SalNObt - If no saliva is obtained, please code reasons and give fuller explanations as appropriate.

Blood Sample (Aged 11-24)
BlIntro-SnDrSam

All persons aged 18-24, and all persons aged 11-17, living with a parent or person with legal parental responsibility¹, who gives consent, are eligible for a blood sample to be taken. The only exceptions to this rule are pregnant women, people with clotting or bleeding disorders, people with a history of fits or convulsions and minors who do not live with a parent or legal guardian.

Explain the purpose and procedure for taking blood.

Check if the respondent has a clotting or bleeding disorder. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, ie. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:

a) the integrity of their veins is extremely precious
b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction, an embolus are NOT considered to have clotting disorders.

Some respondents might be taking anticoagulant drugs such as Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case, then do not take a blood sample. You will need to check this out, particularly with elderly respondents.

Aspirin therapy is not a contraindication to blood sampling.

Respondents who have ever had a fit (eg epileptic fit, convulsion) should not be asked to provide a blood sample. This applies even if the fit(s) occurred some years ago.

If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

Obtaining consents
As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent in all cases. If you cannot obtain written consent, the computer will direct you to ring consent codes 06, 08, 10, and 12 on the Office Consent Booklet and filter you round the remaining questions.

There are two further written consents we wish to obtain in respect of blood sampling - consent to send the results to the GP and consent to store a small amount of the blood - you should seek to obtain all these consents before you take any blood. On no account should you ever take blood before you have obtained written consent to do so from the respondent.

¹ The NRF will tell you the parent or person with legal parental of respondents aged 0-15. However, for respondents aged 16 or 17 you will need to establish the parent or person with legal parental responsibility in the household. If the respondent is aged 16 or 17 and they do not live with their parents you will not be able to take a blood sample. If they are married, their spouse is not their parent nor have they acquired parental responsibility. The written consent of the spouse is not an acceptable substitute.
There are two blood sample consent forms. The **Blood Sample Consent Form - BS (A)** is for respondents aged 18 and over, and **Blood Sample Consent Form - BS (C)** is for respondents aged less than 18. The consent form for respondents aged under 18 includes the use of AMETOP gel (see the section below).

The consent forms are divided into three sections - consent to take the blood, consent to send the results to the GP and consent to store the blood. A signature is needed for each section. For respondents age 11-17 each consent needs to be countersigned by the parent or guardian.

Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely **not** involve a test for viruses (eg HIV (AIDS) test).

The questions on the Schedules take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable. In summary, what you do is:

* Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain to the respondent the need for written consent and how important it is.

* Obtain written consents on the appropriate **Blood Sample Consent Form** (on both versions of the consent booklet). Remember to enter your name at the head of this form before asking the respondent to sign.

* Obtain consent to send results to GP.

* Obtain consent to store blood.

* Check that you have ringed the correct consent codes on the front of the Consent Booklet.

**Taking a blood sample**

Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the protocol in Section 26 for how to proceed. If you obtain a sample, note down any problems at **SamDif**. If you do not manage to get any blood, explain why not at **NoBSM**. If you do not get any blood ring consent codes 06, 08, 10 and 12 on the Office Consent Booklet. If you have already ringed codes 05, 07, 09 and 11, you should cross these codes out.

If you obtain a blood sample, remember to label the blood tubes immediately. Double check you have recorded the correct address serial number and **person number** on the tubes. Also double check with the respondent that the date of birth is correct on the tubes. The computer will give you the serial number and date of birth to copy onto the label, but you should still check the date of birth verbally in case of previous error.

Then ask the respondent if (s)he would like to receive the results of the blood sample analysis. If yes, ring consent **code 11** on the front of the Office Consent Booklet. If not, ring **code 12**.

If you were unable to get any blood, amend consent codes on the front of the Office Consent Booklet so that they become 06, 08, 10, and 12. Otherwise the computer will expect to receive back blood sample results, etc.

* **Blood samples using AMETOP gel**

  For respondents aged 11-17 there is the option of using AMETOP gel. Respondents, and their
parents, should be given an AMETOP information sheet before the respondent agrees to giving a blood sample. If the respondent has a known allergic reaction to any local or general anaesthetic they will not be able to use AMETOP gel.

AMEUse - Code whether or not the respondent wishes AMETOP gel to be used. If they do not, the computer will route you through the normal blood sample questions.

Allergy - If the respondent agrees to the blood sample with AMETOP gel, you will need to check if they have had a previous reaction to any anaesthetic. If the respondent has had reaction they will not be able to use AMETOP gel.

If the respondent agrees to the blood sample with the use of AMETOP gel you have the option of taking the sample on your first visit or returning for a second visit to take the sample.

To take the sample on the first visit code 1 at AMETOPNow and follow the instructions on the computer about completing the consent sheet. Apply the AMETOP gel, referring to the protocol in section 26.6. You can then continue with the rest of the respondent’s schedule and complete other respondents’ schedules while you wait for the AMETOP gel to take affect. When you are ready to take the sample, open up the respondent’s Individual Schedule from the parallel block. The message “YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT” will be displayed on the first screen. Press <F3>, then press <b>, and then press <Enter>. This will take you to the correct point in the schedule. At DoAME code 2 and continue with the blood sample module.

To take the sample on a return visit code 2 at AMETOPNow. You can now complete the rest of the respondent’s schedule. On the return visit open up the respondent’s Individual Schedule from the parallel block. The first screen will display the message “YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT”. Press <F3>, then press <a>, and then <Enter>. This will take you to the correct point in the schedule. At Later code 2 and follow the instructions on the computer about completing the consent sheet. Apply the AMETOP gel, referring to the protocol in section 26.

16.5 Finishing the interview

Ensure that you have all the correct codes ringed on the front of the Office Consent Booklet. If any results are to go to the GP (consent code 01, 03, or 07 ringed) check that you have details of the GP. The GP details are needed so that we can telephone and write to the GP, if there are any abnormal results. Therefore the GP address should be as full as possible, and the telephone number should include the local area code. Leave the Respondent Consent Booklet behind with the respondent.

Thank the respondents for all their help. We will be writing to thank them also.

Once you have finished entering information onto the computer, you should press <Ctrl+Enter> then <Alt+Q> (for Quit (after admin)).

You will then be at the Household Menu again, where you should press <Esc> to return to the address menu. Press <Esc> again to return to the Action Menu, at which point the data will be scrambled for confidentiality. At the Action Menu, press <Q> for Quit, then switch off the laptop.

Complete the Despatch 1 for blood samples in the Office Consent Booklet. Also remember to complete the office copy Despatch 2. Pack the blood tubes. Full details of how to despatch the blood samples to the lab is described in Section 27.

16.6 The admin block
For each household in which you do any work, you must complete an ‘admin block’, which contains various pieces of information which must be kept separate from the individual schedules for reasons of confidentiality. Most of the items in the admin block are self-explanatory, but please note the following:

At NChoice, you cannot select code ‘5’ until you have completed all the individual schedules are you are ready to transmit the full household back to the office. Before that point, you cannot go beyond this question.

The outcome code for each respondent at NurOutc will nearly always be filled in for you, so in most cases you will just need to check that it is correct and press <Enter>.

If you did not complete any nurse schedules for a household, at NOutC you will be asked to enter a household outcome code (94, 95 or 96). If you completed at least one nurse schedule for a household the household outcome code will be 92. You do not need to enter this code in CAPI but it will appear on the Address Menu at OutC for completed addresses.

The respondent’s name and GP details should be copied from the front page of the Office Consent Booklet, which is why you are instructed to keep all the consent booklets from a household until work at that household is complete. If you have inadvertently sent back a consent booklet before completing the admin block, you should leave the GP details blank (by pressing <Enter>) and coding ‘2’ at YGPBlank. This will indicate to the staff at the office that we need to pull out that consent booklet to get the GP details. It is important that you do not enter ‘don’t know’ at the GP details questions, unless you really do not know the details. If you have collected the details (or think you may have done so), but do not have access to them, always enter a blank.

The computer will not consider the household as complete until the admin block is fully completed. You will not need to complete the admin for households where there is no work for you to do, all you do for these cases is enter code 3 at ScrOut.

### 16.7 Parallel blocks

The computerised nurse schedule consists of four main components:

1. The household information
2. The individual schedule
3. The drug coding block
4. The admin block

Each component is known as a ‘parallel block’. This means that you can enter any component at any time, no matter where you are in the schedule. For example, you can enter the drug coding block at any convenient moment in the individual schedule.

The way to move between parallel blocks is by pressing <Ctrl+Enter>, which brings up a screen called ‘Parallel Blocks’. This screen is the ‘gateway’ to the other components of the schedule. It lists all the possible blocks you could go into, and looks like this:

<table>
<thead>
<tr>
<th>Parallel blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ NHSE2002</td>
</tr>
<tr>
<td>+ Nurse_Schedule[1]</td>
</tr>
<tr>
<td>+ Nurse_Schedule[2]</td>
</tr>
<tr>
<td>- Nurse_Schedule[3]</td>
</tr>
<tr>
<td>+ Drugcode[1]</td>
</tr>
<tr>
<td>- Admin</td>
</tr>
</tbody>
</table>
The list of blocks will vary depending on the number of people in the household and the extent to which you have completed the drug coding. There will always be a ‘NHSE2002’ and an ‘Admin’ for each household. In addition, there will be a ‘Nurse_Schedule’ for each eligible individual in the household (in the above example, there are three eligible individuals). As soon as you tell the computer that an individual has some prescribed drugs, it will create a ‘Drugcode’ block for that individual. Thus, you may have fewer ‘Drugcode’ blocks than ‘Nurse_Schedule’ blocks, since a ‘Drugcode’ block will not be created for individuals who have no prescribed drugs.

It is important to remember that ‘Nurse_Schedule[1]’ is the individual schedule for the first person entered in the household grid. This is why you must enter the details in person number order. If you entered, say, person number 4 at the top of the grid, then that person would be allocated ‘Nurse_Schedule[1]’, even though (s)he is not person number 1. In larger households, this could get very confusing!

If the individuals are entered in the wrong order (eg if a household member is added to the grid late) and you subsequently find yourself unsure as to which ‘Nurse_Schedule’ corresponds to which person number, you should enter each ‘Nurse_Schedule’ in turn and look at the details given on the first screen until you find the person you want.

Please also note that the ‘Drugcode’ block will have the same number suffix as the respective ‘Nurse_Schedule’ block, ie ‘Nurse_Schedule[1]’ will be the same person as ‘Drugcode[1]’, and so on.

The final thing to note about the parallel blocks screen is the ‘+’ or ‘-’ which precedes each block. All blocks will have a ‘-’ to start with, and this will turn into a ‘+’ when the computer is satisfied that that block has been fully completed. In the above example, the nurse has completed the household grid, the schedule for the first two people in the grid, and the drug coding for the first person. (The fact that (s)he has completed the schedule for the second person and there is no ‘Drugcode[2]’ on the list means that the second person had no prescribed drugs.)

16.8 Practice interview

The following check-letters will be needed to access the HSE 2002 practice interviews:

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Check letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>600011</td>
<td>L</td>
</tr>
<tr>
<td>600021</td>
<td>X</td>
</tr>
<tr>
<td>600031</td>
<td>H</td>
</tr>
<tr>
<td>600041</td>
<td>T</td>
</tr>
<tr>
<td>600051</td>
<td>E</td>
</tr>
<tr>
<td>600061</td>
<td>Q</td>
</tr>
<tr>
<td>600071</td>
<td>B</td>
</tr>
<tr>
<td>600081</td>
<td>M</td>
</tr>
<tr>
<td>600091</td>
<td>Y</td>
</tr>
<tr>
<td>600101</td>
<td>J</td>
</tr>
</tbody>
</table>
17. COMPLETING THE NRF AND RETURNING WORK

17.1 Recording the outcome of your attempts to interview and measure

You should complete sections 6 to 9 of the Nurse Record Form (NRF) to report to the office the outcome of your attempts to interview persons in households at which the interviewer obtained at least one interview.

Question 6 Record all attempts to make contact with the household. Note all personal visits and telephone calls, even if there was no reply.

Question 7 Complete a column for each person in the household listed by the interviewer in the grids on page 2, and coded 1 to 4. Your entry here tells the outcome of your attempts to interview these people. The codes in this column are referred to as Outcome Codes.

Enter each person's Person Number and first name at the head of the column. Enter them in the order listed on page 2. Then for each person ring one of the codes 80-89 to indicate the outcome of your attempts to interview them.

Use code 80 if the person was coded 2-4 on the grid. There is nothing for you to do.

Use code 81 if you went through the whole schedule with the respondent and completed all the relevant questions. This code applies even if the respondent refused any of the measurements.

If someone breaks an appointment and you never manage to make contact with them again, ring code 85, not code 82.

A proxy refusal (84) is the situation where someone refuses on behalf of someone else - for example, a husband who says he will not allow his wife to be seen by a nurse. Obviously you should do your best to try and see the person yourself but sometimes this is not possible.

Codes 86-88 should be used only if the respondent is unavailable for interview for these reasons throughout the whole of your fieldwork period. If they are likely to return, and be fit to be seen, during that time, then try again later.

Question 8 Complete this for each person who refused to allow you to interview them (ie those you coded 83-84 at Question 7).

Question 9 Complete Question 9 for each person coded 85-89 at Question 7.

Finally, before returning the NRF to the office, you must complete the two of the three boxes on the top right-hand side of the front page (these are essential to calculate pay in CAPI). To do this, you will need to make your way to the address menu on the computer, and locate the serial number which corresponds with that address.

The Slot name can be found at the top right of the address menu screen, next to the word ‘Period’. It will be the first three letters of the field month. Copy this into the ‘Slot Name’ box.

The Return number can be found in the column on the far right of the screen, headed ‘RET’. Copy this number into the ‘Return No’ box.

The Final Outcome box can be left blank.
17.2 Returning work to the office

If you are measuring everyone in a household at one time, post the NRF and the Office Consent Forms back to the office the same day as you send the blood samples (or in time the following day to catch that day's post). Transmit the nurse schedules on the same day as you post the paper materials.

If there is a gap between the first and last visit to a household, keep all the work to be returned together for that household. But post it back immediately you have completed your task there. Please note that this is different advice to that given in some previous years, when you were told to return work as you completed it. This is due to the fact that the admin details are entered onto computer on a household basis rather than an individual basis.

Referral back to GPs and respondents, in the event of any serious abnormalities, can be seriously delayed if work is not returned in time.

Before returning work, check that you have all the documents you should have and that they are properly serial numbered and so on. Check that they match with your NRF entries. You should return an Office Consent Booklet for each person with an Outcome Code of 81.

Send the Nurse Record Form to the office when you have completed everything you have to do at a household.

- Pin together the Nurse Record Form and Consent Booklets and return them in one envelope.
- Do not entrust other people to post your envelopes - always post them yourself.

Before returning CAPI work:

- Make sure you have a Backup copy of your most recent work.
- Connect up your modem
- Select 'T' for Transmit/Return data to HQ from the Action menu, and follow the instructions on the screen.

CAPI questionnaire data will be transferred back to the office via the modem. The computer will decide what to transmit - you do not need to tell it which addresses to take and which to leave. Remember you still need to return the paper documents.

When your assignment is completed, make your last return of work as follows:

- Make sure that you have taken a Backup of your most recent work and have completed all the households where there was work for you to do.
- Do your last Return-of-work via modem, by selecting 'T' for 'transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.
- Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the Backup disk for the last time.

At the end of your assignment, check that you have accounted for all the serial numbers on the Nurse Sample Sheet. Keep this NSS. It will help sort out queries, should there be any, about work done by you.
18. CONTACT NAMES

You will have the telephone number for your nurse supervisor, interviewer supervisor and Area Manager.

Your nurse supervisor should be contacted if you have any problems using your equipment or need to discuss protocols. Your interviewer supervisor will be able to help and advise on any aspects of "survey work" - getting co-operation, completing the documents, etc. If there are any problems with the interviewer liaison, you should contact your Area Manager.

If you need more supplies or need to contact the Field Department, please phone Brentwood and ask for somebody on the Purple team.

The National Centre team will be happy to answer any queries you have about the survey itself or about any of the documents you are using.

If you are having problems with your laptop computer, you can contact the CAPI Helpline, details of which will be provided by Field.

You are provided with incident report forms. Please complete one of these if anything untoward occurs while you are in a respondent's home, or there is anything that you would like to be recorded.

19. INFORMATION FOR HANDLING NURSE EQUIPMENT

The same precautions and lifting techniques should be applied when handling nurse equipment as with any other loads that we need to carry in our day to day activities.

Although the Health Survey nurse equipment is within the weight guidelines advised by the Health and Safety Executive, we feel that we must stress that caution should be taken when lifting equipment.

Please read the following advice to ensure you are aware of the correct lifting techniques:

- Don’t jerk or shove – twisting may cause injury.
- Grip loads with palms of hands, not fingertips. Don’t change your grip while carrying.
- Bend your knees when lifting loads from the ground. Lift with your legs and keep your back straight. Lift in easy stages – floor to knee, then knee to carrying position.
- Hold weights close to the body. Take care when lifting equipment from the boot of your car, position the equipment to avoid stretching at the same time as lifting.
- Evenly distribute load. Not all on one shoulder or hand.
- Use shoulder straps as much as possible.
- Don’t carry more than you need to. Try to pack the supplies you need for the day and keep spare supplies in the car.
- Take extra care on stairs, making more than one journey if necessary.
- If you think a trolley would be useful, we can arrange for one to be provided. Please ring your Nurse Supervisor in the first instance who will make any necessary arrangements with the Area Manager.

You must advise the National Centre of any existing condition or pre-disposition to injury e.g. pregnancy or previous back injury.

Please refer to your Survey Nurses’ Manual for more information about Health and Safety.
20. INFANT LENGTH MEASUREMENT

20.1 Eligibility
This measurement is for infants aged under 2 years but at least 6 weeks old.

20.2 Equipment
Rollameter Baby Measure Mat
Frankfort Plane Card
Kitchen roll

20.3 Procedure
Infants (children under the age of 2) should be measured lying down (supinely). Two people are required for the task, yourself and the child’s parent.

1. Ask the parent to remove any bulky clothing that the infant is wearing. It is not necessary for them to remove the infant’s nappy.

2. Unroll the Rollameter and lay it flat on any suitable flat, firm surface (e.g. table, floor). It is essential that the Rollameter is fully unrolled and as flat as possible, therefore doing the measurement on a deep pile carpet or rug would not be appropriate. Lay one layer of kitchen roll on the mat (just in case there are any accidents!!)

If taking the measurement on a table, take extra care and ensure that somebody is with the infant at all times to prevent them rolling/falling off the table.

3. Place the child on the onto the foam bed with his/her is touching the headpiece on which the name Rollameter is printed.

4. Move the child’s head so that Frankfort Plane is in a position at right angles to the floor/table (see diagram below). Ask the parent to hold the child in this position and make sure their head is in contact with the headpiece.

**INFANT FRANKFORT PLANE CARD**
5. Straighten the child’s legs by holding the legs by the ankles with one hand and applying a gentle downward pressure.

6. With your free hand, move the foot rest on which the measuring tape is mounted to touch the child’s heals by depressing the **red button** on the tape measure.

7. The measurement is read from the red cursor in the tape window. The measurement is recorded in centimetres and millimetres to the nearest millimetre. If the measurement lies between two millimetres then you should round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, then round up to 68.4. If the measurement is halfway between 68.8 and 68.9 then round down to 68.8.

**21. RECORDING AMBIENT AIR TEMPERATURE**

**21.1 The thermometer**

You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (eg coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it when the computer prompts you to do so. Always switch it off after taking a reading, to avoid battery problems. The thermometer automatically switches off if you have left it on for more than 7 minutes. You will also need to enter the temperature before the lung function reading.

Place the thermometer on a surface near the Dinamap. Do not let the probe touch anything - you can for example let it hang over the edge of a table. Do not put it on top of the Dinamap as it will be warm.

Please note that you must enter the temperature to one decimal place - do not round it to the nearest degree. For example, enter ‘21.2’, not just ‘21’. If you do not enter a decimal point, the computer will give you a warning. If the temperature is exactly, say, 21 degrees, then all you need to do is suppress the warning and it will automatically fill in the ‘.0’ for you. Otherwise, you must go back and amend your answer. As a further check, it will also ask you to confirm that a temperature ending in ‘.0’ is correct.

**21.2 Instructions for using the thermometer**

1. The probe plug fits into the socket at the top of the instrument.

2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.

3. Before taking a reading off the display, ensure that the reading has stabilised.

4. Be careful of the probe - it is quite fragile.

5. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
6. The battery in your thermometer is a long-life battery and should last at least one year. However, should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.

7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

22. BLOOD PRESSURE MEASUREMENT AND HEART RATE READINGS

22.1 Eligibility
High blood pressure is an important risk factor for cardiovascular disease. It is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure targets set in the Health of the Nation.

The only people not eligible for blood pressure measurement are those who are pregnant or aged less than 5 years old. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the computer.

22.2 Equipment
Dinamap 8100 blood pressure monitor
Blue pneumatic hose
Power Cord
Cuffs:
   Child cuff (12-19cm)
   Small adult cuff (17-25 cm)
   Standard adult cuff (23-33 cm)
   Large adult cuff (31-40 cm)

Extra large cuffs are also available from your Nurse Supervisor, should you require one.

The Dinamap 8100 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure, mean arterial pressure (MAP) and pulse rate automatically at pre-selected time intervals. On this survey three readings are collected at one minute intervals.

The Dinamap is equipped with a rechargeable battery, which can run for a minimum of six hours when fully charged. It is essential to keep the battery charged as fully as possible. A yellow battery light will flash as a warning sign on the monitor to alert the user when the charge has fallen below 10%. To recharge the battery, connect the monitor to the mains and press the rear panel AC power switch to the **ON (I)** position. The green MAINS AC light will indicate that the battery is charging. An overnight charge (eight hours) will provide about four hours of operation.

!! PLEASE REMEMBER TO CHARGE THE BATTERY !!

When the Dinamap is switched on the monitor momentarily displays eights (888) in all the digital displays and all indicators will flash as a check for the operation of all LEDs. The audio alarm is also sounded as a check for its operation. If on turning on the monitor any of the displays fail to
show the 888s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

22.3 Preparing the respondent

The respondent should not have eaten, smoked, drunk alcohol or taken vigorous exercise during the 30 minutes preceding the blood pressure measurement. If possible, arrange the order of the respondents to ensure that this is the case.

Ask the respondent to remove outer garments (eg jumper, cardigan, jacket) and expose the right upper arm. The sleeve should be rolled or slid up to allow sufficient room to place the cuff. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

As with adults, a child's blood pressure reading on a single occasion is not enough to define whether a child's blood pressure is normal or abnormal. In addition the level at which a child's blood pressure is considered to be abnormal will be dependent on that child's age, height and sex. Because of this, unlike the adult situation, you will not be given statements to read out regarding blood pressure for children. Instead we wish you to explain to the parents in advance of the measurement, what the measurement will mean. The Child's Nurse Schedule contains a detailed statement (BPBlurb) which you should read out to all parents before taking a child's blood pressure. This procedure must always be followed. Otherwise, the parent may feel you are withholding information later because a child has an unsatisfactory result.

22.4 Selecting the correct cuff

Adults aged 16+

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

Children aged 5-15

It is important to select the correct cuff size. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff.

You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require a small adult cuff or a standard adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

Adults and Children

The appropriate cuff should be connected via the blue pneumatic hose to the two cuff connectors at the bottom of the display. It is important to ensure these screw connectors are properly connected to avoid any air leak. However do not overtighten. The pneumatic seal is not made by tightening the connector.

22.5 Procedure

Wrap the correct sized cuff round the upper right arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the computer when it prompts you to do so. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 2 cm above the cubital fossa (elbow crease).
Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so that the right arm will be resting at a level to bring the antecubital fossa (elbow) to approximately heart level.

Explain to the respondent that before the blood pressure measurement we need them to sit quietly for five minutes to rest. They should not smoke, eat, drink or read during this time. Explain that during the measurement the cuff will inflate three times and they will feel some pressure on their arm during the procedure.

After five minutes explain you are starting the measurement. Ask the respondent to relax and not to speak until the measurement is completed as this may affect their reading.

a. Switch the monitor 'ON'.

b. Press the SILENCE button until the yellow triangle above it lights up.

c. Press the AUTO/MANUAL button until the green triangle above it lights up. The cuff will now start to inflate and take the first measurement.

d. Press the cycle SET button until the number 1 lights up in the minutes box. Blood pressure will then be recorded at one minute intervals thereafter. After each interval record the reading on the schedule.

e. It is possible to retrieve any of the 3 readings if they need to be checked or if you didn't record them for any reason. To do this, wait until the 3 readings have been taken, then press the AUTO/MANUAL button followed by the PRIOR DATA button. This will display the previous reading ie the second blood pressure. Press the PRIOR DATA button again to display the first blood pressure reading, and once again to return to the final reading. The minutes display indicates how long ago the measurement was taken. IT IS NOT POSSIBLE to retrieve the readings once the monitor has been switched off.

f. After the three measurements are complete and recorded on the schedule switch the monitor 'OFF' and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the red cancel button or the power OFF button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

22.6 Error readings

The most common error reading is 844. This is displayed if one measurement exceeds 120 seconds. This is usually caused by the respondent moving during the measurement. Ask the respondent to sit as still as possible and take the measurement again. Do not palpate the pulse and do not tell the respondent that their pulse is erratic. If you still get another 844 error reading, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Other error readings are detailed on the side of the Dinamap itself.

Do not carry out more than three measurements.
22.7 **Informing respondents of their blood pressure readings**

If the respondent/parent wishes, record details of the three readings on their Measurement Record Card. Record what advice you have given (see below).

**a) Child respondents (age 5 to 15)**

We do **not** wish you to comment on the child's blood pressure readings to the parents. If they seek comment, reiterate what you have already said about not being able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be abnormal and if they have given consent for the results to go to the GP, then the GP will get in touch to have the measurement repeated. This rule applies for all readings you obtain.

**b) Adult respondents (aged 16+)**

In answering queries about an adults blood pressure it is very IMPORTANT to remember that it is **not** the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say in each situation has been agreed with the Department of Health, and will be displayed on the computer screen for you to read out. It is very important that you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading. Read the instructions below very carefully and make sure you always follow these guidelines.

**Base your comments on the last two of the three readings.** The computer will disregard the first reading when working out which advice to display. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Department of Health has decided to adopt the ones given below for this survey. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown on the next page.

<table>
<thead>
<tr>
<th>ADULTS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURVEY DEFINITION OF BLOOD PRESSURE RATINGS</strong></td>
</tr>
<tr>
<td>For men aged less than 50 and all women</td>
</tr>
<tr>
<td>Rating</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Mildly raised</td>
</tr>
<tr>
<td>Moderately raised</td>
</tr>
<tr>
<td>Considerably raised</td>
</tr>
<tr>
<td>Men aged 50 or over</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Mildly raised</td>
</tr>
<tr>
<td>Moderately raised</td>
</tr>
<tr>
<td>Considerably raised</td>
</tr>
</tbody>
</table>

NB: < less than
Points to make to a respondent about their blood pressure (given on screen)

Normal:
'Your blood pressure is normal'

Mildly raised:
'Your blood pressure is a bit high today.'
'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'
'You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.'

Moderately raised:
'Your blood pressure is a bit high today.'
'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'
'You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.'

Considerably raised:
'Your blood pressure is high today.'
'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'
'You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.'

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

22.8 Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, do not do this from the respondent's home - you will cause unnecessary distress.

Pulse - for all respondents the survey doctor routinely checks fast and slow pulse rates so no further action is necessary.

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

The chart on the next page summarises what action you should take as a result of the knowledge you have gained from taking an adult's blood pressure readings. **For this purpose you should only take into account the last two readings** as the first reading from the Dinamap is prone to error for the reason stated above.

Do not hesitate to contact the survey doctor whenever you feel you need advice about what to do after seeing a respondent. If you require to speak with the Survey Doctor in the evening please try to do so before 9.30pm.
<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mild/moderate bp</td>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic &lt; 180 mmHg and Diastolic &lt; 115 mmHg</td>
<td>If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.**</td>
</tr>
<tr>
<td>Considerably raised bp</td>
<td>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP.**</td>
</tr>
<tr>
<td>Systolic &gt; 180 mmHg or Diastolic &gt; 115 mmHg</td>
<td>If the respondent has any symptoms of a hypertensive crisis* contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.**</td>
</tr>
</tbody>
</table>

NB. < less than; > greater than or equal to.

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

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

All high or unusual readings will be looked at by the Survey Doctor when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent's GP. If the respondent is not registered with a GP, or has refused consent for us to contact their GP, the respondent will be contacted directly.

23. MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES

23.1 Purpose

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

23.2 Equipment

Insertion tape calibrated in mm, with a metal buckle at one end.

The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape.
23.3 **Eligibility**

Waist and hip measurements will only be carried out on respondents **aged 16 and over.**

The respondent is ineligible for the waist and hip measurement if:

1. Chairbound
2. Has a colostomy/ileostomy.

If (a) and/or (b) apply, record this on the computer (question *WHPNABM*). If there are any other reasons why the measurement was not taken, record this on the computer and type in the reason.

23.4 **Preparing the respondent**

The interviewer will have asked the respondent to wear light clothing for your visit. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading.

If possible, without embarrassing you or the respondent, ensure that the following items of clothing are removed:

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- shoes with heels
- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

If the respondent is wearing a belt, ask them if it would be possible to remove it or loosen it for the measurement.

Pockets should be emptied.

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at questions *WJRel* and/or *HJRel*.

If possible, ask the respondent to empty their bladder before taking the measurement.

23.5 **Using the insertion tape**

All measurements should be taken to the nearest millimetre. If the length lies half-way between two millimetres, then round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter ‘78.2’, not just ‘78’. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 78cm, then all you need to do is suppress the warning and it will automatically fill in the ‘.0’ for you. Otherwise, you must go back and amend your answer. As a further check, the computer will also ask you to confirm that a measurement ending in ‘.0’ is correct.

Ensure the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides.
If possible, kneel or sit on a chair to the side of the respondent.

Pass the tape around the body of the respondent and insert the plain end of the tape through the metal ring at the other end of the tape.

To check the tape is horizontal you have to position the tape on the right flank and peer round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent.

Hold the buckle flat against the body and flatten the end of the tape to read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

23.6 *Measuring waist circumference*

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.

2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.

3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.

4. Repeat this measurement again.

5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

23.7 *Measuring hip circumference*

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.

2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, e.g. 95.3.

3. If clothing is significantly affecting the measurement, record this on the schedule.

4. Repeat this measurement again.

23.8 *General points*

The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be folded before the measure is taken.
If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around.

If your second waist or hip measurement differs by 3cm or more from the first, the computer will give you a warning. If you have made a mistake when entering the figures (e.g. typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger. If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

23.9 Recording problems

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

24. MEASUREMENT OF LUNG FUNCTION

24.1 Purpose

Lung function tests objectively assess respiratory impairment if it is present. We will be measuring forced expiratory volume in one second (FEV 1), forced vital capacity (FVC) and peak expiratory flow (PEF). These measures can be reduced for a wide range of reasons, e.g. physical unfitness, smoking, chronic bronchitis, those who have had poorly controlled asthma for many years, some muscular disorders and many others. At a population level, these measures tell us a lot about the respiratory health of the population, and are also indicators of general health.

As with blood pressure in children, the definition of an acceptable level of lung function depends on the person’s age, sex and height. A diagnosis of abnormality is not based on measurement on a single occasion but is rather based on several measurements and on the person’s clinical history. Prior to making the measurement, we wish you to explain this to the respondents. CAPI will prompt you to read a statement you should always read out before carrying out this test.

24.2 Eligibility

Respondents aged 7-24, including any chairbound, EXCEPT:

a) Those who are pregnant.
b) Those who have had abdominal or chest surgery in the preceding three weeks.
c) Those who have been admitted to hospital with a HEART complaint in the preceding six weeks.
24.3 Equipment
The Vitalograph Escort spirometer and case
Power pack
1 litre calibration syringe
Disposable cardboard mouthpieces
2 spare mesh filters

24.4 Procedure
Before using the spirometer it must be calibrated. This procedure can be done in your own home at the start of each day when you are working. If you have more than one visit in the same day you need to calibrate the spirometer only once. The room you calibrate the spirometer in should be of normal room temperature. You will not need to carry the calibration syringe when you make a visit.

When you take the measurement in the respondent’s house the room temperature must be record using the thermometer and entered into the spirometer prior to measuring each respondent. It is also important that your equipment is at room temperature when you use it. For this reason, take it out of its container as soon as possible when you enter the house. Otherwise it will be too cold (or in summer too hot!) from being in the boot of your car.

Calibrating the spirometer - before making any visits
1. The first step is to circulate the room air through the calibration syringe and the spirometer. To do this, connect the syringe to the flow head and simply pump through a few litres of air.

2. Next you enter the calibration routine of the spirometer. To do this, hold the spirometer level, press the arrow button and blue “on” button at the same time, then release both buttons.

3. You will see an equipment number displayed, followed by the message “zeroing sensor”, then “please wait”. The message “pump air” is then displayed.

4. Making sure the syringe handle is fully extended, connect the syringe to the flow head. The handle of the spirometer should be pointing upwards. Pump in the volume of air from the syringe in a smooth swift stroke, taking approximately 1 second to do so. It is important that the air is pumped in smoothly and swiftly in this way. Be careful not to occlude the outlet of the spirometer with your hand.

5. During calibration the message “sampling flow” is displayed. Following this “*” is displayed if the spirometer is calibrated. If a volume is displayed rather than “*”, then the unit is not fully calibrated and you must repeat the procedure again by pumping in another litre of air from the syringe. Do this until “*” is displayed. If you encounter problems during calibration consult the “troubleshooting advice” at the end of this section. If after six attempts the spirometer has not calibrated, remove cone and end cap, check that you have not forgotten to insert a mesh and ensure the cone and end cap are replaced tightly. If calibration is still not possible, abandon procedure and record it on the schedule. Check the equipment later and contact the Field Office immediately for a replacement.

6. Then press the C button to switch off.
Performing the test - in the respondents home:
1. The first step is to measure the room temperature. Switch on your thermometer as before. Allow it to settle, then record the temperature on your schedule and switch off the thermometer.
2. Holding the spirometer level, press the blue ON button. The last temperature entered will be displayed. Enter the temperature you have just recorded to the nearest degree. Do this by pressing the arrow button until the correct temperature is displayed. The arrow button allows you to scroll through to 40°C. Note that the lowest temperature you can enter is 10°C. If the temperature is lower than 10°C or higher than 40°C reliable measurements cannot be made and spirometry must be deferred until the room heats up/cools down, or be abandoned. If the latter is the case, note it on the appropriate section of the computer schedule.

3. When the correct temperature is displayed, press the on button again. The display will read “zeroing sensor” followed by “please wait”, then “perform test”.

4. Instruct the respondent to blow as described in the next section. As the respondent is blowing the message “sampling flow” is displayed. The FVC is then displayed in litres (L). Record this into the computer where prompted. Press the arrow button again and the FEV1 will be displayed. Record this too. Press the arrow again and the PEF (Peak Flow) will be displayed. Record this. Then record whether the blow has been technically satisfactory (this is defined later).

5. Press the C button to clear the results and then press the ON button to start again. The temperature will be displayed again. This time you can ignore it as the room temperature will not have changed much from the first blow. It is very important that you press the C button before the ON button. If you do not do this the screen will go on to tell you the results of the best blow rather than each individual blow.

6. Press the on button again, and get the respondent to blow as before. Repeat the procedure until you have recorded five blows. Don’t forget to switch off by pressing the C button.

7. Offer to record the lung function readings on the respondent’s Measurement Record Card. Never attempt to interpret these readings. This has to be done in the office, taking other information about the respondent into account.

Instructing the respondent to blow:
1. After the five blows, record whether the respondent was standing or sitting. The respondent should be in the standing position. If the respondent is chairbound you can still carry out the test.
2. Tight clothing should be loosened.
3. Dentures should be worn unless they fit so badly that they become loose and obstruct the airflow.
4. Explain to the respondent that the aim of the test is to find out how much air they can blow out and how quickly it is blown out. Then explain that “you must try to blow out as much air as possible as hard and as fast and as completely as you can”.
5. You should demonstrate the correct technique first, using a mouthpiece unconnected to the spirometer. Explain that the mouthpiece should be held in place by the lips rather than the teeth and the lips should be wrapped firmly around it. Demonstrate a blow.
6. Attach a clean disposable mouthpiece to the flow head. Explain to the respondent that they must now make their first attempt.
7. Instruct the respondent to take as deep a breath as possible and then to hold the mouthpiece with their lips. The respondent should hold the spirometer with the handle downwards.
8. Then say “now blow”. As the respondent is blowing encourage her/him by saying “keep
going, keep going, keep going”.

9. It is important to observe the respondent closely during the blow so that you can note whether it was technically satisfactory and advise her/him how to do it better.

10. Record whether you obtained 5 technically satisfactory blows and, if not, why not. You must attempt to get five blows from each respondent. However, there will be some respondents, e.g. some elderly respondents or those with severe lung disease who are unable to complete five attempts. You must strike the right balance between encouragement and over-insistence.

Technically unsatisfactory blows:
The reason we ask you to assess whether a blow is technically satisfactory is so that if someone has a poor result we can be confident that this really means they have a poor lung function and it is not simply that they have been unable to use the equipment or get the right blowing technique. Do not declare a blow unsatisfactory based on result alone. Pay close attention whilst the respondent is carrying out the test and do not be afraid to demonstrate a second or third time if necessary.

A technically unsatisfactory blow is any of the following:

1. An unsatisfactory start, e.g. excessive hesitating or a “false start”. If you see * on either side of the *FEV1* then this tells you that it is an excessively slow start.

2. Laughing or coughing especially during the first second of the blow. Many people will cough a little towards the end of their effort but this is acceptable.

3. Holding the breath in (i.e. a valsalva manoeuvre).

4. A leak in the system or around the mouthpiece. This would include those where the mouthpiece is not firmly held by the lips.

5. An obstructed mouthpiece e.g. tongue in front of the mouthpiece or false teeth obstructing the mouthpiece.

6. Note that a result of 0.00 on an FEV1 also means that the test has not been carried out properly.

Guidelines on expected values of lung function:
Please note that for any individual their expected level of lung function is calculated using their height, age and sex. The values given here are for your guidance only and are based on the best expected levels in persons of average height. There is in fact wide variation in the normal level acceptable so these values are just a rough guide. They will give you an idea of whether a respondent is not blowing adequately so that you can encourage them to improve. You should not say to respondents that their lung function is poor since the variation in acceptable values is so wide.
### FOR NURSE GUIDANCE ONLY

#### ADULTS AGED 16+

<table>
<thead>
<tr>
<th>Adults</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Aged 16-39</td>
<td>FVC 4.5</td>
<td>FVC 3.5</td>
</tr>
<tr>
<td></td>
<td>FEV 4.0</td>
<td>FEV 3.0</td>
</tr>
<tr>
<td></td>
<td>PF 550</td>
<td>PF 400</td>
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<tr>
<td>Aged 40-64</td>
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<td>PF 500</td>
<td>PF 350</td>
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<tr>
<td>Aged 65+</td>
<td>FVC 3.5</td>
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#### CHILDREN AGED 7-15

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<thead>
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<tbody>
<tr>
<td>Aged 7-9:</td>
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<tr>
<td></td>
<td>PF 400</td>
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</tr>
</tbody>
</table>

### 24.5 Cleaning procedure for the Escort spirometer

For the respondent’s safety, the mouthpieces you use are valved so that it is not possible to inhale through them. Please always ensure that you use a new disposable mouthpiece for each respondent. The mouthpiece may be given to the respondent to dispose of in their own household rubbish. It is not necessary to clean equipment between households. It is essential, however, that the filters are removed and cleaned each evening (see diagram below).

1. Remove the cone (1) and end cap (2) from each end of the flowhead. Do not disassemble the remaining part of the spirometer.

2. Remove the filter meshes (3).

3. Replace with the two clean spare mesh filters. Put the deep edge of the plastic rim facing towards the centre of the spirometer.

4. Wash the soiled filters carefully in warm soapy water and rinse thoroughly with clean water. The filters should be left overnight to dry out completely.
The Structure of the Spirometer

24.6 Important points to note

1. When fully charged from the power supply unit provided, a test duration of at least 90 minutes can be expected. After the “LOW BATTERY” message first flashes on the screen, only a further 1 minute of valid testing can be guaranteed after which the unit must be recharged or operated from the mains supply to carry out further tests.

The spirometer should be charged immediately before each visit. Take the power pack with you in case of battery failure.

2. Whenever the “ON” button is pressed to perform a new test, ensure that the spirometer is placed on a flat surface with the mouthpiece pointing upwards.

3. The respondent should hold the unit with the handle pointing downwards during the testing. This is different to the procedure during calibration when the handle should be pointing upwards.

24.7 Fault finding guide

<table>
<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing is displayed when the “ON” button is pressed:</td>
<td>Connect to PowerSAFE as battery may be discharged.</td>
</tr>
<tr>
<td>False readings suspected:</td>
<td>Ensure unit is being held correctly during test.</td>
</tr>
<tr>
<td></td>
<td>Re-calibrate</td>
</tr>
<tr>
<td>Calibration values vary greatly:</td>
<td>Ensure the correct calibration procedure is being followed.</td>
</tr>
<tr>
<td></td>
<td>Start calibration syringe stroke sharply.</td>
</tr>
<tr>
<td>Unit remains in “ZEROING SENSOR” mode:</td>
<td>Ensure the ambient air temperature is within the specified operating temperature.</td>
</tr>
<tr>
<td>Unit does not operate for the specified length of time when battery is fully charged:</td>
<td>Replace battery.</td>
</tr>
<tr>
<td>“PUMP AIR” stays on screen instead of calibration result</td>
<td>Not a smooth system of air from the calibration syringe.</td>
</tr>
<tr>
<td></td>
<td>Too long a delay between switching on and pumping air through.</td>
</tr>
<tr>
<td></td>
<td>Handle of spirometer not directed upward when calibrating.</td>
</tr>
<tr>
<td></td>
<td>Occluding the “end cap” with your hand.</td>
</tr>
</tbody>
</table>
25. **SALIVA SAMPLE COLLECTION**

We wish to obtain a measure of exposure to passive smoking. This can be detected by measuring the level of cotinine in saliva. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke. Note that respondents' cotinine analysis results will not be sent to them or their GP.

25.1 **Eligibility**

A saliva sample should be obtained from all respondents aged 4 and over.

25.2 **Equipment**

*For all respondents:*

- Plain 5 ml tube
- Short wide bore straw.
- Kitchen paper

*Alternative equipment for adults (aged 16+):*

- Plain 5 ml tube
- Dental roll
- Kitchen paper

The straw makes it easier for people to direct their saliva sample into the tube. Its use will also minimise the amount of other items that are included in saliva, such as crumbs, which might enter the tube.

The dental roll is available as an alternative procedure for adults, should they prefer this.

25.3 **Procedure**

The aim is to get as much saliva as possible into the tube.

*The protocol:*

1. Remove the cap from the plain tube.

2. Give the straw to the respondent. Explain that you want him/her to gather up their saliva (spit) in their mouth and then let it dribble through the straw into the tube. Make sure that you are not getting sputum i.e. that the respondent is not clearing their chest for the spit.

3. Allow the respondent about three minutes to do this. Collect as much as you can in this time. The saliva will be frothy, so it is easy to think you have collected more than you actually have, so do not give up too soon.

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

5. If the respondent's mouth is excessively dry and they can not produce saliva allow them to have a drink of plain water. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.

5. Record on the computer that you have taken the sample along with any problems you may have encountered.
NB. If an adult respondent has a problem with dribbling into the tube then you can follow the protocol for using the dental roll (see below).

Using the dental roll:
The procedure is very simple, but it is crucial to make sure that an adequate amount of saliva is collected.

1. Instruct the respondent to take the dental roll from the tube, insert it in his/her mouth and leave it there until soaked. The aim is to get the dental roll saturated with saliva.

2. Moving the dental roll about the mouth, without chewing, helps to ensure thorough wetting. For most people, 3 minutes will be ample to ensure thorough wetting.

3. If the respondent complains of a dry mouth, and you think you will have difficulties in filling the roll, you can ask them to drink some water before starting the procedure. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.

4. When the respondent has finished, ask her/him to remove the dental roll from her/his mouth and place it in the plain tube.

5. Check that the roll is well soaked. The tube should feel noticeably heavier than an unused one. If the dental roll rattles around in the tube like a pea, it is not sufficiently wet, and you should ask the respondent to put it back in her/his mouth for a further period.

6. Record on the computer that you have taken the sample, and mention any problems you might have encountered.

25.4 Packaging the saliva sample

1. Make sure that the lid of the salivary tube is secure.

2. Label the tube (using the red labels provided for blood samples). Enter the respondent’s serial number and date of birth on the label.

3. Insert the tube in the absorbent packing, either together with that respondent’s blood container (if blood was obtained), or on its own.

4. If you have ‘saliva-only’ samples from the same household, They can all be packed in the package, up to a maximum of three per package. They still need to be wrapped in the absorbent insert. Put the relevant number of despatch notes into the box. NB this only applies to respondents for whom a blood sample was not collected. If there are more than three ‘saliva only’ samples in a household, you will need to use more than one package.

Continue to pack as instructed from point 6 onwards in Section 27.2 ‘Packaging the blood samples’.

26. BLOOD SAMPLE

26.1 Eligibility
All persons aged 11-24, with the following exceptions, are eligible to give blood.

a. People with clotting or bleeding disorder (see note below)
b. People who have ever had a fit

c. People who are not willing to give their consent in writing.

d. People who are currently on anticoagulant drugs, eg Warfarin therapy.

For a fuller description about clotting or bleeding disorders see section 16.4 of this document (The Nurse Schedule); in particular the part referring to question ClotB.

26.2 Purpose

The following analytes will be carried out for all respondents giving a blood sample:

- IgE
- house mite specific IgE
- ferritin
- haemoglobin

Haemoglobin and ferritin are being measured because they are indicators of nutritional status, being reduced if there is an inadequate iron supply in the diet. Frequently, an inadequate iron supply can imply a more general nutritional problem. IgE and house mite specific IgE indicate allergies.

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

26.3 Equipment

Tourniquet  Vacutainer holder
Alcohol swabs  Vacutainer needles 21G (green)
Dental rolls  Vacutainer needles 22G (black)
Vinyl gloves  Butterfly needles 23G
Adhesive dressing  Needle disposal box
Kitchen roll  Vacutainer plain red tubes
Micropore tape  Vacutainer EDTA purple tubes
Blood sample packaging (see section 27)  Vacutainer citrate blue tubes
Set of labels for blood sample tubes  AMETOP gel

Tegaderm dressings

26.4 The blood tubes

Two tubes need to be filled. They should be filled in the following order so that, if a situation arises where there will be insufficient blood to fill all the tubes, the analyses with the highest priority can still be undertaken.

1. Plain (red, large) tube.
2. EDTA (purple, small) tube.

26.5 AMETOP gel

All respondents aged 11 to 17 who consent to give a blood sample must be offered AMETOP gel. AMETOP gel may also be used with older respondents who request it, but should not specifically be offered to older respondents.

Respondents who have had a reaction to any anaesthetic (local or general) are not eligible to have AMETOP gel. This means that you may not take a blood sample from these respondents, unless
they consent to give a sample without using AMETOP.

26.6 Procedure for taking blood sample

1. Ask the screening question to check whether the respondent has a clotting or bleeding disorder, or is currently on anticoagulant therapy eg. Warfarin.
2. Ask the screening question to find out whether the respondent has ever had a fit.

Respondents who have a clotting or bleeding disorder, or are currently on anticoagulant therapy, or who have ever had a fit, are NOT ELIGIBLE to give a blood sample.

3. Explain the purpose and procedures for taking blood.
4. Ask if respondent is willing to give blood sample

5. **In addition if the respondent is aged 11 to 17:**
   - explain that there is the option of using AMETOP gel - but that a sample can be given without AMETOP.
   - give parent/young person the information sheet about AMETOP and allow them time to read it
   - answer any questions about use of AMETOP, advantages and disadvantages - side effects, time taken to work, etc
   - explain that AMETOP cannot be used if the young person has a known allergic reaction to any local or general anaesthetic

6. **If yes and respondent is aged 11-17**
   Ask if respondent wishes AMETOP gel to be used.

7. **If respondent is aged 11-17 and wishes AMETOP gel to be used**
   Ask screening question to determine whether respondent has ever had allergic reaction to anaesthetic. If they have had an allergic reaction, they are not eligible to use AMETOP gel, so you cannot take a blood sample unless they are willing to give a sample without AMETOP.

8. **If respondent wishes AMETOP gel to be used**
   Decide with respondent whether you will take blood sample now or arrange another time to return to take the sample. Remember you will need to allow 1 hour for the AMETOP gel to work before taking the blood sample.

   **NB. THE CONCEPT OF BLOOD TAKING AND USE OF AMETOP GEL MUST NOT BE RAISED WITH THE RESPONDENT BEFORE THE APPROPRIATE POINT IN THE CAPI SCHEDULE. DO NOT INTRODUCE BLOOD TAKING BEFORE THIS, AS THIS MIGHT RISK AFFECTING OTHER MEASUREMENTS (EG. BLOOD PRESSURE).**
   **YOU MUST NOT APPLY AMETOP GEL TO ANY RESPONDENT BEFORE YOU ARE PROMPTED TO DO SO IN THE CAPI SCHEDULE.**

   If blood sample will be taken NOW, follow 9. onwards. If you will be returning on a separate occasion, complete remainder of interview and arrange separate appointment to return to take blood sample.

9. **WHEN YOU ARE SET TO COMMENCE BLOOD-TAKING PROCEDURE:**
   Obtain necessary written consents to give blood sample, notify GP of results, and storage of blood sample. Consent sheet BS(A) is for adults aged 18+ and BS(C) is for respondents aged
11-17 years.

If respondent is aged 11-17 you must make sure that you always obtain both the respondent’s own signature and the signature of their parent or the person who has parental responsibility. Remember that even if 16/17 year old respondents are married and not living with their parent or person who has legal responsibility, you cannot take blood until you have their parent’s consent. It is not sufficient to simply have one signature at items I-III on the BS (C) page of the Consent Booklets. You must make sure that you have all relevant signatures.

There are tick boxes on the consent sheet BS(C) to indicate whether the respondent/parent consented to give a blood sample with or without the use of AMETOP gel. Please tick the appropriate box.

10. **IF AMETOP GEL IS TO BE USED:**
Apply AMETOP gel following the instructions in Section 26.8.

11. Take blood sample following the instructions in Section 26.9.

### 26.7 General information about AMETOP gel

AMETOP gel is an effective local anaesthetic cream with minimal side-effects. Occasionally mild local skin reactions are experienced. You will need to explain the pros and cons of using AMETOP to each respondent and parent, in addition to giving them the written note to read. It is important that respondents understand that you are not a doctor and cannot treat unexpected reactions.

**Pros:**
- reduces sensation of needle prick
- easy to apply
- generally safe

**Cons:**
- takes one hour to work, and so may increase anxiety
- occasionally makes veins harder to see
- risk of local reaction in people known to be allergic to similar drugs
- other possible side effects:
  - reddening of skin
  - whitening of skin
  - itching
- theoretical risk of anaphylaxis (severe allergy), though this has never been reported

None of the local skin side-effects (if they occur) requires treatment. The whitening or reddening will disappear by itself over a period of hours. A local allergic reaction may involve itching, but is unlikely to required treatment.

AMETOP contains two anaesthetics: lignocaine and prilocaine. It is important that you ask the question below (also within CAPI) to determine whether the respondent has any known anaesthetic allergies.

**Has the person giving this blood sample ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given by a doctor, dentist or in hospital?**

If the respondent has ever had a bad reaction to an anaesthetic then AMETOP gel MUST NOT be used. However the respondent can still give a blood sample without AMETOP if they are willing.
AMETOP is a prescription medication, so it is very important that you account for all AMETOP tubes used on the record sheet supplied. Any AMETOP tubes you have left at the end of your assignment should be returned to the Brentwood office with the record sheet. For safety, AMETOP must not be left lying around where young children could get at it.

26.8 Applying AMETOP gel

AMETOP gel must only be applied to healthy skin; therefore it must not be applied to sore or broken skin (eg. eczema or cuts). Make sure the AMETOP gel is kept away from eyes or ears.

If the young person requires AMETOP to be applied prior to venepuncture, inspect the antecubital fossae and decide which arm you will use for blood-taking. If both arms are suitable, use the left arm.

AMETOP gel must be applied to ONE arm only. This means that, if you encounter problems during blood-taking (eg. collapsing vein), NO ATTEMPT can be made to take blood from the other arm.

Apply AMETOP gel over the antecubital fossa. Cover with a Tegaderm dressing (a vapour permeable and self-sticking film dressing) to keep the AMETOP in place. See details about how to apply AMETOP below. Please note the illustration shows AMETOP being used on the hand. National Centre policy is to only take blood samples from the arm.

1. Squeeze ½ a tube in a mound on the area to anaesthetised. Do not rub in.
2. Peel the beige coloured ‘centre cut-out’ from the dressing.
3. Peel the paper layer marked 3M Tegaderm from the dressing.
4. Apply the adhesive dressing with its paper frame to cover the AMETOP. Do not spread the cream.
5. Remove the paper frame using the cut mark. Smooth down the edges of the dressing carefully and leave in place for at least an hour. The time of application can be written on the occlusive dressing.
6. After 60 minutes (max. 5hrs), remove the dressing. Wipe off the AMETOP. Clean entire area with alcohol and begin procedure.

As you may well be aware, removing the Tegaderm is sometimes painful so take care on hairy arms!

It is very important that the used tubes of AMETOP should not be left lying around. Make sure you have removed them from the household on completion of the phlebotomy.

Use the AMETOP record sheet to record the respondent’s serial number and the date AMETOP gel was used. Return this sheet with any unused tubes of AMETOP gel to the Brentwood office.

26.9 Preparing the respondent

Ask the respondent if they have had any problems having blood taken before.

1. Explain the procedure to the respondent. The respondent should be seated comfortably in a
chair, or if they wish, lying down on a bed or sofa.

2. Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface. Ask them to remove their jacket or any thick clothing, if it is difficult to roll up their sleeve.

The antecubital fossae may then be inspected. It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly.

3. Do not ask the respondent to clench his/her fist.

Select a suitable vein and apply the tourniquet around the respondent’s arm. However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time. Do not leave the tourniquet in place for longer than 2 minutes.

Ask the respondent to keep his/her arm as still as possible during the procedure.

4. Put on your gloves at this point.

Clean the venepuncture site gently with an alcohol swab. Allow the area to dry completely before the sample is drawn.

26.10 Taking the sample

Venepuncture is performed with a green twenty one gauge vacutainer needle or butterfly.

Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured. Place your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.

Remember to take the tubes in the correct order. The first tube should always be the large plain tube with the red cap followed by the EDTA tube (if applicable). The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservative.

Release the tourniquet (if not already loosened) as the blood starts to be drawn into the tube. Remove the needle and place a dental roll firmly over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.

If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, DO NOT attempt to try again. Record the number of attempts on the Schedule.

Record which arm the sample was drawn from (or both).

Remove the needle from the vacutainer holder by inserting it into the slot at the top of the needle disposal box. Push it towards the narrow end of the slot until the hub fins are engaged. Twist the holder anti-clockwise to unthread the needle. Then slide the holder towards the centre of the slot, allowing the needle to drop into the container.
**IMPORTANT WARNING**

Never re-sheath the needle after use.

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

Check on the venepuncture site and affix an adhesive dressing, if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.

**26.11 Fainting respondents**

If a respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down.

If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.

**26.12 Disposal of needles and other materials**

Place the used cotton wool balls in the sharps box and put gloves etc in the self-seal disposal bag. The needle disposable box should be taken to your local hospital for incineration. Telephone them beforehand, if you are not sure where to go. If you come across any problems with the disposal, contact the Survey Doctor who will contact your local hospital. The sealed bag can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood.

**26.13 Needle stick injuries**

Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform Vasant Hirani or Marian Brooks at UCL.

**26.14 Respondents who are HIV or Hepatitis B positive**

If a respondent volunteers that they are HIV or Hepatitis B positive, do not take a blood sample. Record this as the reason on the Schedule. You should never, of course, seek this information.

**27. SENDING BLOOD SAMPLES TO THE LABORATORY**

The blood samples are sent to the Royal Victoria Infirmary Laboratory in Newcastle-upon-Tyne. It is important that the blood is sent properly labelled and safely packaged and that it is despatched immediately after it has been taken.

**27.1 Labelling the blood tubes**

Label the tubes as you take the blood. It is vital that you do not confuse blood tubes 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 very
clearly on each label. Make sure you use blue biro - it will not run if it gets damp. Check the Date of Birth with the respondent again verbally.

Stick label over the label already on the tube. The laboratory need to be able to see on receipt how much blood there is in the tube.

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

### 27.2 Packaging the blood samples

Pack the tubes for each respondent separately from those of other members of the household. All the tubes from one person can be packed together in one container.

The packaging supplied to you for the posting of blood samples is required to comply with the Royal Mail’s revised regulations on the transportation of blood samples. The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

#### The packaging

The packaging comprises:
- Absorbent insert
- Plastic container
- Cardboard mailing box with foam

#### Using the packaging

1. Insert the blood sample tubes in the pockets of the absorbent insert.
2. Roll the insert with the folded despatch note.*
3. Place the rolled insert in the plastic container and close.
4. Push the plastic container into the foam and put in the cardboard box.

* If you find it difficult to insert the despatch note in the plastic tube, fold it and put in the cardboard box.

Please note:
- Use a separate package for each respondent.
- Do not seal the mailing box with tape.

Remember to check that the serial number and dates of birth correspond on the despatch notes and blood tubes

#### Posting blood samples

The size of the packaging means you will not be able to post blood samples in a letter box. The samples will have to be taken to a post office for posting.

The samples should be posted within **24 hours** of the sample been taken. Try to avoid taking samples if you think you will be unable to post it within 24hrs.

#### Weekend posting

If you take a sample on a Saturday afternoon, the sample **must be posted on the following Monday morning**.
Storage of blood samples
If you unable to post the samples immediately, they can be stored at room temperature.

When you have posted the blood samples, fill in the **time and date of posting** on the office copy of the Blood Sample Despatch Note.

# 27.3 Completing the blood despatch note

The Office Consent Booklet contains a Despatch Note (DESPATCH 1) that should be filled in and sent to the laboratory with the blood sample.

- Enter the respondent’s serial number very carefully. This should correspond to both your entry on page 1 of the Office Consent Booklet and to the serial number you have recorded on the tube(s).
- Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with entry on nurse schedule and tube label.
- Complete item 5.
- At Item 6 ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 8d on the front page of the booklet.
- At Item 7 enter your National Centre Nurse Number.

Tear off this despatch note and send with the blood sample to the laboratory.

Complete the **Office Despatch Note (Despatch 2)** on the last page of the Office Consent Booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note and give the reason.
APPENDIX 1 – COMPLETED NRF PAGES 3 AND 4

PART B - TO BE COMPLETED BY NURSE

6. CALLS RECORD (Note all personal visits and telephone calls, even if no reply)

<table>
<thead>
<tr>
<th>VISIT NUMBER</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
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<th>09</th>
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<tr>
<td>TYPE OF CALL:</td>
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</tr>
<tr>
<td>Personal visit</td>
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<tr>
<td>EXACT TIME OF CALL (24 HR CLOCK):</td>
<td>18.00</td>
<td>15.30</td>
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</tr>
</tbody>
</table>

DATE:

i) Day (Mon =1, Tue=2 etc) 5 1

ii) Date 1 2 1 5

iii) Month 0 1 0 1

NOTES

12/01 – Interviewer concerned there wasn’t enough time between respondents - telephoned to let them know the time was ok

7. OUTCOME OF ATTEMPT TO INTERVIEW PERSONS IN HOUSEHOLD (CODE 1-3 AT Q4/5)

<table>
<thead>
<tr>
<th>ENTER PERSON/CHILD NUMBER:</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER FIRST NAMES:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Peter</td>
<td>80</td>
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<tr>
<td>Sarah</td>
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<td>Robert</td>
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<tr>
<td>Jane</td>
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</tr>
</tbody>
</table>

NOT TO BE INTERVIEWED (CODES 2-4 AT Q4/5):

- no contact made 82 82 82 82 82 82 82 82 82 82 82 82
- refusal by person 83 83 83 83 83 83 83 83 83 83 83 83
- proxy refusal 84 84 84 84 84 84 84 84 84 84 84 84
- broken appointment 85 85 85 85 85 85 85 85 85 85 85 85
- ill (at home) 86 86 86 86 86 86 86 86 86 86 86 86
- ill (in hospital) 87 87 87 87 87 87 87 87 87 87 87 87
- away (other reason) 88 88 88 88 88 88 88 88 88 88 88 88
- other (GIVE REASON AT Q9) 89 89 89 89 89 89 89 89 89 89 89 89
8. COMPLETE FOR EACH PERSON REFUSING TO TAKE PART (CODES 83/84 AT Q7)

<table>
<thead>
<tr>
<th>ENTER PERSON/CHILD NUMBER:</th>
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<tbody>
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<table>
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<tr>
<th>ENTER FIRST NAMES:</th>
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</table>

<table>
<thead>
<tr>
<th>REASON FOR REFUSAL:</th>
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<tbody>
<tr>
<td>Cannot/won’t find time</td>
</tr>
<tr>
<td>Feels done enough already</td>
</tr>
<tr>
<td>Recently had health check/GP knows health</td>
</tr>
<tr>
<td>Had enough of medical profession</td>
</tr>
<tr>
<td>Doesn’t want to know results/tempt fate</td>
</tr>
<tr>
<td>Frightened of procedures</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

9. COMPLETE IF BROKEN APPOINTMENT, ILL, AWAY OR OTHER UNPRODUCTIVE (CODES 85-89 AT Q7)

<table>
<thead>
<tr>
<th>ENTER PERSON/CHILD NO.</th>
<th>GIVE FULL DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 0 | 3 | Taken to hospital the previous night, expected to stay at least 8 weeks |
|---------------|-------------------------------------------------|
|               |                                                |
|               |                                                |
|               |                                                |
8. COMPLETE FOR EACH PERSON REFUSING TO TAKE PART (CODES 83/84 AT Q7)

<table>
<thead>
<tr>
<th>ENTER PERSON/CHILD NUMBER:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ENTER FIRST NAMES:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REASON FOR REFUSAL:</th>
<th>Cannot/won’t find time</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feels done enough already</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Recently had health check/GP knows health</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Had enough of medical profession</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Doesn’t want to know results/tempt fate</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Frightened of procedures</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

9. COMPLETE IF BROKEN APPOINTMENT, ILL, AWAY OR OTHER UNPRODUCTIVE (CODES 85-89 AT Q7)

<table>
<thead>
<tr>
<th>ENTER PERSON/CHILD NO.</th>
<th>GIVE FULL DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 3</td>
<td>Taken to hospital the previous night, expected to stay at least 8 weeks</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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1. Introduction

This document details the editing to be applied to CAPI questionnaires and self completion booklets on the Health Survey for England 2002. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual session and nurse schedule. The majority of questions which need to be coded are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.

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

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

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

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

The tables below show the variables that will appear on the factsheet for editing. Variables which are just a simple backcode into a previous variable are unshaded. Variables for which there is more detail in these instructions about how to code are shaded.

As a general rule, any other answers in questions which are a multicode are backcode to a variable name beginning with “C” eg MhPainO is backcoded to CMhPain. This means that the original answer and the backcoded answer are kept separate.

### Household Qure

<table>
<thead>
<tr>
<th>Variable</th>
<th>Backcode</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NhactivO</td>
<td>Backcode to NHActiv</td>
<td>What HRP was doing in last week</td>
</tr>
<tr>
<td>HrpSOC2</td>
<td></td>
<td>Occupational coding</td>
</tr>
<tr>
<td>HrpSIC2</td>
<td></td>
<td>Industry type coding</td>
</tr>
</tbody>
</table>

### Indiv Qure

<table>
<thead>
<tr>
<th>Variable</th>
<th>Backcode</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IllicTxt1-6</td>
<td>Backcode</td>
<td>Longstanding illness codes</td>
</tr>
<tr>
<td>FyrWhO</td>
<td>Backcode to CFyrWh</td>
<td>Bones broken in last year</td>
</tr>
<tr>
<td>FEOth</td>
<td>Backcode to CFEvWh</td>
<td>Bones broken ever</td>
</tr>
<tr>
<td>MhSupO</td>
<td>Backcode to CMhSupW</td>
<td>Types of supplements</td>
</tr>
<tr>
<td>MhPrbO</td>
<td>Backcode to CMhPrb</td>
<td>Problems during pregnancy</td>
</tr>
<tr>
<td>MhDelO</td>
<td>Backcode to CMhDel</td>
<td>Types of delivery</td>
</tr>
<tr>
<td>MhPainO</td>
<td>Backcode to CMhPain</td>
<td>Types of pain relief</td>
</tr>
<tr>
<td>MhCompO</td>
<td>Backcode to CMhComp</td>
<td>Complications during labour</td>
</tr>
<tr>
<td>MhOB</td>
<td>Backcode to CMhWrg</td>
<td>Problems at birth</td>
</tr>
<tr>
<td>MhOWk</td>
<td>Backcode to CMhWrg</td>
<td>Problems during the first week</td>
</tr>
<tr>
<td>FrtOth</td>
<td>Back code to FrtC</td>
<td>Type of fruit eaten</td>
</tr>
<tr>
<td>FrtNotQ</td>
<td>Back code to FrtQ</td>
<td>Amount of fruit eaten</td>
</tr>
<tr>
<td>DrWyrO</td>
<td>Backcode to DrWyr</td>
<td>Location of major accident</td>
</tr>
<tr>
<td>DrInjO</td>
<td>Backcode to CdrInj</td>
<td>Type of major injury</td>
</tr>
<tr>
<td>AsWyrO</td>
<td>Backcode to AxiWyrB</td>
<td>Location of minor accident</td>
</tr>
<tr>
<td>AxiInjO</td>
<td>Backcode to AxiInj</td>
<td>Type of minor injury</td>
</tr>
<tr>
<td>AxiWyrO</td>
<td>Backcode to AxiWyrB</td>
<td>Location of most recent minor accident</td>
</tr>
<tr>
<td>AxiInjO</td>
<td>Backcode to AxiInj</td>
<td>Type of most recent minor injury</td>
</tr>
<tr>
<td>OthAct</td>
<td>Backcode</td>
<td>Other activities codes</td>
</tr>
<tr>
<td>BrandTxt</td>
<td>Backcode to Cigbrand</td>
<td>Cigarette brand</td>
</tr>
<tr>
<td>NBottle</td>
<td>Code to NcodeEq</td>
<td>Brand of bottled lager (12mths)</td>
</tr>
<tr>
<td>SBottle</td>
<td>Code to ScodeEq</td>
<td>Brand of bottled lager (12mths)</td>
</tr>
<tr>
<td>Alcota,b,c</td>
<td>Code to LNCodEq</td>
<td>Other alcoholic drinks (12mths)</td>
</tr>
<tr>
<td>NbotL7</td>
<td>Code to LSNcodEq</td>
<td>Brand of bottled lager (7days)</td>
</tr>
<tr>
<td>SbotL7</td>
<td></td>
<td>Brand of bottled lager (7days)</td>
</tr>
<tr>
<td>OthL7TA,B,C</td>
<td></td>
<td>Other alcoholic drinks (7days)</td>
</tr>
<tr>
<td>NactivO</td>
<td>Backcode into NActiv</td>
<td>Activity last week</td>
</tr>
<tr>
<td>SOC2000</td>
<td></td>
<td>Occupational coding</td>
</tr>
<tr>
<td>SIC92</td>
<td></td>
<td>Industry type coding</td>
</tr>
<tr>
<td>CultuRO</td>
<td>Backcode to CothCult</td>
<td>Cultural background</td>
</tr>
<tr>
<td>QualB</td>
<td>Backcode into QualA</td>
<td>Educational qualifications</td>
</tr>
<tr>
<td>SComp6O</td>
<td>Backcode into CSCComp6</td>
<td>Why self-completion not completed</td>
</tr>
<tr>
<td>SDQCComp</td>
<td>Backcode into CSDQComp</td>
<td>Why SDQ self-completion not completed</td>
</tr>
<tr>
<td>OHInRel</td>
<td>Backcode into HiNRel</td>
<td>Unreliable height measurement</td>
</tr>
<tr>
<td>NoHiICO</td>
<td></td>
<td>Reasons for refusing height</td>
</tr>
<tr>
<td>NoWatCO</td>
<td></td>
<td>Reasons for refusing weight</td>
</tr>
<tr>
<td>NrsReFO</td>
<td>Backcode into CNrseRef</td>
<td>Reasons refusing nurse</td>
</tr>
<tr>
<td>MedBi</td>
<td>Drug coding</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>ImOthWh</td>
<td>Backcode to ImWhic Name of immunisation</td>
<td></td>
</tr>
<tr>
<td>OthNLth</td>
<td>Backcode to NoAtt1 Reason for no infant length measurement</td>
<td></td>
</tr>
<tr>
<td>OthNic</td>
<td>Backcode to NicPats Other nicotine patches used</td>
<td></td>
</tr>
<tr>
<td>OthWH</td>
<td>Backcode to WHPNABM Other reasons for not attempting waist-hip measurements</td>
<td></td>
</tr>
<tr>
<td>OthNBP</td>
<td>Backcode to NattBPD Other reason not obtained blood pressure</td>
<td></td>
</tr>
<tr>
<td>OthDiBP</td>
<td>Backcode to DiBPC Other reason difficulty obtaining BP</td>
<td></td>
</tr>
<tr>
<td>OthRefC</td>
<td>Backcode to GPRefC Other reasons refusing to allow BP measurements to be sent to GP</td>
<td></td>
</tr>
<tr>
<td>OthProb</td>
<td>Backcode to ProbLF Other problems with lung function measurement</td>
<td></td>
</tr>
<tr>
<td>OthNoAt</td>
<td>Backcode to NoAttLF Other reason why lung function not attempted/refused</td>
<td></td>
</tr>
<tr>
<td>OthRefM</td>
<td>Backcode to GPRLFM Other reason refusing to allow lung function result to be sent to GP</td>
<td></td>
</tr>
<tr>
<td>OthRefBS</td>
<td>Backcode to RefBSC Other reasons for refusing blood sample</td>
<td></td>
</tr>
<tr>
<td>Ignore</td>
<td>Decide whether to code Reasons for not allowing consent for child to have blood sample taken.</td>
<td></td>
</tr>
<tr>
<td>OthSam</td>
<td>Backcode to SenSac Other reasons for not wanting blood sample results sent to GP</td>
<td></td>
</tr>
<tr>
<td>OthBDif</td>
<td>Backcode to SamDif Other problems taking blood sample</td>
<td></td>
</tr>
<tr>
<td>OthNoBSM</td>
<td>Backcode to NoBSC Other reasons why blood sample not taken</td>
<td></td>
</tr>
<tr>
<td>OthNObt</td>
<td>Backcode to SalNObt Other reasons why saliva sample not taken</td>
<td></td>
</tr>
</tbody>
</table>
3. Additional CAPI Edits

3.1 Proxy interviews

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

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

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

3.2 Age/Date of birth

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

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

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

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

3.3 Household/Individual SOC/SIC coding

**HrpSOC2**  Household Reference Persons who have **NHActiv** in [Job, GovSch] (Codes 2 or 3) or where **HEverJob** = Yes (code 1) or where **HothPaid** = Yes (code 1) need to have their occupation coded using SOC 2000 (*edit program variable name HrpSOC2*) and their industry coded using SIC 2000 (*edit program variable name HrpSIC92*). Where **HrpSOC1** is not adequately defined code as HrpSOC2 = 997 Where **HrpSIC92** is not adequately defined code as HrpSIC92 = 87. (Control + K = insufficient to code, Control + R = refused).

**SOC2000**/  **SIC92**  Same process as for HrpSOC2/HrpSIC92, except that edit programs are called SOC2000 and SIC92.
3.4 Longstanding Illnesses

IllsM  Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables IllsTxt1-IllsTxt6. This should be coded, using the long-standing illness codeframe in section 5, into the variables IllsM1-IllsM6 (appearing immediately after each instance of IllsTxt).

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

Rules for coding long-standing illness

Code 41  Unclassifiable (no other codable complaint)

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

Code 42  Complaint no longer present

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

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

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

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

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

3.5 Fractures

FYrWhO  Where possible this should be backcoded to CFyrWh. If following backcoding it routes to FArm (location of fractures on the arm) or FLeg (location of fractures on the leg) then code these as “Don’t know” (Ctrl + K).

FEOth  Where possible this should be backcoded to CFevWh. Note the number at FeGenNo. If able to back code then the number at FeGenNo will have to be moved to the appropriate variable. If following backcoding it routes to FArm (location of fractures on the arm) or FELeg (location of fractures on the leg) then code these as “Don’t know” (Ctrl + K).

Comment: The rules for FeGenNo may change if we go for the list of others option. Are people agreed about the DK codes for the follow up questions that may result after backcoding???
### 3.6 Other fruit

If possible, responses to FrtOth should be backcoded into FrtC and responses to FrtNotQ should be backcoded into FrtQ using the fruit codeframe (section 3.7) and the portion guide (section 3.8) below. If the fruit isn't on the list, first check that it can be eaten raw. If it can only be eaten cooked then recode at FrtDish. For other fruit not on the list and eaten raw or if the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis.

### 3.7 Fresh fruit size codeframe

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

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

NB: For calculating portion sizes only one portion or less of pulses, dried fruit or fruit juice was included in the total amount consumed. Also, since issuing these instructions portion sizes for pulses, vegetables, vegetables in composites, frozen fruit and fruit in composites were amended to 3 tablespoons.
3.9 Adult Physical Activity

**OthAct**  Code ‘Other’ sports to **C0thAct**. Do **NOT** backcode ‘other’ sports to **WhatAct**. Note that:

- **Code 5** Any other type of dancing: Includes any answer mentioning ‘dancing’ (i.e. sequence dancing, tap dancing etc.). Does not include ice dancing, see code 46 below.

- **Code 7** Football/rugby: Includes those participating in the sport as referees and linesmen.

- **Code 10** Exercises (e.g. press-ups, sit ups): Includes any answer mentioning ‘exercises’ (i.e. back exercises, office exercises etc.) or ‘working out’

It is possible to have two codes the same if “times” of activity cannot be amalgamated e.g. Horseriding = Code 45 and Showjumping = Code 45. Note that there is an additional code 99 for irrelevant answer.

If more than one sport is mentioned in the same OthAct variable, then just code the first sport mentioned.

<table>
<thead>
<tr>
<th>OthAct</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming</td>
<td>01</td>
</tr>
<tr>
<td>Cycling</td>
<td>02</td>
</tr>
<tr>
<td>Aerobics/Keep Fit/Gymnastics</td>
<td>03</td>
</tr>
<tr>
<td>Dancing</td>
<td>04</td>
</tr>
<tr>
<td>Running/Logging</td>
<td>06</td>
</tr>
<tr>
<td>Football/Rugby</td>
<td>07</td>
</tr>
<tr>
<td>Tennis/Badminton</td>
<td>08</td>
</tr>
<tr>
<td>Squash</td>
<td>09</td>
</tr>
<tr>
<td>Exercise</td>
<td>10</td>
</tr>
<tr>
<td>Abseiling/Paraseiling</td>
<td>11</td>
</tr>
<tr>
<td>Adventure playground</td>
<td>12</td>
</tr>
<tr>
<td>American football</td>
<td>13</td>
</tr>
<tr>
<td>Archery</td>
<td>15</td>
</tr>
<tr>
<td>Assault course</td>
<td>16</td>
</tr>
<tr>
<td>Backpacking</td>
<td>17</td>
</tr>
<tr>
<td>Baseball/softball</td>
<td>18</td>
</tr>
<tr>
<td>Basketball</td>
<td>19</td>
</tr>
<tr>
<td>Bowls - indoor, outdoor, crown, green, Petanque</td>
<td>20</td>
</tr>
<tr>
<td>Croquet</td>
<td>22</td>
</tr>
<tr>
<td>Canoeing (if responsible for working locks)</td>
<td>23</td>
</tr>
<tr>
<td>Canoeing</td>
<td>24</td>
</tr>
<tr>
<td>Circuit training</td>
<td>25</td>
</tr>
<tr>
<td>Climbing</td>
<td>26</td>
</tr>
<tr>
<td>Cricket</td>
<td>27</td>
</tr>
<tr>
<td>Croquet</td>
<td>28</td>
</tr>
<tr>
<td>Curling</td>
<td>29</td>
</tr>
<tr>
<td>Darts</td>
<td>30</td>
</tr>
<tr>
<td>Fishing/Fly fishing</td>
<td>31</td>
</tr>
<tr>
<td>Frisbee</td>
<td>32</td>
</tr>
<tr>
<td>Golf</td>
<td>33</td>
</tr>
<tr>
<td>Fell walking</td>
<td>34</td>
</tr>
<tr>
<td>Field athletics</td>
<td>35</td>
</tr>
<tr>
<td>Fishing/Fly fishing</td>
<td>36</td>
</tr>
<tr>
<td>Frisbee</td>
<td>37</td>
</tr>
<tr>
<td>Golf</td>
<td>38</td>
</tr>
<tr>
<td>Hang gliding/parachuting</td>
<td>39</td>
</tr>
<tr>
<td>Hitting punch sack</td>
<td>40</td>
</tr>
<tr>
<td>Hitting punch sack</td>
<td>41</td>
</tr>
<tr>
<td>Hockey</td>
<td>42</td>
</tr>
<tr>
<td>Horse riding</td>
<td>43</td>
</tr>
<tr>
<td>Ice skating/Ice dancing</td>
<td>44</td>
</tr>
<tr>
<td>Juggling</td>
<td>45</td>
</tr>
<tr>
<td>Kabaddi</td>
<td>46</td>
</tr>
<tr>
<td>Kick boxing</td>
<td>47</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>48</td>
</tr>
<tr>
<td>Marathon running</td>
<td>49</td>
</tr>
<tr>
<td>Martial arts (Karate, Tai Chi etc.)</td>
<td>50</td>
</tr>
<tr>
<td>Motor sports (Motor-cross, go-karting, jet-skiing)</td>
<td>51</td>
</tr>
</tbody>
</table>

---

HSE 2002: Coding & Editing Instructions: 22 April 2004
3.10 Other alcoholic drinks

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

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

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

Spirits (Spirits):

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

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

Alcopops/pre mixed alcoholic drinks (Pops):
- Include: Bacardi Breezer, Metz, Smirnoff Ice, Hooch, Two Dogs, Alcola, Shotts, WKD (‘Wicked’), Alcoholic Inn Bru, Thickhead, Cola Lips, Mrs Pucker’s Alcoholic Lemonade, Woody’s, any mention of ‘alcoholic lemonade, cola, orangeade, cream soda’ etc

Coding “other” alcoholic drinks variables:
All “other” alcoholic drinks should be recoded back into one of the six drink categories noted above (questions AlcOtA, AlcOtB, and AlcOtC recoded to the relevant question in the first part of the module, and OthL7TA, OthL7TB, OthL7TC to question DrnkTyp).

If the appropriate drinks category is not already coded, then information on frequency and amount should be edited into that category’s variables and data in the “other drinks” category deleted.

If the appropriate drinks category is already coded, then the highest frequency and the associated amount should be coded. For example, if frequency of “Spirits” is coded as 2 and Campari, with a frequency of 1, is to be recoded into the “Spirits” category, then the frequency should be changed to 1 and the amount should be recoded to the amount of Campari drunk.

If the frequency of the “other” alcoholic drink is less than that contained in the drinks category into which it is to be recoded, then the information in that “other” alcoholic drink should be ignored.

If the frequency in the other alcoholic drink and the category into which it is being coded are the same, then the amounts drunk should be added together.

If the frequency of both the “other” alcoholic drink and the appropriate drinks category exceed once or twice a week, contact research group for advice.

After recoding “other” alcoholic drinks the variables AlcotA, AlcotB, AlcotC OthL7TA, OthL7TB, and OthL7TC should be set to No=2. Details of coding decisions should be recorded on the FACTSHEET.

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

The variables NBottle, SBottle, NBotL7 and SBotL7 (the brand of beer/lager/stout/cider drunk in bottles), need to be coded into NCodeEq/SCodeEq/L7NCodEq/L7SCodEq using the bottled lager/cider/beer codeframe.

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

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

3.12 Bottled lager/cider/beer codeframe

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Export Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbot Ale</td>
<td>0.58</td>
</tr>
<tr>
<td>Amstel</td>
<td>0.58</td>
</tr>
<tr>
<td>Banks (Mild only)</td>
<td>0.97</td>
</tr>
<tr>
<td>Banks Old Ale (nips)</td>
<td>0.32</td>
</tr>
<tr>
<td>Bass (pint bottle)</td>
<td>1.00</td>
</tr>
<tr>
<td>Becks</td>
<td>0.48 or 0.58</td>
</tr>
<tr>
<td>Bishops Finger</td>
<td>0.88</td>
</tr>
<tr>
<td>Black Sheep Ale</td>
<td>0.88</td>
</tr>
<tr>
<td>Boddingtons (Export draught only)</td>
<td>0.58</td>
</tr>
<tr>
<td>Bombardier</td>
<td>0.88</td>
</tr>
<tr>
<td>Brandenburg</td>
<td>0.58</td>
</tr>
<tr>
<td>Budvar</td>
<td>0.88</td>
</tr>
<tr>
<td>Budweiser/ Bud Ice</td>
<td>0.58</td>
</tr>
<tr>
<td>Bulmers</td>
<td>0.88</td>
</tr>
<tr>
<td>Carlsberg</td>
<td>0.58</td>
</tr>
<tr>
<td>Castaway</td>
<td>0.35</td>
</tr>
<tr>
<td>Coors</td>
<td>0.58</td>
</tr>
<tr>
<td>Corona</td>
<td>0.58</td>
</tr>
<tr>
<td>Crest Lager (Export)</td>
<td>0.44</td>
</tr>
<tr>
<td>Diamond (Blush, White or Zest)</td>
<td>0.48</td>
</tr>
<tr>
<td>Dragon (Stout)</td>
<td>0.50</td>
</tr>
<tr>
<td>Elephant (Lager)</td>
<td>0.58</td>
</tr>
<tr>
<td>Elephant (Lager Beer)</td>
<td>0.48</td>
</tr>
<tr>
<td>ESB (Fuller's ESB)</td>
<td>0.88</td>
</tr>
<tr>
<td>Export 33</td>
<td>0.44</td>
</tr>
<tr>
<td>Foster's Export</td>
<td>0.77</td>
</tr>
<tr>
<td>Foster's Ice</td>
<td>0.58</td>
</tr>
<tr>
<td>Fuller's (London Pride)</td>
<td>0.97</td>
</tr>
<tr>
<td>Grolsch</td>
<td>0.58 or 0.77</td>
</tr>
<tr>
<td>Guinness Extra Stout</td>
<td>0.58</td>
</tr>
<tr>
<td>Guinness Original</td>
<td>0.58 or 0.88</td>
</tr>
<tr>
<td>Heineken (Export)</td>
<td>0.38</td>
</tr>
<tr>
<td>Hoegaarden (bier blonde)</td>
<td>0.58</td>
</tr>
<tr>
<td>Holsten Pils (bottle)</td>
<td>0.58</td>
</tr>
<tr>
<td>Home made</td>
<td>0.58</td>
</tr>
<tr>
<td>Ice Dragon</td>
<td>0.48</td>
</tr>
<tr>
<td>John Smiths</td>
<td>0.77</td>
</tr>
</tbody>
</table>

Conversion Table

<table>
<thead>
<tr>
<th>mls</th>
<th>pints</th>
</tr>
</thead>
<tbody>
<tr>
<td>180</td>
<td>0.32</td>
</tr>
<tr>
<td>200</td>
<td>0.35</td>
</tr>
<tr>
<td>250</td>
<td>0.44</td>
</tr>
<tr>
<td>275</td>
<td>0.48</td>
</tr>
<tr>
<td>284</td>
<td>0.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>mls</th>
<th>pints</th>
</tr>
</thead>
<tbody>
<tr>
<td>330</td>
<td>0.58</td>
</tr>
<tr>
<td>440</td>
<td>0.77</td>
</tr>
<tr>
<td>500</td>
<td>0.88</td>
</tr>
<tr>
<td>550</td>
<td>0.97</td>
</tr>
<tr>
<td>568</td>
<td>1.00</td>
</tr>
</tbody>
</table>
### 3.13 Educational Qualifications

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

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

**Frame for **CQualA**:

<table>
<thead>
<tr>
<th>Code</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Degree/degree level qualification (including higher degree)</td>
</tr>
<tr>
<td>2</td>
<td>Teaching qualification</td>
</tr>
<tr>
<td>3</td>
<td>Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife</td>
</tr>
<tr>
<td>4</td>
<td>HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTEC Higher</td>
</tr>
<tr>
<td>5</td>
<td>ONC/OND/BEC/TEC/BTEC not higher</td>
</tr>
<tr>
<td>6</td>
<td>City and Guilds Full Technological Certificate</td>
</tr>
<tr>
<td>7</td>
<td>City and Guilds Advanced/Final Level</td>
</tr>
<tr>
<td>8</td>
<td>City and Guilds Craft/Ordinary Level</td>
</tr>
<tr>
<td>9</td>
<td>A-levels/Higher School Certificate</td>
</tr>
<tr>
<td>10</td>
<td>AS level</td>
</tr>
<tr>
<td>11</td>
<td>SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies</td>
</tr>
<tr>
<td>12</td>
<td>O-level passes taken in 1975 or earlier</td>
</tr>
<tr>
<td>13</td>
<td>O-level passes taken after 1975 GRADES A-C</td>
</tr>
<tr>
<td>14</td>
<td>O-level passes taken after 1975 GRADES D-E</td>
</tr>
<tr>
<td>15</td>
<td>GCSE GRADES A-C</td>
</tr>
<tr>
<td>16</td>
<td>GCSE GRADES D-G</td>
</tr>
<tr>
<td>17</td>
<td>CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3</td>
</tr>
<tr>
<td>18</td>
<td>CSE GRADES 2-5/SCE Ordinary BANDS D-E</td>
</tr>
<tr>
<td>19</td>
<td>CSE Ungraded</td>
</tr>
<tr>
<td>20</td>
<td>SLC Lower</td>
</tr>
<tr>
<td>21</td>
<td>SUPE Lower or Ordinary</td>
</tr>
<tr>
<td>22</td>
<td>School Certificate or Matric</td>
</tr>
<tr>
<td>23</td>
<td>NVQ Level 5</td>
</tr>
<tr>
<td>24</td>
<td>NVQ Level 4</td>
</tr>
<tr>
<td>25</td>
<td>NVQ Level 3/Advanced level GNVQ</td>
</tr>
<tr>
<td>26</td>
<td>NVQ Level 2/Intermediate level GNVQ</td>
</tr>
<tr>
<td>27</td>
<td>NVQ Level 1/Foundation level GNVQ</td>
</tr>
<tr>
<td>28</td>
<td>Recognised Trade Apprenticeship completed</td>
</tr>
<tr>
<td>29</td>
<td>Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)</td>
</tr>
</tbody>
</table>

Where applicable use the following additional codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Qualifications outside of UK</td>
</tr>
<tr>
<td>31</td>
<td>Other vocational qualifications, not otherwise codable</td>
</tr>
<tr>
<td>32</td>
<td>NVQ level not specified</td>
</tr>
<tr>
<td>33</td>
<td>Nursery Nurse Examination Board Qualification</td>
</tr>
<tr>
<td>34</td>
<td>Qualifications obtained during military service</td>
</tr>
<tr>
<td>35</td>
<td>Other academic qualifications, not otherwise codable</td>
</tr>
<tr>
<td>36</td>
<td>Other professional qualifications, not otherwise codable</td>
</tr>
</tbody>
</table>

If the level of qualification is unspecified (e.g. just City and Guilds) then code to the lowest level of the appropriate qualification.
Inclusions/Exclusions for CQualA

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

2. Teaching  Include: College of Preceptors

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

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

29 Clerical  Include: RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;  
Include: Pitmans - except for their school certificate, code as other = 30;  
Include: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

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

31 Vocation  Include: Banking Exams (unless Institute of Banking mentioned = 36)  
Include: Certificate of Prevocational Education/Training (CPVE/T)  
Include: Youth Training Scheme certificates  
Include: Retail/commercial/industrial certificates  
Include: RSA vocational subject certificates (not academic=35 or clerical=29)  
Include: Management certificates

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

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

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

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

Civil Service Examinations for entrance, promotion, establishment, typing etc.  
Dancing Awards (including ballet qualifications)  
Drawing Certificates (eg. awarded by Royal Drawing Society)  
Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.  
Fire Brigade Examinations  
First Aid Certificates (including all Red Cross/St John's Ambulance qualifications  
Forces Preliminary Examinations (to gain admission to university)  
GPO telecommunications, telegraphy etc  
Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13  
Internal school examinations  
Partial qualifications (such as part way through degree, solicitor's training etc) should be excluded.
3.14 Self-Completion booklet placement

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

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

3.15 Height/length and weight measurements

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

NoHitCO Backcode “Other” reasons for no height measurement where possible.

OthNLth Backcode “Other” reasons for no length measurement where possible.

NoWatCO Backcode “Other” reasons for no weight measurement where possible.

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

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

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

3.16 Drug Coding

MEDBI

All drugs are to be coded to the six digit BNF using the Coding Prescribed Medicine booklet or the BNF (Number 42 - Sept 2001). The nurse should have done this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries but, if drug not found send a coding query form to UCL. If no decision can be made after querying with UCL use code 999996.

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

Drugs which cannot be coded using the BNF need to be sent to UCL for coding using the Coding Queries Response Form.
3.17 Blood Pressure Readings

There are some extra codes for reasons for not obtaining blood pressure to be added to NAttBP, and answers from OthNBP should be backcoded into these.

- 0 Problems with PC
- 6 Problems with Cuff fitting/painful
- 7 Problems with Dinamap readings (zeros, no readings)

Also additional codes for DifBPC

- 5 Problems with Cuff fitting/painful
- 6 Problems with Dinamap readings (zeros, no readings)
4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables that need a more complex method of checking are detailed in this section.

4.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok (Q6a)** and **DWkndSmo (Q6b)**.

*If range given, take midpoint*

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

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

In the Young Adults Booklet the variable for brand of cigarette smoked is **DCigBran (Q7b)**. Use the Cigarette Brands coding list to allocate a three-digit code to the brand of cigarette smoked on cols 32-34. If unable to find, code as 997 and list for researchers.

4.2 Other alcoholic drinks

In the Young Adults Booklet there are other alcoholic drinks listed for both average drinking patterns and also drinking in the last week. In the 13-15s Booklet there are other alcoholic drinks listed for drinking in the last week. All other alcoholic drinks should be recoded to the listed drinks as detailed in section 3.10.

4.3 Brands of contraceptives

The relevant variable is **PlBrand (Q56)** in Adults General Health Booklet, **(Q77)** in Young Adults Booklet and **Q64 in Mothers booklet**.

The only valid BNF codes for these variables are 070301, 070302, 070303, 070304 and 130602. Check for keying errors and correct. All irrelevant drugs should be given Code 999999.

Drugs which fail the edit need to be sent to UCL for checking using the Coding Queries Response Form.

4.4 Age checks for HRT treatment

There is a range check on the age at women start and end HRT treatment, variables **HRTAge (Q62)** and **HRTStp (Q64)** in the Adults General Health Booklet. Cases failing the edit should be listed on an HRT Coding Query Response Form and sent to UCL for checking. Details of any longstanding illness, drugs taken, respondent’s current age, and the remainder of her answers to the HRT section should be recorded on the form as these are used by UCL to determine whether the claimed ages are believable.
### 5. Longstanding illness codeframe

<table>
<thead>
<tr>
<th>Code</th>
<th>Illness Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts</td>
</tr>
<tr>
<td></td>
<td>Acoustic neuroma</td>
</tr>
<tr>
<td></td>
<td>After effect of cancer (nes)</td>
</tr>
<tr>
<td></td>
<td>All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast</td>
</tr>
<tr>
<td></td>
<td>Cancers sited in any part of the body or system eg. Lung, breast, stomach</td>
</tr>
<tr>
<td></td>
<td>Colostomy caused by cancer</td>
</tr>
<tr>
<td></td>
<td>Cyst on eye, cyst in kidney.</td>
</tr>
<tr>
<td></td>
<td>General arthroma</td>
</tr>
<tr>
<td></td>
<td>Hodkin's disease</td>
</tr>
<tr>
<td></td>
<td>Hysterectomy for cancer of womb</td>
</tr>
<tr>
<td></td>
<td>Inch. leukaemia (cancer of the blood)</td>
</tr>
<tr>
<td></td>
<td>Lymphoma</td>
</tr>
<tr>
<td></td>
<td>Mastectomy (nes)</td>
</tr>
<tr>
<td></td>
<td>Neurofibromatosis</td>
</tr>
<tr>
<td></td>
<td>Part of intestines removed (cancer)</td>
</tr>
<tr>
<td></td>
<td>Pituitary gland removed (cancer)</td>
</tr>
<tr>
<td></td>
<td>Rodent ulcers</td>
</tr>
<tr>
<td></td>
<td>Sarcomas, carcinomas</td>
</tr>
<tr>
<td></td>
<td>Skin cancer, bone cancer</td>
</tr>
<tr>
<td></td>
<td>Wilms tumour</td>
</tr>
</tbody>
</table>

**Endocrine/nutritional/metabolic diseases**

<table>
<thead>
<tr>
<th>Code</th>
<th>Illness Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>Incl. Hyperglycaemia</td>
</tr>
<tr>
<td>03</td>
<td>Other endocrine/metabolic</td>
</tr>
<tr>
<td></td>
<td>Addison's disease</td>
</tr>
<tr>
<td></td>
<td>Beckwith - Wiedemann syndrome</td>
</tr>
<tr>
<td></td>
<td>Coeliac disease</td>
</tr>
<tr>
<td></td>
<td>Cushing's syndrome</td>
</tr>
<tr>
<td></td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td></td>
<td>Gilbert's syndrome</td>
</tr>
<tr>
<td></td>
<td>Hormone deficiency, deficiency of growth hormone, dwarfism</td>
</tr>
<tr>
<td></td>
<td>Hypercalcaemia</td>
</tr>
<tr>
<td></td>
<td>Hypopotassaemia, lack of potassium</td>
</tr>
<tr>
<td></td>
<td>Malacia</td>
</tr>
<tr>
<td></td>
<td>Myxoedema (nes)</td>
</tr>
<tr>
<td></td>
<td>Obesity/overweight</td>
</tr>
<tr>
<td></td>
<td>Phenylketonuria</td>
</tr>
<tr>
<td></td>
<td>Rickets</td>
</tr>
<tr>
<td></td>
<td>Too much cholesterol in blood</td>
</tr>
<tr>
<td></td>
<td>Underactive/overactive thyroid, goitre</td>
</tr>
<tr>
<td></td>
<td>Water/Fluid retention</td>
</tr>
<tr>
<td></td>
<td>Wilson's disease</td>
</tr>
</tbody>
</table>

**Mental, behavioural and personality disorders**

<table>
<thead>
<tr>
<th>Code</th>
<th>Illness Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>Mental illness/anxiety/depression/nerves (nes)</td>
</tr>
<tr>
<td></td>
<td>Alcoholism, recovered not cured alcoholic</td>
</tr>
<tr>
<td></td>
<td>Anorexia nervosa</td>
</tr>
<tr>
<td></td>
<td>Anxiety, panic attacks</td>
</tr>
<tr>
<td></td>
<td>Asperger Syndrome</td>
</tr>
<tr>
<td></td>
<td>Autism/Autistic</td>
</tr>
<tr>
<td></td>
<td>Bipolar Affective Disorder</td>
</tr>
<tr>
<td></td>
<td>Catalepsy</td>
</tr>
<tr>
<td></td>
<td>Concussion syndrome</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Drug addict</td>
</tr>
<tr>
<td></td>
<td>Dyslexia</td>
</tr>
<tr>
<td></td>
<td>Hyperactive child.</td>
</tr>
<tr>
<td></td>
<td>Nerves (nes)</td>
</tr>
<tr>
<td></td>
<td>Nervous breakdown, neurasthenia, nervous trouble</td>
</tr>
<tr>
<td></td>
<td>Phobias</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia, manic depressive</td>
</tr>
<tr>
<td></td>
<td>Senile dementia, forgetfulness, gets confused</td>
</tr>
<tr>
<td></td>
<td>Speech impediment, stammer</td>
</tr>
<tr>
<td></td>
<td>Stress</td>
</tr>
<tr>
<td></td>
<td>Alzheimer's disease, degenerative brain disease = code 08</td>
</tr>
<tr>
<td>05</td>
<td>Mental handicap</td>
</tr>
<tr>
<td></td>
<td>Incl. Down's syndrome, Mongol</td>
</tr>
<tr>
<td></td>
<td>Mentally retarded, subnormal</td>
</tr>
</tbody>
</table>

*Thyroid trouble and tiredness - code 03 only
Overactive thyroid and swelling in neck - code 03 only.*
Nervous system (central and peripheral including brain) - Not mental illness

06 Epilepsy/fits/convulsions
Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
blackouts
febrile convulsions
fit (nes)

07 Migraine/headaches

08 Other problems of nervous system
Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs)
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Removal of nerve in arm
Restless legs
Sciatica
Shingles
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia

Eye complaints

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

10 Other eye complaints
Astigmatism
Buphthalmos
Colour blind
Double vision
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Night blindness
Retinitis pigmentosa
Scared cornea, corneal ulcers
Squint, lazy eye
Sly on eye

Ear complaints

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

12 Tinnitus/noises in the ear
Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems
Labynrithitis,
loss of balance - inner ear
Vertigo

14 Other ear complaints
Incl. otitis media - glue ear
Disorders of Eustachian tube
Perforated ear drum (nes)
Middle/inner ear problems
Mastoiditis
Ear trouble (nes),
Ear problem (wax)
Ear aches and discharges
Ear infection
### Complaints of heart, blood vessels and circulatory system

15 **Stroke/cerebral haemorrhage/cerebral thrombosis**  
Incl. stroke victim - partially paralysed and speech difficulty  
Hemiplegia, apoplexy, cerebral embolism,  
Cerebro - vascular accident

16 **Heart attack/angina**  
Incl. coronary thrombosis, myocardial infarction

17 **Hypertension/high blood pressure/blood pressure (nes)**

18 **Other heart problems**  
Aortic stenosis, aorta replacement  
Cardiac asthma  
Cardiac diffusion  
Cardiac problems, heart trouble (nes)  
Dizziness, giddiness, balance problems (nes)  
Hardening of arteries in heart  
Heart disease, heart complaint  
Heart failure  
Heart murmur, palpitations  
Hole in the heart  
Ischaemic heart disease  
Mitril stenosis  
Pacemaker  
Pains in chest (nes)  
Pericarditis  
St Vitus dance  
Tachycardia, sick sinus syndrome  
Tired heart  
Valvular heart disease  
Weak heart because of rheumatic fever  
Wolff - Parkinson - White syndrome

**Balance problems due to ear complaint = code 13**

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

20 **Varicose veins/phlebitis in lower extremities**  
Incl. various ulcers, varicose eczema

21 **Other blood vessels/embolic**  
Arteriosclerosis, hardening of arteries (nes)  
Arterial thrombosis  
Artificial arteries (nes)  
Blocked arteries in leg  
Blood clots (nes)  
Hypersensitive to the cold  
Intermittent claudication  
Low blood pressure/hypertension  
Poor circulation  
Pulmonary embolism  
Raynaud's disease  
Swollen legs and feet  
Telangiectasia (nes)  
Thrombosis (nes)  
Varicose veins in Oesophagus  
Wright's syndrome

**NB Haemorrhage behind eye = code 10**

### Complaints of respiratory system

22 **Bronchitis/emphysema**  
Bronchiectasis  
Chronic bronchitis

23 **Asthma**  
Bronchial asthma, allergic asthma  
Asthma - allergy to house dust/grass/cat fur

**NB Exclude cardiac asthma - code 18**

24 **Hayfever**  
Allergic rhinitis

25 **Other respiratory complaints**  
Abscess on larynx  
Adenoid problems, nasal polyps  
Allergy to dust/cat fur  
Bad chest (nes), weak chest - wheezy  
Breathlessness  
Bronchial trouble, chest trouble (nes)  
Catarrh  
Chest infections, get a lot of colds  
Churg-Strauss syndrome  
Coughing fits  
Croup  
Damaged lung (nes), lost lower lobe of left lung  
Fibrosis of lung  
Furred up airways, collapsed lung  
Lung complaint (nes), lung problems (nes)  
Lung damage by viral pneumonia  
Paralysis of vocal cords  
Pigeon fancier's lung  
Pneumococcosis, byssinosis, asbestosis and other industrial, respiratory disease  
Recurrent pleurisy  
Rhinitis (nes)  
Sinus trouble, sinustis  
Sore throat, pharyngitis  
Throat infection  
Throat trouble (nes), throat irritation  
Tonsillitis  
Ulcer on lung, fluid on lung

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

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

26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
Double/inguinal/diaphragm/biatus/umbilical hernia
Gastric/duodenal/peptic ulcer
Hernia (nes), rupture (nes)
Ulcer (nes)

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
Cirrhosis of the liver, liver problems
Food allergies
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Liver disease, biliary artesia
Nervous stomach, acid stomach
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat trouble - difficulty in swallowing
Weakness in intestines

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
Colitis, colon trouble, ulcerative colitis
Colostomy (nes)
Crohn's disease
Diverticulitis
Enteritis
Facial incontinence/encopresis.
Frequent diarrhoea, constipation
Grunbling appendix
Hirschsprung's disease
Irritable bowel, inflammation of bowel
Polyp on bowel
Spastic colon

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

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

Complaints of the genito-urinary system

30 Kidney complaints
Chronic renal failure
Horseshoe kidney, cystic kidney
Kidney trouble, tube damage, stone in the kidney
Nephritis, pyelonephritis
Nephrotic syndrome
Only one kidney, double kidney on right side
Renal TB
Uraemia

31 Urinary tract infection
Cystitis, urine infection

32 Other bladder problems/incontinence
Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

Prostate trouble - code 33

33 Reproductive system disorders
Abscess on breast, mastitis, cracked nipple
Damaged testicles
Endometriosis
Gynaecological problems
Hysterectomy (nes)
Impotence, infertility
Menopause
Pelvic inflammatory disease/PID (female)
Period problems, flooding, pre-menstrual tension/syndrome
Prolapse (nes) if female
Prolapsed womb
Prostrate gland trouble
Turner's syndrome
Vaginitis, vulvitis, dysmenorrhoea
Musculo-skeletal - complaints of bones/joints/muscles

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

**35 Back problems/slipped disc/spine/neck**
Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed intervertebral discs
Schuermann’s disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

**36 Other problems of bones/joints/muscles**
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, Ricky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won’t go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe’s disease
Physically handicapped (nes)
Pierre Robin syndrome
Scleroderma
Screw's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenoynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

**Muscular dystrophy - code 08**

**37 Infectious and parasitic disease**

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

**After effect of Poliomyelitis, meningitis, encephalitis - code to site/system**

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

Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombochopenic Purpura (ITP)
Immunodeficiencies
Polycthaemia (blood thickening), blood to thick
Purpura (nes)
Removal of spleen
Sarcoidosis (previously code 37)
Sickle cell anaemia/disease
Thalassaemia
Thrombocytopenia

**Leukaemia - code 01**

**39 Skin complaints**

abscess in groin
acne
birth mark
burned arm (nes)
carbuncles, boils, warts, verruca
cellulitis (nes)
chilblains
corns, calluses
dermatitis
Eczema
epidermolysis, bulosa
impetigo
ingrown toenails
pilonidal sinusitis
Psoriasis, psoriatis arthritis (also code arthritis)
skin allergies, leaf rash, angio-oedema
skin rashes and irritations
skin ulcer, ulcer on limb (nes)

**Rodent ulcer - code 01**

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

**40 Other complaints**
adhesions
dumb, no speech
fainting
hair falling out, alopecia
insomnia
no sense of smell
nose bleeds
sleepwalking
travel sickness
41 Unclassifiable (no other codable complaint)
after affects of meningitis (nes)
allergy (nes), allergic reaction to some drugs (nes)
electrical treatment on cheek (nes)
embarrassing itch (nes)
Forester’s disease (nes)
general infirmity
generally run down (nes)
glass in head - too near temple to be removed (nes)
had meningitis - left me susceptible to other things (nes)
internal bleeding (nes)
ipinotaligia
old age/weak with old age
swollen glands (nes)
tiredness (nes)
war wound (nes), road accident injury (nes)
weight loss (nes)

42 Complaint no longer present

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

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

99 Not Answered/Refusal
HEALTH SURVEY FOR ENGLAND: 2002

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malignant disease ........................................... 08.03.02
menstrual disorders ....................................... 06.04.01
NORETHISTERONE ENANTHATE ......................... 07.03.02
NORMASOL SACHET ........................................... 13.11.01
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analgesics ....................................................... 04.07.01
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NYSTAN - see NYSTATIN
NYSTATIN
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skin ................................................................. 13.10.02
vaginal and vulval candidiasis ......................... 07.02.02
OILATUM EMOLLIENT ......................................... 13.02.01
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ORUVAIL
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OTOSPORIN (ear drops) ...................................... 12.01.01
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anaphylaxis, allergic emergencies ................... 03.04.03
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- **intravenous** ............................. 09.02.02
- **oral (capsules)** .......................... 09.02.01
- **urine alkalinisation** ..................... 07.04.03

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- **ear** ........................................... 12.01.01
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### SOLPADOL .................................. 04.07.01

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- **-Co (analgesic)** ......................... 04.07.01
- **nasal spray** ................................ 12.02.02
- **tablets, elixir** ......................... 03.10.00

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### SULPIRIDE
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- **Tourette syndrome** ..................... 04.09.03

### TAMOXIFEN ................................ 08.03.04

### TEGRETOL .................................. 04.08.01

### TEMAZEPAM
- **anaesthesia** .............................. 15.01.04
- **hypnotic** .................................. 04.01.01

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### TILADE MINT (inhaler) ................. 03.03.00

### TILDIEM LA, TILDIEM RETARD .... 02.06.02

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### TIMOPTOL, TIMOPTOL LA ........... 11.06.00

### TOLBUTAMIDE ............................. 06.01.02

### TRAMADOL .................................. 04.07.02

### TRANSVASIN ................................ 10.03.02

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### TRIMETHOPRIM
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*Codes taken from the British National Formulary No. 42 Sept '01*
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1 foot = 0.305 m

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# FRUIT AND VEGETABLE MODULE

## CODING LIST A

### FRESH FRUIT SIZES

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HEALTH SURVEY FOR ENGLAND 2002

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IF THE BRAND IS NOT ON THE LIST USE CODE 9997

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IF THE BRAND IS NOT ON THE LIST USE CODE 9997