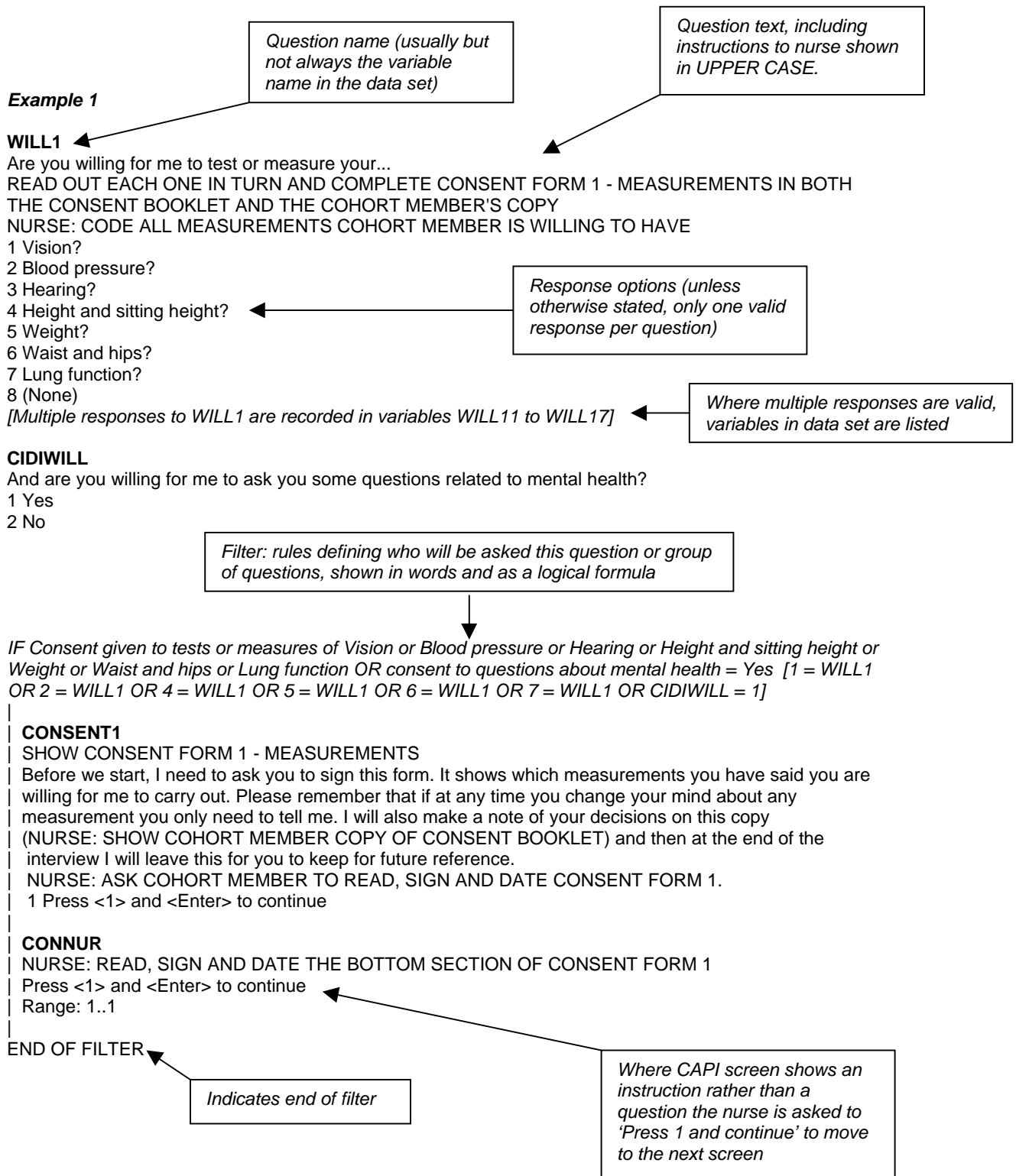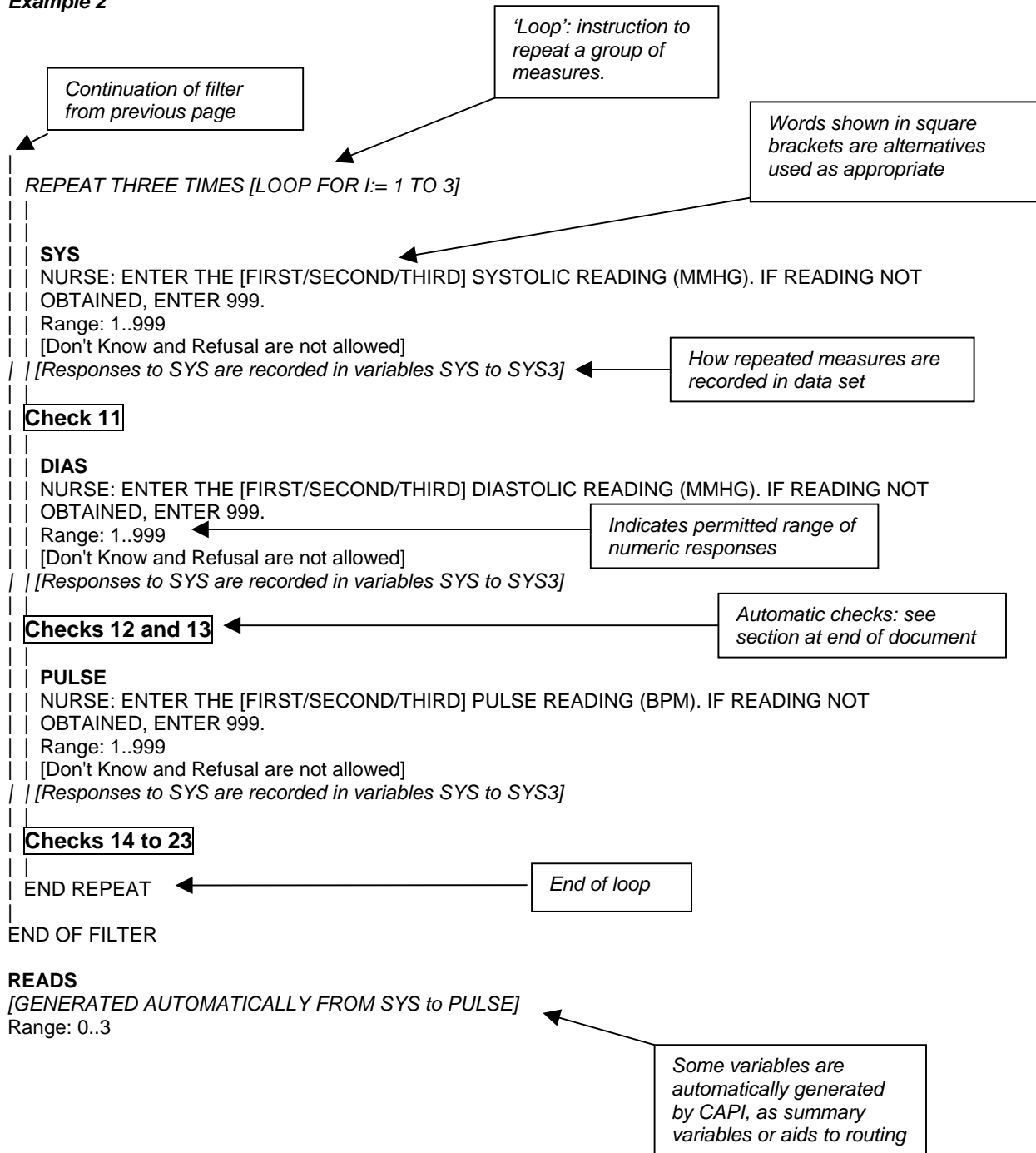## NCDS BIOMEDICAL SURVEY: CAPI QUESTIONNAIRE

Foreword

The interview was carried out by the research nurse as a computer-assisted personal interview (CAPI). The survey instrument was written as a computer program using BLAISE software. This is the documentation of the program. It shows the wording of questions, instructions to the nurse, routing (i.e. the rules which dictated the questions asked) and – at the end of the document – checks built into the program to ensure that data was entered correctly. The last include 'soft' checks, to remind nurses of procedures or signal improbable values, and 'hard' checks, which excluded values outside a pre-determined range or unacceptable combinations of response codes.

This is a record of the interview, rather than a guide to the archived data set. Variables derived as part of the CAPI program are included where these are essential parts of the output (e.g. summary variables based on several measurements) or are necessary to the routing of the questionnaire. Other variables in the data set, including variables produced as part of the editing process, are not shown.

Key to the document

Example 1

WILL1
Are you willing for me to test or measure your...
READ OUT EACH ONE IN TURN AND COMPLETE CONSENT FORM 1 - MEASUREMENTS IN BOTH
THE CONSENT BOOKLET AND THE COHORT MEMBER'S COPY
NURSE: CODE ALL MEASUREMENTS COHORT MEMBER IS WILLING TO HAVE
1 Vision?
2 Blood pressure?
3 Hearing?
4 Height and sitting height?
5 Weight?
6 Waist and hips?
7 Lung function?
8 (None)
[Multiple responses to WILL1 are recorded in variables WILL11 to WILL17]

CIDIWILL
And are you willing for me to ask you some questions related to mental health?
1 Yes
2 No

IF Consent given to tests or measures of Vision or Blood pressure or Hearing or Height and sitting height or Weight or Waist and hips or Lung function OR consent to questions about mental health = Yes [1 = WILL1 OR 2 = WILL1 OR 4 = WILL1 OR 5 = WILL1 OR 6 = WILL1 OR 7 = WILL1 OR CIDIWILL = 1]
|
| **CONSENT1**
| SHOW CONSENT FORM 1 - MEASUREMENTS
| Before we start, I need to ask you to sign this form. It shows which measurements you have said you are
| willing for me to carry out. Please remember that if at any time you change your mind about any
| measurement you only need to tell me. I will also make a note of your decisions on this copy
| (NURSE: SHOW COHORT MEMBER COPY OF CONSENT BOOKLET) and then at the end of the
| interview I will leave this for you to keep for future reference.
| NURSE: ASK COHORT MEMBER TO READ, SIGN AND DATE CONSENT FORM 1.
| 1 Press <1> and <Enter> to continue
|
| **CONNUR**
| NURSE: READ, SIGN AND DATE THE BOTTOM SECTION OF CONSENT FORM 1
| Press <1> and <Enter> to continue
| Range: 1..1
|
END OF FILTER

3

Example 2

'Loop': instruction to repeat a group of measures.

Continuation of filter from previous page

Words shown in square brackets are alternatives used as appropriate

```
|
|  REPEAT THREE TIMES [LOOP FOR I:= 1 TO 3]
| |
| |
| |  SYS
| |  NURSE: ENTER THE [FIRST/SECOND/THIRD] SYSTOLIC READING (MMHG). IF READING NOT
| |  OBTAINED, ENTER 999.
| |  Range: 1..999
| |  [Don't Know and Refusal are not allowed]
| | [Responses to SYS are recorded in variables SYS to SYS3]
| |
|  Check 11
| |
| |  DIAS
| |  NURSE: ENTER THE [FIRST/SECOND/THIRD] DIASTOLIC READING (MMHG). IF READING NOT
| |  OBTAINED, ENTER 999.
| |  Range: 1..999
| |  [Don't Know and Refusal are not allowed]
| | [Responses to SYS are recorded in variables SYS to SYS3]
| |
|  Checks 12 and 13
| |
| |  PULSE
| |  NURSE: ENTER THE [FIRST/SECOND/THIRD] PULSE READING (BPM). IF READING NOT
| |  OBTAINED, ENTER 999.
| |  Range: 1..999
| |  [Don't Know and Refusal are not allowed]
| | [Responses to SYS are recorded in variables SYS to SYS3]
| |
|  Checks 14 to 23
| |
|  END REPEAT
|
END OF FILTER
```

How repeated measures are recorded in data set

Indicates permitted range of numeric responses

Automatic checks: see section at end of document

End of loop

READS
[GENERATED AUTOMATICALLY FROM SYS to PULSE]
Range: 0..3

Some variables are automatically generated by CAPI, as summary variables or aids to routing

4

THE QUESTIONNAIRE

Introduction and consents

SERIAL
SERIAL NUMBER. JUST PRESS <ENTER>.
Range: 1..99997

MEASQ
Before we start the medical measurements, I would like to check that you have read the information which was sent to you in advance. There will be an opportunity later on to ask any questions about the blood and saliva samples, but in the meantime, do you have any questions at this stage about any of the other measurements?
IF PRIOR INFORMATION NOT RECEIVED OR READ, GIVE COHORT MEMBER COPIES OF RELEVANT DOCUMENTS AND TIME TO READ THEM.ANSWER ALL QUESTIONS FULLY AND CODE AS APPROPRIATE
1 No questions asked
2 Questions asked

WILL1
Are you willing for me to test or measure your...
READ OUT EACH ONE IN TURN AND COMPLETE CONSENT FORM 1 - MEASUREMENTS IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER'S COPY
NURSE: CODE ALL MEASUREMENTS COHORT MEMBER IS WILLING TO HAVE
1 Vision?
2 Blood pressure?
3 Hearing?
4 Height and sitting height?
5 Weight?
6 Waist and hips?
7 Lung function?
8 (None)
[Multiple responses to WILL1 are recorded in variables WILL11 to WILL17]

CIDIWILL
And are you willing for me to ask you some questions related to mental health?
1 Yes
2 No

IF Consent given to tests or measures of Vision or Blood pressure or Hearing or Height and sitting height or Weight or Waist and hips or Lung function OR consent to questions about mental health = Yes [1 = WILL1 OR 2 = WILL1 OR 4 = WILL1 OR 5 = WILL1 OR 6 = WILL1 OR 7 = WILL1 OR CIDIWILL = 1]

| **CONSENT1**
| SHOW CONSENT FORM 1 - MEASUREMENTS
| Before we start, I need to ask you to sign this form. It shows which measurements you have said you are
| willing for me to carry out. Please remember that if at any time you change your mind about any
| measurement you only need to tell me. I will also make a note of your decisions on this copy
| (NURSE: SHOW COHORT MEMBER COPY OF CONSENT BOOKLET) and then at the end of the
| interview I will leave this for you to keep for future reference.
| NURSE: ASK COHORT MEMBER TO READ, SIGN AND DATE CONSENT FORM 1.
| 1 Press <1> and <Enter> to continue
|

|
| **CONNUR**
| NURSE: READ, SIGN AND DATE THE BOTTOM SECTION OF CONSENT FORM 1
| Press <1> and <Enter> to continue
| Range: 1..1
|
END OF FILTER

THERM
NURSE: TAKE OUT THERMOMETER AND PLACE IT ON SUITABLE SURFACE
1 Continue

End of Introduction and consents module

Near and distance vision

IF consent for vision tests not given [NOT Vision1 = WILL1]

| **NOTWILLV**
| Earlier on you said that you didn't want your vision tested. Can you tell me why you said that
| or have you changed your mind since then?
| 1 Now willing to have test
| 2 Scared of equipment
| 3 Worried about the outcome
| 4 Other reason (specify at next question)
|
| *IF why consent for vision tests not given = Now willing to have test [NOTWILLV = 1]*
| |
| | **VISCON2**
| | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS
| | AND INITIAL THE CHANGE. Press <1> and <Enter> to continue.
| | Range: 1..1
| |
| END OF FILTER
|
| *IF why consent for vision tests not given = Other reason [NOTWILLV = 4]*
| |
| | **OTHREASV**
| | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | Open
| |
| END OF FILTER
|
| *IF why consent for vision tests not given = Scared of equipment, Worried about outcome, Other reason*
| *[NOTWILLV = 2, 3, 4]*
| |
| | **NOTESTV**
| | NURSE: NO VISION TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

IF consent to have vision tested [Vision1 = WILL1 OR NOTWILLV = 1]

| **VISIMP**
| The first of these measurements will be tests of your eyesight.
| IF THE COHORT MEMBER IS VISUALLY IMPAIRED, PLEASE CODE HERE. THIS WILL AFFECT
| THE WAY SOME OF THE EYE TESTS ARE CARRIED OUT. DO NOT INCLUDE
| BLIND IN ONE EYE
| 1 Yes, the cohort member seems to be visually impaired
| 2 No, the cohort member has no obvious signs of serious visual impairment
|
| **VISAIDS**
| First, I need to know, do you wear glasses, contact lenses or other visual aids at all. This applies to
| anything you use either for reading or close work, for everyday activities, or for specific things
| like driving, playing sport or watching TV?
| IF YES, CODE AND ASK COHORT MEMBER TO FETCH EVERYTHING THEY EVER
| WEAR, AS WELL AS ANY SPARE GLASSES IF CONTACT LENSES WORN
| 1 Yes
| 2 No
|

| *IF does cohort member wear glasses or contact lenses = Yes [VisAids = 1]*

| | **VISWEAR**
| | Can I check what you have? CODE ONE ONLY
| | 1 Distance glasses only
| | 2 Contact lenses only
| | 3 Distance glasses and contact lenses worn at different times
| | 4 Bifocals or varifocals
| | 5 Reading glasses only
| | 6 Separate distance glasses and reading glasses
| | 7 Reading glasses and contact lenses
| | 8 Distance glasses, and contact lenses and reading glasses all used
| |
| END OF FILTER

| **NVWEAR**
| First I'm going to check your near vision.
| IF RESPONDENT EVER WEARS GLASSES OR CONTACT LENSES, ASK: Please put on what you
| would normally wear for reading or close work. If you don't wear glasses specially for reading or close
| work, please wear your usual distance glasses or contact lenses, even if you don't always use them.
| CODE WHAT COHORT MEMBER IS WEARING FOR NEAR VISION TESTS.
| 1 no optical correction worn as none prescribed
| 2 distance glasses only
| 3 contact lenses only
| 4 reading glasses only
| 5 reading glasses with contact lenses
| 6 bifocals or varifocals
| 7 distance glasses, reading glasses not available
| 8 contact lenses, reading glasses not available
| 9 no optical correction worn as none available

Checks 1 and 2

| *IF cohort member is visually impaired = No [VisImp = 2]*

| | **VISNVIS1**
| | TEST NEAR VISION - BOTH EYES TOGETHER - USING NEAR VISION CHART. ASK COHORT
| | MEMBER TO HOLD CHART AT NORMAL READING DISTANCE. POINT TO STARTING LINE.
| | Can you read the four words underneath the line marked N5? (AWARE-EAVES-SEA-CREAM)
| | 1 Cohort member reads all words correctly
| | 2 Not all words read correctly
| |
| | *IF cohort member can read smallest line = No [VisNVis1 = 2]*
| | |
| | | **VISNVIS2**
| | | ASK RESPONDENT TO READ OUT THE SMALLEST COMPLETE LINE OF WORDS THEY CAN
| | | MANAGE. CODE SIZE.
| | | 1 N36 text for posters
| | | 2 N24 display and advertise clearly
| | | 3 N18 nose-one-cause-even
| | | 4 N14 were-crone-our-summer
| | | 5 N12 name-use-means-arose
| | | 6 N10 near-can-remove-sure
| | | 7 N8 crow-verse-see-renew
| | | 8 N6 assume-once-vane-sum
| | | 9 Cannot read any line
| | |
| | END OF FILTER
| |
| END OF FILTER
|

| *IF cohort member is visually impaired = Yes [VisImp = 1]*

| | **NVIMPAID**
| | CODE IF COHORT MEMBER IS USING VISUAL AIDS (MAGNIFIER) AS WELL
| | AS GLASSES AND/OR LENSES.
| | 1 Using additional visual aid
| | 2 Not using any additional visual aids

| | **NVIMP1**
| | TEST NEAR VISION - BOTH EYES TOGETHER - USING NEAR VISION CHART.
| | ASK COHORT MEMBER TO HOLD CHART AT NORMAL READING
| | DISTANCE. POINT TO STARTING LINE. Can you read the four words
| | underneath the line marked N36 near the top of the chart? (TEXT FOR POSTERS)
| | 1 Cohort member reads all words correctly
| | 2 Not all words read correctly

| | *IF cohort member can read largest line = Yes [NVImp1 = 1]*

| | | **NVIMP2**
| | | ASK RESPONDENT TO READ OUT THE SMALLEST COMPLETE LINE OF
| | | WORDS THEY CAN MANAGE. CODE SIZE.
| | | 1 N5 aware-eaves-sea-cream
| | | 2 N6 assume-once-vane-sum
| | | 3 N8 crow-verse-see-renew
| | | 4 N10 near-can-remove-sure
| | | 5 N12 name-use-means-arose
| | | 6 N14 were-crone-our-summer
| | | 7 N18 nose-one-cause-even
| | | 8 N24 display and advertise clearly
| | | 9 Cannot read any line

| | END OF FILTER

| END OF FILTER

| **VSTEREO**
| TEST STEREO VISION USING LANG CARD. HOLD CARD AT NORMAL
| READING DISTANCE. THE CARD MUST BE HELD UPRIGHT, PARALLEL TO
| EYES (SAME DISTANCE FROM EACH EYE). COHORT MEMBER MUST WEAR
| SAME LENSES OR GLASSES AS FOR THE FIRST TEST. What images can you see
| standing out on this card? Point to each one you can see and tell me what it is.
| CODE ALL THAT APPLY.
| 1 Star
| 2 Moon
| 3 Elephant
| 4 Car
| 5 Fourth image seen but not identified
| 6 No images correctly identified
| 7 Visually impaired: cannot see card
| *[Multiple responses to VSTEREO are recorded in variables VSTEREO1 to VSTEREO4]*

Checks 3 to 6

|
| **DVWEAR**
| Now I'm going to check your distance vision, that is how well you see things which are a bit further away.
| For this you need to wear the glasses or contact lenses you use for activities such as going out,
| driving or watching TV. CODE WHAT RESPONDENT WEARS FOR DISTANCE VISION TESTS|
| 1 No optical correction worn as none prescribed
| 2 distance glasses only
| 3 contact lenses only
| 4 bifocals or varifocals
| 5 no optical correction worn as none available
| 6 No optical correction worn for distance vision
|

Checks 7 and 8

|
| *IF cohort member is visually impaired = No [VisImp = 2]*
| |
| | **VISDVAR1**
| | TEST DISTANCE VISION, USING TESTING BOOKLET. TEST RIGHT EYE
| | FIRST.ASK COHORT MEMBER TO COVER LEFT EYE WITH OCCLUDER.
| | MEASURE 1.5 METRES BETWEEN EYE AND TESTING BOOKLET, AND MARK
| | DISTANCE. CODE '1' TO CONTINUE.
| | 1 CONTINUE
| |
| | **VISDVAR2**
| | SHOW COHORT MEMBER 6/3 PAGE. Can you read the letters on this page?
| | 1 Cohort member reads all letters correctly
| | 2 Not all letters read correctly
| |
| | *IF cohort member can read letters on 6/3 page (right eye) = No [VisDVAR2 = 2]*
| | |
| | | **VISDVAR3**
| | | CONTINUE TESTING RIGHT EYE UNTIL COHORT MEMBER CAN READ A
| | | COMPLETE LINE OF LETTERS. CODE SIZE OF LINE COMPLETED.
| | | 01 6/3.75
| | | 02 6/5
| | | 03 6/6
| | | 04 6/7.5
| | | 05 6/9.5
| | | 06 6/12
| | | 07 6/15
| | | 08 6/19
| | | 09 6/24
| | | 10 6/30
| | | 11 6/38
| | | 12 Cannot read any line
| | |
| | | **VISDVAR4**
| | | TEST RIGHT EYE USING PINHOLE. (KEEP GLASSES ON.) ASK COHORT MEMBER TO HOLD
| | | OCCLUDER OVER NOSE, COVERING LEFT EYE AND LOOKING THROUGH THE PINHOLE
| | | WITH RIGHT EYE. CODE '1' TO CONTINUE.
| | | 1 Continue
| | |
| | | **VISDVAR5**
| | | SHOW COHORT MEMBER 6/3 PAGE. Can you read the letters on this page?
| | | 1 Cohort member reads all letters correctly
| | | 2 Not all letters read correctly
| | |

| | |
| | | *IF cohort member can read letters on 6/3 page through pinhole (right eye) = No [VisDVAR5 = 2]*
| | | |
| | | | **VISDVAR6**
| | | | CONTINUE TESTING RIGHT EYE UNTIL COHORT MEMBER CAN READ
| | | | A COMPLETE LINE OF LETTERS. CODE SIZE.
| | | | 01 6/3.75
| | | | 02 6/5
| | | | 03 6/6
| | | | 04 6/7.5
| | | | 05 6/9.5
| | | | 06 6/12
| | | | 07 6/15
| | | | 08 6/19
| | | | 09 6/24
| | | | 10 6/30
| | | | 11 6/38
| | | | 12 Cannot read any line
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| | **VISDVAL1**
| | TEST LEFT EYE. ASK COHORT MEMBER TO COVER RIGHT EYE WITH
| | OCCLUDER. CODE '1' TO CONTINUE.
| | 1 Continue
| |
| | **VISDVAL2**
| | SHOW COHORT MEMBER 6/3 PAGE. Can you read the letters on this page?
| | 1 Cohort member reads all letters correctly
| | 2 Not all letters read correctly
| |
| | *IF cohort member can read letters on 6/3 page (left eye) = No [VisDVAL2 = 2]*
| | |
| | | **VISDVAL3**
| | | CONTINUE TESTING LEFT EYE UNTIL COHORT MEMBER CAN READ A
| | | COMPLETE LINE OF LETTERS. CODE SIZE.
| | | 01 6/3.75
| | | 02 6/5
| | | 03 6/6
| | | 04 6/7.5
| | | 05 6/9.5
| | | 06 6/12
| | | 07 6/15
| | | 08 6/19
| | | 09 6/24
| | | 10 6/30
| | | 11 6/38
| | | 12 Cannot read any line
| | |
| | | **VISDVAL4**
| | | TEST LEFT EYE USING PINHOLE. (KEEP GLASSES ON.) ASK COHORT
| | | MEMBER TO HOLD OCCLUDER OVER NOSE, COVERING RIGHT EYE AND
| | | LOOKING THROUGH THE PINHOLE WITH LEFT EYE. CODE '1' TO
| | | CONTINUE.
| | | 1 Continue
| | |

| | | **VISDVAL5**
| | | SHOW COHORT MEMBER 6/3 PAGE.Can you read the letters on this page?
| | | 1 Cohort member reads all letters correctly
| | | 2 Not all letters read correctly
| | |
| | | *IF cohort member can read letters on 6/3 page through pinhole (left eye) = No [VisDVAL5 = 2]*
| | | |
| | | | **VISDVAL6**
| | | | CONTINUE TESTING LEFT EYE UNTIL COHORT MEMBER CAN READ A
| | | | COMPLETE LINE OF LETTERS. CODE SIZE.
| | | | 01 6/3.75
| | | | 02 6/5
| | | | 03 6/6
| | | | 04 6/7.5
| | | | 05 6/9.5
| | | | 06 6/12
| | | | 07 6/15
| | | | 08 6/19
| | | | 09 6/24
| | | | 10 6/30
| | | | 11 6/38
| | | | 12 Cannot read any line
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF cohort member is visually impaired = Yes [VisImp = 1]*
| |
| | **DVIMPAID**
| | CODE IF COHORT MEMBER IS USING VISUAL AIDS FOR DISTANCE VISION
| | TESTS AS WELL AS GLASSES AND/OR LENSES.
| | 1 Using additional visual aid
| | 2 Not using any additional visual aids
| |
| | **VIMPR1**
| | TEST DISTANCE VISION, USING TESTING BOOKLET. TEST RIGHT EYE FIRST.
| | ASK COHORT MEMBER TO COVER LEFT EYE WITH OCCLUDER. MEASURE
| | 1.5 METRES BETWEEN EYE AND TESTING BOOKLET. CODE '1' TO CONTINUE.
| | 1 Continue
| |
| | **VIMPR2**
| | SHOW COHORT MEMBER 6/38 PAGE.Can you read the letters on this page?
| | 1 Cohort member reads all letters correctly
| | 2 Not all letters read correctly
| |

| |
| | *IF cohort member can read letters on 6/38 page (right eye) = Yes [VImpR2 = 1]*
| | |
| | | **VIMPR3**
| | | CONTINUE TESTING RIGHT EYE TO FIND SMALLEST COMPLETE LINE OF LETTERS
| | | THAT RESPONDENT CAN READ. CODE SIZE OF SMALLEST LINE COMPLETED.
| | | 01 6/30
| | | 02 6/24
| | | 03 6/19
| | | 04 6/15
| | | 05 6/12
| | | 06 6/9.5
| | | 07 6/7.5
| | | 08 6/6
| | | 09 6/5
| | | 10 6/3.75
| | | 11 6/3
| | |
| | | *IF smallest line cohort member can read is between 6/30 and 6/3.75 (right eye) [VImpR3 <> 11]*
| | | |
| | | | **VIMPR4**
| | | | TEST RIGHT EYE USING PINHOLE. ASK COHORT MEMBER TO LOOK THROUGH
| | | | PINHOLE CARD, AND COVER LEFT EYE. MEASURE 1.5 METRES BETWEEN EYE AND
| | | | TESTING BOOKLET. CODE '1' TO CONTINUE.
| | | | 1 Continue
| | | |
| | | | **VIMPR5**
| | | | START WITH SMALLEST PAGE CORRECTLY READ. Can you read the letters on this page?
| | | | 1 Cohort member reads all letters correctly
| | | | 2 Not all letters read correctly
| | | |
| | | | *IF cohort member can read letters on page through pinhole (right eye) = Yes [VImpR5 = 1]*
| | | | |
| | | | | **VIMPR6**
| | | | | CONTINUE TESTING RIGHT EYE WITH PINHOLE TO FIND SMALLEST
| | | | | COMPLETE LINE OF LETTERS THAT RESPONDENT CAN READ.CODE
| | | | | SIZE OF SMALLEST LINE COMPLETED.
| | | | | 01 6/30
| | | | | 02 6/24
| | | | | 03 6/19
| | | | | 04 6/15
| | | | | 05 6/12
| | | | | 06 6/9.5
| | | | | 07 6/7.5
| | | | | 08 6/6
| | | | | 09 6/5
| | | | | 10 6/3.75
| | | | | 11 6/3
| | | | |
| | | | | END OF FILTER
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |

| | *IF cohort member can read letters on 6/38 page (right eye) = No [VImpR2 = 2]*

| | | **VIMPR7**
| | | I'm going to hold up some fingers and ask you to count how many you can see.
| | | HOLD UP THREE FINGERS, THEN FIVE FINGERS THEN ONE FINGER. EACH
| | | TIME ASK: How many fingers am I holding up? CODE.
| | | 1 All three times counted correctly
| | | 2 Some but not all three counted correctly
| | | 3 None counted correctly

| | | *IF how many times did cohort member count fingers correctly (right eye) = None [VimpR7 = 3]*

| | | | **VIMPR8**
| | | | Can you see light with your right eye?
| | | | 1 Yes
| | | | 2 No

| | | END OF FILTER

| | END OF FILTER

| | **VIMPL1**
| | NOW TEST THE LEFT EYE. ASK COHORT MEMBER TO COVER RIGHT EYE
| | WITH OCCLUDER. MEASURE 1.5 METRES BETWEEN EYE AND TESTING
| | BOOKLET. CODE '1' TO CONTINUE.
| | 1 Continue

| | **VIMPL2**
| | SHOW COHORT MEMBER 6/38 PAGE.Can you read the letters on this page?
| | 1 Cohort member reads all letters correctly
| | 2 Not all letters read correctly

| | *IF cohort member can read letters on 6/38 page (left eye) = Yes [VImpL2 = 1]*

| | | **VIMPL3**
| | | CONTINUE TESTING LEFT EYE TO FIND SMALLEST COMPLETE LINE OF
| | | LETTERS THAT RESPONDENT CAN READ. CODE SIZE OF SMALLEST LINE
| | | COMPLETED.
| | | 01 6/30
| | | 02 6/24
| | | 03 6/19
| | | 04 6/15
| | | 05 6/12
| | | 06 6/9.5
| | | 07 6/7.5
| | | 08 6/6
| | | 09 6/5
| | | 10 6/3.75
| | | 11 6/3

| | | *IF smallest line cohort member can read is between 6/30 and 6/3.75 (left eye) [VImpL3 <> 11]*

| | | | **VIMPL4**
| | | | TEST LEFT EYE USING PINHOLE. ASK COHORT MEMBER TO LOOK THROUGH PINHOLE
| | | | CARD, AND COVER RIGHT EYE. MEASURE 1.5 METRES BETWEEN EYE
| | | | AND TESTING BOOKLET. CODE '1' TO CONTINUE.
| | | | 1 Continue

| | | |
| | | | **VIMPL5**
| | | | START WITH SMALLEST PAGE CORRECTLY READ. Can you read the letters on this page?
| | | | 1 Cohort member reads all letters correctly
| | | | 2 Not all letters read correctly
| | | |
| | | | *IF cohort member can read letters on page through pinhole (left eye) = Yes [VImpL5 = 1]*
| | | | |
| | | | | **VIMPL6**
| | | | | CONTINUE TESTING LEFT EYE WITH PINHOLE TO FIND SMALLEST
| | | | | COMPLETE LINE OF LETTERS THAT RESPONDENT CAN READ.CODE
| | | | | SIZE OF SMALLEST LINE COMPLETED.
| | | | | 01 6/30
| | | | | 02 6/24
| | | | | 03 6/19
| | | | | 04 6/15
| | | | | 05 6/12
| | | | | 06 6/9.5
| | | | | 07 6/7.5
| | | | | 08 6/6
| | | | | 09 6/5
| | | | | 10 6/3.75
| | | | | 11 6/3
| | | | |
| | | | END OF FILTER
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| | *IF cohort member can read letters on 6/38 page (left eye) = No [VImpL2 = 2]*
| | |
| | | **VIMPL7**
| | | I'm going to hold up some fingers and ask you to count how many you can see.
| | | HOLD UP THREE FINGERS, THEN FIVE FINGERS, THEN ONE FINGER.
| | | EACH TIME ASK: How many fingers am I holding up? CODE.
| | | 1 All three times counted correctly
| | | 2 Some but not all three counted correctly
| | | 3 None counted correctly
| | |
| | | *IF how many times did cohort member count fingers correctly (left eye) = None [VimpL7 = 3]*
| | | |
| | | | **VIMPL8**
| | | | Can you see light with your left eye?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| END OF FILTER
|

|
| *IF glasses worn for near vision tests = Distance glasses only or Bifocals or varifocals OR glasses*
| *worn for distance vision tests = Distance glasses only or Bifocals or varifocals*
| *[NVWear = 2, 6 OR DVWear = 2, 4]*
| |
| | **VCROSS1**
| | May I quickly look at your distance glasses?
| | 1 Cohort member agrees
| | 2 Cohort member refuses
| |
| END OF FILTER
|
| *IF glasses worn for near vision tests = Contact lenses only or Reading glasses with contact lenses OR*
| *glasses worn for distance vision tests = Contact lenses [NVWear = 3, 5 OR DVWear = 3]*
| |
| | **HASSPARE**
| | Do you have spare glasses that you can use for distance work. Can I have a look at
| | them? INCLUDE BIFOCALS DO NOT USE READING GLASSES
| | 1 Cohort member agrees
| | 2 Cohort member refuses
| | 3 Cohort member does not have spare glasses
| |
| END OF FILTER
|
| *IF look at distance glasses = Agree OR look at spare glasses = Agree [VCross1 = 1 OR HasSpare = 1]*
| |
| | **VCROSSR**
| | HOLD GLASSES FACING YOU, WITH EAR PIECES POINTING TOWARDS +.
| | LOOK AT + THROUGH WEARER'S RIGHT LENS - THE LENS TO YOUR LEFT.
| | (IF BIFOCALS OR VARIFOCALS LOOK THROUGH TOP HALF OF LENS.) DOES + LOOK BIGGER,
| | SMALLER OR THE SAME? IT DOES NOT MATTER IF IT IS DISTORTED
| | 1 Bigger
| | 2 Smaller
| | 3 The same
| | 4 Can't tell
| |
| | **VCROSSL**
| | LOOK AT + THROUGH WEARER'S LEFT LENS - THE LENS TO YOUR RIGHT. LOOK AT THE
| | CROSS IN THE RECORD FORM. DOES IT LOOK BIGGER, SMALLER OR THE SAME?
| | 1 Bigger
| | 2 Smaller
| | 3 The same
| | 4 Can't tell
| |
| | **VCROSEND**
| | RETURN GLASSES. COHORT MEMBER MAY PUT THEM BACK ON
| | CODE '1'TO CONTINUE.
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

End of Near and distance vision module

Blood pressure

IF consent for blood pressure tests not given [NOT BP = WILL1]
|
| **NOTWILBP**
| Earlier on you said that you didn't want your blood pressure tested. Can you tell me
| why you said that or have you changed your mind since then?
| 1 Now willing to have test
| 2 Scared of equipment
| 3 Worried about the outcome
| 4 Other reason (specify at next question)
|
| *IF why consent for blood pressure tests not given = Now willing to have test [NOTWILBP = 1]*
| |
| | **BPCON2**
| | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS
| | AND INITIAL THE CHANGE. Press <1> and <Enter> to continue.
| | Range: 1..1
| |
| END OF FILTER
|
| *IF why consent for blood pressure tests not given = Other reason [NOTWILBP = 4]*
| |
| | **OTHREABP**
| | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | Open
| |
| END OF FILTER
|
| *IF why consent for blood pressure tests not given = Scared of equipment, Worried about outcome, Other*
| *reason [NOTWILBP = 2 , 3, 4]*
| |
| | **NOTESTBP**
| | NURSE: NO BLOOD PRESSURE TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

IF consent to have blood pressure tested [BP = WILL1 OR NOTWILBP = 1]
|
| **BPMOD**
| NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.
| Now I would like to measure your blood pressure. Before we start there are just one or two questions I
| need to ask you.
| PRESS <1> AND <ENTER> TO CONTINUE.
| Range: 1..1
|
| **CONSUBX**
| May I just check, have you eaten, smoked, drunk alcohol or done any
| vigorous exercise in the last 30 minutes? CODE ALL THAT APPLY.
| 1 Eaten
| 2 Smoked
| 3 Drunk alcohol
| 4 Done vigorous exercise
| 5 (None of these)
| *[Multiple responses to CONSUBX are recorded in variables CONSUBX1 to CONSUBX3]*
|

Check 9

END OF FILTER

IF cohort member's sex = Female [PSEX = 2]

| **PREGNTJ**
| Can I check, are you pregnant at the moment?
| 1 Yes
| 2 No
|
END OF FILTER

NCPREGJ
[GENERATED AUTOMATICALLY FROM PREGNTJ]
1 Pregnant
2 Not pregnant

IF cohort member pregnant = Yes [PREGNTJ = 1]

| **PREGMES**
| NURSE: COHORT MEMBER IS PREGNANT. NO BLOOD PRESSURE/WEIGHT/WAIST AND HIP
| CIRCUMFERENCES/LUNG FUNCTION MEASUREMENTS TO BE TAKEN
| ENTER '1' TO CONTINUE
| Range: 1..1
|
END OF FILTER

IF consent to have blood pressure AND not pregnant [BP = WILL1 OR NOTWILBP = 1 AND NCPREGJ = 2]

| **AIRTEMP**
| NURSE: RECORD THE AMBIENT AIR TEMPERATURE. ENTER THE
| TEMPERATURE IN CENTIGRADE.
| Range: 0..40
|
Check 10

| **OMRONNO**
| NURSE: PLEASE RECORD THE OMRON SERIAL NUMBER.
| Range: 1..80
|
| **CUFSIZE**
| (NURSE: MEASURE CM'S LEFT ARM.) SELECT LARGE CUFF IF ARM
| CIRCUMFERENCE IS 32CM OR MORE. RECORD CUFF SIZE CHOSEN.
| 1 Standard (22-32 cm)
| 2 Extra large (32-42 cm)
|
| *REPEAT THREE TIMES [LOOP FOR I:= 1 TO 3]*
| |
| |
| | **SYS**
| | NURSE: ENTER THE [FIRST/SECOND/THIRD] SYSTOLIC READING (MMHG). IF READING NOT
| | OBTAINED, ENTER 999.
| | Range: 1..999
| | [Don't Know and Refusal are not allowed]
| | *[Responses to SYS are recorded in variables SYS to SYS3]*
| |
| ## Check 11
| |

| |
| | **DIAS**
| | NURSE: ENTER THE [FIRST/SECOND/THIRD] DIASTOLIC READING (MMHG). IF READING NOT
| | OBTAINED, ENTER 999.
| | Range: 1..999
| | [Don't Know and Refusal are not allowed]
| | [Responses to DIAS are recorded in variables DIAS to DIAS3]
| |
| **Checks 12 and 13**
| |
| | **PULSE**
| | NURSE: ENTER THE [FIRST/SECOND/THIRD] PULSE READING (BPM). IF READING NOT
| | OBTAINED, ENTER 999.
| | Range: 1..999
| | [Don't Know and Refusal are not allowed]
| | [Responses to PULSE are recorded in variables PULSE to PULSE3]
| |
| **Checks 14 to 23**
| |
| END REPEAT
|
END OF FILTER

READS
[GENERATED AUTOMATICALLY FROM SYS to PULSE]
Range: 0..3

IF no blood pressure readings taken [QBPress.Reads = 0]
|
| **YNOBP**
| NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS.
| 1 Blood pressure measurement attempted but not obtained
| 2 Blood pressure measurement not attempted
| 3 Blood pressure measurement refused
|
END OF FILTER

IF pregnant = Pregnant [NCPREGJ = 1]
|
| **NOBP**
| CM IS PREGNANT - NO BLOOD PRESSURE TO BE TAKEN
| PRESS '1' TO CONTINUE
| 1 Continue
|
END OF FILTER

RESPSBP
[GENERATED AUTOMATICALLY FROM READS AND YNOBP]
How many blood pressure measures recorded.
1 Three
2 Two
3 One
4 Tried
5 No try
6 Refused

*IF not pregnant AND three blood pressure measures not recorded OR why no blood pressure measures
taken = Attempted but not obtained, Not attempted, Refused OR why consent for blood pressure tests not
given = Scared of equipment, Worried about outcome, Other reason [NCPREGJ = 2 AND RespBPS = 2 , 3,
4, 5, 6 OR YNoBP = RESPONSE OR NOTWILBP = 2 , 3, 4]*
|
| **NATTBPD**
| NURSE: RECORD WHY MEASUREMENT REFUSED/NOT OBTAINED/NOT ATTEMPTED
| CODE ALL THAT APPLY.
| 1 Problems with PC
| 2 Cohort member upset/anxious/nervous
| 3 Error reading
| 4 Other reason(s) (specify at next question)
| 5 Problems with Cuff fitting/painful
| 6 Problems with Omron readings (zeros, no readings)
| *[Multiple responses to NATTBPD are recorded in variables NATTBP1 to NATTBP4]*
|
END OF FILTER

IF Reason why measurement not obtained = Other reason [Other = NAttBPD]
|
| **OTHNBP**
| NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE
| BP READINGS.
| String140
|
END OF FILTER

IF how many blood pressure measurements = One, Two, Three [RespBPS = 3, 2, 1]
|
| **BPOFFER**
| NURSE: OFFER BLOOD PRESSURE RESULTS TO COHORT MEMBER.
| *[ALL THREE READINGS FOR SYSTOLIC BP, DIASTOLIC BP, PULSE SHOWN ON SCREEN*]
| ENTER THESE ON [COHORT MEMBER'S NAME]'S MEASUREMENT RECORD CARD
| (COMPLETE NEW RECORD CARD IF REQUIRED).
| *[INSTRUCTION TO NURSE TO TICK BOX ON MEASUREMENT RECORD CARD AND GIVE*
| *APPROPRIATE FEEDBACK – SEE BOX BELOW]*
| Press <1> and <Enter> to continue.
| String1
|
END OF FILTER

SYSRES1
[AUTOMATICALLY CALCULATED]
Systolic reading – blood pressure

SYSRES2
[AUTOMATICALLY CALCULATED]
Systolic reading – blood pressure

SYSRES3
[AUTOMATICALLY CALCULATED]
Systolic reading – blood pressure

DIASRES1
[AUTOMATICALLY CALCULATED]
Diastolic reading – blood pressure

DIASRES2
[AUTOMATICALLY CALCULATED]
Diastolic reading – blood pressure

DIASRES3
[AUTOMATICALLY CALCULATED]
Diastolic reading – blood pressure

PULSRES1
[AUTOMATICALLY CALCULATED]
Pulse reading – blood pressure

PULSRES2
[AUTOMATICALLY CALCULATED]
Pulse reading – blood pressure

PULSRES3
[AUTOMATICALLY CALCULATED]
Pulse reading – blood pressure

INSTRUCTIONS FOR NURSE FEEDBACK IN BPOFFER IN ORDER OF PRIORITY
IF SECOND OR THIRD SYSTOLIC BP MEASURE>179 OR SECOND OR THIRD DIASTOLIC BP
MEASURE>114
"Tick the considerably raised box and read out
'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 strongly advised to visit your GP within 5 days to see whether this is a once-off finding or not.'"

IF SECOND OR THIRD SYSTOLIC BP MEASURE BETWEEN 160 AND 179 OR SECOND OR THIRD
DIASTOLIC BP MEASURE BETWEEN 100 AND 114
 "Tick the moderately raised box and read out
'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 see whether this is a once-off finding or not.'"

IF SECOND OR THIRD SYSTOLIC BP MEASURE BETWEEN 140 AND 159 OR SECOND OR THIRD
DIASTOLIC BP MEASURE BETWEEN 85 AND 99
 "Tick the mildly raised box and read out
'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 see whether this is a once-off finding or not.'"

IF BOTH SECOND AND THIRD SYSTOLIC BP MEASURE BELOW 140 AND BOTH SECOND AND THIRD
DIASTOLIC BP MEASURE BELOW 85
"Tick the normal box and read out
'Your blood pressure is normal.'"

End of Blood pressure module

Prescribed medicines and self-completion booklet

MEDCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections
prescribed for you by a doctor or nurse?
1 Yes
2 No

IF taking or using any medicines = Yes [MedCNJD = 1]
|
| **MEDINTRO**
| Could I take down the names of the medicines, including pills, syrups, ointments,
| puffers or injections, prescribed for you by a doctor?
| ENTER '1' TO CONTINUE.
| Range: 1..1
|
| *REPEAT UP TO 22 TIMES [LOOP FOR i:= 1 TO 22]*
| |
| | *IF take the names of the medicines = 1 OR any more drugs to enter = Yes*
| | *[i = 1 OR Medicini - 1.MedBIC= Yes]*
| | |
| | | **MEDBI**
| | | NURSE: ENTER NAME OF DRUG NO. [].ASK IF YOU CAN SEE
| | | THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING
| | | TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.
| | | String50
| | | *[Responses to MEDBI are recorded in variables MEDBI1 to MEDBI22]*
| | |
| | | **MEDBIA**
| | | Have you taken/used [name of medicine] in the last 7 days?
| | | 1 Yes
| | | 2 No
| | | *[Responses to MEDBIA are recorded in variables MEDBIA1 to MEDBIA22]*
| | |
| | | **MEDBIC**
| | | NURSE CHECK: Any more drugs to enter?
| | | 1 Yes
| | | 2 No
| | | [Don't Know and Refusal are not allowed]
| | |
| | END OF FILTER
| |
| END OF LOOP
|
END OF FILTER

DRC1 to DRC22
[ENTERED BY NURSE POST-INTERVIEW]
British National Formulary (BNF) code of drug.

VISSCIN
GET OUT LILAC SELF-COMPLETION BOOKLET. WRITE ON SERIAL NUMBER/ATTACH BARCODE.
From time to time throughout the interview there will be moments when I have to get things out or put them away. In these spare moments it would be helpful if you would agree to answer the questions in this booklet.
1 agreed to do self-completion booklet
2 refused to do self-completion booklet

End of Prescribed medicines and self-completion booklet module

Hearing

IF consent for hearing tests not given [NOT Hear = WILL1]

| **NOTWILLH**
| Earlier on you said that you didn't want your hearing tested. Can you tell me why
| you said that or have you changed your mind since then?
| 1 Now willing to have test
| 2 Scared of equipment
| 3 Worried about the outcome
| 4 Other reason (specify at next question)
|
| *IF why consent for hearing tests not given = Now willing to have test [NOTWILLH = 1]*
| |
| | **AUDCON2**
| | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS
| | AND INITIAL THE CHANGE. Press <1> and <Enter> to continue.
| | Range: 1..1
| |
| END OF FILTER
|
| *IF why consent for hearing tests not given = Other reason [NOTWILLH = 4]*
| |
| | **OTHREASH**
| | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | Open
| |
| END OF FILTER
|
| *IF why consent for hearing tests not given = Scared of equipment, Worried about outcome, Other reason*
| *[NOTWILLH = 2 , 3, 4]*
| |
| | **NOTESTH**
| | NURSE: NO HEARING TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

IF consent to have hearing tested [Hear = WILL1 OR NOTWILLH = 1]

| **AUDCHK**
| NOW FOLLOWS THE AUDIOMETRY MODULE.CHECK BATTERY AND BOTH EARCUPS.
| SET AUDIOMETER TO 30dB AT 1kHz. NURSE: CONDUCT CHECK USING YOUR OWN EARS.
| 1 Audiometer working
| 2 Audiometer not working
| [Don't Know and Refusal are not allowed]
|
| *IF audiometer check = Audiometer not working [AudChk = 2]*
| |
| | **CHKLEAD**
| | NURSE: CHECK THAT THE LEADS ARE ATTACHEED CORRECTLY AND FIRMLY.
| | IF STILL NOT WORKING, PHONE OFFICE FOR A REPLACEMENT BEFORE NEXT INTERVIEW
| | 1 Audiometer working
| | 2 Audiometer not working
| |
| END OF FILTER
|

| **AUDSN**
| ENTER SERIAL NUMBER OF AUDIOMETER.
| Range: 1..99
| [Don't Know and Refusal are not allowed]
|
| **HEARAID**
| Can I check, nowadays, do you usually wear a hearing aid? IF YES: Do you wear it
| all or most of the time or just some of the time?
| 1 Yes, all/most of the time
| 2 Yes, some of the time
| 3 No
|
| *IF does cohort member wear hearing aid = All of the time, Some of the time [HearAid = 1 , 2]*
| |
| | **HAIDON**
| | Are you wearing a hearing aid at the moment?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| **TINNANY**
| Nowadays, do you ever get noises in your head or ears which usually last longer than
| five minutes at a time, known as tinnitus?
| 1 No never
| 2 Some of the time
| 3 All of the time
|
| *IF does cohort member have tinnitus = Some of the time, All of the time [TinnAny = 2 , 3]*
| |
| | **TINNNOW**
| | At the moment are you hearing any noises in your head or ears?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| **GOODEAR**
| Would you say that your hearing is better in your left ear or your right ear, or is there
| no difference as far as you can say?
| 1 Left
| 2 Right
| 3 No difference/don't know
|
| **AUTESTIN**
| I am going to test your hearing by measuring the faintest sounds you can hear. I will play you two different
| tones in each ear, and with each tone, I will play it at different levels of loudness and softness.
| As soon as you hear a sound, raise your finger. Keep it raised as long as you can hear the sound,
| no matter which ear you hear it in. Put your finger down when you cannot hear the sound.
| It is important that you keep as quiet as possible, in order to hear the quietest tones. Even if the sound is
| very faint, and no matter which ear it is in, raise your finger. It will help if you breathe quietly through your
| mouth. No matter how faint the sound you hear, raise your finger when you think you can hear it
| and lower your finger when you can't hear the sound any longer.
| CHECK THAT RESPONDENT IS NOT WEARING HEARING AID, SPECTACLES, EARRINGS.
| PUSH LOOSE HAIR BEHIND EARS. FIT EARCUPS SNUGLY, RED ON RIGHT, BLUE ON LEFT.
| ENTER '1' TO CONTINUE.
| 1 Continue
|

| **LEADEAR**
| TEST LEAD EAR FIRST IE [LEFT/RIGHT] EAR.CODE WHICH EAR TESTED FIRST.
| 1 Left
| 2 Right
| [Don't Know and Refusal are not allowed]
|
| *IF audiometer check = Audiometer working OR audiometer second check = Audiometer working*
| *[AudChk = 1 OR ChkLead = 1]*
| |
| | *DO FOR BOTH EARS*
| | |
| | | **AUDEARA**
| | | NURSE:CODE [FIRST/SECOND] EAR AT 1 KHZ. ENTER VALUE BETWEEN -10 AND 100
| | | IF MEASURE NOT OBTAINED CODE '999'
| | | Range: -10..999
| | | [Don't Know and Refusal are not allowed]
| | |
| | **Checks 24 and 25**
| | |
| | | **AUDEARC**
| | | NURSE:CODE FIRST/SECOND] EAR AT 4 KHZ. ENTER VALUE BETWEEN -10 AND 100
| | | IF MEASURE NOT OBTAINED CODE '999'
| | | Range: -10..999
| | | [Don't Know and Refusal are not allowed]
| | |
| | **Checks 26 and 27**
| | |
| | END OF FILTER
| |
| | **AUDALL**
| | CODE WHETHER ALL MEASUREMENTS COMPLETED.
| | 1 All measurements completed
| | 2 Some measurements completed, not all
| | 3 No measures completed
| | [Don't Know and Refusal are not allowed]
| |
| END OF FILTER
|
| *IF how many measurements completed = Some measurements completed, No measures completed*
| *[AudAll = 2 , 3]*
| |
| | **AUDNALL**
| | REASONS WHY NOT ALL MEASUREMENTS COMPLETED.CODE ALL THAT APPLY
| | 1 Cohort member uncomfortable
| | 2 Too much background noise
| | 3 Cohort member did not sit still
| | 4 Other
| | [Don't Know and Refusal are not allowed]
| |
| | *IF why not all measurements completed = Other [AudNAll = 4]*
| | |
| | | **AUDNAOTH**
| | | WRITE IN REASON
| | | String60
| | |
| | END OF FILTER
| |
| END OF FILTER
|

| **AUDNOISE**
| CODE LEVEL OF BACKGROUND NOISE.
| 1 Background noise at acceptable level for test
| 2 Background noise distracting
| [Don't Know and Refusal are not allowed]
|
END OF FILTER

IF why consent for hearing tests not given = Scared of equipment, Worried about outcome, Other reason [NOTWILLH = 2 , 3, 4]

| **AUDNOT**
| CODE WHY TEST NOT ATTEMPTED.
| 1 Equipment not working
| 2 Cohort member has ear infection
| 3 Too much noise/distraction
| 4 Other
| [Don't Know and Refusal are not allowed]
|
| *IF reason why test not attempted = Other [AudNot = 4]*
| |
| | **AUDNOTH**
| | WRITE IN REASON
| | String60
| |
| END OF FILTER
|
END OF FILTER

IF consent to have hearing tested [Hear = WILL1 OR NOTWILLH = 1]

| **AUDSCIN**
| Thank you. That is the end of the hearing tests. While I am putting away this equipment and preparing for
| the next set of measurements please continue with the paper questionnaire
| 1 CONTINUE
|
END OF FILTER

AUD1RES1
[AUTOMATICALLY CALCULATED]
Hearing threshold measure/result at 1KH

AUD1RES2
[AUTOMATICALLY CALCULATED]
Hearing threshold measure/result at 1KH

AUD4RES1
[AUTOMATICALLY CALCULATED]
Hearing threshold measure/result at 4KH

AUD4RES2
[AUTOMATICALLY CALCULATED]
Hearing threshold measure/result at 4KH

End of Hearing module

Height and sitting height

IF consent for height measurement not given [NOT Ht = WILL1]

| **NOTWILHT**
| Earlier on you said that you didn't want your height tested. Can you tell me why you
| said that or have you changed your mind since then?
| 1 Now willing to have test
| 2 Height already known/measured before
| 3 Other reason (specify at next question)
|

Check 28

| *IF why consent for height measurement not given = Now willing to have test [NOTWILHT = 1]*
| |
| | **HTCON2**
| | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS AND INITIAL
| | THE CHANGE. Press <1> and <Enter> to continue.
| | Range: 1..1
| |
| END OF FILTER
|
| *IF why consent for height measurement not given = Other reason [NOTWILHT = 3]*
| |
| | **OTHREASH**
| | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | Open
| |
| END OF FILTER
|
| *IF why consent for height measurement not given = Height already known, Other reason*
| *[NOTWILHT = 2 , 3]*
| |
| | **NOTESTHT**
| | NURSE: NO HEIGHT TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

IF consent to have height measured [Ht = WILL1 OR NOTWILHT = 1]

| **RESPHTS**
| PREAMBLE: I would now like to measure your height. MEASURE HEIGHT AND CODE.
| INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC.
| AT CODE 2: Height refused.
| 1 Height measured
| 2 Height refused
| 3 Height attempted, not obtained
| 4 Height not attempted
| [Don't Know and Refusal are not allowed]
|

| *IF measure cohort member's height = Height measured [RespHts = 1]*

| | **HEIGHT**
| | ENTER HEIGHT. RECORD TO THE NEAREST CM.MM eg 169.2
| | [Don't Know and Refusal are not allowed]

| **Checks 29 and 30**

| | **RELHITE**
| | NURSE: CODE ONE ONLY:
| | 1 No problems experienced, reliable height measurement obtained
| | 2 Problems experienced - measurement likely to be: Reliable
| | 3 Problems experienced - measurement likely to be: Unreliable

| | *IF whether height measurement reliable = Measurement likely to be unreliable [RelHite = 3]*

| | | **HINREL**
| | | WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
| | | 1 Hairstyle or wig
| | | 2 Turban or other religious headgear
| | | 3 Cohort member wore shoes
| | | 4 Cohort member could not stretch up
| | | 5 Other

| | | *IF why height measurement unreliable = Other [HiNRel = 5]*

| | | | **OHINREL**
| | | | PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
| | | | String60

| | | | END OF FILTER

| | | END OF FILTER

| | **MBOOKHT**
| | NURSE: RECORD HEIGHT ON MEASUREMENT RECORD CARD HEIGHT: [height recorded in
| | centimetres and feet and inches]
| | 1 Continue

| ELSE

| *IF measure cohort member's height = Height refused [RespHts = 2]*

| | **RESNHI**
| | GIVE REASONS FOR REFUSAL.
| | 1 Height already known/measured before
| | 2 Other

| **Check 31**

| ELSE

| |

| |
| *IF measure cohort member's height = Height attempted not obtained, Height not attempted*
| *[RespHts = 3 , 4]*
| |
| | **NOHTBC**
| | CODE REASON FOR NOT OBTAINING HEIGHT.CODE ALL THAT APPLY.
| | 1 Cohort member ill/cannot stand upright/unsteady on feet
| | 2 Stadiometer faulty/not available
| | 3 Other
| | *[Multiple responses to NOHTBC are recorded in variable NOHTBC1]*
| |
| END OF FILTER
|
END OF FILTER

IF measure cohort member's height = Height refused, Height attempted not obtained, Height not attempted
OR why consent for height measurement not given = Height already known, Other reason
[RespHts = 2, 3, 4 OR NOTWILHT = 2, 3]
|
| **EHTCH**
|
| INTERVIEWER: ASK COHORT MEMBER FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN
| METRES OR IN FEET AND INCHES? IF COHORT MEMBER DOESN'T KNOW HEIGHT USE
| <CTRL+K>, IF COHORT MEMBER ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
| 1 Metres
| 2 Feet and inches
|
| *IF estimated height = Metres [EHtCh = 1]*
| |
| | **EHTM**
| | PLEASE RECORD ESTIMATED HEIGHT IN METRES.
| |
| ELSE
| |
| | *IF estimated height = Feet and inches [EHtCh = 2]*
| |
| | **EHTFT**
| | PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
| | Range: 0..7
| |
| | **EHTIN**
| | PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.
| | Range: 0..11
| |
| END OF FILTER
|
END OF FILTER

Check 32

IF consent to have height measured [Ht = WILL1 OR NOTWILHT = 1]

|
| **SITHTS**
| Now I would like to measure your height when sitting.
| NURSE: MEASURE SITTING HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT
| WILL TAKE TOO LONG' AT CODE: Ref.
| 1 Sitting height measured
| 2 Sitting height refused
| 3 Sitting height attempted, not obtained
| 4 Sitting height not attempted
| [Don't Know and Refusal are not allowed]
|

|
| *IF measure cohort member's sitting height = Sitting height measured [SitHts = 1]*
| |
| | **SHEIGHT**
| | ENTER SITTING HEIGHT. RECORD TO THE NEAREST CM.MM eg 68.4
| | [Don't Know and Refusal are not allowed]
| |
| **Checks 33 and 34**
| |
| | **SHREL**
| | IS THE SITTING HEIGHT MEASUREMENT LIKELY TO BE RELIABLE OR UNRELIABLE?
| | 1 No problems, reliable measure
| | 2 Problems, measure may be unreliable
| | [Don't Know and Refusal are not allowed]
| |
| | *IF whether height measurement reliable = May be unreliable [SHRel = 2]*
| | |
| | | **SHNREL**
| | | WHAT CAUSED THE SITTING HEIGHT TO BE UNRELIABLE?
| | | 1 Hairstyle or wig
| | | 2 Turban or other religious headgear
| | | 3 Soft/uneven chair
| | | 4 Cohort member could not stretch up
| | | 5 Other
| | | [Don't Know and Refusal are not allowed]
| | |
| | | END OF FILTER
| |
| END OF FILTER
|
| *IF measure cohort member's sitting height = Sitting height attempted not obtained, Sitting height not*
| *attempted [SitHts = 3, 4]*
| |
| | **WHYSHFL**
| | GIVE REASONS WHY SITTING HEIGHT NOT [ATTEMPTED/OBTAINED]. CODE ALL THAT APPLY
| | 1 Cohort member ill/cannot stand upright/unsteady on feet
| | 2 Stadiometer faulty/no suitable place to set up
| | 3 Other
| |
| END OF FILTER
|
| **HTSN**
| NURSE: ENTER SERIAL NUMBER OF STADIOMETER
| Range: 1..99
|
END OF FILTER

HTRES
[AUTOMATICALLY CALCULATED]
Height result/measure

HTEST
[AUTOMATICALLY CALCULATED]
Height result - estimated

End of Height and sitting height module

Weight

IF consent for weight measurement not given AND not pregnant [NOT Wt = WILL1 AND BPRESS.NCPREGJ = 2]

| **NOTWILLW**
| Earlier on you said that you didn't want your weight tested. Can you tell me why you said that
| or have you changed your mind since then?
| 1 Now willing to have test
| 2 Cannot see point/Weight already known/Doctor has measurement
| 3 Too busy/Taken long enough
| 4 Cohort member too ill/frail/tired/shy
| 5 Refused (no reason given)
| 6 Other reason (specify at next question)
|
| *IF why consent for weight measurement not given = Now willing to have test [NOTWILLW = 1]*
| |
| | **WTCON2**
| | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS AND INITIAL
| | THE CHANGE. Press <1> and <Enter> to continue.
| | Range: 1..1
| |
| END OF FILTER
|
| *IF why consent for weight measurement not given = Other reason [NOTWILLW = 6]*
| |
| | **OTHREASW**
| | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | Open
| |
| END OF FILTER
|
| *IF why consent for weight measurement not given = Cannot see point, Too busy, Cohort member too ill,*
| *Refused – no reason, Other reason [NOTWILLW = 2 , 3, 4, 5, 6]*
| |
| | **NOTESTW**
| | NURSE: NO WEIGHT TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | 1 Continue
| |
| END OF FILTER
|
END OF FILTER

IF consent to have weight measured [Wt = WILL1 OR NOTWILLW = 1]
|
| *IF not pregnant [BPRESS.NCPREGJ = 2]*
| |
| | **RESPWTS**
| | PREAMBLE: I would now like to measure your weight. MEASURE WEIGHT AND CODE.
| | INTERVIEWER: IF COHORT MEMBER WEIGHS MORE THAN 150 KG (23 STONES 9 POUNDS) DO
| | NOT WEIGH. CODE AS WEIGHT NOT ATTEMPTED. 'DISGUISED' REFUSALS SUCH AS 'IT WILL
| | TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.
| | 1 Weight obtained
| | 2 Weight refused
| | 3 Weight attempted, not obtained
| | 4 Weight not attempted
| | [Don't Know and Refusal are not allowed]
| |

| |
| | *IF measure cohort member's weight = Weight obtained [RespWts = 1]*
| | |
| | | **XWEIGHT**
| | | RECORD WEIGHT TO THE NEAREST Kg eg 58.7
| | | [Don't Know and Refusal are not allowed]
| | |
| | | **FLOORC**
| | | SCALES PLACED ON?
| | | 1 Uneven floor
| | | 2 Carpet
| | | 3 Neither
| | | *[Multiple responses to FLOORC are recorded in variables FLOORC1 to FLOORC2]*
| | |
| | **Check 35**
| | |
| | | **RELWAITB**
| | | INTERVIEWER CODE ONE ONLY.
| | | 1 No problems experienced, reliable weight measurement obtained
| | | 2 Problems experienced - measurement likely to be: Reliable
| | | 3 Problems experienced - measurement likely to be: Unreliable
| | |
| | | **MBOOKWT**
| | | NURSE: RECORD WEIGHT ON MEASUREMENT RECORD CARD WEIGHT: [weight recorded in
| | | kilograms and stones and pounds] IF WEIGHT LOOKS WRONG, GO BACK TO 'XWeight'
| | | AND REWEIGH.
| | | 1 Continue
| | |
| | END OF FILTER
| |
| END OF FILTER
|
END OF FILTER

*IF measure cohort member's weight = Weight refused, Weight attempted not obtained, Weight not
attempted OR why consent for weight measurement not given = Cannot see point, Too busy, Cohort
member too ill, Refused – no reason, Other reason OR pregnant
[RespWts = 2 , 3, 4 OR NOTWILLW = NoPoint .. Oth OR BPRESS.NCPREGJ = 1]*
|
| *IF measure cohort member's weight = Weight refused [RespWts =]*
| |
| | **RESNWT**
| | GIVE REASONS FOR REFUSAL.
| | 1 Cannot see point/Weight already known/Doctor has measurement
| | 2 Too busy/Taken long enough
| | 3 Cohort member too ill/frail/tired/shy
| | 4 Refused (no reason given)
| | 5 Other reason
| | [Don't Know and Refusal are not allowed]
| |
| ELSE
| |

| |
| *IF measure cohort member's weight = Weight attempted not obtained, Weight not attempted AND not*
| *pregnant [RespWts = 3 , 4 AND NOT BPRESS.NCPREGJ = 1]*
| |
| | **NOWTBC**
| | CODE REASON FOR NOT OBTAINING WEIGHT.
| | 1 Cannot see point/Weight already known/Doctor has measurement
| | 2 Too busy/Taken long enough
| | 3 Cohort member too ill/frail/tired/shy
| | 4 Refused (no reason given)
| | 5 Other reason
| |
| END OF FILTER
|
| **EWTCH**
| NURSE: ASK COHORT MEMBER FOR AN ESTIMATED WEIGHT. [IF PREGNANT: ESTIMATED
| WEIGHT SHOULD BE IMMEDIATELY PRIOR TO THIS PREGNANCY] WILL IT BE GIVEN IN
| KILOGRAMS OR IN STONES AND POUNDS? IF COHORT MEMBER DOESN'T KNOW WEIGHT USE
| <CTRL+K>, IF COHORT MEMBER ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.
| 1 Kilograms
| 2 Stones and pounds
|
| *IF estimated weight = Kilograms [EWtCh = 1]*
| |
| | **EWTKG**
| | PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.
| |
| **Check 36**
| |
| ELSE
| |
| *IF estimated weight = Stones and pounds [EWtCh = 2]*
| |
| | **EWTST**
| | PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.
| | Range: 1..32
| |
| | **EWTL**
| | PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.
| | Range: 0..13
| |
| END OF FILTER
|
END OF FILTER

Checks 37 to 40

IF consent to have weight measured AND not pregnant [Wt = WILL1 OR NOTWILLW = 1 AND
BPRESS.NCPREGJ = 2]

|
| **WTSN**
| NURSE: ENTER SERIAL NUMBER OF SCALES
| Range: 1..99
|
END OF FILTER

WTRES
[AUTOMATICALLY CALCULATED]
Weight result/measure

WTEST
[AUTOMATICALLY CALCULATED]
Weight result - estimated

End of Weight module

Waist and hips module

IF not pregnant [BPRESS.NCPREGJ = 2]
|
| *IF consent to have waist and hips measured not given [NOT WH = WILL1]*
| |
| | **NOTWILWH**
| | Earlier on you said that you didn't want your Waist and Hips tested. Can you tell
| | me why you said that or have you changed your mind since then?
| | 1 Now willing to have test
| | 2 Scared of equipment
| | 3 Worried about the outcome
| | 4 Other reason (specify at next question)
| |
| | *IF why consent for waist and hip measurements not given = Now willing to have test [NOTWILWH = 1]*
| | |
| | | **WHCON2**
| | | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS AND INITIAL
| | | THE CHANGE. Press <1> and <Enter> to continue.
| | | Range: 1..1
| | |
| | END OF FILTER
| |
| | *IF why consent for waist and hip measurements not given = Other reason [NOTWILWH = 4]*
| | |
| | | **OTHREAWH**
| | | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | | Open
| | |
| | END OF FILTER
| |
| | *IF why consent for waist and hip measurements not given = Scared of equipment, Worried about*
| | *outcome, Other reason [NOTWILWH = 2 , 3, 4]*
| | |
| | | **NOTESTWH**
| | | NURSE: NO WAIST AND HIP TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | | 1 Continue
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF consent to have waist and hips measured [WH = WILL1 OR NOTWILWH = 1]*
| |
| | **WHINTRO**
| | I would now like to measure your waist and hips. These measurements are very
| | useful for assessing the distribution of weight over the body.
| | 1 Cohort member agrees to have waist and/or hip circumference measured
| | 2 Cohort member refuses to have waist/hip ratio measured
| | 3 Unable to measure waist/hip ratio for reason other than refusal
| |
| | *IF measure waist and hips = Agree [WHIntro = 1]*
| | |
| | | **WAIST**
| | | NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. EG 65.6
| | | ENTER WAIST MEASUREMENT IN CENTIMETRES (REMEMBER TO INCLUDE THE DECIMAL
| | | POINT). IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
| | | [Don't Know and Refusal are not allowed]
| | |

| | |
| | **Checks 41 to 43**
| | |
| | | **HIP**
| | | NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. E.G 96.8
| | | ENTER MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (REMEMBER TO
| | | INCLUDE THE DECIMAL POINT). IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
| | | [Don't Know and Refusal are not allowed]
| | |
| | **Checks 44 to 48**
| | |
| | END OF FILTER
| |
| | **RespWH**
| | *[GENERATED AUTOMATICALLY FROM WHINTRO, WAIST, HIP]*
| | 1 Both obtained
| | 2 One obtained
| | 3 Refused
| | 4 NoTry
| |
| | *IF one or both measurements not obtained*
| | *[QWstHip.Measure.Waist = 999.9 OR QWstHip.Measure.Hip = 999.9]*
| | |
| | | **YNOWH**
| | | ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
| | | 1 Waist measurement refused
| | | 2 Waist measurement attempted, not obtained
| | | 3 Waist measurement not attempted
| | | 4 Hip measurement refused
| | | 5 Hip measurement attempted, not obtained
| | | 6 Hip measurement not attempted
| | | *[Multiple responses to YNOWH are recorded in variable YNOWH1]*
| | |
| | END OF FILTER
| |
| | *IF waist measurement obtained [QWstHip.Measure.Waist <> 999.9 AND*
| | *QWstHip.Measure.Waist <> EMPTY OR QWstHip.Measure.Waist <> 999.9 AND*
| | *QWstHip.Measure.Waist <> EMPTY]*
| | |
| | | **WJREL**
| | | RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:
| | | 1 No problems experienced, RELIABLE waist measurement
| | | 2 Problems experienced - waist measurement likely to be RELIABLE
| | | 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
| | | 4 Problems experienced - waist measurement likely to be UNRELIABLE
| | |
| | | *IF any problems with waist measurement = Problems – measurement reliable, Problems –*
| | | *measurement slightly unreliable, Problems - measurement unreliable [WJRel = 2, 3, 4]*
| | | |
| | | | **PROBWJ**
| | | | RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
| | | | DECREASE THE WAIST MEASUREMENT.
| | | | 1 Increases measurement
| | | | 2 Decreases measurement
| | | | 3 Stay the same
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |

| |
| | *IF hip measurement obtained [QWstHip.Measure.Hip <> 999.9 AND QWstHip.Measure.Hip <> EMPTY*
| | *OR QWstHip.Measure.Hip <> 999.9 AND QWstHip.Measure.Hip <> EMPTY]*
| | |
| | | **HJREL**
| | | RECORD ANY PROBLEMS WITH HIP MEASUREMENT:
| | | 1 No problems experienced, RELIABLE hip measurement
| | | 2 Problems experienced - hip measurement likely to be RELIABLE
| | | 3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
| | | 4 Problems experienced - hip measurement likely to be UNRELIABLE
| | |
| | |
| | | *IF any problems with hip measurement = Problems – measurement reliable, Problems –*
| | | *measurement slightly unreliable, Problems - measurement unreliable [HJRel = 2, 3, 4]*
| | | |
| | | | **PROBHJ**
| | | | RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO
| | | | INCREASE OR DECREASE THE HIP MEASUREMENT.
| | | | 1 Increases measurement
| | | | 2 Decreases measurement
| | | | 3 stay the same
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| | *IF summary of measurements = Both obtained, One obtained [Both, One] [RespWH = 1, 2]*
| | |
| | | **WHRES**
| | | OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE,
| | | ONTO COHORT MEMBER'S MEASUREMENT RECORD CARD. ENTER '1' TO CONTINUE.
| | | String1
| | |
| | END OF FILTER
| |
| END OF FILTER
|
END OF FILTER

WRES
[AUTOMATICALLY CALCULATED]
Waist result/measure

HIPRES
[AUTOMATICALLY CALCULATED]
Hip result/measure

End of Waist and hips module

Lung function

IF not pregnant [BPRESS.NCPREGJ = 2]
|
| *IF consent to have lung function tested not given [NOT LF = WILL1]*
| |
| | **NOTWILLF**
| | Earlier on you said that you didn't want your lung function tested. Can you tell me
| | why you said that or have you changed your mind since then?
| | 1 Now willing to have test
| | 2 Scared of equipment
| | 3 Worried about the outcome
| | 4 Other reason (specify at next question)
| | [Don't Know and Refusal are not allowed]
| |
| | *IF why consent for lung function tests not given = Now willing to have test [NOTWILLF = 1]*
| | |
| | | **LFCON2**
| | | NURSE: GET COHORT MEMBER TO CHANGE CONSENT FORM- MEASUREMENTS
| | | AND INITIAL THE CHANGE. Press <1> and <Enter> to continue.
| | | Range: 1..1
| | |
| | END OF FILTER
| |
| | *IF why consent for lung function tests not given = Other reason [NOTWILLF = 4]*
| | |
| | | **OTHREASF**
| | | NURSE: TYPE IN REASON WHY NO MEASUREMENT TO BE TAKEN
| | | Open
| | |
| | END OF FILTER
| |
| | *IF why consent for lung function tests not given = Scared of equipment, Worried about outcome, Other*
| | *reason [NOTWILLF = 2 , 3, 4]*
| | |
| | | **NOTESTF**
| | | NURSE: NO LUNG FUNCTION TESTS TO BE TAKEN. PRESS '1' TO CONTINUE
| | | 1 Continue
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF consent for lung function tests given [LF = WILL1 OR NOTWILLF = 1]*
/ |
| | **HASURG**
| | NOW FOLLOWS THE LUNG FUNCTION MODULE. Can I check, have you had abdominal
| | or chest surgery in the past three weeks?
| | 1 Yes
| | 2 No
| |
| | *IF surgery in past three weeks = No [HaSurg = 2]*
| | |
| | | **HASTRO**
| | | Have you been admitted to hospital for a heart complaint in the past six weeks?
| | | 1 Yes
| | | 2 No
| | |

| | |
| | | *IF admitted for heart condition = No [HaStro = 2]*
| | | |
| | | | **CHESTINF**
| | | | In the past three weeks, have you had any respiratory infections such as influenza, pneumonia,
| | | | bronchitis or a severe cold?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | | **INHALER**
| | | | (Can I just check), have used an inhaler, puffer or any medication for your breathing
| | | | in the last 24 hours?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | | *IF used an inhaler in the last 24 hours = Yes [Inhaler = 1]*
| | | | |
| | | | | **INHALHRS**
| | | | | How many hours ago did you use it?
| | | | | INTERVIEWER, ENTER NUMBER OF HOURS. IF LESS THAN ONE HOUR, CODE 0.
| | | | | Range: 0..24
| | | | |
| | | | END OF FILTER
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| | *IF surgery in past three weeks = Yes OR admitted for heart condition = Yes*
| | *[HaSurg = 1 OR HaStro = 1]*
| | |
| | | **LFCODE2**
| | | NO LUNG FUNCTION TEST TO BE DONE. ENTER '1' TO CONTINUE.
| | | Range: 1..1
| | |
| | ELSE
| | |
| | *IF surgery in past three weeks = No AND not admitted for heart condition = Yes*
| | *[HaSurg = 2 AND HaStro <> 1]*
| | |
| | | **SPIRNO**
| | | ENTER THE TWO-DIGIT SPIROMETER SERIAL NUMBER.
| | | Range: 1..99
| | | [Don't Know and Refusal are not allowed]
| | |
| | | **LFREC**
| | | EXPLAIN THE PROCEDURE AND DEMONSTRATE THE TEST. RECORD THE RESULTS OF
| | | UP TO FIVE BLOWS BY THE COHORT MEMBER IN THE BOXES BELOW. RECORD EACH
| | | BLOW AS IT IS CARRIED OUT.FOR EACH | BLOW, ENTER ALL THREE MEASURES AND CODE
| | | WHETHER TECHNIQUE WAS SATISFACTORY. ENTER '1' TO CONTINUE.
| | | Range: 1..1
| | |
| | | *REPEAT BETWEEN THREE AND FIVE TIMES [LOOP FOR Idx:= 1 TO 5]*
| | | |
| | | | **NOREAD**
| | | | *[GENERATED AUTOMATICALLY FROM FVC]*
| | | | Flag for no LF readings: was the first FVC coded 9.95?
| | | | 1 Yes
| | | | 2 No
| | | |

| | | |
| | | | **DONE3**
| | | | *[GENERATED AUTOMATICALLY FROM TECHNIQUE]*
| | | | Three technically acceptable blows reached or not?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | | *IF first FVC reading not coded as no readings to be taken AND Flag for no LF readings = No AND*
| | | | *three technically acceptable blows = No [Blow.FVC <> 9.95 AND NoRead = 2 AND DONE3 = 2]*
| | | | |
| | | | | **FVC**
| | | | | IF NO READING OBTAINED ENTER '0'. IF YOU ARE NOT GOING TO OBTAIN ANY
| | | | | READINGS AT ALL ENTER 9.95.
| | | | | *[Responses to FVC are recorded in variables FVC1 to FVC5]*
| | | | |
| | | | **Checks 49 and 50**
| | | | |
| | | | | *IF FVC reading not coded as no readings to be taken [FVC < 9.95]*
| | | | | |
| | | | | | **FEV**
| | | | | | IF NO READING OBTAINED ENTER '0'.
| | | | | | *[Responses to FEV are recorded in variables FEV1 to FEV5]*
| | | | | |
| | | | | **Checks 51 to 55**
| | | | | |
| | | | | | **PF**
| | | | | | IF NO READING OBTAINED ENTER '0'.
| | | | | | Range: 0..995
| | | | | | *[Responses to PF are recorded in variables PF1 to PF5]*
| | | | | |
| | | | | **Checks 56 and 57**
| | | | | |
| | | | | | **CL**
| | | | | | TURN THE SPIROMETER OFF THEN ON AGAIN TO TAKE THE NEXT READING
| | | | | | PRESS ENTER TO CONTINUE.
| | | | | | Range: 1..1
| | | | | |
| | | | | | **TECHNIQUE**
| | | | | | WAS THE TECHNIQUE SATISFACTORY?
| | | | | | 1 Yes
| | | | | | 2 No
| | | | | | *[Responses to TECHNIQUE are recorded in variables TECHNIQ1 to TECHNIQ5]*
| | | | | |
| | | | | **Check 58**
| | | | | |
| | | | | END OF FILTER
| | | | |
| | | | END OF FILTER
| | | |
| | | END REPEAT
| | |
| | | *IF Flag for no LF readings = Yes [NoRead = 1]*
| | | |
| | | | **YNOLF**
| | | | ENTER REASON FOR NOT TAKING ANY LF READINGS.
| | | | 1 Lung function measurement attempted, not obtained
| | | | 2 Lung function measurement not attempted
| | | | 3 Lung function measurement refused
| | | | [Don't Know and Refusal are not allowed]
| | | |

| | | |
| | | END OF FILTER
| | |
| | | *IF reason for not taking any lung function readings = no response [QBlow.YNoLF <> RESPONSE]*
| | | |
| | | | **LFSTAND**
| | | | NURSE: MEASUREMENTS TAKEN WHILE COHORT MEMBER WAS
| | | | STANDING OR SITTING?
| | | | 1 Standing
| | | | 2 Sitting
| | | |
| | | | **LFRESP**
| | | | NURSE CHECK: CODE ONE ONLY.
| | | | 1 First 3 technically satisfactory blows obtained
| | | | 2 3 technically satisfactory blows obtained from more than 3 blows
| | | | 3 Some blows, but less than 3 technically satisfactory blows obtained
| | | | 4 Attempted, but no technically satisfactory blows obtained
| | | | 5 All blows refused
| | | | 6 None attempted
| | | |
| | | **Checks 59 to 63**
| | | |
| | | | *IF summary of LF response = Some blows, but less than 3 technically satisfactory [LFResp = 3]*
| | | | |
| | | | | **PROBLF**
| | | | | NURSE: GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED.
| | | | | CODE ALL THAT APPLY.
| | | | | 1 Refused to continue
| | | | | 2 Breathlessness
| | | | | 3 Coughing fit
| | | | | 4 Equipment failure
| | | | | 5 Other (SPECIFY AT NEXT QUESTION)
| | | | | *[Multiple responses to PROBLF are recorded in variables PROBLF1 to PROBLF3]*
| | | | |
| | | | | *IF why less than 5 blows obtained = Other [Oth = ProbLF]*
| | | | | |
| | | | | | **OTHPROB**
| | | | | | NURSE: GIVE DETAILS OF WHY LESS THAN 5 BLOWS OBTAINED.
| | | | | | String40
| | | | | |
| | | | | | END OF FILTER
| | | | |
| | | | | END OF FILTER
| | | |
| | | | END OF FILTER
| | |
| | | END OF FILTER
| |
| | END OF FILTER
|

|
| *IF why consent for lung function tests not given = Scared of equipment, Worried about outcome, Other*
| *reason OR summary of LF response = Attempted, but no technically satisfactory blows, All blows refused,*
| *None attempted OR reason for not taking any lung function readings = Lung function measurement*
| *attempted, Lung function measurement not attempted, Lung function measurement refused*
| *[NOTWILLF = 2 , 3, 4 OR LFResp = 4 , 5, 6 OR QBlow.YNoLF = RESPONSE]*
| |
| | **NOATTLF**
| | GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE NOT
| | ATTEMPTED/REFUSED. CODE ONE ONLY.
| | 1 Temperature of house too cold
| | 2 Temperature of house too hot
| | 3 Equipment failure
| | 4 Breathlessness
| | 5 Unwell
| | 6 Other reason why measurements not attempted/refused (SPECIFY AT NEXT QUESTION)
| |
| | *IF why LF measurements were not attempted or refused = Other [NoAttLF = 6]*
| | |
| | | **OTHNOAT**
| | | NURSE: GIVE DETAILS OF WHY LUNG FUNCTION MEASUREMENTS
| | | WERE NOT ATTEMPTED/REFUSED.
| | | String40
| | |
| | | END OF FILTER
| |
| | END OF FILTER
|
| *IF summary of LF response = First 3 technically satisfactory blows, 3 technically satisfactory blows*
| *obtained from more than 3 blows, Some blows, but less than 3 technically satisfactory [LFResp = 1 , 2, 3]*
| |
| | **NCINS2**
| | LUNG FUNCTION MEASURED.OFFER LUNG FUNCTION RESULTS TO COHORT MEMBER.
| | ENTER THEIR HIGHEST FVC AND HIGHEST FEV AND HIGHEST PF READINGS ON MRC.
| | HIGHEST READINGS LISTED BELOW. *[HIGHEST FVC, FEV, PF SHOWN ON SCREEN]*
| | ENTER '1' TO CONTINUE.
| | Range: 1..1
| |
| END OF FILTER
|
END OF FILTER

HTFVC
[AUTOMATICALLY CALCULATED]
Highest technically satisfactory value FVC

HTFEV
[AUTOMATICALLY CALCULATED]
Highest technically satisfactory value FEV

HTPF
[AUTOMATICALLY CALCULATED]
Highest technically satisfactory value PF

SUM1
[AUTOMATICALLY CALCULATED]
Sum of FVC and FEV 1st blow

SUM2
[AUTOMATICALLY CALCULATED]
Sum of FVC and FEV 2nd blow

SUM3
[AUTOMATICALLY CALCULATED]
Sum of FVC and FEV 3rd blow

MAX1
[AUTOMATICALLY CALCULATED]
Maximum of SUM1 to SUM3

BESTTEST
[AUTOMATICALLY CALCULATED]
Best of first 3 SUM attempts

NEXTBEST
[AUTOMATICALLY CALCULATED]
Next best of first 3 SUMs

VARATIO
[AUTOMATICALLY CALCULATED]
Variation in BESTTEST and NEXTBEST

HTFVC2
[AUTOMATICALLY CALCULATED]
Highest FVC

HTFEV2
[AUTOMATICALLY CALCULATED]
Highest FEV

HTPF2
[AUTOMATICALLY CALCULATED]
Highest PF

End of Lung function module

Vision measures using autorefractor

IF consent to have vision tested [Vision1 = WILL1 OR VISION.NOTWILLV = 1]
|
| **VISREFA1**
| ARE YOU CARRYING AUTOREFRACTOR?
| 1 Yes
| 2 No
| [Don't Know and Refusal are not allowed]
|
| *IF nurse carrying autorefractor = Yes [VisRefA1 = 1]*
| |
| | *IF glasses worn for near vision tests = Contact lenses only or Reading glasses with contact lenses OR*
| | *glasses worn for distance vision tests = Contact lenses*
| | *[VISION.NVWear = 3, 5 OR VISION.DVWear = 3]*
| | |
| | | **VREMOVE**
| | | ASK COHORT MEMBER TO REMOVE CONTACT LENSES OR GLASSES.
| | | 1 Continue
| | |
| | | END OF FILTER
| |
| | **VISREFIN**
| | INTRODUCE AUTO REFRACTOR. IT MEASURES THE SIZE AND SHAPE OF THE EYE USING
| | INFRA-RED LIGHT.IT IS NOT DANGEROUS AND IT DOESN'T HURT. THE MEASUREMENT
| | SHOULD BE TAKEN WITHOUT GLASSES OR CONTACT LENSES. CODE '1' TO CONTINUE.
| | 1 Continue
| |
| | **VREFREAD**
| | TAKE A READING FROM THE RIGHT EYE FIRST. THEN TAKE A READING FROM THE LEFT EYE.
| | PRINT OUT THE RESULTS. MAKE SURE THE QUALITY SCORE IS 8 OR HIGHER.
| | IF QUALITY SCORE IS 7 OR LOWER, CHECK YOUR POSITION, LIGHT LEVELS AND THAT THE
| | SUBJECTS IS NOT BLINKING AND THEN REPEAT UP TO 3 TIMES. PRINT OUT RESULTS.
| | ENTER SUMMARY (BOTTOM ROW) SCORES FOR EACH EYE INTO CAPI.
| | CODE '1' TO CONTINUE.
| | 1 Continue
| |
| | **VSPHR**
| | RIGHT EYE, FIRST SCORE (SPH). ENTER PLUS OR MINUS, WITH SCORE.
| |
| | **VCYLR**
| | RIGHT EYE, SECOND SCORE (CYL). ENTER PLUS OR MINUS, WITH SCORE. IF
| | NO SCORE SHOWN, ENTER 0.
| |
| | **VAXR**
| | RIGHT EYE, THIRD SCORE (AX). IF NO SCORE SHOWN, ENTER 0
| | Range: 0..180
| |
| | **VQUALR**
| | RIGHT EYE, QUALITY SCORE..IF NO READING POSSIBLE, CODE 99
| | Range: 0..99
| |
| **Check 64**
| |
| | **VSPHL**
| | LEFT EYE, FIRST SCORE (SPH). ENTER PLUS OR MINUS, WITH SCORE.
| |

| | **VCYLL**
| | LEFT EYE, SECOND SCORE (CYL). ENTER PLUS OR MINUS, WITH SCORE. IF
| | NO SCORE SHOWN, ENTER 0.
| |
| | **VAXL**
| | LEFT EYE, THIRD SCORE (AX). IF NO SCORE SHOWN, ENTER 0.
| | Range: 0..180
| |
| | **VQUALL**
| | LEFT EYE, QUALITY SCORE..IF NO READING POSSIBLE, CODE 99
| | Range: 0..99
| |
| **Check 65**
| |
| | **PRINTOUT**
| | ATTACH PRINT OUT WITH BARCODE LABEL TO INSIDE FRONT COVER OF
| | OFFICE CONSENT BOOKLET
| | 1 Refractometer slip completed/obtained
| | 2 Refractometer slip not completed/obtained
| | [Don't Know and Refusal are not allowed]
| |
| | **VISREFA2**
| | RECORD SERIAL NUMBER OF AUTOREFRACTOR.
| | Range: 0..99
| |
| | *IF cohort member asked to remove contact lenses [Vremove = 1]*
| | |
| | | **VREPLACE**
| | | COHORT MEMBER CAN PUT IN CONTACT LENSES OR PUT ON GLASSES
| | | AGAIN.CODE '1' TO CONTINUE.
| | | 1 Continue
| | |
| | | END OF FILTER
| |
| END OF FILTER
|
END OF FILTER

End of Vision measures using autorefractor module

Blood samples, including consents

DRUGCLOT
[AUTOMATICALLY CALCULATED]
Any anti-coagulant drugs recorded
1 Yes
2 No

BLCONS1
CONSENT TO BLOOD SAMPLING If you agree I would now like to take a sample of your blood.
As explained in the information sheet, this is an important part of the study, because the blood can be analysed in a number of ways. Some tests will be performed in the lab as soon as they receive the sample. Other tests may be done in future on portions of blood which have been stored frozen for many years. There is currently interest in genetic tests which use the DNA contained in white blood cells, and you were sent a separate leaflet explaining this. Do you have any questions about the blood collection or the storage of blood or DNA for medical research purposes?
1 Question/s asked
2 No question/s asked

BLCONS2
We need your written permission to collect a blood sample, to store portions of it for future research, to use the DNA, and to store the white blood cells so that in future they can be used as a renewable source of DNA. You can choose whether to give your signed consent for each of these four things.
GO THROUGH CONSENT BOOKLET. IF COHORT MEMBER DOES NOT GIVE CONSENT FOR BLOOD SAMPLE TO BE TAKEN, DO NOT ASK FOR OTHER CONSENTSCODE EACH CONSENT GIVEN
1 Collect blood
2 Store blood
3 Extract DNA
4 Cell cultures
8 No consents given
[Don't Know and Refusal are not allowed]
[Multiple responses to BLCONS2 are recorded in variables BLCONS21 to BLCONS24]

Check 66

IF consent given for blood samples to be taken [cblo = Blcons2]

| **BLINTRO**
| NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. PRESS <1> AND
| <Enter> TO CONTINUE.
| Range: 1..1

| **CLOTB**
| EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
| May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs
| such as Warfarin? NB ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.
| 1 Yes
| 2 No

| *IF does cohort member have clotting disorder = No [ClotB = 2]*
| |
| **Check 67**
| |
| | **FIT**
| | May I just check, have you had a fit (including epileptic fit, convulsion, convulsion associated with high
| | fever) in the last THREE years?
| | 1 Yes
| | 2 No
| |

| |
| **Check 68**
| |
| | IF has cohort member had a fit = No [Fit = 2]
| | |
| | | **CONSUB**
| | | How long ago did you have anything to eat or drink, excluding water - please
| | | include snacks and cups of tea, coffee, alcohol or soft drinks?
| | | 1 Less than half an hour ago
| | | 2 Between half an hour and an hour ago,
| | | 3 1 hour but less than 2 hours ago,
| | | 4 2 hours but less than 4 hours ago,
| | | 5 4 hours but less than 8 hours ago,
| | | 6 More than 8 hours ago?
| | | 7 (Can't remember)
| | |
| | END OF FILTER
| |
| END OF FILTER
|
END OF FILTER

IF consent not given for blood samples to be taken [NOT cblo = Blcons2]

|
| **REFBSC**
| RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
| 1 Previous difficulties with venepuncture
| 2 Dislike/fear of needles
| 3 Cohort member recently had blood test/health check
| 4 Refused because of current illness
| 5 Worried about HIV or AIDS
| 6 Other
| *[Multiple responses to REFBSC are recorded in variables REFBSC1 to REFBSC6]*
|
END OF FILTER

IF consent not given for blood samples to be taken AND does cohort member have clotting disorder = No AND has cohort member had a fit = No [cblo = Blcons2 AND ClotB = 2 AND Fit = 2]

|
| **TAKESAM**
| TAKE BLOOD SAMPLES: FILL FOUR TUBES IN THIS ORDER: * tube 1: RED (EDTA) – DO NOT
| PRE-EVACUATE TUBE * tube 2: GREEN (citrate) - DO PRE-| EVACUATE TUBE * tube 3: WHITE
| (Plain/serum) - DO PRE-EVACUATE TUBE * tube 4: YELLOW (CPDA) - DO PRE-EVACUATE TUBE
| Enter '1' to continue.
| String1
|
| **SAMPF1**
| CODE IF RED EDTA TUBE FILLED OR PARTLY FILLED
| 1 Yes - completely filled
| 2 Partly filled
| 3 No
| [Don't Know and Refusal are not allowed]
|
| **SAMPF2**
| CODE IF GREEN CITRATE TUBE FILLED OR PARTLY FILLED
| 1 Yes - completely filled
| 2 Partly filled
| 3 No
| [Don't Know and Refusal are not allowed]
|

| **SAMPF3**
| CODE IF WHITE SERUM TUBE FILLED OR PARTLY FILLED
| 1 Yes - completely filled
| 2 Partly filled
| 3 No
| [Don't Know and Refusal are not allowed]
|
| **SAMPF4**
| CODE IF YELLOW CPDA TUBE FILLED OR PARTLY FILLED
| 1 Yes - completely filled
| 2 Partly filled
| 3 No
| [Don't Know and Refusal are not allowed]
|
| **SAMPTAK**
| *[GENERATED AUTOMATICALLY FROM SAMPF1, SAMPF2, SAMPF3, SAMPF4]*
| Blood sample outcome
| 1 Blood sample obtained
| 2 No blood sample obtained
|
| *IF blood sample outcome = Blood sample obtained [SampTak = 1]*
| |
| | **SAMPARM**
| | RECORD WHICH ARM BLOOD TAKEN FROM:
| | 1 Right
| | 2 Left
| | 3 Both
| | [Don't Know and Refusal are not allowed]
/ |
| END OF FILTER
|
| **SAMDIFC**
| RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT
| APPLY.
| 1 No problem
| 2 Incomplete sample
| 3 Collapsing/poor veins
| 4 Second attempt necessary
| 5 Some blood obtained, but cohort member felt faint/fainted
| 6 Unable to use tourniquet
| 7 Other (SPECIFY AT NEXT QUESTION)
| *[Multiple responses to SAMDIFC are recorded in variables SAMDIF1 to SAMDIF4]*
|
Checks 69 and 70
|
| *IF blood sample outcome = No blood sample obtained [SampTak = 2]*
| |
| | **NOBSC**
| | CODE REASON(S) NO BLOOD OBTAINED.CODE ALL THAT APPLY.
| | 1 No suitable or no palpable vein/collapsed veins
| | 2 Cohort member was too anxious/nervous
| | 3 Cohort member felt faint/fainted
| | 4 Other
| | *[Multiple responses to NOBSC are recorded in variables NOBSC1 to NOBSC4]*
| |
| END OF FILTER
|
END OF FILTER

IF whether red EDTA tube filled = Yes, completely filled, Partially filled OR whether green citrate tube filled=
Yes, completely filled, Partially filled OR whether white serum tube filled = Yes, completely filled, Partially
filled OR whether yellow CPDA tube filled = Yes, completely filled, Partially filled
[SampF1 = 1 , 2 OR SampF2 = 1 , 2 OR SampF3 = 1 , 2 OR SampF4 = 1 , 2]
|
|
| **LABELCHK**
| NURSE: WHILE THE COHORT MEMBER IS COMPLETING THE CASI (NEXT SECTION): - ATTACH A
| SERIAL NUMBER BAR CODE LABEL TO EACH TUBE - WRITE YOUR NURSE NUMBER AND THE
| DATE AND TIME OF COLLECTION ON EACH TUBE COMPLETE THE BLOOD SAMPLE DESPATCH
| NOTES
| PRESS '1'TO CONTINUE
| 1 Continue
|
END OF FILTER

End of Blood samples, including consents module

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

CASI self-completion questionnaire: AUDIT and questions about drinking; questions about childhood experiences

ICASI
READ OUT TO ALL: The next set of questions will probably be easier if you read them and answer them yourself, using the computer. The computer is very easy to use. The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.
1 Continue

SCACCEPT
NURSE CODE:
1 Respondent accepted CASI
2 CASI to be asked face to face by nurse
3 Respondent refused CASI (CODE REASON AT NEXT QUESTION)

IF whether cohort member accepts CASI = Respondent accepted CASI, CASI to be asked face-to-face [SCAccept = 1 , 2]
|
| **INPRAC**
| It is very important to the study that you answer honestly and accurately so please take your time. [First,
| let us do a couple of practice questions together to show you how it works. HAND COMPUTER TO
| RESPONDENT AND EXPLAIN HOW [HE/SHE] SHOULD COMPLETE THE PRACTICE QUESTIONS.]
| 1 Continue
|
| *IF whether cohort member accepts CASI = Respondent accepted CASI [SCAccept = 1]*
| |
| | **PRAC1A**
| | Have you ever used a computer before?
| | 1 Yes
| | 2 No
| |
| | **PRAC1C**
| | Have you used a typewriter at all?
| | 1 Yes, a lot
| | 2 Yes, a little
| | 3 No
| |
| | **PRAC3**
| | Which of these things have you done in the last seven days? TYPE EACH NUMBER THAT APPLIES.
| | USE SPACE BAR BETWEEN NUMBERS
| | 01 Watched television
| | 02 Listened to music
| | 03 Read a book
| | 04 Read a magazine
| | 05 Bought something other than food in a shop, supermarket or warehouse
| | 06 Played sports or exercised (indoors or outside)
| | 07 Been to a theatre or cinema
| | 08 Been to a pub, club or restaurant
| | 09 Been to a concert or other performance of live music
| | 10 Watched a sports event (in person, not on TV)
| | 11 Visited a museum or art gallery
| | 12 Visited a theme park or other type of visitor attraction
| |
| | **ENDPRAC**
| | THAT IS THE END OF THE PRACTICE QUESTIONS. NOW PLEASE ANSWER THE NEXT SET OF
| | QUESTIONS BY YOURSELF. PRESS <1> AND <Enter> TO CONTINUE.
| | String1
| |

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| |
| END OF FILTER
|
END OF FILTER

IF whether cohort member accepts CASI = Respondent refused CASI [SCAccept = 3]
|
| **YNOCASI**
| NURSE: ENTER REASON WHY CM HAS REFUSED THE CASI MODULE
| Open
|
END OF FILTER

IF whether cohort member accepts CASI = Respondent accepted CASI, CASI to be asked face-to-face
[SCAccept = 1 , 2]
|
| **DRINKFQ**
| How often do you have a drink containing alcohol?
| 1 Not in the last 12 months
| 2 Once a month or less
| 3 Two to four times a month
| 4 Two or three times a week
| 5 Four or more times a week
|
| *IF how often do you have a drink = Not in the last 12 months [DrinkFQ = 1]*
| |
| | **DRINKANY**
| | Have you ever drunk alcohol?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF how often do you have a drink = Once a month or less, Two to four times a month, Two or three times a*
| *week, Four or more times a week [DrinkFQ = 2 , 3, 4, 5]*
| |
| | **DRINKDAY**
| | How many standard drinks do you have on a typical day, when you are
| | drinking? A standard drink means half a pint of normal strength beer, or a small
| | glass of wine or a single pub measure of spirits.
| | 1 One or two
| | 2 Three or four
| | 3 Five or six
| | 4 Seven to nine
| | 5 Ten or more
| |
| | **DRINKSIX**
| | How often do you have six or more standard drinks on one occasion?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| |
| | **DRSTOP**
| | How often during the last year have you found that you were not able to stop
| | drinking once you had started?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |
| | **DRFAIL**
| | How often during the last year have you failed to do what was normally
| | expected from you because of drinking?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |
| | **DRINKAM**
| | How often during the last year have you needed an alcoholic drink in the
| | morning to get yourself going after a heavy drinking session?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |
| | **DRGUILT**
| | How often during the last year have you had a feeling of guilt or regret after
| | drinking?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |
| | **DRFORGET**
| | How often during the last year have you been unable to remember what
| | happened the night before because you had been drinking?
| | 1 Never
| | 2 Monthly or less
| | 3 Monthly
| | 4 Weekly
| | 5 Daily or almost daily
| |
| END OF FILTER
|
| *IF how often do you have a drink = Once a month or less, Two to four times a month, Two or three times a*
| *week, Four or more times a week OR have you ever drunk alcohol = Yes*
| *[DrinkFQ = 2 , 3, 4, 5 OR DrinkAny = 1]*
| |
| | **DRHURT**
| | Have you or has someone else been injured as a result of your drinking?
| | 1 No
| | 2 Yes, but not in the last year
| | 3 Yes, during the last year
| |

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| | **DRWORRY**
| | Has a relative, friend, doctor or other health worker been concerned about your drinking
| | or suggested that you cut down?
| | 1 No
| | 2 Yes, but not in the last year
| | 3 Yes, during the last year
| |
| | **DRHIGH**
| | Think back to when your regular drinking was at its highest level. The next two questions are about
| | the time when you were drinking at your highest level over a period of three months or longer.
| | During the time your drinking was at its highest level, how often did you have a drink containing alcohol?
| | 1 Monthly or less
| | 2 Two to four times a month
| | 3 Two or three times a week
| | 4 Four or more times a week
| |
| | **DRMOST**
| | During the time your drinking was at its highest level, how many standard drinks did you have
| | on a typical day?
| | 1 One or two
| | 2 Three or four
| | 3 Five or six
| | 4 Seven to nine
| | 5 Ten or more
| |
| END OF FILTER
|
| *IF how often do you have a drink = Not in the last 12 months AND have you ever drunk alcohol = No*
| *[DrinkFQ = 1 AND DrinkAny = 2]*
| |
| | **DRINKNOT**
| | Please indicate your reasons for not drinking. You can choose as many as apply. If more than one
| | answer applies, type the first number then press the SPACE bar then type the next number then
| | press the space bar again etc. When you have entered all the numbers that apply,
| | press the ENTER key.
| | 01 I do not like the taste or smell
| | 02 Alcohol damages people's health
| | 03 I do not like the effect alcohol has on me.
| | 04 I have seen the bad influence alcohol has on other people
| | 05 One of my parents had or has a drink problem
| | 06 My friends do not drink
| | 07 I drive and alcohol is dangerous for driving
| | 08 I look after my weight and alcohol has a high calorie value
| | 09 I am an active person and alcohol harms physical fitness
| | 10 I am afraid of becoming dependent on alcohol
| | 11 My family disapproves of drinking
| | 12 Alcoholic drinks cost a lot of money
| | 13 Alcohol could affect my work or studies
| | 14 My religion disapproves of alcohol use
| | 15 Other
| | *[Multiple responses to DRINKNOT are recorded in variables DRINKN01 to DRINKN15]*
| |
| | *IF reasons for not drinking = Other [Other = DrinkNot]*
| | |
| | | **DRNOOTH**
| | | Please could you say briefly what other reason you have for not drinking.
| | | Open
| | |

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF how often do you have a drink = Once a month or less AND drinking at its highest level = Monthly or*
| *less [DrinkFQ = 2 AND DrHigh = 1]*
| |
| | **DRLEVEL**
| | Please indicate if any of the following have influenced your drinking. You can choose as many as apply.
| | If more than one answer applies, type the first number then press the SPACE bar then type the next
| | number then press the space bar again etc. When you have entered all the numbers that apply,
| | press the ENTER key.
| | 01 I do not like the taste or smell
| | 02 Alcohol damages people's health
| | 03 I do not like the effect alcohol has on me.
| | 04 I have seen the bad influence alcohol has on other people
| | 05 One of my parents had or has a drink problem
| | 06 My friends do not drink
| | 07 I drive and alcohol is dangerous for driving
| | 08 I look after my weight and alcohol has a high calorie value
| | 09 I am an active person and alcohol harms physical fitness
| | 10 I am afraid of becoming dependent on alcohol
| | 11 My family disapproves of drinking
| | 12 Alcoholic drinks cost a lot of money
| | 13 Alcohol could affect my work or studies
| | 14 My religion disapproves of alcohol use
| | 15 Other
| | *[Multiple responses to DRLEVEL are recorded in variables DRLEVE01 to DRLEVE15]*
| |
| | *IF influences on drinking =- Other [Other = DrLevel]*
| | |
| | | **DRLEVOTH**
| | | Please could you say briefly what other things influenced your drinking.
| | | Open
| | |
| | END OF FILTER
| |
| END OF FILTER
|

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

|
| *IF have you ever drunk alcohol = Yes AND drinking at its highest level = Monthly or less, Two to four*
| *times a month, Two or three times a week, Four or more times a week*
| *[DrinkAny = 1 AND DrHigh = 1 , 2, 3, 4]*
| |
| | **DRSTOP1**
| | Why did you give up drinking alcohol? You can choose as many as apply. If more than one answer
| | applies, type the first number then press the SPACE bar then type the next number then press
| | the space bar again etc. When you have entered all the numbers that apply, press the ENTER key.
| | 01 I had problems with drink-driving
| | 02 I was spending too much money on alcohol
| | 03 Alcohol was damaging my health
| | 04 I was too dependent on alcohol
| | 05 My family or friends disapproved of my drinking
| | 06 Drinking was damaging my relationships with other people.
| | 07 I was overweight and needed to cut down on drinking
| | 08 Drinking was interfering too much with my work or studies
| | 09 I gave up for religious reasons
| | 10 I saw the bad influence alcohol has on other people
| | 11 One of my parents had or has a drink problem
| | 12 I did not like the taste or smell
| | 13 Alcohol damages people's health
| | 14 I did not like the effect alcohol has on me.
| | 15 (Women only) I gave up drinking when I became pregnant
| | 16 Other
| | *[Multiple responses to DRSTOP1 are recorded in variables DRSTOP01 to DRSTOP12]*
| |
| | *IF why gave up drinking = Other [Other = DrStop1]*
| | |
| | | **DRSTOTH**
| | | Please could you say briefly what other reason caused you to give up alcohol.
| | | Open
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF how often do you have a drink = Once a month or less AND drinking at its highest level = Two to four*
| *times a month, Two or three times a week, Four or more times a week*
| *[DrinkFQ = 2 AND DrHigh = 2 , 3, 4]*
| |

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| |
| | **DRCUT**
| | Why did you cut down on your drinking? You can choose as many as apply. If more than one answer
| | applies, type the first number then press the SPACE bar then type the next number then press
| | the space bar again etc. When you have entered all the numbers that apply, press the ENTER key.
| | 01 I had problems with drink-driving
| | 02 I was spending too much money on alcohol
| | 03 Alcohol was damaging my health
| | 04 I was too dependent on alcohol
| | 05 My family or friends disapproved of my drinking
| | 06 Drinking was damaging my relationships with other people.
| | 07 I was overweight and needed to cut out drinking
| | 08 Drinking was interfering too much with my work or studies
| | 09 I cut down for religious reasons
| | 10 I saw the bad influence alcohol has on other people
| | 11 One of my parents had or has a drink problem
| | 12 I did not like the taste or smell
| | 13 Alcohol damages people's health
| | 14 I did not like the effect alcohol has on me.
| | 15 (Women only) I cut down my drinking when I became pregnant
| | 16 Other
| | *[Multiple responses to DRCUT are recorded in variables DRCUT01 to DRCUT10]*
| |
| | *IF why cut down drinking = Other [Other = DrCut]*
| | |
| | | **DRCUTOTH**
| | | Please you say briefly what other reason caused you to cut down on alcohol.
| | | Open
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| **CHAD1**
| The next few questions are about your childhood. Thinking about your childhood, up to the age of 16,
| how affectionate was your father (or father-figure) towards you? ENTER ONE CODE ONLY
| 1 A lot
| 2 Somewhat
| 3 A little
| 4 Not at all
| 5 I had no father figure
| 6 Can't say
|
| *IF NOT how affectionate was your father = No father figure [ChAd1 <> 5]*
| |
| | **CHAD2**
| | Did your father (or father figure) suffer from nervous or emotional trouble or depression?
| | 1 Yes
| | 2 No
| |
| | **CHAD3**
| | Did your father (or father figure) have trouble with drinking or other drug use?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

CHAD4
Thinking about your childhood, up to the age of 16, how affectionate was your mother (or mother-figure) towards you? ENTER ONE CODE ONLY
1 A lot
2 Somewhat
3 A little
4 Not at all
5 I had no mother figure
6 Can't say

IF NOT how affectionate was your mother = No mother figure [ChAd4 <> 5]

CHAD5
Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?
1 Yes
2 No

CHAD6
Did your mother (or mother figure) have trouble with drinking or other drug use?
1 Yes
2 No

END OF FILTER

CHAD7
How much conflict and tension was there in your household while you were growing up?
ENTER ONE CODE ONLY
1 A lot
2 Some
3 A little
4 None

CHAD9A
The following are statements about your childhood. For each, please say whether the statement applies to you. Firstly, I had a happy childhood
1 Yes
2 No
3 Can't say

CHAD9B
My parents (or parent-figures) did their best for me
1 Yes
2 No
3 Can't say

CHAD9C
I was neglected
1 Yes
2 No
3 Can't say

CHAD9D
I had a strict, authoritarian or regimented upbringing
1 Yes
2 No
3 Can't say

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

|
| **CHAD9E**
| I grew up in poverty or financial hardship
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9F**
| I was verbally abused by a parent (or parent-figure)
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9G**
| I suffered humiliation, ridicule, bullying or mental cruelty from a parent (or parent-figure)
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9H**
| I witnessed physical or sexual abuse of others in my family
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9I**
| I was physically abused by a parent - punched, kicked or hit or beaten with an object, or needed
| medical treatment
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9J**
| I received too much physical punishment - hitting, smacking etc
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9K**
| I was sexually abused by a parent (or parent-figure)
| 1 Yes
| 2 No
| 3 Can't say
|
| **CHAD9L**
| I suffered another type of mistreatment
| 1 Yes
| 2 No
| 3 Can't say
|
|
| *IF suffered another type of mistreatment = Yes [ChAd9l = 1]*
| |
| | **CHAD9M**
| | In what other way were you mistreated by your parents (or parent-figures)?
| | PLEASE TYPE IN YOUR ANSWER AND PRESS ENTER TO MOVE TO THE
| | NEXT QUESTION.
| | String40
| |
| END OF FILTER
|

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

| **CHAD9N**
| Still thinking about your childhood, would you say you had a normal upbringing?
| 1 Yes
| 2 No
| 3 Can't say
|
| **SATIS**
| That was the last question for you to answer on the computer yourself. We hope that you were able
| to answer the questions without too much trouble. Now that you have reached the end, thinking back,
| are there any answers you would like to change, or is there anything you would like to add to any of the
| answers you have given?
| YOU CAN TYPE IN TWO CHOICES BY PRESSING THE SPACEBAR BETWEEN EACH NUMBER.
| 1 I would like to change one (or more) answers
| 2 I would like to add some information
| 3 No changes
| *[Multiple responses to SATIS are recorded in variables SATIS1 to SATIS2]*
|
| *IF that was the last question = I would like to change [Change = Satis]*
| |
| | **AMEND**
| | Please ask the nurse for assistance about how you may go back to a question in order to change
| | your answer. The nurse will NOT have to look at the computer screen or be told any of your answers in
| | order to help. When you come back to this screen, type 1 and press <Enter> to continue.
| | 1 Continue
| |
| END OF FILTER
|
| *IF that was the last question = I would like to add something [AddSome = Satis]*
| |
| | **ADDINFO**
| | Please type anything you would like to add, or ask the nurse for some paper to write your comments.
| | PRESS <Alt S> WHEN YOU HAVE FINISHED. THEN PRESS THE ENTER KEY
| | Open
| |
| END OF FILTER
|
| **ENDCASI1**
| Thank you very much for answering these questions. Please now type 1 and press <ENTER>.
| 1 Continue
|
| *IF thank you very much = Continue [EndCASI1 = 1]*
| |
| | **ENDCASI2**
| | Please now type 1 and press <ENTER> again (This will lock-up your answers.)
| | Then hand the computer back to the nurse.
| | 1 Continue
| |
| END OF FILTER
|
| **RESULTSC**
| NURSE CODE:
| 1 CASI section only partially completed (SPECIFY REASON AT NEXT QUESTION)
| 2 CASI section completed with no help/advice asked for during completion
| 3 CASI section completed with some help/advice during completion
| [Don't Know and Refusal are not allowed]
|

NCDS Biomedical study CAPI questionnaire
CASI self-completion questionnaire:
AUDIT and questions about drinking; questions about childhood experiences

|
| *IF CASI outcome = Only partially completed [ResultSC = 1]*
| |
| | **XRESULTSC**
| | TYPE IN REASON FOR PARTIAL/NON-COMPLETION.
| | String60
| |
| END OF FILTER
|
END OF FILTER

End of CASI self-completion questionnaire: AUDIT and questions about drinking; questions about childhood experiences

Clinical Interview Schedule – Revised (CIS-R)

IF consent to questions about mental health = Yes [CIDIWill = 1]
|
| **CISINTRO**
| NURSE: THE NEXT SECTION IS THE CIS-R INTERVIEW. MAKE SURE THE CM CAN ANSWER
| THESE QUESTIONS IN CONFIDENCE. PLEASE EXPLAIN THAT THESE QUESTIONS ARE
| CONFIDENTIAL, AND ASK ANYONE ELSE IN THE ROOM TO LEAVE FOR A FEW MINUTES.
| MAKE SURE THAT THE INTERVIEW CANNOT BE OVERHEARD.
| 1 Press '1' to continue
|
| **APPET1**
| Now I would like to ask you some questions about your general health. Have you
| noticed a marked loss in your appetite in the past month?
| 1 Yes
| 2 No
|
| **APPET2**
| Have you lost any weight in the past month?
| 1 Yes
| 2 No/don't know
|
| *IF lost any weight = Yes [APPET2 = 1]*
| |
| | **APPET3**
| | Were you trying to lose weight or on a diet?
| | 1 Yes
| | 2 No
| |
| | *IF trying to lose weight = No [APPET3 = 2]*
| | |
| | | **APPET4**
| | | Did you lose half a stone or more, or did you lose less than this? (NOTE: HALF A
| | | STONE = 7 POUNDS = 3.25 KILOS)
| | | 1 Lost half a stone or more
| | | 2 Lost less than half a stone
| | |
| | | END OF FILTER
| |
| | END OF FILTER
|
| *IF lost any weight = No/don't know [APPET2 = 2]*
| |
| | **APPET5**
| | Have you noticed a marked increase in your appetite over the past month?
| | 1 Yes
| | 2 No
| |
| | **APPET6**
| | Have you gained weight in the past month? NURSE: DO NOT COUNT WEIGHT
| | GAIN DUE TO PREGNANCY
| | 1 Yes
| | 2 No/don't know
| |
| END OF FILTER
|

|
| **FATIGA**
| The following questions are about how you think and feel about things. Have you
| noticed that you've been getting tired in the past month?
| 1 Yes
| 2 No
|
| *IF getting tired in the past month = No [FatigA = 2]*
| |
| | **FATIGB**
| | During the past month, have you felt you've been lacking in energy?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF getting tired in the past month = Yes OR lacking in energy = Yes [FatigA = 1 OR FatigB = 1]*
| |
| | **FATIGC**
| | Do you know why you have been [getting tired/lacking in energy]?
| | 1 Yes
| | 2 No
| |
| | *IF know why cohort member has been tired or lacking in energy = Yes [FatigC = 1]*
| | |
| | | **FATIGD**
| | | SHOW CARD N
| | | What is the main reason? CODE ONE ONLY
| | | 1 Problems with sleep
| | | 2 Medication
| | | 3 Physical illness
| | | 4 Working too hard (inc. housework, looking after baby)
| | | 5 Stress, worry or other psychological reason
| | | 6 Physical exercise
| | | 97 Other (SPECIFY)
| | |
| | | *IF main reason tired or lacking in energy = Other [FatigD = 97]*
| | | |
| | | | **FATIGDOTH**
| | | | Please specify other MAIN reason
| | | | String120
| | | |
| | | END OF FILTER
| | |
| | END OF FILTER
| |
| | *IF NOT main reason tired or lacking in energy = Physical exercise [FatigD <> 6]*
| | |
| | | **FATIGE**
| | | In the past seven days, including last [day of interview] on how many days have you felt
| | | [tired or lacking in energy]?
| | | 1 4 days or more
| | | 2 1 to 3 days
| | | 3 None
| | |
| | END OF FILTER
| |

| |
| | *IF on how many days felt tired or lacking in energy = 4 days or more, 1 to 3 days [FatigE = 1*
| | *OR FatigE = 2]*
| | |
| | | **FATIGF**
| | | Have you felt [tired/lacking in energy] for more than 3 hours in total on any day in the past week?
| | | INTERVIEWER NOTE: EXCLUDE TIME SPENT SLEEPING
| | | 1 Yes
| | | 2 No
| | |
| | | **FATIGG**
| | | Have you felt so [tired/lacking in energy] that you've had to push yourself to get things done during
| | | the past week?
| | | 1 Yes, on at least one occasion
| | | 2 No
| | |
| | | **FATIGH**
| | | Have you felt [tired/lacking in energy] when doing things that you enjoy during the past week?
| | | 1 Yes, at least once
| | | 2 No
| | | 3 IF SPONTANEOUS: Does not enjoy anything
| | |
| | END OF FILTER
| |
| | *IF Tired or lacking in energy when doing things you enjoy = No, Does not enjoy anything [FatigH = 2 OR*
| | *FatigH = 3]*
| | |
| | | **FATIGI**
| | | Have you in the past week felt [tired/lacking in energy] when doing things that you used to enjoy?
| | | 1 Yes
| | | 2 No
| | |
| | END OF FILTER
| |
| | *IF on how many days felt tired or lacking in energy = 4 days or more, 1 to 3 days [FatigE = 1*
| | *OR FatigE = 2]*
| | |
| | | **FATIGJ**
| | | How long have you been [tired/lacking in energy] in the way you have just described?
| | | 1 less than 2 weeks
| | | 2 2 weeks but less than 6 months
| | | 3 6 months but less than 1 year
| | | 4 1 year but less than 2 years
| | | 5 2 years or more
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| **FATSUM**
| *[GENERATED AUTOMATICALLY FROM FATIGE, FATIGF, FATIGG, FATIGH, FATIGI]*|
|
| **FORGETA**
| In the past month, have you had any problems in concentrating on what you are
| doing?
| 1 Yes, problems concentrating
| 2 No
|

| **FORGETB**
| Have you noticed any problems with forgetting things in the past month?
| 1 Yes
| 2 No
|
| *IF problems in concentrating = Yes OR problems with forgetting things = Yes [ForgetA = 1 OR*
| *ForgetB = 1]*
| |
| | **FORGETC**
| | Since last [day of week] on how many days have you noticed problems with your
| | [concentration/memory]?
| | 1 4 days or more
| | 2 1 to 3 days
| | 3 None
| |
| END OF FILTER
|
| *IF on how many days had problems with concentration or memory = 4 days or more, 1 to 3 days*
| *[ForgetA = 1 AND ForgetC = 1 OR ForgetC = 2]*
| |
| | **FORGETD**
| | In the past week could you concentrate on a TV programme, read a newspaper article or talk to
| | someone without your mind wandering?
| | 1 Yes
| | 2 No/not always
| |
| | **FORGETE**
| | In the past week, have these problems with your concentration actually stopped you from getting on
| | with things you used to do or would like to do?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF problems with forgetting things = Yes [ForgetB = 1]*
| |
| | **FORGETF**
| | Earlier you said you have been forgetting things, have you forgotten anything important in the past
| | seven days?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF on how many days had problems with concentration or memory = 4 days or more, 1 to 3 days OR*
| *forgotten anything important = Yes [ForgetC = 1 OR ForgetC = 2 OR ForgetF = 1]*
| |
| | **FORGETG**
| | How long have you been having the problems with your [concentration/memory] as you have
| | described?
| | 1 less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **FORGSUM**
| *[GENERATED AUTOMATICALLY FROM FORGETC, FORGETD, FORGETE, FORGETF]*
|

|
| **SLEEPA**
| In the past month, have you been having problems with trying to get to sleep or with
| getting back to sleep if you woke up or were woken up?
| 1 Yes
| 2 No
|
| *IF problems with trying to get to sleep = No [SleepA = 2]*
| |
| | **SLEEPB**
| | Has sleeping more than you usually do been a problem for you in the past month?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF problems with trying to get to sleep = Yes OR sleeping more than usual = Yes*
| *[SleepA = 1 OR SleepB = 1]*
| |
| | **SLEEPC**
| | On how many of the past seven nights did you have problems with your sleep?
| | 1 4 nights or more
| | 2 1 to 3 nights
| | 3 None
| |
| END OF FILTER
|
| *IF on how many days had problems with sleep = 4 days or more, 1 to 3 days [SleepC = 1 OR SleepC = 2]*
| |
| | **SLEEPD**
| | Do you know why you are having problems with your sleep?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF problems with trying to get to sleep = Yes AND on how many days had problems with sleep = 4 days or*
| *more, 1 to 3 days [SleepA = 1 AND SleepC = 1 OR SleepC = 2]*
| |
| | **SLEEPF**
| | Thinking about the night you had the least sleep in the past week, how long did you spend trying to get
| | to sleep? (If you woke up or were woken up I want you to allow a quarter of an hour to get back to
| | sleep) INTERVIEWER: ONLY INCLUDE TIME SPENT TRYING TO GET TO SLEEP
| | 1 Less than 1/4 hour
| | 2 At least 1/4 hr but less than 1 hr
| | 3 At least 1 hr but less than 3 hrs
| | 4 3 hrs or more
| |
| END OF FILTER
|
| *IF how long spent trying to get to sleep = 3 hours or more [SleepF = 4]*
| |
| | **SLEEPG**
| | In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?
| | 1 4 nights or more
| | 2 1 to 3 nights
| | 3 None
| |
| END OF FILTER
|

|
| *IF problems with trying to get to sleep = Yes AND on how many days had problems with sleep = 4 days or*
| *more, 1 to 3 days AND how long spent trying to get to sleep = At least ¼ hour, At least 1 hour, 3 hours or*
| *more [SleepA = 1 AND SleepC = 1 OR SleepC = 2 AND SleepF <> 1]*
| |
| | **SLEEPH**
| | Do you wake more than two hours earlier than you need to and then find you
| | can't get back to sleep?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF sleeping more than usual = Yes [SleepB = 1]*
| |
| | **SLEEPI**
| | Thinking about the night you slept the longest in the past week, how much longer
| | did you sleep compared with how long you normally sleep for?
| | 1 Less than 1/4 hour
| | 2 At least 1/4 hr but less than 1 hr
| | 3 At least 1 hr but less than 3 hrs
| | 4 3 hrs or more
| |
| END OF FILTER
|
| *IF how long spent trying to get to sleep = 3 hours or more [SleepI = 4]*
| |
| | **SLEEPJ**
| | In the past week, on how many nights did you sleep for more than 3 hours longer than you
| | usually do?
| | 1 4 nights or more
| | 2 1 to 3 nights
| | 3 None
| |
| END OF FILTER
| *IF problems with trying to get to sleep = Yes AND on how many days had problems with sleep = 4 days or*
| *more, 1 to 3 days AND how long spent trying to get to sleep = At least ¼ hour, At least 1 hour, 3 hours or*
| *more [SleepA = 1 AND SleepC = 1 OR SleepC = 2 AND*
| *SleepF <> 1]*
| |
| | **SLEEPK**
| | How long have you had these problems with your sleep as you have described?
| | 1 less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **SLPSUM**
| *[GENERATED AUTOMATICALLY FROM SLEEPC, SLEEPF, SLEEPG, SLEEPI, SLEEPJ]*|
|
| **IRRITA**
| Many people become irritable or short tempered at times, though they may not show it. Have you felt
| irritable or short tempered with those around you in the past month?
| 1 Yes/no more than usual
| 2 No
|

|
| *IF irritable or short tempered in the last month = No [IrritA = 2]*
| |
| | **IRRITB**
| | During the past month did you get short tempered or angry over things which
| | now seem trivial when you look back on them?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF irritable or short tempered in the last month = Yes OR short tempered or angry over trivial things = Yes*
| *[IrritA = 1 OR IrritB = 1]*
| |
| | **IRRITC**
| | Since last [day of week], on how many days have you felt [irritable or short tempered/angry]?
| | 1 4 days or more
| | 2 1 to 3 days
| | 3 None
| |
| END OF FILTER
|
| *IF on how many days irritable or angry = 4 days or more, 1 to 3 days [IrritC = 1 OR IrritC = 2]*
| |
| | **IRRITE**
| | In total, have you felt [irritable or short tempered/angry] for more than one hour on any day in the
| | past week?
| | 1 Yes
| | 2 No
| |
| | **IRRITF**
| | During the past week, have you felt so [irritable or short tempered/angry] that you have wanted to
| | shout at someone, even if you haven't actually shouted?
| | 1 Yes
| | 2 No
| |
| | **IRRITG**
| | In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF had arguments, rows or quarrels = Yes [IrritG = 1]*
| |
| | **IRRITH**
| | Did this happen once or more than once in the past week?
| | 1 Once
| | 2 More than once
| |
| END OF FILTER
|
| *IF arguments, rows or quarrels more than once = Once [IrritH = 1]*
| |
| | **IRRITI**
| | Do you think this was justified?
| | 1 Yes, justified
| | 2 No, not justified
| |
| END OF FILTER
|

|
| *IF arguments, rows or quarrels more than once = More than once [IrritH = 2]*
| |
| | **IRRITJ**
| | Do you think this was justified on every occasion?
| | 1 Yes
| | 2 No, at least one was unjustified
| |
| END OF FILTER
|
| *IF on how many days irritable or angry = 4 days or more, 1 to 3 days [IrritC = 1 OR IrritC = 2]*
| |
| | **IRRITK**
| | How long have you been feeling [irritable or short tempered/angry] as you have described?
| | 1 less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **IRRITSUM**
| *[GENERATED AUTOMATICALLY FROM IRRITC, IRRITF, IRRITG, IRRITI, IRRITJ]*
|
| **DEPA**
| Almost everyone becomes sad, miserable or depressed at times. Have you had a spell
| of feeling sad, miserable or depressed in the past month?
| 1 Yes
| 2 No
|
| **DEPB**
| During the past month, have you been able to enjoy or take an interest in things as
| much as you usually do?
| 1 Yes
| 2 No/no enjoyment or interest
|
| *IF sad, miserable or depressed in last month = Yes [DepA = 1]*
| |
| | **DEPC**
| | In the past week have you had a spell of feeling sad, miserable or depressed?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF able to enjoy or take an interest = No [DepB = 2]*
| |
| | **DEPD**
| | In the past week have you been able to enjoy or take an interest in things as much as usual?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|

| *IF sad, miserable or depressed in last week = Yes OR able to enjoy or take an interest in last week = No*
| *[DepC = 1 OR DepD = 2]*
| |
| | **DEPE**
| | Since last [day of the week] on how many days have you felt [sad, miserable or depressed / unable to
| | enjoy or take an interest in things]?
| | 1 4 days or more
| | 2 2 to 3 days
| | 3 1 day
| |
| | **DEPF**
| | Have you felt [sad, miserable or depressed / unable to enjoy or take an interest in things] for more than 3
| | hours in total (on any day in the past week)?
| | 1 Yes
| | 2 No
| |
| | **DEPI**
| | In the past week when you felt [sad, miserable or depressed / unable to enjoy or take an interest in
| | things], did you ever become happier when something nice happened, or when you were in company?
| | 1 Yes, at least once
| | 2 No
| |
| | **DEPJ**
| | How long have you been feeling [sad, miserable or depressed / unable to enjoy or take an interest in
| | things] as you have described?
| | 1 Less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **DEPSUM**
| *[GENERATED AUTOMATICALLY FROM DEPD, DEPE, DEPF, DEPI]*
|
| *IF DEPSUM > 0 [DEP.DEPSUM > 0]*
| |
| | **IDEASA**
| | I would now like to ask you about when you have been feeling [sad, miserable or depressed / unable to
| | enjoy or take an interest in things]. In the past week, was this worse in the morning or in the evening,
| | or did this make no difference?
| | 1 in the morning
| | 2 in the evening
| | 3 no difference/other
| |
| | **IDEASB**
| | Many people find that feeling sad, miserable or depressed/unable to enjoy or take an interest in things
| | can affect their interest in sex. Over the past month, do you think your interest in sex has ...READ OUT...
| | 1 increased
| | 2 decreased
| | 3 or has it stayed the same?
| | 4 (Spontaneous: NOT APPLICABLE)
| |
| | **IDEASC**
| | When you have felt [sad, miserable or depressed / unable to enjoy or take an interest in things] in the
| | past seven days ...READ OUT... have you been so restless that you couldn't sit still?
| | 1 Yes
| | 2 No
| |

| |
| | **IDEASD**
| | Have you been doing things more slowly, for example, walking more slowly?
| | 1 Yes
| | 2 No
| |
| | **IDEASE**
| | Have you been less talkative than normal?
| | 1 Yes
| | 2 No
| |
| | **IDEASF**
| | Now, thinking about the past seven days have you on at least one occasion felt guilty or blamed yourself
| | when things went wrong when it hasn't been your fault?
| | 1 Yes, at least once
| | 2 No
| |
| | **IDEASG**
| | During the past week, have you been feeling you are not as good as other people?
| | 1 Yes
| | 2 No
| |
| | **IDEASH**
| | Have you felt hopeless at all during the past seven days, for instance about your future?
| | 1 Yes
| | 2 No
| |
| | **SUIC1**
| | In the past week, have you felt that life isn't worth living?
| | 1 Yes
| | 2 (IF RESPONDENT VOLUNTEERS) Yes, but not in the past week
| | 3 No
| |
| | *IF felt life isn't worth living = Yes [SUIC1 = 1]*
| | |
| | | **SUIC2**
| | | In the past week, have you thought of killing yourself?
| | | 1 Yes
| | | 2 (IF RESPONDENT VOLUNTEERS) Yes, but not in the past week
| | | 3 No
| | |
| | | *IF thought of suicide = Yes [SUIC2 = 1]*
| | | |
| | | | **SUIC3**
| | | | Have you talked to a doctor about these thoughts (of killing yourself)?
| | | | 1 Yes
| | | | 2 (IF RESPONDENT VOLUNTEERS) No, but has talked to other people
| | | | 3 No
| | | |
| | | | *IF talked to a doctor = No talked to other people, No [SUIC3 = 2, 3]*
| | | | |
| | | | | **SUIC4**
| | | | | (You have said that you have been thinking about committing suicide) Since this is a very serious
| | | | | matter, it is important that you talk to a doctor about these thoughts.
| | | | | PRESS '1' TO CONTINUE
| | | | | 1 Continue
| | | | |
| | | | END OF FILTER
| | | |
| | | END OF FILTER
| | |

| | |
| | END OF FILTER
| |
| END OF FILTER
|
| **IDEASUM**
| *[GENERATED AUTOMATICALLY FROM IDEASF, IDEASG, IDEASH]*
|
| **ANXA**
| Have you been feeling anxious or nervous in the past month?
| 1 Yes, anxious or nervous
| 2 No
|
| *IF anxious or nervous in past month = No [AnxA = 2]*
| |
| | **ANXB**
| | In the past month, did you ever find your muscles felt tense or that you couldn't relax?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| **ANXC**
| Some people have phobias; they get nervous or uncomfortable about specific things or situations when
| there is no real danger. For instance they may get nervous when speaking or eating in front of strangers,
| when they are far from home or in crowded rooms, or they may have a fear of heights. Others become
| nervous at the sight of things like blood or spiders. In the past month have you felt anxious,
| nervous or tense about any specific things or situations when there was no real danger?
| 1 Yes
| 2 No
|
| *IF anxious or nervous in past month = Yes OR muscles tense or couldn't relax = Yes AND nervous when*
| *no real danger = Yes [AnxA = 1 OR AnxB = 1 AND AnxC = 1]*
| |
| | **ANXD**
| | In the past month, when you [felt anxious or nervous/tense], was this always brought on by the phobia
| | about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?
| | 1 Always brought on by phobia
| | 2 Sometimes felt generally anxious
| |
| END OF FILTER
|
| *IF anxious or nervous in past month = Yes OR muscles tense or couldn't relax = Yes AND nervous when*
| *no real danger = No OR feelings brought on by specific situation = Sometimes generally anxious*
| *[AnxA = 1 OR AnxB = 1 AND AnxC = 2 OR AnxD = 2]*
| |
| | **ANXE**
| | The next questions are concerned with general anxiety/nervousness/tension only. [I will ask you about
| | the anxiety which is brought on by the phobia about specific things or situations later] On how many of
| | the past seven days have you felt generally anxious/nervous/tense?
| | 1 4 days or more
| | 2 1 to 3 days
| | 3 None
| |
| END OF FILTER
|

|
| *IF on how many days anxious, nervous, tense = 4 days or more, 1 to 3 days [AnxE = 1 OR AnxE = 2]*
| |
| | **ANXF**
| | In the past week, has your anxiety/nervousness/tension been ...READ OUT...
| | 1 very unpleasant
| | 2 a little unpleasant
| | 3 or not unpleasant?
| |
| | **ANXG**
| | SHOW CARD Q
| | In the past week, when you've been anxious/nervous/tense, have you had any of
| | the symptoms shown on this card? CODE ALL THAT APPLY
| | 1 Heart racing or pounding
| | 2 Hands sweating or shaking
| | 3 Feeling dizzy
| | 4 Difficulty getting your breath
| | 5 Butterflies in stomach
| | 6 Dry mouth
| | 7 Nausea or feeling as though you wanted to vomit
| | 96 None of these
| | *[Multiple responses to ANXG are recorded in variables ANXG1 to ANXG7]*
| |
| **Check 71**
| |
| | **ANXH**
| | Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?
| | 1 Yes
| | 2 No
| |
| | **ANXI**
| | How long have you had these feelings of general anxiety/nervousness/tension as you described?
| | 1 less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **ANXSUM**
| *[GENERATED AUTOMATICALLY FROM ANXE, ANXF, ANXG, ANXH]*
|
| *IF nervous when no real danger = No [ANX.AnxC = No]*
| |
| | **PHOBA**
| | Sometimes people avoid a specific situation or thing because they have a phobia about it.
| | For instance, some people avoid eating in public or avoid going to busy places because it would make
| | them feel nervous or anxious. In the past month have you avoided any situation or thing because,
| | it would have made you feel nervous or anxious, even though there was no real danger?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|

|
| *IF nervous when no real danger = Yes [ANX.AnxC = Yes]*
| |
| | **PHOBB**
| | SHOW CARD R
| | Can you look at this card and tell me which of the situations or things listed made you the most
| | anxious/nervous/tense in the past month? INTERVIEWER: CODE ONE ONLY
| | 1 Crowds or public places, including travelling alone or being far from home
| | 2 Enclosed spaces
| | 3 Social situations, including eating or speaking in public, being watched or stared at
| | 4 The sight of blood or injury
| | 5 Any specific single cause including insects, spiders and heights
| | 97 Other (specify)
| |
| | *IF situations or things that made cohort member most nervous = Other [PhobB = 97]*
| | |
| | | **PHOBDESC**
| | | What other situations or things?
| | | String100
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF avoid a specific situation or thing = Yes [PhobA = 1]*
| |
| | **PHOBC**
| | SHOW CARD R
| | Can you look at this card and tell me which of the situations or things did you avoid the most in the past
| | month? INTERVIEWER: CODE ONE ONLY
| | 1 Crowds or public places, including travelling alone or being far from home
| | 2 Enclosed spaces
| | 3 Social situations, including eating or speaking in public, being watched or stared at
| | 4 The sight of blood or injury
| | 5 Any specific single cause including insects, spiders and heights
| | 97 Other (specify)
| |
| | *IF which situation or things avoided = Other [PhobC = 97]*
| | |
| | | **PHOBCDESC**
| | | Please specify other
| | | String100
| | |
| | END OF FILTER
| |
| END OF FILTER
|
| *IF nervous when no real danger = Yes [ANX.AnxC = Yes]*
| |
| | **PHOBD**
| | In the past seven days, how many times have you felt nervous or anxious about this situation
| | or thing?
| | 1 4 times or more
| | 2 1 to 3 times
| | 3 None
| |
| END OF FILTER
|

| *IF on how many days nervous or anxious about situation or thing = 4 days or more, 1 to 3 days*
| *[PhobD = 1 OR PhobD = 2]*
| |
| | **PHOBE**
| | SHOW CARD Q
| | In the past week, on those occasions when you felt anxious/nervous tense did you have
| | any of the symptoms on this card? INTERVIEWER: CODE ALL THAT APPLY
| | 1 Heart racing or pounding
| | 2 Hands sweating or shaking
| | 3 Feeling dizzy
| | 4 Difficulty getting your breath
| | 5 Butterflies in stomach
| | 6 Dry mouth
| | 7 Nausea or feeling as though you wanted to vomit
| | 96 None of these
| | *[Multiple responses to PHOBE are recorded in variables PHOBE1 to PHOBE7]*
| |
| **Check 72**
| |
| END OF FILTER
|
| *IF nervous when no real danger = Yes [ANX.AnxC = Yes]*
| |
| | **PHOBF**
| | In the past week, have you avoided any situation or thing because it would have made you
| | feel anxious/nervous/tense even though there was no real danger?
| | 1 Yes
| | 2 No
| |
| END OF FILTER
|
| *IF avoided situation or thing in past week = Yes [PhobF = 1]*
| |
| | **PHOBG**
| | How many times have you avoided such situations or things in the past seven days?
| | 1 1 to 3 times
| | 2 4 times or more
| | 3 None
| |
| END OF FILTER
|
| *IF on how many days nervous or anxious about situation or thing = 4 days or more, 1 to 3 days OR*
| *how many times avoided situation or thing = 1 to 3 times, 4 times or more [PhobD = 2 OR PhobD = 1 OR*
| *PhobG = 1 OR PhobG = 2]*
| |
| | **PHOBH**
| | How long have you been having these feelings about these situations/things as you have just described?
| | 1 less than 2 weeks
| | 2 2 weeks but less than 6 months
| | 3 6 months but less than 1 year
| | 4 1 year but less than 2 years
| | 5 2 years or more
| |
| END OF FILTER
|
| **PHOBSUM**
| *[GENERATED AUTOMATICALLY FROM PHOBD, PHOBE, PHOBG]*
|

|
| *IF anxious or nervous in past month = Yes OR muscles tense or couldn't relax = Yes OR nervous when*
| *no real danger = Yes [ANX.AnxA = YES OR ANX.AnxB = Yes OR ANX.AnxC = Yes]*
| |
| | **PANICA**
| | Thinking about the past month, did your anxiety or tension ever get so bad that you got in a panic,
| | for instance make you feel that you might collapse or lose control unless you did something about it?
| | 1 Yes
| | 2 No
| |
| | *IF got in a panic = Yes [PanicA = 1]*
| | |
| | | **PANICB**
| | | How often has this happened in the past week?
| | | 1 Once
| | | 2 More than once
| | | 3 Not at all
| | |
| | | *IF how often got in a panic = Once, More than once [PanicB = 1 OR PanicB = 2]*
| | | |
| | | | **PANICC**
| | | | In the past week, have these feelings of panic been ...READ OUT...
| | | | 1 ... a little uncomfortable or unpleasant,
| | | | 2 or have they been very unpleasant or unbearable?
| | | |
| | | | **PANICD**
| | | | Did [this panic/the worst of these panics] last for longer than 10 minutes?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | | **PANICE**
| | | | Are you relatively free of anxiety between these panics?
| | | | 1 Yes
| | | | 2 No
| | | |
| | | END OF FILTER
| | |
| | | **PANICF**
| | | Is this panic always brought on by the same situation/thing ?
| | | 1 Yes
| | | 2 No
| | |
| | END OF FILTER
| |
| | *IF how often got in a panic = Once, More than once [PanicB = 1 OR PanicB = 2]*
| | |
| | | **PANICG**
| | | How long have you been having these feelings of panic as you have described?
| | | 1 less than 2 weeks
| | | 2 2 weeks but less than 6 months
| | | 3 6 months but less than 1 year
| | | 4 1 year but less than 2 years
| | | 5 2 years or more
| | |
| | END OF FILTER
| |
| END OF FILTER
|

| **PANSUM**
| *[GENERATED AUTOMATICALLY FROM PANB, PANC, PAND]*
|
| **TOTSUM**
| *[GENERATED AUTOMATICALLY FROM FATSUM, FORGSUM, SLPSUM, IRRITSUM, DEPSUM,*
| *IDEASUM, ANXSUM, PHOBSUM, PANSUM]*
|
| *IF CISR.OVER.TotSum >= 2 [TotSum >= 2]*
| |
| | **OVERALLA**
| | Now I would like to ask you how all of these things that you have told me about have affected you
| | overall. In the past week, has the way you have been feeling ever actually stopped you from getting on
| | with things you used to do or would like to do?
| | 1 Yes
| | 2 No
| |
| | *IF stopped from getting on with things = Yes [OverallA = 1]*
| | |
| | | **OVERALLB**
| | | In the past week, has the way you have been feeling stopped you doing things once or more than
| | | once?
| | | 1 Once
| | | 2 More than once
| | |
| | END OF FILTER
| |
| | *IF stopped from getting on with things = No [OverallA = 2]*
| | |
| | | **OVERALLC**
| | | Has the way you have been feeling made things more difficult even though you have got everything
| | | done?
| | | 1 Yes
| | | 2 No
| | |
| | END OF FILTER
| |
| END OF FILTER
|
END OF FILTER

End of Clinical Interview Schedule – Revised (CIS-R)

Saliva collection

SALINTRO
Finally, we need to collect a couple of samples of your saliva. Saliva contains a substance called cortisol, which is a measure of stress. Because cortisol levels vary during the day, we need to take samples at specific times. Would you be willing to take samples of your saliva during the next couple of days. It won't take very much time. We will give you an envelope to post the samples to us.
1 Yes
2 No

IF willing to take samples of saliva = Yes [SalIntro = 1]
|
| **SALCONS**
| COMPLETE FIRST PART OF CONSENT FORM 3 - SALIVA SAMPLE. ASK COHORT MEMBER TO
| SIGN AND DATE THE FORM. ENTER '1' TO CONTINUE
| 1 Continue
|
| **SALTUBE**
| SHOW COHORT MEMBER THE 'SALIVETTE' TUBES. EXPLAIN THE PROCEDURE: SWAB IN
| TUBE, LEAVE PLASTIC ON SWAB, PUT IN MOUTH AND CHEW UNTIL SOAKED (USUALLY ABOUT
| 1 MINUTE), RETURN SWAB TO TUBE, PUT CAP BACK ON. CODE '1' TO CONTINUE
| 1 Continue
|
| **SALHOW**
| SHOW RESPONDENT RED AND BLUE DOTS ON CAPS. RED DOT FOR FIRST SAMPLE
| - 45 MINUTES AFTER WAKING UP (BEFORE BREAKFAST). IMPORTANT, DON'T CLEAN TEETH,
| EAT OR DRINK ANYTHING FIRST, ESPECIALLY NO FRUIT OR FRUIT JUICES. BLUE DOT FOR
| SECOND SAMPLE - 3 HOURS AFTER FIRST SAMPLE. IMPORTANT, DON'T EAT OR DRINK IN
| THE 15 MINUTES BEFORE SAMPLE (EG BEFORE LUNCH). CODE '1' TO CONTINUE
| 1 Continue
|
| **SALSEND**
| GIVE COHORT MEMBER INSTRUCTION LEAFLET, RETURN FORM AND ENVELOPE.
| ATTACH ONE BARCODE LABEL ON BACK OF FORM AND ONE ON EACH SALIVETTE.
| EXPLAIN THE TWO SAMPLES TO BE TAKEN ON THE SAME DAY. WHAT TO DO IF SECOND
| SAMPLE MISSED OR TUBES LOST - PHONE FOR REPLACEMENTS, NUMBER ON LEAFLET.
| COHORT MEMBER SHOULD WRITE TIME AND DATE OF COLLECTION ON FORM. TUBES AND
| FORM IN ENVELOPE, POST. NO NEED FOR A STAMP. CODE '1' TO CONTINUE
| 1 Continue
|
END OF FILTER

End of Saliva collection module

Final consents and end of interview

NEARVOC
[GENERATED AUTOMATICALLY]
Near vision outcome.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

DISTROC
[GENERATED AUTOMATICALLY]
Distance vision outcome: right eye not visually impaired.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

DISTLOC
[GENERATED AUTOMATICALLY]
Distance vision outcome: left eye not visually impaired.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

DIMPROC
[GENERATED AUTOMATICALLY]
Distance vision outcome: right eye visually impaired.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

DIMPLOC
[GENERATED AUTOMATICALLY]
Distance vision outcome: left eye visually impaired.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

PINROC
[GENERATED AUTOMATICALLY]
Distance vision outcome: right eye pinhole.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

PINLOC
[GENERATED AUTOMATICALLY]
Distance vision outcome: left eye pinhole.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused

BPOC
[GENERATED AUTOMATICALLY]
Blood pressure outcome.
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused
5 Not applicable (pregnant)

AUDOC
[GENERATED AUTOMATICALLY]
Hearing threshold outcome.
1 All hearing measurements completed
2 Some hearing measurements completed
3 Hearing attempted, not obtained
4 Hearing not attempted

HTOC
[GENERATED AUTOMATICALLY]
Height outcome.
1 Height measured
2 Height refused
3 Height attempted, not obtained
4 Height not attempted
5 Height not measured (estimated)

SITOC
[GENERATED AUTOMATICALLY]
Sitting height outcome.
1 Sitting height measured
2 Sitting height refused
3 Sitting height attempted, not obtained
4 Sitting height not attempted

WTOC
[GENERATED AUTOMATICALLY]
Height outcome.
1 Weight measured
2 Weight refused
3 Weight attempted, not obtained
4 Weight not attempted
5 Weight not measured (estimated)

WHOC
[GENERATED AUTOMATICALLY]
Waist Hip outcome.
1 Both measurements obtained
2 Only one measurement obtained
3 Attempted, not obtained
4 Not attempted
5 Refused
6 Not applicable

LFOC
[GENERATED AUTOMATICALLY]
Lung function outcome.
1 At least one technically satisfactory blow
2 Attempted, not obtained
3 Not attempted
4 Refused
5 Not applicable

REFOC
[GENERATED AUTOMATICALLY]
Autorefractor outcome.
1 All measurements completed
2 Some measurements completed, not all
3 Eye measures refused
4 Eye measures not attempted

BSOC
[GENERATED AUTOMATICALLY]
Blood sample outcome.
1 Taken (at least a tube)
2 Agreed, not obtained
3 Refused
4 Not applicable (pregnant/Warfarin/epilepsy)
5 Not attempted

SSOC
[GENERATED AUTOMATICALLY]
Saliva sample outcome.
1 Willing to take
2 Not willing to take saliva
3 Not attempted
4 Refused

GPREG
Can I check, are you registered with a GP?
1 Yes
2 No

IF registered with GP = Yes [GPReg = 1]
|
| *IF any measures of vision obtained [DISTROC = 1 OR DISTLOC = 1 OR DIMPROC = 1 OR*
| *DIMPLOC = 1]*
| |
| | **GPVIS**
| | We would like your permission to feed back some of your measurement and test results to your GP.
| | May we send your GP your…vision tests? - COMPLETE CONSENT FORM 3 - CONSENT TO SEND
| | RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]
| |
| END OF FILTER
|
| *IF blood pressure measurements obtained [BPOC = 1]*
| |
| | **GPBP**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Blood pressure and resting pulse rates? - COMPLETE CONSENT FORM 3
| | - CONSENT TO SEND RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT
| | MEMBER COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]
| |
| END OF FILTER
|

| *IF any tests of hearing completed [AUDOC = 1, 2]*

| | **GPHEAR**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Hearing test results? - COMPLETE CONSENT FORM 3 - CONSENT TO
| | SEND RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]

| END OF FILTER

| *IF any measures of height, sitting height or weight obtained [HTOC = 1 OR SitOC = 1 OR*
| *WTOC = 1]*

| | **GPHTWT**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Height and weight results? - COMPLETE CONSENT FORM 3 - CONSENT
| | TO SEND RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER
| | COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]

| END OF FILTER

| *IF measures of waist or hip obtained [WHOC = 1, 2]*

| | **GPWH**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Hip and waist results - COMPLETE CONSENT FORM 3 - CONSENT TO
| | SEND RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]

| END OF FILTER

| *IF measures of lung function obtained [LFOC = 1]*

| | **GPLF**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Lung function test results? - COMPLETE CONSENT FORM 3 - CONSENT
| | TO SEND RESULTS TO GP IN BOTH THE CONSENT BOOKLET AND THE COHORT MEMBER
| | COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]

| END OF FILTER

|
| *IF any blood samples taken [BSOC = 1]*
| |
| | **GPBL**
| | (We would like your permission to feed back some of your measurement and test results to your GP.)
| | May we send your GP your…Blood test results for blood cholesterol and glycosylated haemoglobin? -
| | COMPLETE CONSENT FORM 3 - CONSENT TO SEND RESULTS TO GP IN BOTH THE CONSENT
| | BOOKLET AND THE COHORT MEMBER COPY.
| | 1 Yes
| | 2 No
| | [Don't Know and Refusal are not allowed]
| |
| END OF FILTER
|
END OF FILTER

IF any blood samples taken [BSOC = 1]
|
| **RESPRES**
| Would you like to be sent the results of your blood sample analysis?
| 1 Yes
| 2 No
|
END OF FILTER

CONCODES
NURSE CIRCLE CODES ON FRONT OF CONSENT BOOKLET. *[FOR EACH CONSENT, SCREEN
SHOWS WHICH CODE TO CIRCLE]* IF ANY RESULTS TO GO TO GP WRITE DOWN GP'S NAME
ADDRESS AND TELEPHONE NUMBER ON CONSENT BOOKLET, CHECK THE NAME BY WHICH GP
KNOWS CM, AND CODE QUESTION 7.
1 PRESS 1 TO CONTINUE

ARCHOK
Finally, there are two more things for which I need to seek your consent. READ OUT
CONSENT 4a AND ASK CM TO SIGN AND DATE
1 Consent given
2 Consent not given

NHSOK
READ OUT CONSENT 4b AND ASK CM TO SIGN AND DATE
1 Consent given
2 Consent not given

SCOMP1
COLLECT LILAC SELF COMPLETION BOOKLET.
1 Complete/obtained
2 Not completed/obtained
[Don't Know and Refusal are not allowed]

SCOMP2
NURSE: COLLECT YELLOW SELF-COMPLETION BOOKLET (SENT OUT BY OFFICE) AND CODE.
GIVE ENVELOPE IF CM IS POSTING BOOKLET BACK TO OFFICE
1 Booklet completed and returned by nurse
2 Booklet left behind, CM will post
3 CM already returned booklet (NURSE: NOTE WHERE SENT ON ARF)
4 Refused
[Don't Know and Refusal are not allowed]

THANK
NURSE: THANK THE COHORT MEMBER FOR THEIR CO-OPERATION THEN PRESS
<1> AND <ENTER> TO FINISH
Range: 1..1
[Don't Know and Refusal are not allowed]

End of Final consents and end of interview module

END OF INTERVIEW

CHECKS

In near and distance vision module:

Checks 1 and 2
After NVWEAR

```
|
| IF [NVWear = 2…9]
| |
| | CHECK: [NOT VisAids = No ENG]
| | |
| | | CM CODED AS NOT WEARING GLASSES, CONTACT LENSES OR OTHER VISUAL AIDS
| | | AT <VISAIDS>.PLEASE CHECK.
| | |
| | END CHECK
| |
| END OF FILTER
|
| IF [NVWear = 1]
| |
| | CHECK: [VisAids = Yes INVOLVING NVWear ENG]
| | |
| | | <VISAIDS> CODED AS 'YES'. PLEASE AMEND YOUR CODING
| | |
| | END CHECK
| |
| END OF FILTER
|
```

Checks 3 to 6
After VSTEREO

```
|
| IF [VStereo.CARDINAL > 1]
| |
| | CHECK: [NOT None = VStereo ENG]
| | |
| | | NO IMAGE IS AN EXCLUSIVE CODE. PLEASE RE-ENTER
| | |
| | END CHECK
| |
| END OF FILTER
|
| IF [VStereo.CARDINAL > 1]
| |
| | CHECK: [NOT VisImpA = VStereo ENG]
| | |
| | | VISUALLY IMPARED IS AN EXCLUSIVE CODE. PLEASE RE-ENTER
| | |
| | END CHECK
| |
| END OF FILTER
|
```

|
| *IF [NUM <= 2]*
| |
| | CHECK: [NOT NotCar = VStereo ENG]
| | |
| | | 'FOURTH IMAGE SEEN BUT NOT IDENTIFIED' IS NOT A VALID CODE.
| | | PLEASE CHECK CODING
| | |
| | END CHECK
| |
| END OF FILTER
|
| *IF [Star = VStereo AND 2 = VStereo AND 3 = VStereo AND 4 = VStereo]*
| |
| | CHECK: [NOT NotCar = VStereo ENG]
| | |
| | | FOURTH IMAGE HAS BEEN IDENTIFIED. PLEASE CHECK CODING
| | |
| | END CHECK
| |
| END OF FILTER
|

Checks 7 and 8
After DVWEAR

|
| *IF [DVWear = 2 , 3, 4, 5]*
| |
| | CHECK: [NOT VisAids = No INVOLVING DVWear ENG]
| | |
| | | CM CODED AS NOT WEARING GLASSES, CONTACT LENSES OR OTHER
| | | VISUAL AIDS AT <VISAIDS>.PLEASE CHECK.
| | |
| | END CHECK
| |
| END OF FILTER
|
| *IF [DVWear = 1]*
| |
| | CHECK: [VisAids <> Yes INVOLVING DVWear ENG]
| | |
| | | <VISAIDS> CODED AS 'YES'. PLEASE AMEND YOUR CODING
| | |
| | END CHECK
| |
| END OF FILTER
|

In blood pressure module:

Check 9
After CONSUBX

```
|
| IF [None = ConSubX]
| |
| | CHECK: [ConSubX.CARDINAL = 1 ENG]
| | |
| | | ConSubX: 'Neither' is an exclusive answer.
| | |
| | END CHECK
| |
| END OF FILTER
|
```

Check 10
After AIRTEMP

```
|
| IF [AirTemp = RESPONSE]
| |
| | CHECK: [AirTemp <= 25 AND AirTemp >= 15]
| | |
| | | Please check. It is very unusual for the room temperature to be more than 25
| | | centigrades or less than 15 centigrades.
| | |
| | END CHECK
| |
| END OF FILTER
|
```

Check 11
After SYS

```
| |
| | CHECK: [Sys = 51…299, 999 OR Sys <> RESPONSE ENG]
| | |
| | | Systolic reading should be between 51 and 299 or 999.
| | |
| | END CHECK
| |
```

Checks 12 and 13
After DIAS

```
| |
| | CHECK: [Dias >= 31 OR Dias <> RESPONSE ENG]
| | |
| | | Diastolic reading should be more than 31.
| | |
| | END CHECK
| |
| | CHECK: [Dias <= 199 OR Dias = ENG]
| | |
| | | Diastolic reading should be less than 200 or 999.
| | |
| | END CHECK
| |
```

Checks 14 to 23
After PULSE

```
| |
| | CHECK: [Pulse >= 30 OR Pulse <> RESPONSE ENG]
| | |
| | | Pulse reading should be more than 29.
| | |
| | END CHECK
| |
| | CHECK: [Pulse = 30…160, 999 OR Pulse <> RESPONSE ENG]
| | |
| | | Pulse reading should be between 30 and 160 or 999.
| | |
| | END CHECK
| |
| |
| | CHECK: [Pulse > 48 OR Pulse <> RESPONSE ENG]
| | |
| | | This pulse reading is rather low. Please double check.
| | |
| | END CHECK
| |
| | CHECK: [Pulse = 1…110, 999 OR Pulse <> RESPONSE ENG]
| | |
| | | This pulse reading is rather high. Please double check.
| | |
| | END CHECK
| |
| | CHECK: [Sys >= 90 OR Sys <> RESPONSE ENG]
| | |
| | | This systolic reading is rather low. Please double check.
| | |
| | END CHECK
| |
| | CHECK: [Sys <= 250 OR Sys = ENG]
| | |
| | | This systolic reading is rather high. Please double check.
| | |
| | END CHECK
| |
| | CHECK: [Dias >= 60 OR Dias <> RESPONSE ENG]
| | |
| | | This diastolic reading is rather low. Please double check.
| | |
| | END CHECK
| |
| | CHECK: [Dias <= 130 OR Dias = ENG]
| | |
| | | This diastolic reading is rather high. Please double check.
| | |
| | END CHECK
| |
```

```
| |
| | IF [BPReadI  -1.Sys < 844 AND BPReadI - 1.Dias < 844]
| | |
| | | CHECK: [ABS BPRead.Sys - BPReadI - 1.Sys < 40 ENG]
| | |
| | | The difference between the two systolic readings is equal to or more
| | | than 40mmHg.Please check you have entered the readings correctly.
| | |
| | | END CHECK
| | |
| | | CHECK: [ABS BPRead.Dias - BPReadI - 1.Dias < 30 ENG]
| | | |
| | | | The difference between the two diastolic readings is equal to or more
| | | | than 30mmHg.Please check you have entered the readings correctly.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

In hearing module:

Checks 24 and 25
After AUDEARA

```
| | |
| | | IF [AudEarA <>  EMPTY]
| | | |
| | | | CHECK: [NOT AudEarA = 101…998 ENG]
| | | | |
| | | | | INVALID RANGE. PLEASE RE-ENTER
| | | | |
| | | | END CHECK
| | | |
| | | | CHECK: [AudEarA = -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90,
| | | | 95, 100, 999 ENG]
| | | | |
| | | | | INVALID VALUE. VALUE MUST BE A MULTIPLE OF 5. PLEASE RE- ENTER
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
```

Checks 26 and 27
After AUDEARC

```
| | |
| | | IF [AudEarC <> EMPTY]
/ | | |
| | | | CHECK: [NOT AudEarC = 101…998 ENG]
| | | | |
| | | | | INVALID RANGE. PLEASE RE-ENTER
| | | | |
| | | | END CHECK
| | | |
| | | | CHECK: [AudEarC = -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90,
| | | | 95, 100, 999 ENG]
| | | | |
| | | | | INVALID VALUE. VALUE MUST BE A MULTIPLE OF 5. PLEASE RE- ENTER
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
```

In height and sitting height module:

Check 28
After NOTWILHT

```
|
| IF [NOTWILHT <> EMPTY]
| |
| | CHECK: [NOTWILHT <> Known ENG]
| | |
| | | NURSE: PLEASE ENCOURAGE COHORT MEMBER TO HAVE HEIGHT MEASURED:
| | | Even when you are an adult your height changes over time and
| | | we want to see if this is important for your health.
| | |
| | END CHECK
| |
| END OF FILTER
|
```

Checks 29 and 30
After HEIGHT

```
| |
| | HTLOW
| | [GENERATED AUTOMATICALLY]
| | Men: HTLOW=(-0.132 * Age + 165)
| | Women: HTLOW=(-0.158 * Age + 155.5)
| |
| | HTHIGH
| | [GENERATED AUTOMATICALLY]
| | Men: HTHIGH=(-0.118 * Age + 193)
| | Women: HTHIGH=(-0.132 * Age + 179.1)
| |


| |
| | IF [Height = RESPONSE]
| | |
| | | CHECK: [FRAC Height <> 0]
| | | |
| | | | Please record height with one decimal digit, using the full stop as decimal point.
| | | | If the decimal is zero, suppress this warning and continue.
| | | |
| | | END CHECK
| | |
| | | CHECK: [Height >= HtLow AND Height <= HtHigh]
| | | |
| | | | This person's height is [height in feet and inches]. Is this correct? If correct, suppress this warning.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

Check 31
After RESNIHT

```
| |
| | IF [ResNHi <> EMPTY]
| | |
| | | CHECK: [ResNHi <> Already ENG]
| | | |
| | | | NURSE: PLEASE ENCOURAGE COHORT MEMBER TO HAVE HEIGHT MEASURED:
| | | | Even when you are an adult your height changes over time
| | | | and we want to see if this is important for your health.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

Check 32
After EHTM or EHTIN

IF [EHtCh = RESPONSE AND EHtFt = RESPONSE OR EHtIn = RESPONSE OR EHtm = RESPONSE AND EstHt = RESPONSE]

```
|
| CHECK: [EstHt >= HtLow AND EstHt <= HtHigh OR Edit1 = 1 ENG]
| |
| | This person's height is [height in feet and inches]. Is this correct? If correct, suppress this warning.
| |
| END CHECK
|
END OF FILTER
```

Checks 33 to 34
After SHEIGHT

```
| |
| | IF [SHeight = RESPONSE]
| | |
| | | CHECK: [FRAC SHeight <> 0]
| | | |
| | | | Please record height with one decimal digit, using the full stop as decimal point.
| | | | If the decimal is zero, suppress this warning and continue.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
| | IF [SHeight = RESPONSE AND HEIGHT.Height = RESPONSE AND SHeight < HEIGHT.Height]
| | |
| | | CHECK: [DIFFH >= 10 ENG]
| | | |
| | | | SHEIGHT SHOULD BE AT LEAST 10.0 cms LESS THAN STANDING HEIGHT
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

In weight module:

Check 35
After FLOORC

```
| | |
| | | IF [Neither = FloorC]
| | | |
| | | | CHECK: [FloorC.CARDINAL = 1 ENG]
| | | | |
| | | | | 'Neither' is an exclusive code for this question.
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
```

Check 36
After EWTKG

```
| |
| | IF [EWtkg =  RESPONSE]
| | |
| | | CHECK: [FRAC EWtkg <> 0]
| | | |
| | | | Please record weight with one decimal digit, using the full stop as decimal point.
| | | | If the decimal is zero, suppress this warning and continue.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
```

Checks 37 to 40
After EWTKG or EWTL

WTLOW
[GENERATED AUTOMATICALLY]
Men: WTLOW=(0.039 * Age + 52.37)
Women: WTLOW=(0.043 * Age + 40.32)

WTHIGH
[GENERATED AUTOMATICALLY]
Men: WTHIGH=(0.02 * Age + 102.18)
Women: WTHIGH=(0.0375 * Age + 89.4)

IF [XWeight = RESPONSE AND Weight = RESPONSE]

```
|
| CHECK: [FRAC XWeight <> 0]
| |
| | Please record weight with one decimal digit, using the full stop as decimal point.
| | If the decimal is zero, suppress this warning and continue.
| |
| END CHECK
|
```

|
| CHECK: [XWeight <> 150 ENG]
| |
| | YOU HAVE RECORDED THE WEIGHT AS EXACTLY 150.0kg. IS THIS THE
| | ACTUAL WEIGHT, OR SHOULD YOU HAVE ENTERED AN ESTIMATE? IF
| | CORRECT, PRESS <S> TO SUPPRESS THIS WARNING.
| |
| END CHECK
|
| CHECK: [Weight >= WtLow AND Weight <= WtHigh]
| |
| | This person's weight is [weight in stones and pounds]. Is this correct? Press <S>
| | to suppress this warning.
| |
| END CHECK
|
END OF FILTER

*IF [EWtCh = RESPONSE AND EWtSt = RESPONSE OR EWtL = RESPONSE OR EWtkg =
RESPONSE AND EstWt = RESPONSE]*

|
| CHECK: [EstWt >= WtLow AND EstWt <= WtHigh]
| |
| | This person's weight is [weight in stones and pounds]. Is this correct? If correct, suppress this warning.
| |
| END CHECK
|
END OF FILTER

In waist and hips module:

Checks 41 to 43
After WAIST

```
| | |
| | | CHECK: [Waist <> 1000 ENG]
| | | |
| | | | 1000 is above the valid range, please amend.
| | | |
| | | END CHECK
| | |
| | | IF [Waist <> EMPTY AND PSEX = 1]
| | | |
| | | | CHECK: [Waist = 65…140 OR Waist = 999.9 ENG]
| | | | |
| | | | | IS THIS CORRECT (IS TAPE IN CORRECT POSITION)?
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
| | | IF  [Waist <> EMPTY AND PSEX = 2]
| | | |
| | | | CHECK: [Waist = 55…140 OR Waist = 999.9 ENG]
| | | | |
| | | | | IS THIS CORRECT (IS TAPE IN CORRECT POSITION)?
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
```

Checks 44 to 48
After HIPS

```
| | |
| | | CHECK: [Hip <> 1000 ENG]
| | | |
| | | | 1000 is above the valid range, please amend.
| | | |
| | | END CHECK
| | |
| | | IF [Hip <> EMPTY AND PSEX = 1]
| | | |
| | | | CHECK: [Hip = 70…155 OR Hip = 999.9 ENG]
| | | | |
| | | | | IS THIS CORRECT (IS TAPE IN CORRECT POSITION)?
| | | | |
| | | | END CHECK
| | | |
| | | END OF FILTER
| | |
```

```
| | |
| | |  IF [Hip <> EMPTY AND PSEX = 2]
| | | |
| | | |  CHECK: [Hip = 70…175 OR Hip = 999.9 ENG]
| | | | |
| | | | |  IS THIS CORRECT (IS TAPE IN CORRECT POSITION)?
| | | | |
| | | |  END CHECK
| | | |
| | |  END OF FILTER
| | |
| | |  IF [Measure.Waist = RESPONSE]
| | | |
| | | |  CHECK: [FRAC Measure.Waist <> 0 ENG]
| | | | |
| | | | |  Please record waist measurement with one decimal digit, using the full stop as decimal point.
| | | | |  If the decimal is zero, suppress this warning and continue.
| | | | |
| | | |  END CHECK
| | | |
| | |  END OF FILTER
| | |
| | |  IF [Measure.Hip = RESPONSE]
| | | |
| | | |  CHECK: [FRAC Measure.Hip <> 0 ENG]
| | | | |
| | | | |  Please record hip measurement with one decimal digit, using the full stop as decimal point.
| | | | |  If the decimal is zero, suppress this warning and continue.
| | | | |
| | | |  END CHECK
| | | |
| | |  END OF FILTER
| | |
```

In tests of lung function:

Checks 49 and 50
After FVC

```
| | | | |
| | | | | CHECK: [FVC <= 7 OR FVC = 9.95 ENG]
| | | | | |
| | | | | | ARE YOU SURE? THIS VALUE SEEMS A BIT HIGH.
| | | | | |
| | | | | END CHECK
| | | | |
| | | | | CHECK: [FRAC FVC <> 0 OR FVC = 0 ENG]
| | | | | |
| | | | | | Please record the value with two decimal digits, using the full stop as decimal point.
| | | | | | If the decimal is zero, suppress this warning and continue.
| | | | | |
| | | | | END CHECK
| | | | |
```

Checks 51 to 55
After FEV

```
| | | | | |
| | | | | | CHECK: [FEV <= 7 ENG]
| | | | | | |
| | | | | | | ARE YOU SURE? THIS VALUE SEEMS A BIT HIGH.
| | | | | | |
| | | | | | END CHECK
| | | | | |
| | | | | | CHECK: [FRAC FEV <> 0 OR FEV = 0 ENG]
| | | | | | |
| | | | | | | Please record the value with tWo decimal digits, using the full stop as decimal point.
| | | | | | | If the decimal is zero, suppress this warning and continue.
| | | | | | |
| | | | | | END CHECK
| | | | | |
| | | | | | CHECK: [FEV <= 9.95 ENG]
| | | | | | |
| | | | | | | FEV must be less than 9.95. Please correct.
| | | | | | |
| | | | | | END CHECK
| | | | | |
| | | | | | CHECK: [FVC <> FEV OR FEV = 0 ENG]
| | | | | | |
| | | | | | | ARE YOU SURE? BOTH VALUES ARE THE SAME.
| | | | | | |
| | | | | | END CHECK
| | | | | |
| | | | | | CHECK: [FVC > FEV OR FVC = 0 ENG]
| | | | | | |
| | | | | | | THIS IS INCORRECT, FEV MUST BE LESS THAN FVC. PLEASE TRY AGAIN.
| | | | | | |
| | | | | | END CHECK
| | | | | |
```

Checks 56 and 57
After PF

```
| | | | | |
| | | | | | CHECK: [PF <= 700 ENG]
| | | | | | |
| | | | | | | ARE YOU SURE? THIS VALUE SEEMS A BIT HIGH.
| | | | | | |
| | | | | | END CHECK
| | | | | |
| | | | | | CHECK: [PF <= 995 ENG]
| | | | | | |
| | | | | | | PF must be less than 995. Please correct.
| | | | | | |
| | | | | | END CHECK
| | | | | |
```

Check 58
After TECHNIQUE

```
| | | | | |
| | | | | | IF [FVC = 0 OR FEV = 0 OR PF = 0]
| | | | | | |
| | | | | | | CHECK: [Technique = No ENG]
| | | | | | | |
| | | | | | | | TECHNIQUE CANNOT HAVE BEEN SATISFACTORY AS AT
| | | | | | | | LEAST ONE OF THE READINGS WAS 0.
| | | | | | | |
| | | | | | | END CHECK
| | | | | | |
| | | | | | END OF FILTER
| | | | | |
```

Checks 59 to 63
After LFRESP

```
| | | |
| | | | IF [QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND
| | | | QBlow.Blow.Technique = 1 AND QBlow.FIRST3 = 1]
| | | | |
| | | | | CHECK: [LFResp = All ENG]
| | | | | |
| | | | | | FIRST 3 BLOWS WERE CORRECT TECHNIQUE. LFResp SHOULD BE CODE 1.
| | | | | |
| | | | | END CHECK
| | | | |
```

| | | | |
| | | | ELSE
| | | | |
| | | | *IF [QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 AND*
| | | | *QBlow.Blow.Technique = 1 AND QBlow.Blow.Technique = 1]*
| | | | |
| | | | | CHECK: LFResp = All5 ENG [LFResp = All5 ENG]
| | | | | |
| | | | | | 3 BLOWS WERE CORRECT TECHNIQUE FROM MORE THAN 3 BLOWS.
| | | | | | LFResp SHOULD BE CODE 2.
| | | | | | |
| | | | | END CHECK
| | | | |
| | | | ELSE
| | | | |
| | | | | CHECK: [NOT LFResp = All, All5 ENG]
| | | | | |
| | | | | | SOME BLOWS WERE NOT CORRECT TECHNIQUE. LFResp CANNOT BE CODE 1-2.
| | | | | |
| | | | | END CHECK
| | | | |
| | | | END OF FILTER
| | | |
| | | | *IF QBlow.Blow.Technique = Yes OR QBlow.Blow.Technique = Yes OR*
| | | | *QBlow.Blow.Technique = Yes OR QBlow.Blow.Technique = Yes OR*
| | | | *QBlow.Blow.Technique = Yes [QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1 OR*
| | | | *QBlow.Blow.Technique = 1 OR QBlow.Blow.Technique = 1]*
| | | | |
| | | | | CHECK: [LFResp = All .. Some ENG]
| | | | | |
| | | | | | LFResp SHOULD BE CODE 3 AS SOME BLOWS WERE CORRECT TECHNIQUE.
| | | | | |
| | | | | END CHECK
| | | | |
| | | | ELSE
| | | | |
| | | | | CHECK: [LFResp <> Some ENG]
| | | | | |
| | | | | | NO BLOWS WERE CORRECT TECHNIQUE. LFResp CANNOT BE CODE 2.
| | | | | | |
| | | | | | |
| | | | | END CHECK
| | | | |
| | | | END OF FILTER
| | | |

In Autorefractor module:

Check 64
After VQUALR

```
| |
| | IF [VQUALR <> EMPTY]
| | |
| | | CHECK: [VQUALR = 0…10, 98, 99 ENG]
| | | |
| | | | INVALID RANGE. PLEASE RE-ENTER
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

Check 65
After VQUALL

```
| |
| | IF [VQUALL <> EMPTY]
| | |
| | | CHECK: [VQUALL = 0…10, 98, 99 ENG]
| | | |
| | | | INVALID RANGE. PLEASE RE-ENTER
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

In Blood samples module:

Check 66
After BLCONS2

IF [Blcons2.CARDINAL > 1]
|
| CHECK: [NOT noc = Blcons2 ENG]
| |
| | No Consent given is exclusive. Please re-enter.
| |
| END CHECK
|
END OF FILTER

Check 67
After CLOTB

| |
| | CHECK: [DrugClot <> 1 ENG]
| | |
| | | Earlier, in the Medicines Section, this person is recorded as taking either
| | | Warfarin or Heparin. Please check.
| | |
| | END CHECK
| |

Check 68
After FIT

| |
| | CHECK: [Fit <> Yes ENG]
| | |
| | | NURSE: You have coded that the CM has had a fit (including epileptic fit, convulsion,
| | | convulsion associated with high fever) in the last three years?
| | | This means that no blood is to be taken. Is this correct?
| | | If yes suppress this warning and continue. If no go back and code 2.
| | |
| | END CHECK
| |

Checks 69 and 70
After SAMDIFC

|
| *IF [SampF1 = 3 OR SampF2 = 3]*
| |
| | CHECK: [NOT NoProb = SamDifC ENG]
| | |
| | | You should not code 'No problems' as you did not fill both tubes. Please amend or
| | | explain in a note <Ctrl M>."
| | |
| | END CHECK
| |
| END OF FILTER
|

```
|
| IF [NoProb = SamDifC]
| |
| | CHECK: [SamDifC.CARDINAL = 1 ENG]
| | |
| | | If code 1 'No problem' is used then no other codes are allowed.
| | |
| | | END CHECK
| |
| END OF FILTER
|
```

In Clinical Interview Schedule – Revised (CIS-R):

Check 71
After ANXG

```
| |
| | IF [NONE = AnxG]
| | |
| | | CHECK: [AnxG.CARDINAL = 1 ENG]
| | | |
| | | | 'None' is an exclusive code at this question. Please change.
| | | |
| | | END CHECK
| | |
| | END OF FILTER
| |
```

Check 72
After PHOBE

```
| |
| | CHECK: [PhobE.CARDINAL = 1 AND NONE = PhobE OR NOT NONE = PhobE ENG]
| | |
| | | NONE is an exclusive code.
| | |
| | END CHECK
| |
```

CARD N

Problems with sleep	**01**
Medication	**02**
Physical illness	**03**
Working too hard (inc. housework, looking after baby)	**04**
Stress, worry or other psychological reason	**05**
Physical exercise	**06**
Other	**97**

CARD P

Members of the family	01
Relationship with spouse/partner	02
Relationships with friends	03
Housing	04
Money/bills	05
Own physical health (inc. pregnancy)	06
Own mental health	07
Work or lack of work (inc. student)	08
Legal difficulties	09
Political issues/the news	10
Other	11
None of these	12

CARD R

**Crowds or public places, including
travelling alone or being far
from home**   **01**

Enclosed spaces   **02**

**Social situations, including eating
or speaking in public, being
watched or stared at**   **03**

The sight of blood or injury   **04**

**Any specific single cause including
insects, spiders and heights**   **05**

Other (specify)   **97**

CARD Q

Heart racing or pounding	**01**
Hands sweating or shaking	**02**
Feeling dizzy	**03**
Difficulty getting your breath	**04**
Butterflies in stomach	**05**
Dry mouth	**06**
Nausea or feeling as though you wanted to vomit	**07**
None of these	**96**